

2017 No. 14

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

**The Primary Medical Services (Oral Anti-coagulation with
Warfarin) (Directed Enhanced Service) (Wales) Directions 2017**

Made - - - -

11 April 2017

Coming into force in accordance with direction 1(2) and 1(3)

The Welsh Ministers give the following directions in exercise of the powers conferred 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 (Oral Anti-coagulation with Warfarin) (Directed Enhanced Services) (Wales) Directions 2017

(2) These Directions come into force on 12 April 2017 for Aneurin Bevan University Health Board, Cardiff and Vale University Health Board, Cwm Taf University Health Board, Hywel Dda University Health Board and Powys Teaching Health Board.

(3) These Directions come into force on 1 October 2017 for Abertawe Bro Morgannwg University Health Board and Betsi Cadwaldr University Health Board.

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

Interpretation

2. In these Directions—

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

“financial year” (“*blwyddyn ariannol*”) means the period from 1 April to 31 March;

“general medical services contract” means a contract for general medical services between a GMS contractor and a Local Health Board made pursuant to section 42 of the Act;

“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⁽²⁾;

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

(1) 2006 c.42.

(2) S.I. 2004/1020 (W.117).

“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(1);

“nurse” means a nurse registered in the register of nurses established under the Nursing and Midwifery Order 2001(2);

“registered patient” has the same meaning as in the National Health Service (General Medical Services Contracts) (Wales) Regulations 2004(3); and

“Statement of Financial Entitlement” (“*Datganiad ar Hawlogaeth Ariannol*”) means any directions given by the Welsh Ministers under section 45 of the Act.

Establishment of an Oral Anti-coagulation with Warfarin Enhanced Services Scheme for GMS contractors providing the Dosing and Monitoring Service

3. Each Local Health Board must exercise its functions under section 41 of the Act (primary medical services) of providing primary medical services within its area, or securing the provision of such services within its area. As part of its discharge of those functions each Local Health Board must establish (if it has not already done so), operate and, as appropriate, revise an Oral Anti-coagulation with Warfarin Scheme (Level A) for its area, with those GMS contractors accredited to provide this service, the underlying purpose of which is to ensure that GMS contractors manage its patients with post-myocardial infarction, atrial fibrillation (AF), deep vein thrombosis and other disorders with warfarin.

Oral Anti-coagulation with Warfarin Enhanced Services Scheme for GMS contractors providing the Dosing and Monitoring Service

4. As part of its Oral Anti-coagulation with Warfarin Scheme, each Local Health Board must offer to enter into arrangements with any accredited GMS contractor, but where it does so, the plan setting out the arrangements that a Local Health Board enters into with the GMS contractor must in respect of each financial year to which the plan relates, include—

- (a) a requirement that the GMS contractor—
 - (i) reads and takes account of these Directions alongside the Directed Enhanced Service: Oral Anti-coagulation with Warfarin Specification at Schedule 1;
 - (ii) provides the services outlined in the Specification referenced from i. to xx;
 - (iii) a requirement that GMS contractors are professionally qualified to participate in the Oral Anti-coagulation with Warfarin Scheme by having satisfied at appraisal and revalidation that they have such continuing medical experience, training and competence as is necessary;
 - (iv) a requirement that the GMS contractor ensures that any health care professional who is involved in administering the Oral Anti-coagulation with Warfarin Scheme has any necessary experience, skills, supervision and training with regard to the administration of the scheme;
 - (v) a requirement that GMS contractors give notification to the Local Health Board Clinical Governance Lead within 72 hours of the information becoming available to them of all emergency admissions or deaths of any patient covered under this service, where such admission or death is or may be due to the usage of the drug(s) in question or attributable to the relevant underlying medical condition;
 - (vi) arrangements for the monitoring of the provision of care under the scheme including a date for reviewing the scheme and a review of the duration of the scheme;
- (b) the payment arrangements for the GMS contractor which must provide that –
 - (i) for GMS contractors providing the dosing and monitoring service (Level A) –

(1) 2002 c.17.

(2) S.I. 2002/253.

(3) S.I. 2004/478 as amended.

- (i) for the slow loading warfarin, the GMS contractor may claim a payment of £120 for the first treatment quarter to cover the initial counselling of the patient and the slow loading period. This will be a one off payment unless there is a gap in warfarin treatment of more than one month.
- (ii) for warfarin monitoring and dosing service, which includes -
 - practice funded staff to obtain blood for sample testing
 - practice to undertake testing of blood sample
 - practice to determine and issue appropriate dose

The GMS contractor may claim £150 per annum (£37.50 per quarter) per patient;

- (ii) such payments will be payable monthly or quarterly in arrears and will be payable on the first date after the payment is authorised on which one of the GMS contractor's Global Sum monthly payment falls due in accordance with the Statement of Financial Entitlements;
- (c) a requirement that the contractor supply its Local Health Board with such information as it may reasonably request for the purposes of monitoring the contractor's performance of its obligations under the plan;
- (d) any disputes arising will be dealt with in the prescribed way. Local Health Boards and GMS contractors should make every effort to resolve the dispute locally before formally submitting it through the NHS dispute resolution procedure and the Local Health Board must, where necessary, vary the GMS contractor's general medical services contract so that the plan comprises part of the GMS contractor's contract and the requirements of the plan are conditions of the contract.

Establishment of an Oral Anti-coagulation with Warfarin Enhanced Services Scheme for GMS contractors not providing the Dosing and Monitoring Service

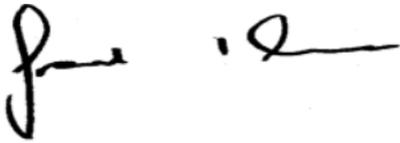
5. Each Local Health Board must exercise its functions under section 41 of the Act (primary medical services) of providing primary medical services within its area, or securing the provision of such services within its area. As part of its discharge of those functions each Local Health Board must establish (if it has not already done so), operate and, as appropriate, revise an Oral Anti-coagulation with Warfarin Scheme for GMS contractors not accredited to provide the dosing and monitoring service (Level B) for its area the underlying purpose of which is to ensure that GMS contractors disseminate information as appropriate.

Oral Anti-coagulation with Warfarin Enhanced Services Scheme for GMS contractors not providing the Dosing and Monitoring Service

6. As part of its Oral Anti-coagulation with Warfarin Scheme, each Local Health Board must offer to enter into arrangements with any GMS contractor, but where it does so, the plan setting out the arrangements that a Local Health Board enters into with the GMS contractor must in respect of each financial year to which the plan relates, include—

- (a) a requirement that GMS contractors who do not test or dose their patients —
 - (i) ensures appropriate information is provided to the service which undertakes the dosing and monitoring for their resident patients to include change of medication, prescription of antibiotics in order that appropriate adjustments can be made in terms of testing interval/dosing;
- (b) the payment arrangements for the GMS contractor which must provide that —
 - (i) GMS contractors who disseminate information as appropriate (Level B) can claim £10 per patient per annum;
- (c) a requirement that the contractor supply its Local Health Board with such information as it may reasonably request for the purposes of monitoring the contractor's performance of its obligations under the plan;

(d) any disputes arising will be dealt with in the prescribed way. Local Health Boards and GMS contractors should make every effort to resolve the dispute locally before formally submitting it through the NHS dispute resolution procedure; and
the Local Health Board must, where necessary, vary the GMS contractor's general medical services contract so that the plan comprises part of the GMS contractor's contract and the requirements of the plan are conditions of the contract.

A handwritten signature in black ink, appearing to read 'Grant L. Duncan', with a stylized flourish at the end.

Signed by Dr Grant L. Duncan, Deputy Director, Primary Care Division under the authority of the Cabinet Secretary for Health, Well-being and Sport, one of the Welsh Ministers

Date: 11 April 2017