

SECTION 1. WHAT ACTION IS THE WELSH GOVERNMENT CONSIDERING AND WHY?

(Please note that this Section will be published)

Issue and Action Proposed

1.1 The Welsh Government intends to maintain and improve effective delivery of General Medical Services drawing on experience from the past few years to ensure patient focused delivery and provided in line with the principles of prudent healthcare. This has meant that a new set of **Regulations to update and replace the existing NHS (General Medical Services Contracts) (Wales) Regulations 2004 (“2004 Regulations”)** is essential.

1.2 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 contracts are held between the **Local Health Board (LHB)** and a **General Medical Services (GMS) Contractor**.

1.3 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 aim of this new contract is to redefine the core GMS offering, streamlining and simplifying the contract model, taking into account learning from the pandemic and leaving GMS to focus on those activities, which can and should only be done within GMS and at an individual practice level.

1.4 The GMS contractor will hold a common unified GMS contract with a LHB for primary medical services to patients, against which they can easily demonstrate high levels of quality standards and care.

1.5 The unified contract consolidates essential services, additional services, the Diabetes enhanced service and elements from the Quality and Improvement Framework considered core GMS.

1.6 The clinical indicators which were part of the Quality and Improvement Framework (QAIF), which was voluntary for GMS contractors to participate in, will also move into the unified contract. This means GMS contractors will manage some of the most common chronic conditions, for example asthma and diabetes for patients with those conditions.

1.7 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 will move into the unified contract to formalise access expectations and requirements coupled with robust targets and measures.

1.8 In addition, to improve further, 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.

1.9 To promote the public health agenda a national minimum dataset “new patient questionnaire” template will be utilised by all practices and offered to patients who register with the practice. The standardised questionnaire will ensure screening of patients aged 16 or over who:

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

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

1.11 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.

1.12 The revised GMS contract will include a wider scope for core services to the patient. For example:

Unified Services:

1.14 These are the basic services all GP contractors are responsible for delivering to all registered patients of the practice.

1.15 These cover the:

- (i) 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;
- (ii) general management of patients who are terminally ill;
- (iii) management of chronic disease in accordance with national guidance and accepted best practice, in discussion with the patient;
- (iv) cervical screening;
- (v) contraceptive services;
- (vi) vaccinations and immunisations (that currently form part of Essential or Additional Services);
- (vii) child health surveillance;
- (viii) maternity services - excluding intra partum care;

- (ix) the minor surgery procedures of curettage, cautery, cryocautery of warts and verrucae where clinically appropriate.

1.16 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 guidance issued by professional bodies, using national or local care pathways where available.

1.17 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

Long term

1.18 The intent is to ensure that GMS contracts remain fit for purpose for at least the next 10 years, thereby continuing existing and enhancing provision of services to patients. Welsh Government has agreed these changes in extensive collaborative discussions with GPC Wales and NHS Wales. If necessary, through the routine annual negotiations between Welsh Government, the General Practitioners Committee (Wales) (GPC(W)) and NHS Wales further amendments could be made to the 2023 Regulations.

Prevention

1.19 The 2023 regulations relate to contractual provision of general medical services by GP Practices to all citizens of Wales. Therefore, the focus is on delivery of good health care and preventative measures through public health programmes for example vaccination programmes to prevent poor health and reduce hospital admissions.

Integration

1.20 The 2023 Regulations set out the elements of the contract between the GMS Contractor and the LHB. The integration of services that GMS Contractors provide into unified services within the GMS contract will ensure equitable delivery of those services to each citizen in Wales and contribute to the well-being goal of a Healthier Wales.

Collaboration and Involvement

1.21 The Unified Contract is a result of 18 months of work undertaken as part of a tripartite approach with Welsh Government, NHS Wales and GPC(W). The work has progressed through task and finish groups, without commitment or prejudice, 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. The Unified Contract will also have a requirement for practices to form part of a GP collaborative and engage as part of the collaborative through sharing information, participating in collaborative discussions and supporting the development and delivery of local solutions. Outcomes should include improved patient care and better systems to support the workforce to respond to need and to deliver care most effectively.

1.23 A 4 week targeted consultation exercise to key stakeholders has been undertaken on the major changes being introduced as part of the 2023 Regulations. Llais, the Citizen Voice Body (CVB) for Health and Social Care was included in that consultation. The consultation document was also published on the Welsh Government website so that members of the public could comment, if they wished to.

Impact

1.24 Streamlining and simplifying the contract model, by moving services into unified services, a cost-neutral move, will help provide clarity and consistency in the provision of services, to ensure that practices are clear on their obligations and provide equality of access to these services for patients.

Costs and Savings

1.25 The moving of services into unified services is cost-neutral.

Mechanism

1.26 An Explanatory Memorandum and Regulatory Impact Assessment will be prepared for these Regulations. The RIA will draw on aspects of this Integrated Impact Assessment.

SECTION 8. CONCLUSION

8.1 How have people most likely to be affected by the proposal been involved in developing it?

The General Medical Services (GMS) contract is held between the Local Health Board (LHB) and GMS Contractors to deliver primary medical services. Consequently, any changes to the GMS contract, resulting in the 2023 Regulations, will affect LHBs and GPs. Accordingly, a Contract Assurance Task and Finish Group and a Contracting and Services Task and Finish Group were established in 2021 with representatives from Welsh Government, Local Health Boards and the General Practitioners Committee Wales (GPC Wales) who represent GPs in Wales.

The Contracting and Services group examined what it is that every GP practice does and is a core service to patients. The Contract Assurance group examined what assurance processes are currently in place for services provided through the GMS contract and how they could be strengthened to give contractors, health boards and government the assurances they need.

Several meetings were held where agreement to specific areas were agreed in principle which were then taken to the negotiating meetings in 2022 with representatives again from Welsh Government, LHBs and GPC Wales to develop and agree the changes to the GMS Contract from 1 October 2023.

A 4 week targeted consultation exercise to key stakeholders has been undertaken on the major changes being introduced as part of the 2023 Regulations. Llais, the Citizen Voice Body (CVB) for Health and Social Care was included in that consultation. The consultation document was also published on the Welsh Government website so that members of the public could comment, if they wished to.

8.2 What are the most significant impacts, positive and negative?

The most significant impacts of reforming the GMS contracts are to simplify the construct of the current contract, redefining what the core service offering for all GPs in Wales is for the first time since 2004. The approach aims for all practices to:

- Hold a common unified contract with a health board for services to patients, against which they can easily demonstrate high levels of quality and standards of care. The unified contract consolidates essential services, additional services, the Diabetes enhanced service and elements from the Quality and Improvement Framework considered core GMS.
- The unified contract will reflect the basics: access, quality, workforce, chronic condition management, working with other contractor professionals across the cluster/pan cluster base. In terms of working with other professionals, this will articulate what the specific expectations are for delivery from the contract holder and what is expected as a “joint venture”.

- Bring a consistent approach to contract and clinical governance that is data driven to ensure high standards of care.

8.3 In light of the impacts identified, how will the proposal: maximise contribution to our well-being objectives and the seven well-being goals; and/or, avoid, reduce or mitigate any negative impacts?

The impacts identified will contribute to the well-being goal of a healthier Wales as the unified services will provide equality of access to these services for patients.

To support the public health agenda a national minimum dataset “new patient questionnaire” template will be developed and shared with practices and offered to patients who register with the practice. The standardised questionnaire will ensure screening of patients aged 16 or over who:

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

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

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

8.4 How will the impact of the proposal be monitored and evaluated as it progresses and when it concludes?

The intent is to ensure that GMS contracts remain fit for purpose for the next 10 years or so, thereby continuing existing and enhancing provision of services to patients. Welsh Government has agreed these changes in extensive collaborative discussions with GPC Wales and NHS Wales. There will be continuous monitoring as set out in the 2023 Regulations and if necessary, through the routine annual negotiations between Welsh Government, the General Practitioners Committee (Wales) (GPC(W)) and NHS Wales further amendments could be made to the 2023 Regulations.