

WG 2025 No. 56

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

**The Primary Medical Services (People Living with Severe
Frailty in their own Homes) (Directed Supplementary Service)
(Wales) Directions 2025**

Made

30 September 2025

Coming into force

1 October 2025

The Welsh Ministers in exercise of the powers conferred on them by sections 12(3), 45, 203(9) and (10) of the National Health Service (Wales) Act 2006⁽¹⁾, 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, commencement and application

1.—(1) The title of these Directions is the Primary Medical Services (People Living with Severe Frailty in their own Homes) (Directed Supplementary Service) (Wales) Directions 2025.

(2) These Directions come into force on 1 October 2025 and expire on 31 March 2026.

(3) These Directions are given to Local Health Boards.

Interpretation

2. In these Directions—

“*2006 Act*” (“*Deddf 2006*”) means the National Health Service (Wales) Act 2006;

“*cluster*” (“*chwstwr*”) means a group of local service providers involved in health and care who have agreed to collaboratively work together to deliver primary medical services across a specified geographical area;

“*cluster lead practice*” (“*practis arweiniol y chwstwr*”) means a GMS contractor that has agreed to provide this Directed Supplementary Service to its registered patients, and to the registered patients of a GMS contractor in its cluster that is not an engaged GMS contractor, and which the Local Health Board agrees will be a cluster lead practice;

“*engaged GMS contractor*” (“*contractwr GMC sydd wedi ei gymryd ymlaen*”) means a GMS contractor that agrees with a Local Health Board to provide this Directed Supplementary Service pursuant to an agreement made in accordance with paragraph 4(1);

“*financial year*” (“*blwyddyn ariannol*”) means a year ending on 31 March;

“*general medical services contract*” (“*contractau gwasanaethau meddygol cyffredinol*”) means a contract for general medical services between a GMS contractor and a Local Health Board made pursuant to section 42 of the 2006 Act;

(1) 2006 c. 42.

“*general practitioner*” (“*ymarferydd cyffredinol*”) means a medical practitioner whose name is included in a medical performers list prepared by a Local Health Board under regulation 3 of the National Health Service (Performers Lists) (Wales) Regulations 2004⁽¹⁾;

“*GMS contractor*” (“*contractwr GMC*”) means a person with whom a Local Health Board is entering or has entered into a general medical services contract;

“*health care professional*” (“*gweithiwr gofal iechyd proffesiynol*”) means a person who is a member of a profession regulated by a body mentioned in section 25(3) of the National Health Service Reform and Health Care Professions Act 2002⁽²⁾;

“*Local Health Board*” (“*Bwrdd Iechyd Lleol*”) means a Local Health Board established in accordance with section 11(2) of the 2006 Act;

“*nurse*” (“*nyrs*”) means a nurse registered in the register of nurses established under the Nursing and Midwifery Order 2001⁽³⁾;

“*polypharmacy*” (“*amlgyffuriaeth*”) means prescribing of two or more medications inappropriately, or where the intended benefit of the medication is not realised;

“*practice area*” (“*ardal practis*”) means the area referred to in regulation 18(1)(d) of the National Health Service (General Medical Services Contracts) (Wales) Regulations 2023⁽⁴⁾;

“*registered patient*” (“*cleifion cofrestredig*”) has the meaning given to it in regulation 3(1) of the National Health Service (General Medical Services Contracts) (Wales) Regulations 2023;

“*Scheme*” (“*Cynllun*”) means the People Living with Severe Frailty in their own Homes Scheme established in accordance with direction 3.

“*Specification*” (“*Manyleb*”) means the Specification for a Directed Supplementary Service for people living with severe Frailty in their own homes at the Schedule to these Directions;

“*Statement of Financial Entitlements*” (“*Datganiad ar Hawlogaeth Ariannol*”) means any directions given by the Welsh Ministers pursuant to section 45 of the 2006 Act in relation to payments to be made by a Local Health Board to a *GMS contractor*.

Establishment of a People Living with Severe Frailty in their own Homes Scheme

3.—(1) Each Local Health Board is required under section 41 of the 2006 Act (primary medical services) to exercise its functions so as to provide, or secure the provision of, primary medical services within its area.

(2) As part of its discharge of those functions each Local Health Board must (unless a Local Health Board is currently operating its own scheme comparable to that set out in these Directions and Specification), establish, operate and, as appropriate, revise a People Living with Severe Frailty in their own Homes Scheme.

(3) The underlying purpose of the Scheme is to support the identification of those patients who are extremely frail aged over 65 to—

- (a) optimise treatment and management,
- (b) reduce the risk of hospital admission, and
- (c) provide ongoing monitoring.

Complex Multi-Morbidity and Frailty Scheme

4.—(1) As part of its Scheme, each Local Health Board must offer to enter into arrangements for the provision of services in accordance with the People Living with Severe Frailty in their own Homes Specification—

- (a) firstly, with each *GMS contractor*, in relation to the relevant registered patients of that *GMS contractor*; and then

(1) S.I. 2004/1020 (W. 117).
(2) 2002 c. 17.
(3) S.I. 2002/253.
(4) S.I. 2023/953 (W.155).

- (b) if a GMS contractor does not wish to enter into the Scheme, with one or more cluster lead practices, in relation to the relevant registered patients of the cluster lead practice and of those GMS contractors, if any, in its cluster that have not agreed, within such time period as the Local Health Board requires, to deliver this Directed Supplementary Service to their relevant registered patients pursuant to sub-paragraph (a).

(2) Where arrangements are made between a cluster lead practice and a Local Health Board in accordance with paragraph (1)(b), each engaged GMS contractor must co-operate⁽¹⁾ with the other engaged GMS contractors and the cluster lead practice in its cluster in order for the cluster lead practice to complete, by such date as the Local Health Board requires, a plan setting out the arrangement for the delivery of this Directed Supplementary Service to patients of the engaged GMS contractors across the cluster. Where there is only one engaged GMS contractor, and it is the cluster lead practice, it shall be responsible for completing that plan. Where there is no cluster lead practice, and all of the GMS contractors in the cluster are engaged GMS contractors, they shall all be responsible for completing that plan.

(3) Where arrangements are made between the Local Health Board and a GMS contractor pursuant to paragraph (1), those arrangements must, in respect of each financial year (or part of a financial year) to which they relate, include—

- (a) a requirement that the engaged GMS contractor reads and takes account of these Directions alongside complying with the Specification and its annexes which together provide the detailed requirements for this Directed Supplementary Service;
- (b) a requirement that the engaged GMS contractor identifies the cohort of patients for this Directed Supplementary Service by identifying patients—
 - (i) using an evidence-based tool, supplemented by clinical judgement and that after clinical verification, adding appropriate coding to the patient record using Rockwood Clinical Frailty Scale, and
 - (ii) taking account of paragraphs 13. a. to d. in the Specification;
- (c) a requirement that the engaged GMS contractor develops and maintains a register of the identified cohort in line with paragraph 13.e. of the Specification and record initial patient details in Annex D of the Specification;
- (d) a requirement that as part of the proactive comprehensive review, the engaged GMS contractor completes a face-to-face initial patient review for each patient on its register as set out in Annex A of the Specification taking account of the requirements also set out in paragraphs 10 and 11 entitled “Delivery” in the specification and records that review and shares where appropriate;
- (e) patients who have already had a proactive comprehensive review in the last series and have already had their holistic care needs optimised, but have been identified as unstable and frail or extremely frail, may go direct into the monthly or bi-monthly review element of the scheme if it is considered that there are further opportunities to optimise their comprehensive care needs beyond what is normally offered by GMS;
- (f) a requirement that as part of the proactive comprehensive review, the engaged GMS contractor completes, records and shares as appropriate a Future Care Plan as set out in Annex B of the Specification;
- (g) a requirement that the engaged GMS contractor undertakes a monthly or bi-monthly review dependent on the needs of the patient which should be proportionate to perceived clinical risk and undertaken either face to face or via phone as appropriate as determined by the GP;
- (h) a requirement that the engaged GMS contractor submits the monthly return to the Local Health Board by 5th of each month in line with Welsh Government Reset and Recovery monthly reporting schedule;
- (i) a requirement that the engaged GMS contractor undertakes a post unscheduled care review within 1 week of discharge and should be reflected in the next scheduled monthly review. The post unscheduled review should be proportionate to perceived clinical risk and undertaken

(1) See paragraph 13 of Part 1 of Schedule 3 to the National Health Service (General Medical Services Contracts) (Wales) Regulations 2023 (S.I. 2023/953 W.155).

either face to face or via phone as appropriate as determined by the GP on receipt of the discharge summary, WAST callout or OOH contact information. If the next planned review is more than one week away, it is expected that this will be an additional ‘post unscheduled contact review’;

- (j) a requirement that the engaged GMS contractor has in place a call and recall system to ensure patients on the register are managed using a systematic call and recall process, including clear arrangements for home-based assessment for house bound patients;
- (k) a requirement that the engaged GMS contractor discusses with the patient and/or carer about the risks and benefits of treatment, using accredited decision aids;
- (l) a requirement that the engaged GMS contractor educates patients to ensure that all patients and/or their carers and support staff when appropriate receive appropriate information in relation to the prevention and management of, the potential complications associated with their condition, including the provision of written materials and /or audio-visual aids;
- (m) a requirement that as part of the proactive comprehensive review, the engaged GMS contractor produces an acute care plan, in line with Annex C in the specification taking account of the patient’s wishes, their self-help plan, a plan for when functional and / or acute needs escalate and advance care planning where appropriate and that this is shared with patients and/or their family/carers/ independent advocate;
- (n) a requirement that the engaged GMS contractor ensures carers and/or family members are supported to keep the patient at home in accordance with the patient’s wishes, future care plan and acute care plan;
- (o) a requirement that the engaged GMS contractor follows relevant clinical pathways for planned care;
- (p) a requirement that the engaged GMS contractor undertakes medication reviews in line with NICE guidance, the BNF and/or the local health board formulary and Health Pathways where available;
- (q) a requirement that the engaged GMS contractor ensures relevant information is recorded in the patient’s lifelong clinical record so that care is properly co-ordinated, and information shared where necessary;
- (r) a requirement that the engaged GMS contractor consistently codes each care episode on the clinical IT system using approved codes to enable audit data collection, including a requirement that the engaged GMS contractor uses the SNOMED read code – “**888461000000107** – chronic disease management annual review completed”;
- (s) a requirement that the engaged GMS contractor has robust evidence of the attempt to contact the patient for a review;
- (t) a requirement that the engaged GMS contractor completes a brief electronic survey for the purposes of evaluation. In order that learning be shared, it is anticipated that participating practices will discuss the project at the next collaborative meeting after the project has finished.
- (u) a requirement, for the purposes of evaluation, that the engaged GMS contractor, at the end of the commissioning term, submits completed Annex D and the electronic survey, including feedback and learning by 24 April 2026.
- (v) a requirement that the engaged GMS contractor ensures that each health care professional undertaking this Directed Supplementary Service has the necessary skills, training, competence and experience in order to provide the services;
- (w) payment arrangements for an engaged GMS contractor, which must provide for that engaged GMS contractor to be able to claim (whether acting just for itself or as a cluster lead practice)—
 - (i) a payment of £125 per GMS contractor for establishing a register using agreed search criteria,
 - (ii) a payment of £150 per patient for completing, recording and sharing (where appropriate) the proactive comprehensive review using Annex A, (GMS contractors cannot claim under this part where patients have not had the proactive comprehensive review and go direct into the monthly or bi-monthly review element of the scheme),

- (iii) a payment of £50 per patient for undertaking a monthly or bi-monthly review against needs identified in the proactive comprehensive review or newly identified need, using Annex D, and
 - (iv) a payment of £125 for completion and submission of Annex D and exit survey;
 - (x) the GMS contractor is required to provide the Local Health Board with four weeks' written notice if the GMS contractor wishes to cease providing this Directed Supplementary Service;
 - (y) a requirement that payments are payable either monthly or quarterly in arrears and payable on the first date after the payment is authorised on which one of the engaged GMS contractor's Global Sum monthly payment falls due in accordance with the Statement of Financial Entitlements.
- (4) The Local Health Board must, where necessary, vary the engaged GMS contractor's general medical services contract so that arrangements made pursuant to paragraph (1) comprise part of the GMS contractor's contract and the requirements of the arrangements are conditions of the contract.
- (5) Any disputes arising as a result of the provision of this Directed Supplementary Service will be dealt with in accordance with Part 10 of Schedule 3 to the National Health Service (General Medical Services Contracts) (Wales) Regulations 2023.



Signed by Paul Casey, Deputy Director, Primary Care Division under the authority of the Cabinet Secretary for Health and Social Care, one of the Welsh Ministers

Dated: 30 September 2025

