

2017 No. 9

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

**The Primary Medical Services (Care Homes) (Directed
Enhanced Services) (Wales) Directions 2017**

Made - - - - *11 April 2017*

Coming into force - - - - *12 April 2017*

The Welsh Ministers give the following directions in exercise of the powers conferred by sections 12(3), 45, 203(9) and (10) and 204(1) of the National Health Service (Wales) Act 2006⁽¹⁾.

Title, commencement and application

1.—(1) The title of these Directions is the Primary Medical Services (Care Homes)(Directed Enhanced Services)(Wales) Directions 2017.

(2) These Directions come into force on 12 April 2017.

(3) These Directions are given to Local Health Boards and apply in relation to Wales.

Interpretation

2. In these Directions—

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

“care home” means a care home as defined in section 3 of the Care Standards Act 2000⁽²⁾;

“discharge medicines review” has the same meaning as in direction 5 of the Pharmaceutical Services (Advanced and Enhanced Services) (Wales) Directions 2005, or an equivalent review undertaken by the GMS contractor

“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⁽³⁾;

“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) 2000 c.14.

(3) 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);

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

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

“Special Patient Notes” means information provided by a GP about their registered patients with complex health and social care needs which can be communicated to other healthcare professionals including out of hours service doctors and nurses; 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 a Care Homes Enhanced Services Scheme

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 a Care Homes Scheme for its area the underlying purpose of which is to ensure that GMS contractors take a proactive approach to caring for people registered with their practice currently living in a care home.

Care Homes Scheme

4. As part of its Care Homes 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 the GMS contractor—
 - (i) recommends that a resident has a comprehensive initial review of their mental and physical health within twenty eight days of the resident moving into or being admitted to the care home;
 - (ii) ensures the review includes a discharge medicines review the purpose of which is to reconcile medicines prescribed following discharge, and ensure appropriate changes are made to the record of prescribed medicines maintained by the GMS contractor. The review must include but not be limited to, polypharmacy, antipsychotic prescribing and other high risk medicines;
 - (iii) ensures the review includes the areas outlined in the proforma at Annex B of the Specification for the Care Homes Enhanced Service(4);
 - (iv) ensures the findings of the assessment are recorded on the proforma at Annex B including the End of Life Care Plan (where appropriate for the patient) at Annex D of the Specification for the Care Homes Enhanced Service and that the proforma is retained by the care home; and
 - (v) recommends any appropriate referral as necessary.

(1) 2002 c.17.

(2) S.I 2002/253.

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

(4) The Specification for the Care Homes Enhanced Service can be accessed on the GMS contract website at <http://www.wales.nhs.uk/sites3/page.cfm?orgid=480&pid=6064>

- (b) a requirement that the GMS contractor ensures reviews are undertaken as clinically appropriate but a minimum of one clinical review must be undertaken each financial year for a resident who resides in the care home for the full year. Health care professionals will support the GP to undertake the reviews where appropriate. Where a pharmacist has undertaken a medication review, with particular reference to polypharmacy, antipsychotic prescribing and other high risk medicines, which are to be recorded in the patient's notes, the GMS contractor will take this into account in the clinical reviews. For those residents not residing in the care home for a full financial year, GMS contractors will need to determine how many clinical reviews are undertaken as clinically appropriate;
- (c) a requirement that the GMS contractor, as the lead clinician in the multi disciplinary team, commissions a medication review to be undertaken by a pharmacist as appropriate;
- (d) a requirement that the GMS contractor—
 - (i) undertakes a post unscheduled care review within 4 weeks of receipt of the discharge summary following attendance at the emergency department or emergency hospital admission;
 - (ii) as part of the review identifies if unscheduled care could have been avoided and if so records what actions should be taken to reduce the possibility of further unscheduled care in the patient's medical record; and
 - (iii) undertakes the post unscheduled care review either face to face or via telephone as appropriate and determined by the GP on receipt of the discharge summary;
- (e) a requirement that the GMS contractor ensures a comprehensive annual health review is undertaken within 4 weeks of the anniversary of the day the resident moved into/was admitted to the care home;
- (f) a requirement that the GMS contractor—
 - (i) completes Special Patient Notes about vulnerable residents and palliative care residents which must include appropriate end of life care and 'Do Not Attempt Cardiopulmonary Resuscitation' notification; and
 - (ii) provides the Out of Hours Service and the care home with a copy of the Special Patient Notes;
- (g) a requirement that either the GMS contractor, the lead practice acting on behalf of the GP cluster or other service provider completes an annual report of outcomes by 31 March each year in line with the proforma at Annex C of the Specification for the Care Homes Enhanced Service;
- (h) a requirement that the GMS contractor, the lead practice acting on behalf of a group/cluster of GP practices or the GP acting as lead for the service delivery model will ensure that any health care professional who is involved in administering the Care Homes Scheme has any necessary experience, skills, supervision and training with regard to the administration of the scheme;
- (i) 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;
- (j) the payment arrangements for the GMS contractor which must provide that –
 - (i) for those patients which are registered with the GMS contractor providing the service or a GMS contractor which forms part of a group or cluster the patients receive the service from, the lead GMS contractor which provides the service will make the claim for payment;
 - (ii) where the GMS contractor and Local Health Board have agreed arrangements as outlined in paragraphs (a) to (j) and the GMS contractor meets its obligations under the plan, the GMS contractor will be able to claim (after verification by the Local Health Board) a payment of £270 per registered patient in respect of each financial year;
 - (iii) where the death of a resident occurs during the year, the practice is able to claim the full payment for that year as long as the Initial Resident Review has been completed;

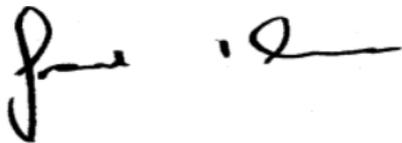
- (iv) if a resident resides in a care home up to 6 months of the relevant financial year the practice will be able to claim 50% (£135) of the annual payment;
- (v) if a resident resides in a care home up to 9 months of the relevant financial year the practice will be able to claim 75% (£202.50) of the annual payment;.
- (vi) if a resident resides in a care home for over 9 months of the relevant financial year the practice will be able to claim 100% of the annual payment;
- (vii) no practice will be able to receive more than the annual payment of £270 in any financial year. It may be necessary to undertake a period of financial reconciliation at the end of the financial year.
- (viii) such payments will be payable either 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;
- (ix) the claim for payment must be accompanied by a list of residents residing in the care home on the last day to which the claim relates; and
- (x) a requirement that the GMS contractor will not receive a retainer from a care home if they opt to participate in the Care Homes Scheme. Signed completion of the practice declaration form within the Specification for the Care Homes Enhanced Service will serve as confirmation of this agreement.
- (k) 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.

5. 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.

Amendments to the Primary Medical Services (Directed Enhanced Services) (Wales) (No. 2) Directions 2009

6. The Primary Medical Services (Directed Enhanced Services) (Wales) (No. 2) Directions 2009 which came into force on 22 May 2009 are amended as follows:

- (a) in direction 2, omit the definition of "care home";
- (b) in direction 3(2), omit paragraph (d); and
- (c) omit direction 7.



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