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

Following our letter of 3 April 2023 informing you of planned changes to the General Medical Services contract, please find attached a summary report to the informal consultation on the National Health Service (General Medical Services Contract) (Wales) Regulations 2023.

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**INFORMAL CONSULTATION ON THE
NATIONAL HEALTH SERVICE (GENERAL
MEDICAL SERVICES CONTRACTS) (WALES)
REGULATIONS 2023 – SUMMARY REPORT**

July 2023

Introduction and Background

1. The consultation informed persons of planned changes to the General Medical Services contract which is held between GMS contractors and Local Health Boards.
2. 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.
3. The GMS contractor will hold a common Unified GMS contract (“Unified Contract”) with a Local Health Board for the provision of primary medical services to patients, against which they can easily demonstrate high levels of quality standards and care.
4. 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.
5. The Unified Contract consolidates essential services, additional services, the Gateway module of the Diabetes enhanced service and elements from the Quality and Improvement Framework considered to be core GMS.
6. The Unified Contract will include a wider scope for core services to the patient. As well as the 2023 Regulations including provisions for policy developments and updated statutory references, the underpinning policy is Primary Care Contract Reform which creates a new Unified Contract for all GP Practices.

Consultation Details

7. An informal consultation, targeted at stakeholders, on the National Health Service (General Medical Services Contracts) Wales Regulations 2023 ran from 03 April 2023 to 30 April 2023. The consultation document was also placed on the General Practice Management webpage on the Welsh Government website.
8. Responses could be received via e-mail to GMSContract@gov.wales.
9. The consultation asked participants to comment on the content of the proposed 2023 Regulations.

Summary of Respondents

10. The consultation on the 2023 Regulations generated 8 responses.
11. The breakdown of respondents who submitted responses were –
 - 1 Health Board

- 1 Company
- 1 Representative Body
- 1 Professional association
- 1 Charity
- 3 GP Practices

Summary of Consultation Responses

12. This informal consultation specifically asked for comments on the proposed negotiated changes to the GMS contract which will result in the 2023 Regulations coming into force on 1 October 2023.

13. Several matters were raised that did not have a direct bearing on the subject of the consultation. We have noted these matters but not considered them in any detail within this summary.

14. Within their responses, several respondents put forward proposals for future changes to the GMS contract. We would suggest that those respondents put forward those proposals again to GMSContract@gov.wales asking for them to be considered as part of future negotiations on the GMS contract.

15. If the specific questions raised within the responses from some GP practices have not been answered, I suggest they contact their Local Health Board to seek clarification on those specific questions.

16. This summary therefore deals with those responses directly in relation to the 2023 Regulations. Whilst it cannot capture every comment/question, it aims to convey the key themes.

General

17. In the main, the proposed changes regarding consolidating the core services and clarifying the services that patients can expect to receive from GPs were welcomed.

Diabetes Directed Enhanced Service

Consultees views

18. A few respondents raised the issue of the Diabetes Directed Enhanced Service moving into Unified Services and the funding to follow.

19. One respondent stated – “It is difficult to comment on this without details of the funding stream. Will this set standards for remuneration as the standard of provision of services in primary care varies across practices?”.

20. Another respondent said – “To manage these patients effectively, properly funded resources need to be provided. The diabetes DES went some way to providing a financial framework that recognised this. For this to be absorbed into core funding without a mechanism for increase in payment linked to increase in workload is concerning. Furthermore, it is once again apparent that there will be no

attempt to reward GMS contractors for the more fundamental job of improving patients' diabetes outcomes. A practice that manages to reverse diabetes for patients through good lifestyle advice should be rewarded for doing so. This is good for the patient, and very good for the health budget as it avoids medication as well as all of the diabetes complications. Currently, the practice that achieves this is penalised, because there is a financial incentive to retain patients on the diabetic register.”.

21. With another respondent saying – “Unified services – moving 2004 essential and additional services as well as 2017 Diabetes DES gateway module together. Will the income be broken down still for transparency? For example, how will the Diabetes DES be calculated? On historical income for the practice or average prevalence? Will these figures ever get reviewed with predicted increase in prevalence of T2DM related to obesity?”.

Response

22. To confirm, it will only be the Diabetes Gateway Module from the Primary Medical Services (Type 2 Diabetes Mellitus Care Scheme for Adults) (Directed Enhanced Service) (Wales) Directions 2017 that will transfer to Unified Services. Local Health Boards will still be able to commission Modules 1 to 4 of the Enhanced Service for Prudent Structured Care for Adults with Type 2 Diabetes.

23. There is no financial incentive to keep patients on a diabetes register. The disease registers from the Quality Assurance and Improvement Framework (QAIF) and the indicator funding moved into global sum in 2021/22. The remaining clinical indicators from QAIF moved into Global Sum in October 2022.

24. The funding that will transfer into Global Sum for the Diabetes Gateway Module will be discussed as part of the forthcoming tripartite GMS contract negotiations.

Immunisations

Consultees views

25. A respondent said – “Immunisations being listed in the unified contract and the supplementary services is also potentially confusing as to the rationale why these are to be treated differently.”

Response

26. Vaccinations and Immunisations within the GMS contract is quite complex. Those Childhood Immunisations and Vaccinations and Immunisations that are currently additional services in the GMS contract, and therefore provided by every GP practice (if they haven't opted out of providing that service) will move into Unified Services without the option to opt out of that service. The funding will remain the same as these additional services are funded for via Global Sum.

27. Currently we have some vaccination and immunisation programmes delivered via Directed Enhanced Services. The name of this will change to Directed Supplementary Services.

Consultees views

28. Another respondent said – “Immunisations – is there a move for a national immunisation service that will remove Influenza etc from GP surgeries? This would obviously have workload and income implications.”

Response

29. Any proposed changes to the delivery of influenza vaccinations would be subject to extensive negotiations with the General Practitioners Committee (Wales).

Access

Consultees views

30. A number of comments were also received in relation to access. One respondent asked – “It would also be helpful to understand if patients have the right to book an appointment specifically with a general medical practitioner in advance.”

Response

31. Within the 2023 Regulations, a GMS contractor has to 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 website. The access requirement set out in the current Directions to Local Health Boards as to the Statement of Financial Entitlements 2013 (SFE) states –

“All patients telephoning the practice are to have their calls received by a standard recorded message, and subsequently calls are answered with appointments made 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. Where clinically appropriate, patients may be signposted to another appropriate service.”

32. So it is noted that if GMS contractors are participating in the access standards as set out in the SFE then the patient’s assessed clinical need will determine which health care professional that advanced consultation will be with.

Consultees views

33. Another comment on access was – “In section 23 it sets out access requirements – it would be useful to reiterate that patients must be able to make an appointment in person – to ensure those who do not have access to the telephone or computer are

not significantly disadvantaged. It would also be helpful to clarify whether the digital offering is for the whole of core hours or it is acceptable for say an hour a day.”

Response

34. Included within the draft 2023 Regulations is the requirement that GMS contractors must 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. In addition, a GMS contractor 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. These measures will enable the making of an appointment in person or by telephone and will assist those persons who are digitally excluded. The wording regarding the digital offering will be clarified within the 2023 Regulations to say that for the duration of core hours, a GMS contractor has to 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.

Consultees views

35. Another respondent asked for a change to one of the access requirements – “...would also ask for a change in section 22 relating to access. One of the access requirements is to ‘ensure that patients and care homes can order repeat prescriptions through a digital solution’. would request that this is changed to ‘ensure that patients, community pharmacies ordering prescriptions on behalf of patients, and care homes can order repeat prescriptions through a digital solution’.”

Response

This comment is addressed below.

Electronic Prescribing

Consultees views

36. Overall, the inclusion of electronic prescribing in the 2023 Regulations was welcomed. One respondent did have a concern – “Electronic prescribing – a concern for dispensing doctors that introduction of this will have a negative impact on the number of dispensing patients. Dispensing profits still play a significant role in subsidising rural practices that have increased costs with multiple premises etc.”.

Response

37. It is not envisaged that the introduction of electronic prescribing will have a negative impact on dispensing doctors. Dispensing doctors will still have a role to play in dispensing medication due to the rurality of the GP practice and a community pharmacy not being close at hand.

GP Collaborative

Consultees views

38. One specific question was posed – “Does the contract include funding for GP attendance at GP collaborative meetings?”.

Response

39. Yes – this was a requirement under the Cluster Network Domain of the Quality Assurance and Improvement Framework. The cluster domain indicators moved into the GMS contract as of 1 October 2022. The respective 100 points – equating to £7.2m transferred into Global Sum as at 1 October 2022.

Prescribing Intervals

Consultees views

40. One respondent put forward a suggestion that “compliance with national guidance on prescribing intervals is included at the appropriate place in the Unified Contract requirements so that there is pan-Wales compliance with this current requirement and any future changes to recommendations on prescribing intervals.”

Response

This comment is addressed below.

Contract Assurance

Consultees views

41. One respondent had concerns about the increasing number of important areas moving into Unified Services including diabetes care, clinical indicators and access standards and a Local Health Board having access to accurate, timely and up to date information on the delivery of those parts of the contract for assurance purposes on patient care and value for money.

42. A respondent also said, “In terms of the contract assurance framework – the requirement on the contractor to participate and co-operate should be clarified.”

Response

43. The requirement for practices to provide data on all clinical indicators will remain and will sit alongside other sources. Dataset and business rules for data collection will be maintained with the requirement for annual reporting. This will be set out in the 2023 Regulations.

44. It will also be set out in the 2023 Regulations, amongst other provisions about the Contract Assurance Framework, that a contract must contain a term requiring contractors to engage with the Local Health Board in the process outlined in the latest published Assurance Framework.

45. Negotiations are still ongoing to finalise the Contract Assurance Framework.

Conclusion

46. Whilst only 8 responses were received to the informal consultation, overall, the respondents felt it was a positive step to simplify and streamline the current contract arrangements and to redefine the core offering which all practices should deliver.

47. Many of the responses contained questions and requests for clarification rather than any changes to the 2023 Regulations. So, this response aims to clarify the position.

48. However, two suggestions were put forward for a change to/insertion in the 2023 Regulations.

Consultees views

49. Firstly, a request was made to change one of the access requirements from 'ensure that patients and care homes can order repeat prescriptions through a digital solution' to 'ensure that patients, community pharmacies ordering prescriptions on behalf of patients, and care homes can order repeat prescriptions through a digital solution'.

Response

50. We feel this change is unnecessary as the current wording in the draft Regulations state –

“The contractor must ensure that patients and care homes can order repeat prescriptions digitally.”

51. This therefore allows a GP Practice making the digital solution available to others including a patient’s family member or carer. It is for the practice to decide whether to allow anyone other than the patient or care home access.

Consultees views

52. Secondly, a suggestion that “compliance with national guidance on prescribing intervals is included at the appropriate place in the Unified Contract requirements so that there is pan-Wales compliance with this current requirement and any future changes to recommendations on prescribing intervals.

Response

53. We will not be including this suggestion in the draft 2023 Regulations as the 2023 Regulations already include a provision which states –

Compliance with legislation and guidance

The contractor must—

- (a) comply with all relevant legislation, and
- (b) have regard to all relevant guidance issued by the Local Health Board, or the Welsh Ministers or local authorities in respect of the exercise of their functions under the Act.

Next Steps

54. The draft 2023 Regulations will now be finalised and will have a coming into force date of 1 October 2023.