

WG22-44

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

**Directions to Local Health Boards as to the Statement of
Financial Entitlements (Amendment) (No. 3) Directions 2022**

Made 04 November 2022

Coming into force 05 November 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. 3) 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 04 November 2022,
- (b) come into force on 05 November 2022, and
- (c) have effect from—
 - (i) 1 October 2022 for the purposes of directions 3(b)(i), 5 and 6, and
 - (ii) 1 April 2022 for all other purposes.

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 at the Schedule to these Directions, are further amended as follows.

3. In the Table of Contents—

- (a) for the heading “**4. GENERAL PROVISIONS**” and the list of contents beneath it substitute—

“**4. ACCESS**”

Background

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

**General Provisions relating to the Access Domain
Achievement Payments for Access from 1 April 2022
Assessment of Achievement Payments where a GMS contract terminates
during the year for Access
Returns in respect of Achievement Payments
Calculation of Achievement Payments for QAIF Access from 1 April 2022
Conditions attached to Achievement Payments”;**

- (b) omit “**5. ASPIRATION PAYMENTS: CALCULATION, PAYMENT ARRANGEMENTS AND CONDITIONS OF PAYMENTS**” and the list of contents beneath it,
- (c) omit “**6. ACHIEVEMENT PAYMENTS: CALCULATION, PAYMENT ARRANGEMENTS AND CONDITIONS OF PAYMENTS**” and the list of contents beneath it,
- (d) under the heading “**ANNEXES**”—
 - (i) in “**D.**” omit “Assurance and”, and
 - (ii) omit “**F. Adjusted Practice Disease Factor Calculations**”.

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

- (a) for paragraph **2.3.** substitute—

“**2.3.** Once the contractor’s CRP has been established, this number is to be adjusted by the Global Sum Allocation Formula, a summary of which is included in Annex B of this SFE. The resulting figure, which is the contractor’s Weighted Population for the quarter, is to be multiplied by—

 - (a) £103.91 for the period beginning with 1 April 2022 and ending with 30 September 2022; and
 - (b) £111.40 from 1 October 2022.”;
- (b) for paragraph 2.4A substitute—

“**2.4A.** £2.30 of the figure of £103.91 in paragraph 2.3 is to account for the agreed 4.5% increase in annual remuneration to practice staff employed by the GMS contractor and which GMS contractors must reflect as at least a 4.5% pay increase for those staff beginning with 1 April 2022. The LHB may recover this amount from a GMS contractor in accordance with section 19 if it becomes apparent that the GMS contractor has not increased the remuneration of their practice staff by at least 4.5% for the financial year 2022/2023.”;
- (c) omit the heading “**Contractor Population Index**”; and
- (d) omit paragraphs 2.16 to 2.18.

5. For PART 2 – QUALITY ASSURANCE AND IMPROVEMENT FRAMEWORK substitute—

**“PART 2 – QUALITY IMPROVEMENT FRAMEWORK
Section 4: GENERAL PROVISIONS**

Background

4.1. The Quality Improvement Framework (QIF) which contains the Access domain is set out in Annex D to this SFE.

4.2. Participation in the QIF is voluntary. Information on what is required to accomplish the task or achieve the outcome included in each indicator is set out in Annex D.

4.3. The annual cycle for Access will run from 1 April to 31 March of each year.

General Provisions relating to the Access Domain

4.4. The Access Standards consist of—

- (a) Phase 1, including the GMS access standards introduced in April 2019, which 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; and
- (b) 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 related to Phase 2 standards (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 QIF (Access) year subject to submitting the quarterly evidence related to Phase 2 standards that they have complied with the relevant access standards for the financial year for which payment is being claimed.

4.5. The standards can be found at Part 2 of Annex D.

Achievement Payments for Access from 1 April 2022

4.6. 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 this Section.

Calculation of Achievement Payments from 1 April 2022

4.7. 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.

4.8. Subject to paragraph 4.9, 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

4.9. 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

4.10. 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.

4.11. On the basis of that return, the LHB must calculate the contractor's Achievement Payment in accordance with paragraph 4.7.

Accounting arrangements and due date for Achievement Payments

4.12. The contractor's Achievement Payment is to be treated for accounting and superannuation 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 4.9), 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 4.8).

Conditions attached to Achievement Payments

4.13. 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 4.10;
- (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.

4.14. 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.”.

6. For **ANNEX D – QUALITY ASSURANCE AND IMPROVEMENT FRAMEWORK** substitute—

“ANNEX D

ANNEX D – QUALITY IMPROVEMENT FRAMEWORK

Part 1: Introduction

General

D.1. The QIF rewards contractors for the provision of quality care and helps to embed quality improvement into general practice. Contractor participation in QIF is voluntary.

D.2. The QIF consists of one domain - Access.

Access

D.3. 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 qualify for the QIF 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.4. 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 phase 2 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.

D.5. The standards set out in <https://gov.wales/guidance-general-medical-services-gms-contract-access-commitment-2022-2023> 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 (60 points), 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>

D.6. The total points available for the Access domain is 100.

D.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.”.

7. Omit ANNEX F - ADJUSTED PRACTICE DISEASE FACTOR CALCULATIONS.

8. For “ANNEX J - AMENDMENTS” substitute Annex J in the Schedule to these Directions.

Saving provision

9. Claims made by a GMS contractor for Aspiration or Achievement payments in respect of the Quality Assurance, Quality Improvement and GP Collaborative domains of the Quality Assurance and Improvement Framework for QAIF (QA, QI and GP Collaborative) year 1 October 2021 to 30 September 2022 must be assessed and paid by a Local Health Board in accordance with the Statement of Financial Entitlements Directions 2013 as it was in force immediately before 1 October 2022.

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

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: 04 November 2022

SCHEDULE

Direction 8

“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; and
- (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.”.