

**WG No. 25-72**

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

**The Primary Care (Contracted Services: Outpatients Waiting  
Lists First Appointment Scheme) Directions 2025**

*Made*

*14 October 2025*

*Coming into force*

*15 October 2025*

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<sup>(1)</sup>, make the following Directions.

**Title, application and commencement**

1.—(1) The title of these Directions is the Primary Care (Contracted Services: Outpatients Waiting Lists First Appointment Scheme) Directions 2025.

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

(3) These Directions come into force on 15 October 2025 and expire on 1 April 2026.

**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 care 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<sup>(2)</sup>, which is carrying on business as an optometrist, and for the purpose of this definition, “optometrist” has the meaning given in section 36 of that Act<sup>(3)</sup> (interpretation);

“dentist” means a dental practitioner—

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

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(1) 2006 c.42.

(2) 1989 c. 44.

(3) Section 36 was amended by S.I. 2005/848, Schedule 1, paragraph 8. There are other amendments to section 36 which are not relevant to these Directions.

- (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<sup>(1)</sup>;

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

“Drug Tariff” has the meaning given to it in regulation 55 of the National Health Service (Pharmaceutical Services) (Wales) Regulations 2020<sup>(3)</sup> (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), POS contractor or NHS 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<sup>(4)</sup>, 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;

“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<sup>(5)</sup>;

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

“NHS pharmacist” means—

- (a) a registered pharmacist, or
- (b) person lawfully carrying on a retail pharmacy business in accordance with section 69 of the Medicines Act 1968<sup>(6)</sup>,

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 for the provision of pharmaceutical services in particular by the provision of drugs;

“NHS services” means primary 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;

“ophthalmic medical practitioner” means a person recognised under regulation 9 and Schedule 2 of the National Health Service (Ophthalmic Services) (Wales) Regulations 2023;

“optometrist” means a person registered as an optometrist in the register maintained under section 7 of the Opticians Act 1989 (register of opticians);

“OWLS (FA) Specification” means the Primary Care Contracted Services: Outpatient Waiting Lists First Appointment Scheme Specification at Schedule 1 to these Directions;

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(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) 2002 c. 17.

(6) 1968 c. 67.

“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;

“POS contractor” means a qualified practitioner who provides primary ophthalmic services as part of the health service in Wales under the National Health Service (Ophthalmic Services) (Wales) Regulations 2023<sup>(1)</sup>;

“primary ophthalmic services” has the meaning given to it by regulation 4(b) of the National Health Service (Ophthalmic Services) (Wales) Regulations 2023;

“qualified practitioner” means—

- (a) a corporate optician;
- (b) an optometrist;
- (c) an ophthalmic medical practitioner;

“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: Outpatients Waiting Lists First Appointment 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 31 of the National Health Service (Ophthalmic Services) (Wales) Regulations 2023 in relation to payments to be made by a Local Health Board to a POS contractor.

### **Establishment of a Primary Care Contracted Services: Outpatients Waiting Lists First Appointment Scheme**

**3.—**(1) Each Local Health Board must establish, operate and, as appropriate, revise a Primary Care Contracted Services: Outpatients Waiting Lists First Appointment Scheme.

(2) The underlying purpose of the Scheme is to enable a review of outpatient first appointment waiting lists by dentists, general medical practitioners, POS contractor and NHS pharmacists, for those patients who have been waiting less than 26 weeks who have previously been referred to secondary care before 15 October 2025, where the first appointment has not yet been undertaken or booked and, where a review indicates that definitive safe and effective treatments, investigations or assessments could be made within primary and community care, to enable the

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(1) S.I. 2023/1053 (W. 179).

provision of services to those patients. It also aims to embed Community Health Pathways into clinical practice within Wales.

#### **Primary Care Contracted Services: Outpatients Waiting Lists First Appointment Scheme**

4.—(1) As part of its Scheme, each Local Health Board may only enter into arrangements for the provision of services, , with—

- (a) a dentist;
- (b) a general medical practitioner—
  - (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) a POS contractor; or
- (d) a NHS 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 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 specification and, as appropriate, in accordance with the plan specified in paragraph (3) or paragraph (4)(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, and no later than 14 days, after an outcome of an outpatient waiting list first appointment 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 first appointment is still required;
    - (iii) reviews the patient’s relevant patient record using Community Health Pathway as a reference and—
      - (aa) discuss any treatment, therapies or investigations that should be offered to the patient, and
      - (bb) contacts the patient to discuss whether the condition of, and/or risk to, the patient has altered since the patient’s referral, this may require a face-to-face clinical assessment, and if appropriate report such back to secondary care, and
      - (cc) where appropriate, obtains specialist advice;
  - (iv) supplies the relevant Local Health Board within 14 days the agreed outcomes of each patient’s outpatient waiting list first appointment review using the standard template specified by the Schedule to these Directions for payment and post payment verification purposes;
    - (d) a requirement that the engaged provider—
      - (i) undertakes a monthly audit of their new referrals to 8 specialities identified by the local health board or their 8 highest referral pathways. Where appropriate, alternative specialities and number of specialities can be agreed between the Local Health Board and the engaged provider;
      - (ii) undertakes for each speciality a clinical meeting within the practice to review the speciality pathways guidance on Community Health Pathways and correlate to the 10 most recent referrals to that speciality; and
  - (iii) supplies the local health board with minutes and actions for each meeting as evidence of activity;
    - (e) a requirement that the engaged provider—
      - (i) provides data to the cluster lead practice of a cluster (where applicable), Local Health Boards and Welsh Government when required;
      - (ii) ensures consistent coding for capture of data and compliance with relevant information governance legislation;
      - (iii) 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;
      - (iv) 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;
      - (v) 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;
      - (vi) 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;

- (vii) 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); and
- (viii) 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;
  - (f) payment arrangements for an engaged provider which must provide for it to be able to claim—
  - (i) a payment of—
    - (aa) £10 per patient for completion of the actions specified in sub-paragraph (c)(i) and (ii), and
    - (bb) £40 per patient for completion of the actions specified in sub-paragraph (c)(iii),
    - (cc) £10 per patient for completion of the action specified in sub-paragraph (c)(iv) and,
    - (dd) £500 per clinical meeting for practices up to a median list size as at 1st April 2025, with a further £0.03 per patient on the patient list, up to a maximum of 8 meetings up to 31 March 2026.

(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, POS contractor or NHS 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—

- (a) the information recorded in the template and submitted to the relevant Local Health Board, in accordance with Direction 4(4)(c)(iv), and
- (b) the minutes and actions submitted for each meeting to the Local Health Board in accordance with Direction 4(4)(d)(iii) as evidence of activity,

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 POS contractor, on the date in the next month when the POS contractor's Primary Ophthalmic Services monthly reimbursement falls due in accordance with the Statement of Remuneration;
  - (d) in the case of a NHS pharmacist, on the next date when the NHS 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 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 first appointment 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.

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(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.



**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**

**Dated: 14 October 2025**

## PROPOSAL

### Primary Care Contracted Services: Outpatients Waiting Lists First Appointment

#### Scheme:

#### PCCS: OWLS (FA)

### Background

1. Waiting lists in Wales have been disrupted significantly in responding to the Covid-19 pandemic, resulting in increased waiting times across varying specialisms within the wider health and care system. This is having an impact on those patients waiting to be seen whose conditions are more likely to deteriorate and require more complex interventions. The impact is also being felt in primary and community services who are responding to needs in the community.
2. The Planned Care Plan 2025/26 has the aim of providing access to diagnostics and treatments more quickly alongside resetting waiting lists to pre pandemic levels.
3. It is recognised that Primary Care practitioners play a vital role in managing referrals and advising patients on the access to treatment.
4. We have been working with contractor professions for some time to gain their involvement and engagement in supporting secondary care in reviewing waiting lists including clinical reviews of those currently on the waiting list for their first appointment.
5. This proposed multi-contractor model will enable Health Boards to commission primary care practitioners to support the review of, and reduction in, where appropriate, waiting lists which are both a priority and appropriate for primary care intervention.
6. This initiative targets the first appointment waiting lists as a greater benefit can be realised from these reductions.

### Overview

7. The scheme will be divided into 2 components:

#### Component 1 Patient Review

8. A review of outpatient first appointment waiting lists for those patients who have been waiting for less than 26 weeks and referred before 15 October 2025, to see a secondary care clinician, including waiting list validation where needed and optimisation of the patient pathway. Component 1 expects engaged providers to:

- **Consider if there is an ongoing need for a secondary care referral** (waiting list validation and triage).
- **Manage the patient in the practice** according to local and nationally agreed pathways and remove them from the waiting list.
- **Ensure patient care and referral information are optimised** according to local pathways, with advice and guidance if necessary.

**Component 2 Learning and Improvement**

9. The nominated practice lead will undertake monthly clinical review of all new referrals and consider if they meet the guidance in the local Community Health Pathways where available and provide feedback and learning opportunities to each referrer. This is expected to be a clinical meeting or alternative feedback mechanism where relevant clinicians are not available. This is intended to embed the use of the pathways in everyday clinical practice.

10. The scheme will support Local Health Boards to manage the risk of harm to patients on outpatient waiting lists, by prioritising those patients with the greatest need of specialist care, while embedding Community health pathways into the routine clinical practice of Primary Care Contractors.

**Purpose of the Scheme**

11. The underlying purpose of the scheme is to enable a review of outpatient first appointment waiting lists by dentists, general medical practitioners, optometrists and NHS pharmacists, for those patients who have previously been referred to secondary care where the first appointment has not yet been undertaken or booked and, where a review indicates that definitive safe and effective treatments, investigations or assessments could be made within primary and community care to enable the provision of services to those patients.

12. It also aims to embed Community Health Pathways into clinical practice within Wales.

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

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

- i. name,
- ii. NHS number,
- iii. address,
- iv. telephone number,
- v. specialist/specialty waiting list,
- vi. date of referral, and
- vii. source of referral.

**Component 1 Patient Review**

14. The engaged provider 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 first outpatient appointment is still required (e.g., the patient has been seen privately, or their condition has resolved);

- b. review the patient's care record and
  - i. review the patient's care using Community Health Pathways as a reference and discuss treatment, therapies or investigations that should be offered.
  - ii. contact the patient to discuss whether the condition of, and/or risk to, the patient has altered since the patient's referral, this may require a face-to-face clinical assessment, and if appropriate report this back to secondary care
  - iii. where appropriate, obtain specialist advice; or similar relevant to you
- c. report to the relevant Local Health Board, within 14 days, the agreed outcomes of each patient review using the standard template at Appendix 1.

15. The outcomes of the review could include but are not limited to:

- removing the patient from the waiting list as that patient is—
  - incorrectly included on the list,
  - able to be managed safely in primary care and the patient consents to the same,
  - put on to a OWL Initiated First Appointment (OWL- IFA)/ or SOS pathway which is initiated immediately and reinstates the patient's position on the waiting list once pre-referral care has been optimised according to the CHP and the clinical indication for referral still exists in spite of optimising care in the community.
- retaining the patient on the waiting list owing to—
  - expediting the patient's referral,
  - there being no change to the initial referral made,
  - the engaged provider arranging an investigation, the result of which will aid the decision on future treatment options.
- where, on review, a patient has been identified as no longer on a practice registered list, the patient is not to be removed from the waiting list in these circumstances. The Local Health Board should validate this and take any appropriate action.

### **Patients on more than one waiting list**

16. 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.

17. The engaged provider is entitled to claim payment for the amounts specified in paragraph 19 for each waiting list reviewed commensurate with the actions completed as part of each review.

### **Component 2 Review against Community Health Pathways**

## **SCHEDULE**

18. Over the period of this scheme to March 2026, the engaged provider will undertake a monthly audit of their new referrals to 8 specialities identified by the local health board or their 8 highest referral pathways. Where appropriate, alternative specialities and number of specialities can be agreed between the Local Health Board and the engaged provider. For each speciality they will hold a clinical meeting within the practice where they review the speciality pathways guidance on Community Health Pathways and correlate to the 10 most recent referrals to that speciality. Individual Clinicians will be asked to reflect on their practice in this meeting. Minutes and actions for each meeting will be provided to the HB for evidence of activity.

### **Funding**

19. Component 1 Review of individual patient care

- Completion of 14.a.- £10 per patient
- Completion of 14.b. i, ii, & iii - £40 per patient
- Completion of 14.c. - £10 per patient

20. Component 2

- Each Clinical Meeting - £500 per meeting for practices up to a median list size as at 1<sup>st</sup> April 2025, with a further £0.03 per patient on the patient list, up to a maximum of 8 meetings up to 31 March 2026.

### **Record keeping**

21. The engaged provider must, as soon as reasonably practicable, and no later than 14 days, 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.

### **Data Sharing agreements**

22. All data collected including patient registers and review documentation, must be retained in accordance with Local Health Board data sharing agreements and within retention period guidelines. Practices must:

- Use approved systems and methods for data deletion.
- Maintain audit trails confirming the destruction of patient-identifiable data.
- Ensure that any shared or locally stored data is removed from systems no longer in use for this service.

### **Termination of arrangements**

23. 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 (FA) Specification may be terminated—

- i. automatically, when the Scheme comes to an end;

## **SCHEDULE**

- ii. 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;
- iii. 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 sub-paragraph (b); or
- iv. 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>					