NWSI 2026 No. 83

NATIONAL HEALTH SERVICE

Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 5) Directions 2026

Made	*22 April 2026*
Coming into force	*1 April 2026*

The Welsh Ministers, in exercise of the powers conferred on them by sections 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. These directions are retrospective. The Welsh Ministers have considered section 45(3)(e) of the 2006 Act and are satisfied that this is not detrimental to the persons to whose remuneration it relates.

Title, application and coming into force

1.—(1) The title of these Directions is the Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 5) Directions 2026.

(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 are made on 22 April 2026 and come into force on 1 April 2026.

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

Amendment of Table of Contents

3. . In the table of contents—

(1) under heading "5. Access"—

(a) for "Achievement Payments for Access from 1 April 2024" substitute "Achievement Payments for Access from 1 April 2026",

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

(b) for “Calculation of Achievement Payments from 1 April 2024” substitute “Calculation of Achievement Payments from 1 April 2026”,

(2) under the heading “Section 6: Quality Improvement” for “1 April 2025 to 31 March 2026” in all three places, substitute “1 April 2026 to 31 March 2027”.

(3) Omit—

“16. DOCTORS’ RETAINER SCHEME

General

Payments in respect of sessions undertaken by members of the Scheme

Provisions in respect of leave arrangements

Payment conditions”.

4. For “16A. GP RETENTION SCHEME” substitute “16. GP RETENTION SCHEME”.

Amendment of Section 5

5.In section 5 (access)—

(1) in paragraph 5.3.1 for “1 April 2024 and ending with 31 March 2025” substitute “1 April 2025 and ending with 31 March 2026”,

(2) in the heading to paragraph 5.9, for “1 April 2025 to 31 March 2026” substitute “1 April 2026 to 31 March 2027”,

(3) in the heading to paragraph 5.10, for “1 April 2025 to 31 March 2026” substitute “1 April 2026 to 31 March 2027”, and

(4) in paragraph 5.10, for “£206.96” substitute “£208.21”.

Substitution of Section 6

6. For the whole of Section 6 (quality Improvement) substitute—

“**General Provisions relating to the Quality Improvement Domain**

6.1. The QI domain is based on QI projects the practice will complete.

6.2. To be able to claim any points for achievement of projects in the QI projects domain, the practice must complete and achieve all 3 mandatory QI projects.”.

6.3. The 3 mandatory projects for the QI year 1 April 2026 to 31 March 2027—

(a) Chronic Kidney Disease – 50 points,

(b) Cardiovascular Disease in People with High Blood Pressure - 50 points, and

(c) Continuity of Care – 70 points.

6.4. The details of the QI projects and what tasks contractors must undertake to achieve the 170 points can be found at—

QI Project – Chronic Kidney Disease – Annex D

QI Project – Cardiovascular Disease in People with High Blood Pressure - Annex E

QI Project - Continuity of Care – Annex F

Payment arrangements for Monthly Aspiration Payments QI year from 1 April 2026 to 31 March 2027

6.5. Aspiration Payments are a payment made in advance of Achievement Payments being calculated under the QI domain of the QIF.

6.6. The contractor is only entitled to receive Aspiration Payments if they received an Achievement Payment for a QI project as part of the 2025 to 2026 QIF cycle.

6.7. The QI points value for Achievement Payments will be £208.21.

6.8. Aspiration Payments are to be made by calculating 70% of the 170 achievement points available at 1 April 2026 under the QI domain divided by 12 multiplied by CPI at 1 April 2026.

6.9. If a contractor's GMS contract takes effect after 1 April 2026 in the QIF (QI) year the monthly Aspiration Payment is to be agreed between the contractor and the LHB.

6.10. The LHB must pay the contractor under the contractor's GMS contract its Monthly Aspiration Payment. The Monthly Aspiration Payment is to fall due on the last day of each month.

6.11. If the contractor cannot evidence the completion of the QI projects, then the Local Health Board is entitled to recover any Aspiration Payments made.

Achievement Payments – QI year from 1 April 2026 to 31 March 2027

6.12. The achievement payment is the 170 points total multiplied by £208.21 and then multiplied by the contractor's CPI, calculated in accordance with the provisions of paragraphs 2.17 and 2.18—

(a) at the start of the final quarter of the QIF QI year for which the Achievement Payment relates; or

(b) if its GMS contract takes effect after the start of the final quarter of the QIF QI year, to which the Achievement Payment relates, on the date its GMS contract takes effect;

6.13. A contractor will be entitled to an achievement payment at 30 June 2027 if at 31 March 2027, the contractor has submitted evidence for the 3 QI projects to the Local Health Board for verification.

6.14. The achievement payment will also take into account the deduction of the Aspiration Payments that the contractor has received for the period 1 April 2026 to 31 March 2027.

Assessment of Achievement Payments where a GMS contract terminates between 1 April 2026 and 31 March 2027

6.15. If a contractor can evidence that they have completed the 3 QI projects, then the contractor is entitled to an achievement payment at 170 points multiplied by £208.21 and then multiplied by CPI (at the start of the financial year quarter during which its GMS contract was terminated) with a deduction for any aspiration payments made. If the contractor cannot evidence the completion of the 3 QI projects, then no achievement payment is to be made and the Local Health Board is entitled to recover any aspiration payments made.

Evidence and Verification

6.16. At 31 March 2027, contractors must submit evidence to the Local Health Board against the 3 QI projects for verification.

6.17. The verification dates for the LHB and the contractor to commence dialogue to finalise the position and for the LHB to request any further information from the contractor, before the Primary Care Information Portal closes, will be provided by DHCW to the LHB who will be expected to advise the contractor of this date.

6.18. Contractors who do not submit evidence to the Local Health Board for the 3 QI projects or submit evidence that cannot be verified, will be subject to recovery of all aspiration payments.

Accounting arrangements and due date for Achievement Payments

6.19. 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 on which the achievement payment is based ("the relevant date") 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 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 QIF (QI) year 1 April 2026 to 31 March 2027 into which the relevant date falls.

Conditions attached to Achievement Payments

6.20. Achievement payments, or any part thereof, are only payable if the contractor satisfies the following conditions—

(a) the contractor must submit evidence to the LHB at 31 March 2027;

(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 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

(f) all information supplied pursuant to or in accordance with this paragraph must be accurate to the contractor's best knowledge or belief.

6.21. 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.".

Amendment of Section 8A

7. In Section 8A (Workforce Fund), in paragraph 8A.1. for "approximately £10" substitute "£10.65".

Amendment of Section 8B

8. In Section 8B (Change Fund), in paragraph 8B.1. for "approximately £10" substitute "£10.65".

Substitution of Annexes

9. Omit Annex D and substitute with Annex D in the Schedule to these directions.

10. Omit Annex E and substitute with Annex E in the Schedule to these directions.

11. Omit Annex F and substitute with Annex F in the Schedule to these directions.

Amendment of Annex K

12. For ANNEX K (AMENDMENTS) substitute ANNEX K (AMENDMENTS) in Schedule 1 to these Directions.

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: 22 April 2026

SCHEDULE 1

Direction 12

"ANNEX K – 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,

(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,

(jj) Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 3) Directions 2022 which were made on 4 November 2022,

(kk) Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 4) Directions 2022 which were made on 29 November 2022,

(ll) Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) Directions 2023 which were made on 20 February 2023,

(mm) Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 2) Directions 2023 which were made on 29 March 2023,

(nn) Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 3) Directions 2023 which were made on 3 August 2023,

(oo) Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) Directions 2024 which were made on 8 February 2024,

(pp) Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 2) Directions 2024 which were made on 18 April 2024,

(qq) Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 3) Directions 2024,

(rr) Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 4) Directions 2024 which were made on 26 November 2024,

(ss) Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) Directions 2025 which were made on 6 February 2025,

(tt) Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No.2) Directions 2025 which were made on 22 April 2025,

(uu) Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No.3) Directions 2025 which were made on 6 June 2025,

(vv) Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No.4) Directions 2025 which were made on 22 July 2025,

(ww) Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No 5) Directions 2025 which were made on 6 August 2025,

(xx) Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No 6) Directions 2025 which were made on 16 December 2025,

(yy) Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No 7) Directions 2025 which were made on 16 December 2025,

(zz) Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No 1) Directions 2026 which were made on 1 January 2026,

(aaa) Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No 2) Directions 2026 which were made on 16 January 2026,

(bbb) Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No 3) Directions 2026 which were made on 10 March 2026, and

(ccc) Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No 4) Directions 2025 which were made on 31 March 2026."

ANNEX D – QI PROJECT – CHRONIC KIDNEY DISEASE

CKD optimisation: GMS QIP Year 2 (April '26-March '27)

Background

The GMS-funded Quality Improvement project (QIP) for the optimisation of Chronic Kidney Disease (CKD) identification and management in primary care has been operational in Wales since April 2025. The QIP aims to reduce End-stage kidney disease (ESKD) and cardiovascular (CV) morbidity and mortality by improving adherence to NICE-recommended CKD standards, with a specific focus on increased prescribing of underutilised cardiorenal protective medications (SGLT2 inhibitors)-aligned with the AWTTC National Prescribing indicators for Wales 2025-2028.

An interim analysis, 7 months into year 1 of the QIP, demonstrates encouraging improvement in all 7 domains identified as priority areas for Quality improvement in the 2025-'26 CKD QIP specification (Table 1). However, absolute rates of SGLT2i prescribing remains low, at 30.4% and 38.7% in the eligible cohorts of moderate-severe CKD (eGFR 20-45ml/min) and CKD + Type 2 Diabetes or ACR >22.6mg/mmol, respectively. Owing to retirement of QOF CKD indicators in 2019, many practices have needed to undertake foundational process capture work, inclusive of updating blood and urine tests, to re-build accurate lists of patients and determine their eligibility for pharmacological optimisation. In appreciation of this additional time requirement, and the delay in practice visibility of the DHCW-commissioned CKD dashboards/HEIW CKD e-module, a one-year extension of the CKD QIP has been recommended to maximise patient outcomes and embed the legacy of operational change required to manage the escalating health and economic pressure of CKD in Wales.

Measure Description (CKD "core")	NOV (%)	Relative change (%) *since April*
CKD with an eGFR between >=20 and <45: prescribed an SGLT2i	30.4	21.8 ↑
CKD with Type 2 Diabetes or ACR>22.6 and an eGFR between 45-60: prescribed an SGLT2i	38.7	16.1 ↑
Uncoded CKD: 2 eGFR readings <60 and no record of CKD stage 3-5	2.7	11.0 ↓
CKD: ACR or PCR recorded in the last 12 months	26.7	23.3 ↑
CKD and Type 2 Diabetes: ACR or PCR recorded in the last 12 months	51.8	17.0 ↑
Hypertension: ACR or PCR recorded in the last 12 months	18.4	25.3 ↑
CKD: eGFR recorded in the last 12 months	82.3	0.5 ↑
CKD prescribed a statin	51.3	0.6 ↑
CKD: Blood pressure recorded in the last 12 months	78.0	1.2 ↑
CKD and ACR >=70mg/mmol with BP <130/80	19.9	18.2 ↑
CKD and ACR <70mg/mmol with BP <140/90	58.0	5.7 ↑
Diabetes and CKD and ACR>3mg/mmol: prescribed ACEi/ARB, and SGLT2i	37.2	15.2 ↑
Non-diabetic CKD and ACR >70mg/mmol prescribed an ACEi/ARB, and SGLT2i	28.6	15.7 ↑
Non-diabetic CKD and HTN and ACR >30mg/mmol prescribed an ACEi/ARB, and SGLT2i	27.4	23.7 ↑

Table 1. Data extracted from Primary care Information Portal. Percentage change calculated as relative proportional increase from April to November.

Year 2 Aims

The aims of the CKD QIP **remain unchanged from Year 1:**

The **primary aim** of this QI project is to reduce kidney disease progression towards ESKD and reduce cardiovascular morbidity and mortality in patients with CKD, by adhering to NICE recommended guidelines for the implementation of SGLT2 inhibitors.

The **secondary aims** are to collate accurate CKD registers, improve adherence to urinary ACR screening and promote education and awareness of CKD amongst patients and Healthcare providers (HCPs) inclusive of GPs, DSNs and practice pharmacists.

Year 2 Objectives

The seven recommended areas for CKD Quality improvement focus **remain unchanged from Year 1**. All practices should demonstrate strategy for improvement in SGLT2i prescribing in CKD *(principal objective*) plus a minimum of 2 other objectives, reflective of their specific practice population needs, from the list below:

- **Principal objective: Develop, agree and implement a strategy to increase prescribing of SGLT2 inhibitors to those on maximum dose ACE/ARB (where tolerated and indicated):**
    - to patients with eGFR 20-45ml/min, unless contraindicated
    - to patients with eGFR 45-60ml/min and either T2DM or ACR >22.6mg/mmol, unless contraindicated
- Develop, agree and implement a strategy to Improve coding accuracy of CKD
- Develop, agree and implement a strategy to increase annual UACR and eGFR screening in high-risk groups, especially:
    - in patients with Diabetes
    - in patients with HTN
- Develop, agree and implement a strategy to improve prescribing rates of statin therapy (Atorvastatin 20mg first line) for all patients with CKD (eGFR < 60ml/min), unless contraindicated
- Develop, agree and implement a strategy to achieve BP targets:
    - < 140/90 for patients with CKD and ACR <70mg/mmol
    - < 130/80 for patients with CKD and ACR >70mg/mmol
- Develop, agree and implement a strategy to prescribe maximum tolerated dose of ACEi or ARB therapy:
    - to patients with T2DM, CKD and ACR > 3mg/mmol
    - to patients with non-diabetic CKD with ACR >70mg/mmol
    - to patients with non-diabetic CKD, HTN and ACR >30mg/mmol
- Improve Community Health care practitioner awareness and education of CKD via completion of HEIW-produced e-module, hosted on Y Ty Dysgu learning platform. Intended audience: GP's, Pharmacists, DSNs, practice nurses.

Requirements of the project

Practice Level

• Practices will have a named QI Project lead clinician.

• Practices will perform initial searches of CKD coding accuracy, using the DHCW-commissioned CKD "core" dashboard in audit plus, to ensure the "true" CKD population is captured in the QIP

• Improvements in SGLT2i prescribing rates, as supporting by the National prescribing indicators for Wales 2025-2028, should be a primary focus. Beyond this, practices should assess their specific population needs and priority areas against the suggested objectives listed above. Having identified a target area (e.g. urinary ACR testing) the practice should design a quality improvement project that aims to address the identified need and improve adherence to national standards of screening and/or management of CKD. Practices are encouraged to devise their own strategies to deliver improvement which may include, but are not limited to:

- **Screening/Coding focus:** Identify high risk groups (as listed in NG203 and All Wales Community HealthPathway CKD page), not currently recorded as having CKD, using available automated IT tools. Implement a screening pathway for these patients to undergo eGFR and ACR testing, with confirmatory testing as per NG203. Once diagnosis confirmed, ensure CKD coding completed and enrol in CKD monitoring and/or refer to secondary care if meets criteria as per NG203/CKD HealthPathways.

- **Optimisation focus**: Implement medicines optimisation reviews of patients with CKD, with equal focus on strategies to retard CKD progression and to prevent associated CV disease. This should incorporate patient education on healthy lifestyle changes, appropriate signposting to additional local services (e.g. smoking cessation) and information surrounding sick day rules with medications. Reviews could be led by GP or ANP/Pharmacist with appropriate training (For an example of a pharmacy-led DKD optimisation project, see full SOP available on the GMS Quality Improvement page within Primary Care One).

- **Diabetes focus:** Where practices identify low rates of compliance with annual diabetic review, and particularly the ACR/eGFR core processes within this, review options to better integrate CKD screening and management with all diabetes-focused patient interactions e.g. DSN review, foot check, medication review. Diabetes-affiliated MDT members to complete education modules to raise awareness of the link between DM, CKD and CVD and hence maximise the outcomes of patient interaction in taking every opportunity to ensure uACR test is completed, for example.

- **Education focus:** Demonstrate uptake and completion of HEIW CKD e-module (available on the Y Ty Dysgu learning platform) for HCP in the practice inclusive of Pharmacists, Doctors, ANPs, PA's, DSNs etc. Explore ways to disseminate learning and reiterate key messages to patients e.g. sick day rules for SGLT2i prescribing.

• Practices will discuss their learning with their GMS collaborative. Minutes of this meeting should be submitted to health boards as confirmation that this discussion has taken place.

• Practices will complete a nationally agreed QI Poster for sharing at the final collaborative meeting confirming conclusion of the project and highlighting outcomes achieved. **Year 2 Update**: Practices are reminded to maintain a QI, and not an "audit" focus. Posters/projects should demonstrate innovation in learning, adaptation and improvements in CKD community care that can be embedded into routine practice.

• **Year 2 Update**: The extension to 2 years allows practices time to perform the necessary foundational work in identifying previously unknown/unlabelled CKD (e.g. eGFR and ACR screening in high-risk patients with diabetes and hypertension) and then proceed in a multistep manner through a sequence of CV risk modifications and prescribing of cardiorenal protective medications. Support in following this pathway is available via the CKD Community HealthPathways page, now available in all health boards in Wales. The extension of the CKD/CVD QIPs, and the development of accessory tools to support implementation reinforces the Welsh Government's commitment to prevention under "A Healthier Wales" and the "Primary Care Model for Wales".

GMS Collaborative Level

• Practices to share aggregate practice-level data on the number of CKD patients treated to target.

• Practices to discuss accuracy of data and process for refinement.

• Discuss, share best practice, and consider adaptation of QI processes if applicable across collaborative

DHCW Level

• A definitive data set has been provided by DHCW to support this QIP, available as dashboards within audit plus. CKD "core" dashboard contains the searches to support the main QIP objectives, where "CKD Detailed" provides more granular data (e.g. by subgroups). All Wales data is collated monthly and visible via the Primary care information portal (GMS QIP module→ GMS contract → CKD QI Project).

Health Board Level

• Health Boards to ensure practice completion is verified against agreed indicators/contractual agreement via completion of a nationally agreed Poster shared at the collaborative meeting

• Health Boards will collate the posters to allow thematic review at national level- this will additionally support the reporting of the National Prescribing Indicators for 2027, which will include SGLT2i prescribing on CKD.

Verification and achievement

• Practices will need to prepare the nationally agreed QI Poster for sharing and discussion with the collaborative, and the LHB. Minutes of the collaborative meeting should also be shared as evidence of the discussion.

• A poster template and further guidance for completion is available on the GMS Quality Improvement page within Primary Care One.

ANNEX E – QI PROJECT - CARDIOVASCULAR DISEASE

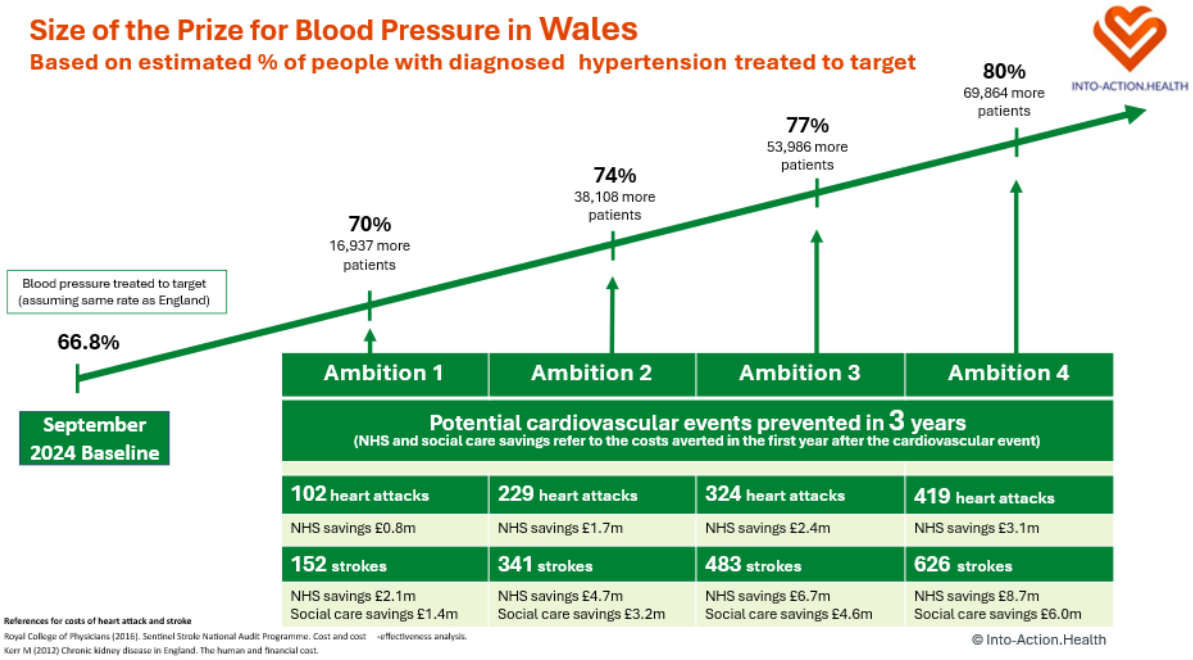
Practice guidance for CVD Prevention in People with High Blood Pressure QI project.

Year 2: 2026-27

Background

Cardiovascular disease (CVD) is one of the leading causes of death and disability in Wales and is a major contributor to health inequality. Chief Medical Officers across all UK nations advocate the beneficial effects of secondary prevention including risk-based advice and treatment of key CVD clinical risk factors. These key factors relate to **A**trial fibrillation, **B**lood pressure (hypertension), **C**holesterol, and **D**iabetes (**ABCD**). NICE guidance (NG136) recommend a holistic approach to CVD prevention which takes account of the person's life circumstances and includes support for healthy behaviours. The recently published CVD Prevention Plan for Wales: An ABCD Plus Approach details the importance of taking a person-centred approach to treating CVD risk factors.

The potential impact of optimising blood pressure in Wales: Size of the Prize



The model above shows the potential for preventing CVD events, such as heart attacks and strokes, as a result of optimising blood pressure. The model was developed prior to the start of the GMS QI Project CVD Prevention and at that time Welsh data, regarding hypertensive patients treated to target, was not available. Thus, England baseline data was used as a proxy, justified as the two countries have similar demographic and outcome data.

Early data from the first few months of year 1, of the GMS QIP CVD Prevention already shows progress, although the Wales baseline data is considerably lower than that in England.

The Primary Care Information Portal highlights that only 51.3% of hypertensive patients in Wales were treated to target in June (compared to 66.8% in England). However, by November an additional 15,900 patients with hypertension had been registered, and most importantly an additional 19,600 hypertensive patients in Wales had their blood pressure treated to target.

Year 2 Aims

The aims of the CVD QIP remain unchanged from Year 1:

The **primary aim** of this QI project is to improve mortality and morbidity associated with cardiovascular events through the enhanced detection and management of cardiovascular risk factors within the target population.

The **secondary aim** is to support Practices/ GMS collaboratives/ Health Boards to develop and evaluate service improvement projects so that learning from these interventions, can be shared and implemented by colleagues across Wales.

Target Population

Any person who is recorded on their GP record as having hypertension AND their most recent blood pressure reading is ≥140/90 mmHg (people over 80 years ≥150/90 mmHg).

Objectives

Year 2 Update:

The three options for CVD prevention for people with high blood pressure will remain unchanged from year 1. The extension of the project to 2 years allows practices to build upon the foundational work completed in year 1: identifying hypertensive patients and reviewing the practice recall system, prioritising highest risk patients first.

A further 12 months will enable practices to explore innovative ways to ensure recall systems are person-centred, with a focus on reducing inequalities within their practice population. And ensure each annual review takes an ABCD Plus approach to CVD risk modification. Practices are encouraged to maintain a quality improvement, rather than an 'audit' approach.

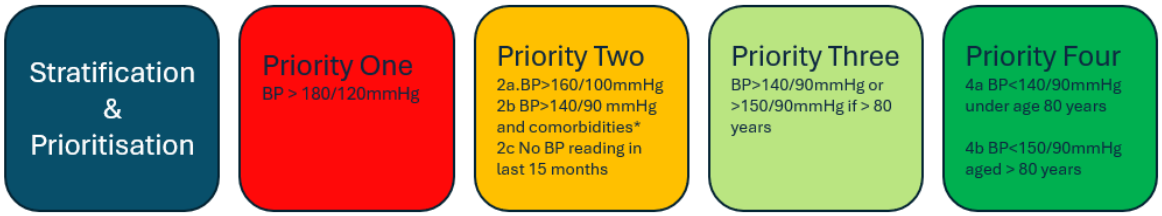
All practices should continue to demonstrate improvement from the options chosen in year one plus a minimum of one other option. If option 3 is not chosen practices should also consider ways to embed assessment of wider CVD risk using at least one element of the ABCD Plus approach detailed below.

Menu of Options for Quality Improvement Project Activity

1. **Increased identification of new patients** with a latest (within the last 15 months) blood pressure reading ≥140/90 mmHg (80 years+ ≥150/90 mmHg), and review, further assess, and record for hypertension if indicated.

(You may wish to focus on high-risk patients such as those from ethnic minority groups as well as those from the most deprived segments of the practice population).

2. **Review of current annual hypertension recall and prioritisation process** aiming to improve patient response and attendance rates at their Annual Review, across the patient population to reduce health inequalities. Identify patients at highest risk and invite them for review and optimisation.



UCL Partners: Stratification and Management of High Blood Pressure

*Co-morbidities/ risk factors
• Established CVD (prior Stroke/TIA, heart disease, peripheral arterial disease) • Diabetes • eGFR <60 • Obesity with BMI > 35

3. **Enhancement of hypertension annual review**. Improvements in processes to treat and optimise CVD risk factors (**ABCD Plus**), including support for health behaviours, are to be actioned and recorded. This will require consideration of wider needs for people to engage e.g., culturally sensitive support, or difficulties being experienced e.g., in relation to housing, financial wellbeing, mental health etc.

   Within the Annual Review process follow an **ABCD Plus** approach (as described in the Background section above):

   i. Review hypertension medication, (taking into account polypharmacy and possible frailty).
   ii. Undertake manual pulse palpation to assess presence of atrial fibrillation.
   iii. Test for total and HDL cholesterol.
   iv. Test for HbA1C as per NICE Guidance: NG28
   v. Test for Urine albumin to creatinine ratio (ACR).

vi. Measure and record patient's weight and height.
vii. Assess CVD risk using appropriate tools such as QRISK and review and adjust CVD risk factor medication accordingly. (taking into account polypharmacy and possible frailty).
viii. Discuss health behaviours and signpost to support if available.[a]

Requirements of the QI Project

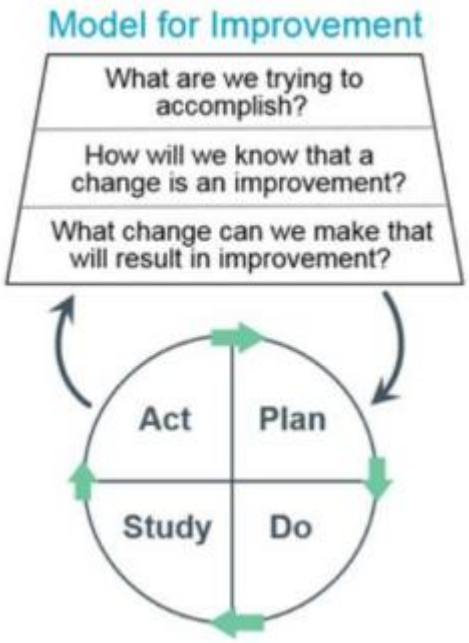
Practice Level:

• Practices will have a named QI Project lead clinician.

• Practices will use practice hypertension read codes, to collate baseline data detailing the number of patients with high blood pressure who are treated to target.

• Practices will collect data before and after any interventions (e.g., Using IHI Quality Improvement Methodology and by using searches and share any learning (whether positive or negative) within their practice teams, collaborative/clusters and more widely.

• Practices will complete a nationally agreed QI Poster for sharing at the final collaborative meeting before 31/3/2027 confirming conclusion of the project and highlighting outcomes achieved.



• Practices to adopt continuing QI methodology, including:

o Review baseline data, including the difference made to the baseline data from year 1 of the project

o Review of their processes

o Introduction of tested small cycles of change.

How to Improve | IHI - Institute for Healthcare Improvement

Dr Mike Evans: An Illustrated Look at Quality Improvement in Health Care (youtube.com)

• Practices to review progress at least quarterly.

• Practices will discuss their learning with their GMS collaborative. Minutes of this meeting should be submitted to health boards as confirmation that this discussion has taken place.

GMS Collaborative Level

a Further information to support practices in undertaking the project and suggested QI activity is available in the Public Health Wales guide: Supporting Healthy Behaviours: A Guide for General Practice.

• Practices to share aggregate practice-level data on the number of hypertensive patients treated to target.

• Practices to discuss accuracy of data and process for refinement.

• Discuss, share best practice, and consider adaptation of QI processes if applicable across collaborative.

• The GMS Collaborative lead should bring themes for discussion to the wider cluster professionals e.g., identification of hypertensive patients, uptake variation of Annual Reviews

• The GMS Collaborative or Cluster may consider introducing collaborative/cluster initiatives to benefit the delivery of improved interventions in identified behaviours.

• The GMS Collaborative or Cluster should escalate deficiencies in systems/services or suggestions for system-wide improvement to Pan Cluster Planning Group for consideration of improved commissioning or inclusion in IMTP process.

DHCW Level

• A definitive data set has been provided by DHCW to support this QIP, available as dashboards within audit plus.

All-Wales data is collated monthly and is visible via the Primary Care Information Portal.
Primary Care Information Portal

Health Board Level

• Health Boards to ensure practice completion is verified against agreed indicators/contractual agreement via completion of a nationally agreed Poster shared at the collaborative meeting.

• Health Boards will collate the posters to allow thematic review at national level

Verification and achievement

Practices:

• Practices will need to demonstrate achievement of the objectives listed on page 2, by 31st March 2027, by completion of the nationally agreed QI Poster shared and discussed with the collaborative and shared with the LHB. Minutes of the collaborative meeting should also be shared as evidence of the discussion.

• The contractor should ensure that the poster details both pre and post intervention data relating to hypertensive patients treated to target.

• The contractor should ensure that the poster states where the QI activity has resulted improved outcomes.

LHB:

• LHBs will be required to verify that practices have undertaken one or more of the options listed in the Menu of Options for Quality Improvement to confirm achievement and award payment.

• This will be done by reviewing each individual practice's nationally agreed QI Poster shared and discussed with the collaborative and shared with the LHB by 31st March 2027.

Continuity of Care Quality Improvement Project GMS Quality Improvement Framework 2026/27 – Year 2 Specification

Aim

The overarching aim of the 3–5-year continuity of care quality improvement project is to strengthen quality assurance processes in general practice by embedding relational continuity as a recognised marker of high-quality care.

Specific Objectives

These specific objectives set out the overarching aims of the 3–5-year continuity of care quality improvement project:

Improve Clinical Outcomes: Demonstrate measurable improvement in patient and carer experience, uptake of preventive interventions, and reduction in preventable morbidity and mortality by enhancing relational continuity of care, with a focus on value-based healthcare approaches.

Address Health Inequalities: Continue to prioritise relational continuity for vulnerable populations, including those with complex needs, to reduce disparities in healthcare access and outcomes.

Enhance Practice Operations: Embed relationship-based care into practice processes by adapting appointment and triage systems, extending consultations for complex cases, and utilising IT infrastructure and the new measurement toolkit to support continuity.

Support Strategic Alignment and Evaluation: Encourage GP practices, clusters, and health boards to measure and report continuity of care as a key enabler of Welsh Government strategies such as Prudent Healthcare, Value-Based Healthcare, and NHS Sustainability.

Year 2 Aim

For Year 2, the specific aim is to support all participating practices to complete the full six-step continuity of care QI cycle, as set out in the RCGP Continuity of Care Toolkit, moving from preparation and baseline measurement through to planning, implementation, evaluation. Practices will be expected to embed successful changes where appropriate, or where evaluation shows limited or no improvement, return to planning or adapt their approach before continuing the cycle, demonstrating progress and improvement over time.

There will be a national evaluation of this QI project, which will include various activities across the five years of the project. Year 2 requirements are designed to support a Wales-wide evaluation of continuity of care improvement and the embedding of learning, enabling both practice-level and national insights into what works (or not). Specifically for Year 2, practices will be expected to:

- Use the newly provided digital continuity measurement tool from the University of Bristol to ensure robust and consistent data collection and analysis. https://www.bristol.ac.uk/continuity-calculator
- Demonstrate completion of each stage of the improvement cycle, producing baseline and follow-up continuity data, implementing and evaluating tested changes, and based on evaluation findings, either embedding successful approaches or adapting and restarting the cycle where improvement has not yet been achieved.
- In future years, the expectation is that practices will show continuous quality improvements from year to year.

Background

Continuity of care in primary care is defined as the ongoing relationship between a patient and their GP, extending beyond specific episodes of illness. This relationship is distinct from coordination of care, though improved coordination often follows from strong continuity. Evidence demonstrates that increased GP continuity is associated with reduced appointment demand, improved patient outcomes, and greater efficiency. The project continues to focus on the patient-GP relationship within individual practices, recognising the complex interplay between finite resources and patient needs.

The evidence base for continuity of care is robust, showing benefits including: better patient satisfaction, increased trust between patients and GPs, improved adherence to medical advice and medication, greater uptake of preventive medicine, higher quality of GP care, reduced complaints and litigation, lower rates of emergency

department attendance and hospital admission, lower overall health system costs, and reduced mortality.

The Evidence Base

The evidence base underpinning the importance and value of continuity of care between a patient and their GP is substantial. A summary of the benefits and links to the evidence base can be found in the Year 1 Service Specification.

Areas for Quality Improvement Project Activity

Practices that have high rates of continuity of care have systems that seek to maintain continuity of care for their whole population. This maximises the benefits to their patients and to their own practices. However, as a practice you may feel that establishing continuity of care for your whole population is unachievable for you, so you may wish to focus on individuals who benefit most from relational continuity of care, for example:

- Individuals with significant mental health challenges
    - Approximately 1 in 4 adults in Wales experience mental health challenges annually
- Vulnerable people – people who experience multiple, severe and overlapping disadvantage, often finding it difficult to access healthcare despite experiencing extremely poor physical and mental health in comparison to the general population. This can include people experiencing homelessness, in contact with the criminal justice system, asylum seekers and refugees, Gypsies, Roma and Travellers
- Older adults with frailty
    - Wales has a higher proportion of older adults compared to other UK nations, with 21.3% of the population aged 65 or older (compared to 18.6% in England)
- Patients with complex long-term conditions or multiple morbidities
    - An estimated 33% of Welsh adults live with at least one long-term condition, and 12% have multiple chronic conditions
- Populations living in socio-economically deprived areas
    - Wales experiences significant socio-economic disparity
    - These communities face higher rates of chronic illness, lower life expectancy and significantly lower healthy life expectancy

This approach to prioritising continuity for those with the greatest needs has been described as ‘proportionate continuity’. Burden of disease projections in Wales show that all of this is projected to grow over the next 20 years; finding effective ways to support these groups of patients is key to long term NHS sustainability. By focusing

on these demographic characteristics, the QI project will ensure that practices are clear what actions are needed to ensure relational continuity reaches those with the most to gain, addressing their unique healthcare needs while promoting equity and sustainability in general practice.

Year 2 Project Requirements

In Year 1 Practices were asked to complete steps 1 and 2 of the RCGP continuity of care toolkit. In Year 2, practices are required to complete one full cycle of continuity-of-care improvement As a minimum, this includes agreeing a plan, implementing it, and evaluating the results. In Year 3, based on the end of year evaluation, practices may embed successful changes, return to the planning stage, or adjust and continue monitoring, including where data do not show improvement.

Practice-Level Requirements

1. Complete the Full RCGP 6-Step Improvement Cycle:

Step 1: Start Out – Revisit and reinforce understanding of continuity of care. Ensure all staff are engaged and understand the rationale and benefits.

Step 2: Define & Scope – Gather updated feedback from staff and patients, review demographic and process data, and agree on a clear aim for continuity improvement.

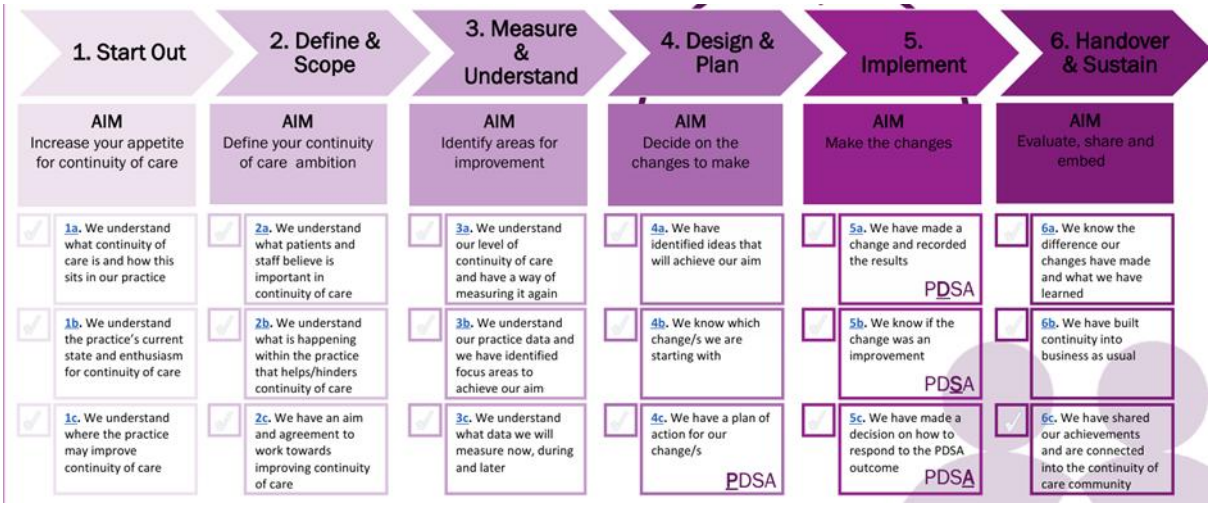
Step 3: Measure & Understand – Use the toolkit for measuring continuity of care to establish a robust baseline for future benchmarking.

Step 4: Design & Plan – Generate and prioritise change ideas, develop a detailed action plan including timelines and responsibilities, and prepare for PDSA cycles.

Step 5: Implement – Implement prioritised changes using PDSA cycles, collect and analyse data, and adapt as needed[a].

Step 6: Handover & Sustain – Evaluate impact, embed successful changes into routine practice, develop a sustainability plan, and allow the sharing of learning at cluster and national levels.

a Progression from Step 5 to Step 6 is dependent on evaluation outcomes. As set out in the RCGP Continuity of Care Toolkit, practices may need to adapt, discontinue, or embed a change depending on its demonstrated impact. Where improvements are not evidenced, practices are expected to investigate why ,and may wish to select an alternative change idea and restart the cycle before moving to sustainability activities. This may mean returning to step 4. More details can be found in the RCGP toolkit.



2. Monitoring, Evaluation and Reporting:

Quarterly measurement of continuity of care for the whole practice population (not just the target population) using the Bristol tool (https://www.bristol.ac.uk/continuity-calculator). Results of all four measures in the toolkit should be uploaded quarterly via PCIP.

At least quarterly internal reviews of progress within each practice to monitor implementation of the continuity of care QI cycle.

Quarterly collaborative/cluster discussions to review progress, share learning, and identify emerging challenges and successful approaches.

Submission of a nationally agreed QI poster/report at year end, summarising completion of the full QI cycle, key findings, tested changes, and outcomes.

Participation in national evaluation and learning to support dissemination of learning at national and regional levels

All participating practices will be required to complete an evaluation survey to support the national evaluation of the project. This survey will capture information on year 2 activity and key barriers and enablers to implementation.

Practices may be invited to contribute to additional evaluation activities, such as participation in case studies or the collection of patient experience. Participation will be on a voluntary basis and is outside the core requirements of this specification.

3. Use of Toolkit Resources:

Practices should utilise the RCGP Toolkit and the University of Bristol Continuity of Care measurement tool provided at the start of Year 2 for all measurement and reporting activities.

Collaborative/Cluster-Level Requirements

Facilitate sharing of learning, challenges, and best practice.

Support practices in benchmarking and peer review.

Identify opportunities for collaborative/system-wide improvement.

Health Board-Level Requirements

Verify completion using the nationally agreed poster/report template to ensure consistency across Wales. Local amendments or alternative formats should not be required.

Collate and review outcomes for thematic analysis and national learning with outputs made accessible to the national evaluation team to support Wales-wide monitoring, thematic synthesis, and dissemination of learning.

DHCW-Level Requirements

Maintain and update the PCIP tile for displaying required data and for practice upload of project materials for verification purposes.

Continue to develop and support templates and digital tools to assist practices in measuring continuity of care and its impact

Appendices and Resources

Practices are encouraged to consult the RCGP Toolkit (with additional resources here) and the Continuity Counts website for the latest evidence and practical resources. The University of Bristol Continuity of Care Calculator can be found here

Bristol Continuity of Care Calculator | Centre for Academic Primary Care | University of Bristol and a YouTube video on how to use the tool can be found here

Bristol Continuity Demo

CONTINUITY OF CARE CALCULATOR HEALTH WARNING – It is important to recognise that if you have migrated from Vision to EMIS within the past 12 months you may notice your continuity of care score is decreasing despite putting actions in place to improve. This is a data issue where appointment data does not migrate from Vision to EMIS. As that data is collected with time in EMIS the score will stabilize. We are aware of this issue, and it will be taken into account when looking at the end-of-year reports/posters.

References and Further Reading

A full list of references and further reading is provided in the Year 1 specification and remains relevant for Year 2.