

2010 NO. 24

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

**The Primary Medical Services (Directed Enhanced Services)
(Wales) (No. 2) (Amendment) Directions 2010**

The Welsh Ministers give the following directions in exercise of the powers conferred by sections 12(3) and 203(9) and (10) of the National Health Service (Wales) Act 2006⁽¹⁾:

Title, commencement and application

1.—(1) The title of these Directions is the Primary Medical Services (Directed Enhanced Services) (Wales) (No.2) (Amendment) Directions 2010.

(2) These Directions come into force on 1 July 2010.

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

(4) In these Directions “the principal Directions” means the Primary Medical Services (Directed Enhanced Services) (Wales) (No.2) Directions 2009⁽²⁾.

Amendment to the principal Directions

2. In the principal Directions for direction 8 substitute the following,

“Diabetes Care Scheme

8. As part of its Diabetes Care Scheme, each Local Health Board may offer to enter into arrangements with any GMS contractor, but where it does so, the plan setting out the arrangements that a Local Health Board enters into, or has entered into, with the GMS contractor must, in respect of each financial year to which the plan relates, include—

- (a) a requirement that the GMS contractor—
 - (i) develops and maintains a register (its “Diabetes Care Scheme Register”) of all patients with diabetes,
 - (ii) undertakes to record the information that it has in its Diabetes Care Scheme Register using any applicable national Read codes,
 - (iii) undertakes to maintain the Diabetes Care Scheme Register with records of patient attendance and the service provided on the clinical (IT) system via a Local Health Board approved template,

⁽¹⁾ 2006 c.42.

⁽²⁾ 2009 No.20.

- (iv) undertakes that full patient records in the Diabetes Care Scheme Register should be maintained in such a way that aggregate data and details of individual patients are readily accessible for lawful purposes,
- (v) undertakes that patient records in the Diabetes Care Scheme Register will identify the care arrangements as either Diabetic Practice Programme 66AP, Diabetes shared care programme 66AQ or Diabetes care by hospital only 66AU, and
- (vi) undertakes that the information recorded in the Diabetes Care Scheme Register should include adverse incidents;
- (b) a requirement that the GMS contractor exclusively manages at least 60% of patients on the Diabetes Care Scheme Register in the Practice Programme with referral to specialist or secondary care reserved for complex patients only ;
- (c) a requirement that the GMS contractor—
 - (i) undertakes that all patients must be monitored and their diabetes managed according to accepted guidelines which have been set down in National Institute of Clinical Excellence guidance which will include :
 - (aa) a systematic approach to the management of diabetes which would typically include a dedicated diabetes clinic,
 - (bb) support for self management by patients with diabetes with evidence of target values shared with patients for HbA1c, BP and cholesterol,
 - (cc) an annual review to include multiple risk factor management as described in the National Service Framework consensus guidelines,
 - (dd) that of patients managed exclusively within primary care the following standards must be achieved—
 - 65 % have HbA1c of less than 7 %,
 - 70% have a BP of less than or equal to 140/80,
 - 70% have a total cholesterol of less than 5mmol/l, and
 - 70% have a LDL cholesterol less than 3mmol/l,

save that the following patients may be excluded from the calculation of any of these percentages,

 - (i) patients for whom it is not appropriate to review the chronic disease parameters due to particular circumstances e.g. terminal illness, extreme frailty,
 - (ii) patients who are on maximum tolerated doses of medication whose levels remain sub-optimal,
 - (iii) patients for whom prescribing a medication is not clinically appropriate e.g. those who have an allergy, another contraindication or have experienced an adverse reaction,
 - (iv) a patient who has not tolerated medication,
 - (v) a patient who does not agree to investigation or treatment (informed dissent), and this has been recorded in their medical records,
 - (vi) a patient who has a supervening condition which makes treatment of their condition inappropriate e.g. cholesterol reduction where the patient has liver disease,

and a record will be kept of those patients in the Diabetes Care Scheme Register who are excluded from the calculation of each of the percentages in (c) (i) (dd) ,
 - (ee) at least one follow- up appointment in a year offered to the patient, in addition to the annual review, however where necessary additional

appointments should be offered to support individual patient management;

- (d) a requirement that the GMS contractor develops a proactive and preventative approach to offering these arrangements by adopting robust call and reminder systems to contact patients;
- (e) a requirement that the GMS contractor ensures that any health care professional who is involved in the Diabetes Care Scheme has any necessary experience, skills and training which includes recognised training as listed in the Enhanced Service Diabetes Care Specification⁽¹⁾ or equivalent experience or training as agreed by the Local Health Board Medical Director ;
- (f) a requirement that the GMS contractor ensures that any health care professional who is involved in the Diabetes Care Scheme undertakes continuous professional development in the provision of all aspects of diabetes care and for these purposes—
 - (i) health care professionals should undertake regular audit, participate in formal systematic annual appraisal on what they do and take part in regular relevant supportive educational activities,
 - (ii) health care professionals should identify this activity within annual appraisals and address identified learning needs through an agreed personal development plan, and
 - (iii) practice nurses should either hold a relevant diploma or be working towards such a qualification;
- (g) a requirement that the GMS contractor supplies its Local Health Board with an annual audit of the Diabetes Care Scheme as agreed in advance with the Local Health Board;
- (h) the arrangements for monitoring of the plan by the Local Health Board including a date for reviewing the scheme including a review of the duration of the scheme; and
- (i) the payment arrangements for the GMS contractor, which must provide—
 - (i) that where a GMS contractor and Local Health Board have agreed arrangements outlined in paragraphs (a) – (i) and the GMS contractor meets its obligations under the plan—
 - (aa) where a GMS contractor has managed 60% or more of patients in the Practice Programme exclusively in primary care the GMS contractor will be able to claim a payment of £10.18 per patient in respect of each financial year, and
 - (bb) the GMS contractor will be able to claim £20.35 per patient in respect of each financial year for those 60% or more of patients being managed in the Practice Programme exclusively in primary care if the GMS contractor has maintained them in accordance with the targets set for HbA1c, cholesterol and blood pressure as prescribed in paragraph (c) (i) (dd);
 - (ii) the payment will be authorised by the Local Health Board; and
 - (iii) such payments will be payable quarterly in arrears and will be payable on the first date after the payment is authorised on which one of the GMS contractor's Global Sum monthly payments falls due in accordance with the Statement of Financial Entitlements,

(1) The Enhanced Service Diabetes Care Specification is accessible on the GMS Contract website at <http://howis.wales.nhs.uk/sites3/docopen.cfm?orgId=480&id=149679>

and the Local Health Board must, where necessary, vary the GMS contractor's general medical services 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 8 of the Primary Medical Services (Directed Enhanced Services) (Wales) (No.2) Directions 2009 is substituted with effect from 1 July 2010 the direction prior to its substitution is saved to the extent necessary to assess any entitlement to payment in respect of the period ending 30 June 2010.



**Signed by Simon Dean, Director of Strategy and Planning, Health and Social Services
Directorate General under the authority of the Minister for Health and Social Services, One
of the Welsh Ministers.**

30 June 2010