S U B O R D I N A T E   L E G I S L A T I O N

WG22-25

THE NATIONAL HEALTH SERVICE (WALES) ACT 2006

Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 2) Directions 2022

Made	*08 June 2022*
Coming into force	*09 June 2022*

The Welsh Ministers, in exercise of the powers conferred on them by sections 12(3), 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 2022.

(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—

(a) are made on 08 June 2022,

(b) come into force on 09 June 2022, and

(c) have effect from 1 April 2022.

Amendment to the Statement of Financial Entitlements

2.—(1) 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 at the Schedule to these Directions, are further amended as follows.

3. In the Table of Contents, in Part 2 – QUALITY ASSURANCE AND IMPROVEMENT FRAMEWORK, Section 6: ACHIEVEMENT PAYMENTS: CALCULATION, PAYMENT ARRANGEMENTS AND CONDITIONS OF PAYMENTS, for "Calculation of Achievement Payments for QAIF Access from 1 April 2021" substitute "Calculation of Achievement Payments for QAIF Access from 1 April 2022".

4. In Part 1 – GLOBAL SUM AND MINIMUM PRACTICE INCOME GUARANTEE, in Section 2: GLOBAL SUM PAYMENTS—

(a) in paragraph 2.18, at the second place it occurs, for (QA, QI and GP Collaborative) substitute (QA and QI);

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

(b) in paragraph 2.18, where it occurs in the denominator of the equation, for (QA, QI and GP Collaborative) substitute (QA and QI); and

(c) omit paragraph 2.19.

5. In Part 2 – QUALITY ASSURANCE AND IMPROVEMENT FRAMEWORK—

(a) in Section 3: PRACTICE SUPPORT PAYMENTS—

(i) in paragraph 3.1 after "on that date." insert "From 1 April 2021, MPIG ceased to be applicable and CFMP ceased to be payable.", and

(ii) in paragraph 3.5 for "could" substitute "may";

(b) in Section 4: GENERAL PROVISIONS—

(i) in paragraph 4.4 for "4.36" substitute "4.30",

(ii) in paragraph 4.17 after "Firstly calculate the percentage the contractor actually scores (E) by" insert "calculating the fraction (D) achieved by", and

(iii) for paragraphs 4.28 to 4.29 substitute—

"**4.28.** The Access Standards have 2 phases:

Phase 1 – The GMS access standards introduced in April 2019, will remain as pre-qualifiers. All practices are expected to evidence achievement of the pre-qualifiers no later than 30 September 2022. Practices need to maintain, embed and evidence those working practices at year end in order to make any claim for achievement of the phase 2 standards. Practices will be required to report quarterly and be prepared to supply evidence via the PCIP Access Reporting Tool.

Phase 2 – The reflective phase, this allows practices time to reflect, listen to patient experience and make improvements to access. Practices will be required to report 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. Contractors will be paid annually for the standards completed during a QAIF (Access) year subject to submitting the quarterly evidence that they have complied with the relevant access standards for the financial year for which payment is being claimed.

4.29. The standards can be found at Part 5 of Annex D.";

(c) in Section 5: ASPIRATION PAYMENTS: CALCULATION, PAYMENT ARRANGEMENTS AND CONDITIONS OF PAYMENTS, in paragraph 5.5 for "(QA, QI and GP Collaborative)" each time it occurs substitute "(QA and QI)";

(d) in Section 6: ACHIEVEMENT PAYMENTS: CALCULATION, PAYMENT ARRANGEMENTS AND CONDITIONS OF PAYMENTS—

(i) in the heading to paragraph 6.9, for "2021" substitute "2022",

(ii) in paragraph 6.15 for "paragraphs 2.17 and 2.18", substitute "paragraph 2.16".

6. In Part 4 – PAYMENTS FOR SPECIFIC PURPOSES—

(a) in the heading to section 11 after "PAYMENTS" insert "TO GMS CONTRACTORS"; and

(b) for Section 15B substitute—

Section 15B: THE PARTNERSHIP PREMIUM SCHEME FOR NON-GP PARTNERS

General

15B.1. The Partnership Premium Scheme for Non-GP Partners (PPSNGP) is available in relation to eligible non-GP partners of a partnership that holds a GMS Contract but who are not GP Partners for the purposes of section 15A (each such non-GP partner being a "Non-GP Partner" in this Section 15B).

Eligible Non-GP Partners

15B.2.—(1) The PPSNGP will provide an annual payment, in relation to each eligible Non-GP Partner in Wales who opts to participate in the scheme. In order to be an eligible Non-GP Partner they must be a partner(**a**) (and not be employed by the practice of which they are a partner) and—

(a) where the Non-GP Partner is a qualifying registered healthcare professional, deliver a minimum of 4 clinical sessions (totalling at least 16 hours 40 minutes per week) per week within their practice (and the payment in relation to that Non-GP Partner will be based on the average number of clinical sessions performed by the Non-GP Partner per week over the financial year within their practice);

(b) where the Non-GP Partner is a qualifying non-healthcare professional, work a minimum of 16 hours 40 minutes per week (the equivalent to 4 clinical sessions at 4 hours 10 minutes each) in their general practice setting (and the payment in relation to that Non-GP Partner will be based on the average contracted hours worked per week over the financial year within their general practice setting).

(2) The level of the annual payment in relation to that Non-GP Partner will, subject to paragraph 15B.19, be £1,000 (or £1,200 where paragraph 15B.3 applies) multiplied by the Non-GP Partner's average number of clinical sessions or equivalent contracted hours worked per week, with a maximum average of 8 sessions or 33 hours 20 minutes per week counting for PPSNGP purposes and a possible maximum PPSNGP payment of £8,000 per annum.

15B.3. This paragraph applies where the Non-GP Partner has, prior to becoming a Non-GP Partner, 16 years or more Reckonable Service. Reckonable Service for the purposes of PPSNGP is continuous employment with any NHS organisation (without a break) of 12 or more consecutive weeks. Continuous employment in this context includes periods of service with any NHS primary care contractor (GP practice, dental practice, optometry practice or community pharmacy) or NHS employer (which includes Health Authorities, NHS Boards, NHS Trusts/Foundation Trusts, Clinical Commissioning Groups and the Northern Ireland Health Services) provided that there are no breaks in service. In order to have previous service regarded as Reckonable Service Non-GP Partners must provide formal documentary evidence of any relevant, reckonable service.

15B.4. Beginning with 1 April 2021, phase 1 of the PPSNGP will be open to applications from Non-GP Partners who entered into a written equity sharing partnership agreement no later than 31 March 2021.

15B.5. Beginning with 1 April 2022, phase 2 of the PPSNGP will be open to applications from Non-GP Partners who entered into a written equity sharing partnership agreement on or after 1 April 2021.

15B.6. In this Section—

"qualifying registered healthcare professional" means a Nurse (including Advanced Nurse Practitioner), Pharmacist, Pharmacist Technician, Physiotherapist, Paramedic, Midwife, Dietician, Podiatrist, Occupational Therapist, Mental Health Practitioner, and Physician Associate;

"qualifying non-healthcare professional" means any person who is a partner working in general practice and is not a GP Provider or a qualifying registered healthcare professional.

Clinical Sessions

15B.7. For PPSNGP purposes, a clinical session is defined as 4 hours 10 minutes and can consist of patient contact (which might be via phone at the premises) plus time for correspondence, test follow up and other administrative tasks involved in patient care; a

(**a**) Within the meaning of the Partnership Act 1890 (c.39).

session may also include time spent on Undergraduate or Post graduate medical teaching, attending cluster meetings on behalf of the practice, mandatory training as well as attendance at coroners courts (provided such activities are undertaken in their role as a partner and qualifying registered healthcare professional under the GMS contract).

15B.8. Clinical sessions do not include time spent on locum work or any work undertaken outside of the normal business of the practice.

Annual Leave

15B.9. Annual leave up to a maximum of 6 weeks (excluding bank holidays) per annum (reduced pro rata for Non-GP Partners working part-time) will be ignored for the purposes of calculating a Non-GP Partner's average clinical sessions or average equivalent contracted hours worked per week for PPSNGP purposes.

Sickness Absence

15B.10. A Non-GP Partner's absence due to sickness will be ignored for the purposes of calculating the Non-GP Partner's average clinical sessions or average equivalent contracted hours worked per week for PPSNGP purposes.

Maternity, Paternity, Adoption, Shared Parental and Compassionate Leave

15B.11. A Non-GP Partner's absence on maternity, paternity, adoption or shared parental leave will be ignored for the purposes of calculating the Non-GP Partner's average clinical sessions or average equivalent contracted hours worked per week for PPSNGP purposes.

15B.12. A Non-GP Partner's absence on compassionate leave will be ignored for the purposes of calculating the Non-GP Partner's average clinical sessions or average equivalent contracted hours worked per week for PPSNGP purposes.

Data

15B.13. The data on the number of clinical sessions or equivalent contracted hours worked will be collated by NHS Wales Shared Services Partnership (NHSWSSP) on a quarterly basis as set out in the guidance at https://gov.wales/sites/default/files/publications/2022-02/non-gp-partnership-premium-scheme-guidance-for-the-gms-contract.pdf.

Payments

15B.14. Payments to the contractor for the PPSNGP are to be made quarterly and, where applicable, subject to superannuation. The payment is not linked to reckonable service apart from those Non-GP Partners eligible for the senior premium.

15B.15. The payment must be made on a pro rata basis as described in paragraph 15B.2 and, subject to paragraph 15B.19 below, the maximum payment made in relation to a Non-GP Partner per quarter is therefore £2,000 (or £2,400 where the senior premium applies).

15B.16. Payments are to be made during the following months in a financial year—

(a) Quarter 1 – June,

(b) Quarter 2 – September,

(c) Quarter 3 – December, and

(d) Quarter 4 – March.

15B.17. Where the Non-GP Partner has been absent as described in 15B.9 to 15B.12 for an entire quarter, the average number of their clinical sessions or equivalent contracted hours worked is to be assumed to be the same as for the preceding quarter (or where they were also

absent for the preceding quarter, the average must be taken from the last quarter during which they were not absent as described in 15B.9 to 15B.12).

15B.18. The Partnership Premium Scheme for Non-GP Partners is subject to post payment verification.

Conditions attached to payment of Quarterly Partnership Premium Scheme for Non-GP Partners Payments

15B.19. A PPSNGP Payment, or any part thereof, is only payable to a contractor if the following conditions are satisfied—

(a) if a Non-GP Partner receives a PPSNGP Payment from more than one contractor, those payments taken together must not amount to more than £8,000 (or (£9,600 where the senior premium applies) per annum or £2,000 (or £2,400 where the senior premium applies) per quarter;

(b) the contractor must make available to the LHB any information which the LHB does not have but needs, and the contractor either has or could reasonably be expected to obtain, in order to calculate the payment;

(c) all information provided pursuant to, or in accordance with, sub-paragraph (b) must be accurate; and

(d) a contractor who receives a PPSNGP Payment in respect of a Non-GP Partner must give that payment to that non-GP Partner—

(i) within one calendar month, beginning with the date on which the contractor receives the payment, and

(ii) as an element of the personal income of that Non-GP Partner.

15B.20. If any of the conditions set out in paragraph 15B.19 are breached, the LHB may withhold payment of all or any part of any payment to which the conditions relate that is otherwise payable or require repayment of any payment to which the condition relates, or may withhold payment of any other payment payable to the contractor under this SFE, to the value of the payment to which the condition relates.”.

7. In Annex D – QUALITY ASSURANCE AND IMPROVEMENT FRAMEWORK, in Part 1: Introduction—

(a) for paragraphs D.11 to D.13 substitute—

“**D.11.** The GMS access standards introduced in April 2019, are known as Phase 1 and will remain as pre-qualifiers, to be achieved no later than 30 September 2022, for participation in phase 2 of the standards and to quality for the QAIF Access Standard payment for 2022/23. All practices are expected to achieve, maintain and embed those working practices in order to make any claim for achievement of the phase 2 standards. Practices will be required to report quarterly and be prepared to supply evidence via the PCIP Access Reporting Tool.

D.12. Phase 2 access standards are the reflective phase. This allows practices time to reflect, listen to patient experience and make improvements to access. Practices will be required to report 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.

D.13. The standards have been separated into the two phases as follows—

Phase 1

Pre-qualifiers

Practices are required to achieve all 14 pre-qualifiers no later than 30 September 2022 before they are able to claim achievement for Phase 2 of the access commitment. Phase 1 attracts no points.

Phase 2

Standards

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

Reflective Report

Practices are required to produce a reflective report, including all 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.";

(b) in paragraph D.14 for "125" substitute "100"; and

(c) in paragraph D.17 —

(i) for "financial year", in the second place it occurs, substitute "QAIF (QA, QI and GP Collaborative) year", and

(ii) for "QA and QI achievement year" substitute "QAIF (QA, QI and GP Collaborative) year".

8. In Annex D– QUALITY ASSURANCE AND IMPROVEMENT FRAMEWORK, for Part 5 substitute—

"Part 5 : Access

Access Standards

Phase 1 Pre-qualifiers

1. Does your telephone system have a recording function for incoming and outgoing lines?

2. Does your telephone system have the ability to stack calls?

3. Are you able to interrogate your telephony system to analyse data on calls?

4. Are you able to confirm if your telephone introduction message is recorded bilingually and lasts no longer than 2 minutes?

5. Can you confirm if your practice offers patients and care homes access to order repeat prescriptions through a digital solution?

6. Can you confirm if your practice offers a digital method for patients to request non-urgent appointments or a call back?

7. Does your practice have the necessary governance arrangements in place for this process?

8. Can you confirm that your practice publicises information for patients on how to request an urgent, routine and advanced consultation?

9. Can you confirm that your practice publicises information for patients on how to request a consultation via the practice leaflet and practice website?

10. Can you confirm that your practice displays information on the Access Standards?

11. Does your practice offer same day consultation for children under 16 with acute presentations?

12. Does your practice offer same day consultations for patients clinically triaged as requiring an urgent assessment?

13. Does your practice offer pre-bookable appointments?

14. Does your practice actively signpost to alternative cluster-based services, health board wide and national services?

Phase 2

Service Delivery & Communication 1. All existing patient facing staff to undertake the national care navigation training package and all new patient facing staff complete the national care navigation training package within 3 months of start date [if virtual course is available from HEIW]. Practices will supply names of new starters and date of training undertaken. 2. Appointments are 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). 3. To maintain a planned and forward looking approach to consultations, practices must 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.
Patient Engagement 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. (An Infographic will be made available via the PCIP for practices to use). 5. Practices must 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 6. Practices must undertake care navigation on digital requests in a similar and equitable fashion to telephone requests.
40 points for achievement of all of the above.

Reflective Report Practices are required to produce a reflective report. As a minimum, the report should include; • An Equality Impact Assessment to review population and access needs. National guidance will be produced to support practices with this. • 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. • That they have reflected on patient experience and can demonstrate improvements made, improvements made are to be discussed at collaborative level. • Intelligence from their telephone system to show how they have interrogated the data, and evidence call demand comparisons.
60 points (annex a https://gov.wales/guidance-general-medical-services-gms-contract-access-commitment-2022-2023 includes further detail on the report requirements)

”.

9. For Annex J – Amendments substitute Annex J in the Schedule to these Directions.

Signed by Alex Slade, Director, Primary Care and Mental Health Directorate under the authority of the Minister for Health and Social Services, one of the Welsh Ministers

Date: 08 June 2022

SCHEDULE

Direction 9.

“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; and

(hh) Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) Directions 2022 which were made on 29 March 2022.”.