

**2013 No. 4**

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

**The Primary Medical Services (Directed Enhanced Services)  
(Wales) (Amendment) Directions 2013**

*Made* - - - -

*28 March 2013*

*Coming into force* - -

*01 April 2013*

The Welsh Ministers in exercise of the powers conferred on them by sections 12(3) and 203(9) and (10) of the National Health Service (Wales) Act 2006<sup>(1)</sup> hereby give the following Directions:

**Title, commencement, application and interpretation**

**1.**—(1) The title of these Directions is the Primary Medical Services (Directed Enhanced Services) (Wales) (Amendment) Directions 2013.

(2) These Directions come into force on 01 April 2013.

(3) These Directions are given to Local Health Boards in Wales.

(4) In these Directions “the principal Directions” means the Primary Medical Services (Directed Enhanced Services) (Wales) Directions 2007<sup>(2)</sup>

**Amendment of Direction 9 of the principal Directions**

**2.** For Direction 9 (Severe Mental Illness Scheme Plans) of the principal Directions substitute the following—

**“Mental Illness Scheme Plans**

**9.** (1) As part of its Mental Illness Scheme, each Local Health Board must each financial year, offer to enter into arrangements with each General Medical Services contractor (contractor) in its area, thereby affording the contractor a reasonable opportunity to participate in the Scheme during that financial year.

(2) The plan setting out the arrangements that a Local Health Board enters into, or has entered into, with a contractor as part of its Mental Health Scheme must, include—

(a) a requirement that the contractor runs an annual practice based mental health education study session;

(b) a requirement that the study session is a minimum of two hours in length;

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<sup>(1)</sup> 2006 c.42.

<sup>(2)</sup> Welsh Ministers’ Directions No. 2007/53, as amended by Welsh Ministers’ Directions No. 2009/1, 2009/20, 2009/38, 2010/33, and 2012/46.

- (c) a requirement that the entire practice team, unless unavoidably unable to attend on the day, attends the study session in order to achieve some of the key objectives in the Mental Health Strategy “Together for Mental Health”(1);
- (d) a requirement that the contractor selects one training topic each year from the following list –
  - (i) Service user led training on understanding the experience of mental illness from a service user’s perspective;
  - (ii) Mental health and physical co morbidities; health promotion and reducing risks and inequity in primary care;
  - (iii) Diagnosis and management of depression in the elderly;
  - (iv) Understanding the mental health needs of young people and local pathways and support, working with local Child and Adolescent Mental Health Services (CAMHS);
  - (v) Recognition and management of threatened suicide and self harm; and
  - (vi) Early identification, effective management, advice and support for people with dementia and their carers.
- (e) a requirement that the contractor retains a record of the training sessions, including attendees, programme content, a reflection of the learning achieved and agreed actions;
- (f) a requirement to make the record available to the LHB on request; and
- (g) payment arrangements for the contractor which must provide that –
  - (i) contractors will be able to claim a fee of £100 per 1000 registered patients, rounded down to the nearest whole pound where –
    - (aa) the contractor meets its obligations under the plan,
    - (bb) documentary evidence in the form of a report, confirming the date of the training sessions, programme content, a reflection of the learning achieved and any recommendations for service improvement is sent to the LHB within 28 days after the end of the financial year. The report also needs to confirm that 85% of the primary care team, including clinical, managerial and administrative staff, have completed one of the priority topics training session, and
  - (ii) such payment will be payable on the first date after the payment is authorised on which one of the contractor’s payable Global Sum monthly payment falls due; and

the Local Health Board must, where necessary, vary the primary medical service contractor’s primary medical service contract so that the plan comprises part of the contractor’s contract and the requirements of the plan are conditions of the contract.”

### **Savings**

3. Notwithstanding the fact that direction 9 of the principal Directions is amended by these Directions with effect from 1 April 2013, that direction prior to its amendment is saved to the extent necessary to assess any entitlement to payment in respect of the period ending on 31 March 2013.

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(1) <http://new.wales.gov.uk/topics/health/publications/health/strategies/strategy/?lang=en>

A handwritten signature in black ink, appearing to read 'LDunsford'.

**Signed by Lisa Dunsford, Deputy Director Primary and Community Care, Strategy, Policy and Primary Care Directorate, Department for Health and Social Services, under the authority of the Minister for Health and Social Services, one of the Welsh Ministers**

**Date: 28 March 2013**