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Royal College of GPs  
Healthcare Inspectorate Wales

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Ein Cyf/Our Ref: qA1263705

3 April 2023

## THE NATIONAL HEALTH SERVICE (GENERAL MEDICAL SERVICES CONTRACTS) (WALES) REGULATIONS 2023

We are writing to inform you of planned changes to the General Medical Services contract which is held between GMS contractors and Local Health Boards (LHB).

This will result in the revocation of the National Health Service (General Medical Services Contracts) (Wales) Regulations 2004, which will be replaced by the National Health Service (General Medical Services Contracts) (Wales) Regulations 2023 ("2023 Regulations"). The 2023 Regulations will set out the framework for GMS contracts under Part 4: Medical Services of the NHS (Wales) Act 2006. The 2023 Regulations are due to come into force on 1 October 2023.

As well as the 2023 Regulations including provisions for policy developments and updated statutory references, the underpinning policy is Contract Reform which creates a new Unified Contract for all GP Practices.

The attached paper at Annex A outlines the background to the Unified Contract and sets out the main provisions that are proposed to be included in the 2023 Regulations.

Your comments are welcome regarding the content of the proposed 2023 Regulations. You can submit any comments you may have by e-mail to [GMSContract@gov.wales](mailto:GMSContract@gov.wales) by 30 April 2023.

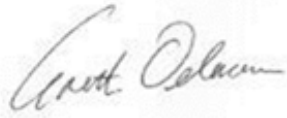
*Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.*

*We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.*



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## THE NATIONAL HEALTH SERVICE (GENERAL MEDICAL SERVICES CONTRACTS) (WALES) REGULATIONS 2023

### Background

1. A key enabler identified within A Healthier Wales is the reform of all primary care contracts (General Dental Services, General Medical Services, Community Pharmacy and Optometry) to enable the delivery of seamless local care and support. The Primary Care (Contract) Reform Alignment Group, established in 2020, engages NHS Wales and contractor bodies, along with other key stakeholders and continues to provide the strategic direction for the overall programme.
2. The Group ensures alignment in respective contracts through the agreed common priorities, including improving access to and from services; working at scale/cluster working to plan and deliver services; focussing on quality and prevention, and strengthening the workforce.
3. The Welsh Government intends to maintain and improve effective delivery of General Medical Services (“GMS”) drawing on experience from the past few years to ensure patient focused delivery and provided in line with the principles of prudent healthcare.
4. The NHS (General Medical Services Contracts) (Wales) Regulations 2023 (“2023 Regulations”) will set out the framework for GMS contracts under Part 4: Medical Services of the NHS (Wales) Act 2006. The GMS contractor will hold a common Unified GMS contract (“Unified Contract”) with a Local Health Board (“LHB”) for the provision of primary medical services to patients, against which they can easily demonstrate high levels of quality standards and care. The contracts are held between the LHB and a GMS Contractor.
5. The Unified Contract has been negotiated over 18 months as part of a tripartite approach with Welsh Government, NHS Wales and the General Practitioners Committee (Wales) (“GPC(W)”). The work has progressed through task and finish groups, without commitment or prejudice and with clear terms of reference and objectives. Other provisions within the 2023 Regulations reflecting policy developments have been negotiated with NHS Wales and GPC(W) as part of the annual negotiations round for changes to be implemented in the following financial year.
6. The aim of the new Unified Contract is to redefine the core GMS offering, streamlining and simplifying the contract model, taking into account learning from the pandemic and allowing GMS to focus on those activities which can, and should only, be done within GMS and at an individual practice level.

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7. The Unified Contract consolidates essential services, additional services, the Diabetes enhanced service and elements from the Quality and Improvement Framework considered core GMS.

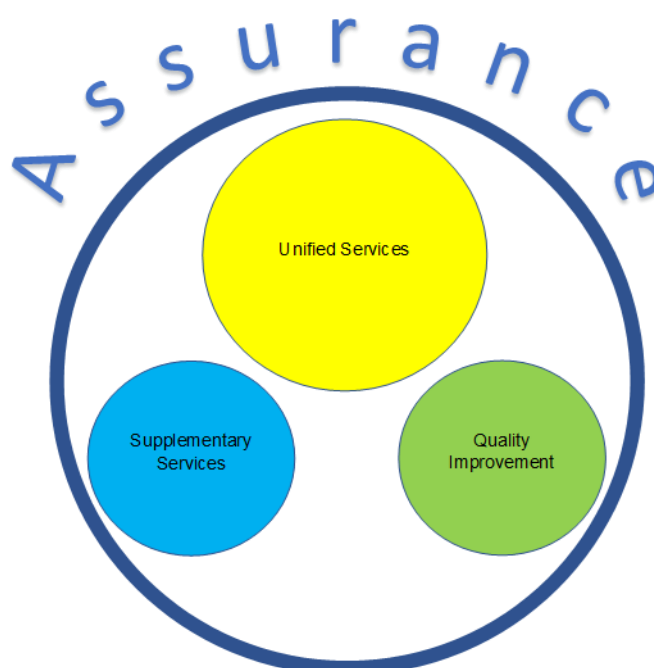
8. The Unified Contract will include a wider scope for core services to the patient.

### Introduction to the Unified Contract

9. The Unified Contract aims to simplify what services GP practices in Wales may provide - see Annex B and how they evidence assurance of service delivery. The Unified Contract aligns general practice with developing service models for delivery of care, based around the ethos of prudent healthcare. It aims to make it easier for patients and healthcare professionals to understand responsibilities for the provision of services, to reduce administrative bureaucracy, free up time and resource for service delivery, and enable use of data and technology to help plan resources and delivery of services.

10. Every Citizen's right to access primary medical services, and the way in which a patient registers with a practice to access services is unaltered under the Unified Contract. GP practices will continue to be responsible for using the funding provided through the contract to engage the staffing resources necessary to deliver services in accordance with the contract.

11. The Unified Contract will consist of three parts, Unified Services, Quality Improvement and Supplementary Services. Quality Improvement and Supplementary Services do not form part of the 2023 Regulations as they are optional for GP practices (see below for more detail).



### Unified Services

12. Unified Services are the key services all GP practices must provide. These services and how these will be reflected in the 2023 Regulations is set out in detail below.

### Supplementary Services

13. Supplementary services are services requiring GP oversight or delivery, but which do not need to be delivered by every GP practice. As part of the Unified Contract, Health Boards will be Directed to provide some services, and Health Boards will retain the ability to commission Local Supplementary Services in line with the needs of local population. Examples of supplementary services are the provision of primary medical services for patients who reside in care homes and the provision of an oral anti-coagulation with warfarin to patients.

### Quality and Improvement

14. The Unified Contract will also see a reform of our existing Quality and Assurance Improvement Framework approach to focus on Quality Improvement (QI) to deliver better outcomes for patients. The Quality Improvement Framework (QIF) will include both Access and QI domains. A basket of QI projects will continue to be developed to reflect clinical areas where a practice QI cycle may deliver improvements in patient care. It will be voluntary for practices to participate in QIF, with a total of 270 points available for achievement across both domains.

## **Unified Services in the 2022-23 GMS Contract**

15. Unified Services will form most of the contract and are the key services all GP practices must provide. These services will be reflected in the 2023 Regulations. In simplifying the contract, all services under the 2004 GMS contract which were classed as Additional Services or Directed Enhanced have been considered against what it is that every GP practice can be expected to provide. All Enhanced Services have been reviewed with the initial focus on 'what is it every GP can be expected to do' and what is more specialised. This key test has enabled us to consolidate and simplify the contract.

### Additional Services

16. Under current arrangements, there are 7 additional services –

- cervical screening;
- contraceptive services;
- vaccinations and immunisations
- childhood vaccinations and immunisations
- child health surveillance;
- maternity medical services; and

- minor surgery procedures of curettage, cautery, cryocautery of warts, verrucae, and other skin lesions.

17. GMS Contractors are currently able to opt out of providing additional services to patients resulting in a percentage deduction of their Global Sum. The Global Sum is the main source of funding for GMS Contractors to deliver primary medical services to patients.

18. Moving these Additional Services into Unified Services will ensure that all persons in Wales will be provided these services on an equitable basis.

### Directed Enhanced Services

19. The current Diabetes Directed Enhanced Service Gateway module which LHBs commission from GMS contractors will move into Unified Services ensuring all diabetic patients with Type 2 disease receive the management and monitoring of their condition by GMS contractors.

### Clinical Indicators

20. The clinical indicators which were part of the Quality Assurance and Improvement Framework (QAIF), which was voluntary for GMS contractors to participate in, will also move into the Unified Services. This means all GMS contractors will now have to participate in these clinical indicators managing some of the most common chronic conditions, for example asthma and diabetes for patients with those conditions.

### Cluster Domain

21. Another part of the QAIF that will transfer into Unified Services are the cluster domain indicators. This will embed the progress made to date with cluster development and provide the platform for further developments. GP practices will demonstrate engagement in professional collaboratives through sharing information and participating in collaborative discussions to support the development and delivery of local solutions. This will enable improved patient care and better systems to support the workforce to respond to need and to deliver care most effectively. It will also be set out in the 2023 Regulations that a GMS contractor has to be a member of a GP Collaborative and appoint at least one individual who is a health care professional to act on the contractor's behalf in the dealings between the contractor and the GP Collaborative to which the contractor belongs.

### Access

22. An element of QAIF from 1 April 2022 also included the Access Commitment to more clearly demonstrate to the public what they can expect in terms of access from GP practices. This part of the QAIF, i.e. the Phase 1 Access standards, will move into the Unified Services to formalise access expectations and requirements coupled with robust targets and measures. The Access Commitment includes that GMS contractors—

- Have a telephone system with a recording function for incoming and outgoing lines, that stack calls and allows for the analysis of call data.
- Have a telephone introduction message recorded bilingually and lasts no longer than 2 minutes.
- Ensure that patients and care homes can order repeat prescriptions through a digital solution.
- Within core hours, ensure a digital method is in place for patients to request non-urgent appointments or a call back and that the necessary governance arrangements are in place for this process.
- Publicise information on how patients can request an urgent, routine and advanced consultation as well as publicising information for patients on how to request a consultation via the practice leaflet and practice website.
- Display information on the Access Standards.
- Offer a same day consultation for children under 16 with acute presentations and patients clinically triaged as requiring an urgent assessment.
- Offer pre-bookable appointments.
- Actively signpost patients to alternative collaborative based services, health board wide services and national services where available.

23. In addition, to further improve access for patients, GMS contractors must –

- Answer their telephones for the duration of core hours i.e., 8.00am to 6.30pm, Monday to Friday unless prior agreement has been given by the Local Health Board for the use of an answer phone message in exceptional circumstances; and
- Ensure their main practice premises have their doors open so that patients can physically access the premises between the hours of 8.30am and 6.00pm, this will also prevent half-day closures by the minority of practices.

### **Assurance Framework**

24. There will be strengthened and holistic contract assurance measures, performance management and monitoring through a new Assurance Framework. A key goal of the Assurance Framework is to reduce bureaucracy via a system of checks that are robust and proportionate.

25. Through work already undertaken via the Contract Assurance Task and Finish Group, a set of principles of assurance have been agreed as the basis for the future approach:

- Open and transparent in process
- Proportionate and not bureaucratic in execution
- Makes use of existing sources of data
- Data analysed at a national level and provided to practices and Health Boards
- Uses national standards and measures
- Consistently applied across Wales

- Processes should be formative and supportive where possible
- Provides a clearly articulated stepped approach to escalation if concerns exist

26. A set of key indicators will be developed and will be applied across NHS Wales, strengthening existing systems and instilling consistency of approach to assurance of the Unified Contract. Better use of existing data from a wide range of sources will enable practice performance to be assessed in an open and transparent way.

27. To ensure assurance processes are proportionate and also formative, Health Boards will prioritise which contractors are to receive a governance review and consider what depth of review is necessary for assurance. A nationally agreed escalation process for managing concerns will also be set out.

### **Public Health**

28. Provision for a national minimum dataset “new patient questionnaire” template will be included in the 2023 Regulations which will be utilised by all practices and offered to patients who register with the practice. The minimum dataset questionnaire will ensure screening of patients aged 16 or over who:

- are drinking alcohol at an increased or higher risk level
- are users of tobacco products
- have a high BMI

29. Practices will continue with their current methods of signposting patients who are identified as at risk, to relevant support where available.

30. The introduction of the national minimum dataset “new patient questionnaire” for all new patients will ensure consistency of approach in collating important health screening information.

### **Electronic Prescribing**

31. The 2023 Regulations will also include provisions for a digital service regarding the issue and receipt of prescriptions. Currently, GPs and other clinicians in primary care produce prescriptions using electronic solutions but must print and sign hard copies which are transported to a pharmacy for fulfilment. The hard copy prescriptions are archived for reporting by the NHS Wales Shared Services Partnership. The programme will complete the digitisation of this process so that paper prescriptions and ‘wet’ signatures are replaced by electronic prescriptions and electronic signatures. Prescriptions will be sent electronically from the authorising prescriber directly to the pharmacy for fulfilment.

### **2023 Regulations**

32. In the same way as the 2004 Regulations, the 2023 Regulations establish the components of the GMS Contract which include:



- The conditions which must be met by a GMS contractor (GP) before a LHB may enter into a contract with it;
- Terms relating to contract duration and general medical services to be provided;
- Dispute resolution;
- Prescribing and dispensing of medicines;
- Variation, Termination and cancellation of contracts;
- The conditions to be met by those who perform services or are employed or engaged by the contractor;
- Patient registration and removal, list closures and assignments;
- Patient records, the provision of information and rights of entry; and
- Complaints

### Conclusion

33. To summarise, Unified Services are the core services all GP contractors are responsible for delivering to all registered patients of the practice.

34. These cover the:

- management of patients who are ill or believe themselves to be ill, with conditions from which recovery is generally expected, for the duration of that condition, including relevant health promotion advice and referral as appropriate, reflecting patient choice wherever practicable;
- general management of patients who are terminally ill;
- management of chronic disease in accordance with national guidance and accepted best practice, in discussion with the patient;
- cervical screening;
- contraceptive services;
- vaccinations and immunisations (that currently form part of Essential or Additional Services);
- child health surveillance;
- maternity services - excluding intra partum care;
- the minor surgery procedures of curettage, cautery, cryocautery of warts and verrucae where clinically appropriate.

35. Management of chronic disease includes the basic patient care for chronic conditions, delivered using clinical judgement in consultation with the patient, in accordance with national professional guidance, using national or local care pathways where available.

36. The aim of the new Unified Contract has been to simplify and streamline the current contract arrangements and to redefine the core offering which all practices should deliver. Clear focus has been placed on clinical judgement and removing unnecessary barriers to service delivery to ensure patient need continues to be at the centre of how GMS is delivered.

37. Your comments are welcome on the proposed 2023 Regulations, the main points of which are summarised in this paper. Any comments can be submitted by e-mail to [GMSContract@gov.wales](mailto:GMSContract@gov.wales) by 30 April 2023.

38. Should any further information be required in order to assist you with submitting comments, please also request that information using the email address [GMSContract@gov.wales](mailto:GMSContract@gov.wales)

## GMS Unified Contract

Unified Services	Supplementary Services
2004 contract essential services	Warfarin DES
2004 contract additional services – Cervical screening Maternity Medical Services Contraceptive Services Child Health Surveillance Minor Surgery - Curettage and cautery of warts, verrucae and other skin lesions (where clinically appropriate) Childhood vaccinations and immunisation Vaccinations and immunisations	Minor Surgery DES – Injections Minor Surgery DES – Minor Skin Surgery
2017 Diabetes DES gateway module	Extended Surgery Opening DES
	Vaccinations & Immunisations: <ul style="list-style-type: none"> <li>• Childhood Immunisation DES</li> <li>• Influenza &amp; Pneumococcal Immunisations Scheme</li> <li>• Pertussis Immunisation for Pregnant &amp; Post-natal Women DES (subject to review of V&amp;I delivery policy)</li> </ul>
	Shared Care Drug Monitoring NES
	Learning Disability DES (subject to clarity on service requirement at a practice vs collaborative/cluster level and date TBC)
	IUCD NES
	Care Homes DES
	<b>The following services are identified for delivery through ACD, they will continue to be delivered as supplementary services until new arrangements are developed.</b>
	Services for Violent Patients DES
	Gender Identity DES
	Homeless DES
	Asylum Seekers & Refugees DES