

GMS CONTRACT - WALES

DIRECTED ENHANCED SERVICE FOR 2008-09

Guidance

Introduction and Background

1. In February 2008 the Minister for Health and Social Services agreed that negotiations should commence with GPC Wales on a new directed enhanced service (DES) for 2008-09. The DES is a departure from the offer made by NHS Employers within the UK wide negotiations and which was the subject of a ballot of GPs across the UK. The DES will incorporate a “menu” of enhanced services which Local Health Boards (LHBs) will be able to commission in response to local health needs and priorities. The “menu” will include enhanced services relating to:
 - extended surgery opening
 - Asylum seekers and refugees
 - Homeless
 - Diabetes
 - Care homes
2. The 2007-08 Access DES ended on 31st March 2008. This new DES will be funded from the money released by its discontinuation. This amounts to £5 million across Wales.
3. The Welsh Assembly Government will continue to work with relevant stakeholders to develop and maintain a “menu” of enhanced services to address a range of clinical priorities. The content of the “menu” will continue to evolve reflecting the latest clinical evidence and new priorities that may emerge. This will be reviewed on at least an annual basis where the commissioning of this DES continues.
4. This is a new, flexible approach which allows services to be designed to a consistent specification and standard. LHBs will be able to commission whichever enhanced services best meet local clinical need. LHBs may, if they wish, spend more than the level of investment connected solely with this DES where other services would benefit their population.

How will the DES work?

5. Section 12 of the NHS (Wales) Act 2006 provides that Welsh Ministers may give directions to Local Health Boards about their exercise of any functions. Section 11 of that Act provides that a LHB is established for the area of Wales specified in its LHB Order. Regulation 2(2) of the Local Health Boards (Functions) (Wales) Regulations 2003 provides that the persons for whom a LHB is responsible in any year are the persons usually resident in the area for which the LHB is established.

6. Therefore, Welsh Ministers can direct LHBs to spend money on a “menu” of clinical priorities as determined by the Minister. LHBs will choose which services from the “menu” contractors will be offered to provide, according to their local health priorities, to persons usually resident in the area for which the LHB is established. LHBs may, in consultation with the practice (and where necessary the Local Medical Committee) choose different priorities for individual practices to reflect different needs within their area and the ability of practices to provide the service. LHBs should assess local need and offer at least one of the Enhanced Services mentioned above to each GMS contractor for 2008/09. They should also seek to ensure, as far as is reasonably practicable, that the range of Enhanced Services commissioned from practices is fair and equitable.

Access Generally

This section is intended as a preamble to the section on extended surgery opening and to remind LHBs of their responsibility to ensure that patients have good access to primary medical services during the core hours of 8 am and 6.30 pm.

7. The new GMS contract introduced in 2003 removed from General Practitioners their default responsibility to provide 24 hour care for their patients. To reflect the move to a practice based contract the old obligation on any individual full time GP to be available for face to face consultations for 26 hours per week ended on 31st March 2004.
8. The National Health Service (General Medical Services Contracts) (Wales) Regulations 2004 (hereinafter called “the regulations”) define core hours and normal hours for GP practices. Core hours are Monday – Friday, 8 am – 6.30 pm except Good Friday, Christmas Day, and Bank Holidays.
9. LHBs must ensure that normal surgery hours (usually provided within core hours) must be **to the extent necessary to meet the reasonable needs of patients**. They must also ensure that practices have in place arrangements for their patients to access essential services throughout the core hours in the case of emergency.
10. These definitions reflect the main purpose of the new contractual arrangements so that actual opening hours are determined at practice level to best suit the needs of patients in that locality.
11. Subject to contractual arrangements, most practices should remain open and accessible between the hours of 8 am to 6.30 pm. This includes patients being able to contact the surgery within core hours to make an appointment, lodge an enquiry, or request a repeat prescription etc. LHBs should agree alternative arrangements where for practical reasons this isn't possible.
12. LHBs and contractors should routinely discuss normal hours as part of their contract discussions and particularly as part of the annual contract review. LHBs should agree the normal pattern of routine appointments as being reasonable to meet the needs of patients. Where the LHB considers that the reasonable needs of patients are not being met they will be aware of the

powers available to them under the regulations to review or vary the contract. These powers are summarised in **Annex A**

13. There is reason to believe that the majority of practices in Wales offer excellent access to their patients. However, where LHBs have cause for concern they should work in a spirit of cooperation with the practice to facilitate improvement. LHBs should be careful to establish the facts of individual cases and to seek views of stakeholders through analysis of compliments and complaints, discussion with patient participation groups or the Community Health Council. The LHB should also consider the individual circumstances of the practice.

Extended Surgery Opening

(This should be read in conjunction with the specification)

14. One of the Enhanced Services that will be included in the “menu” of Enhanced Services under the DES for 2008-09 will be the provision of extended surgery opening. The purpose of this service would be to provide additional surgery appointments outside the core hours of 8.00am – 6.30pm (normally in the evenings) for routine booked appointments particularly for those people who are unable to attend their surgery during normal hours due to other commitments.
15. Practices who wish to participate in this Enhanced Service should submit a plan to their LHB for the provision of extended opening. This plan should:
 - provide evidence that the need for extended opening is supported by patient demand
 - identify the pattern of additional appointments (additional appointments will normally be offered after 6.30 pm; however the LHB, having considered the relevant circumstances, may agree to a practice’s request to offer these additional appointments on weekdays before 8.00 a.m. or on weekends)
 - indicate broadly how the additional appointments will be staffed
16. Before commissioning this service the LHB must be satisfied that the practice:
 - has robust evidence supporting the need for extended opening
 - already offers “daytime” access that meets the reasonable needs of its patients
 - will not reduce access during core hours in order to provide those sessions in the evening
 - has the capacity to offer a quality service in the extended period on a regular basis each week
17. Practices that are commissioned to deliver this Enhanced Service must:
 - cooperate with reasonable requests from LHBs for baseline information about access
 - ensure that their proposals for extended opening meet the requirements of the specification
 - ensure that the provision of extended opening does not lead to a reduction in access during core hours

18. LHBs will need to specify a procedure for changing the pattern of extended opening including an agreed notice period for changing or ceasing extended opening.

How much Opening Time?

19. The minimum required amount of extended opening is based on an additional 20 minutes per 1,000 registered patients, per week. The minimum required amount of opening time shall be calculated by dividing the contractor's registered population by 1000 and multiplying that figure by 20 minutes. The resultant figure shall be rounded to the nearest ten minutes. Payments made under this Enhanced Service will be based on this calculation. The number of registered patients will be the contractor's registered population at the time the arrangements are agreed.

Smaller practices

20. Some of the smaller and single handed practices may not have the capacity to provide extended opening. Where these practices believe that they would be unlikely to fulfil the requirements of the Enhanced Service working alone then they should approach the LHB to see if they may work collaboratively with another practice. Where the LHB is satisfied that the practice does not have the capacity alone to offer extended opening it should work with practices to see if there is any possibility of their working in collaboration with other small practices.

Funding

21. All agreements to enter into these arrangements must be in writing. LHBs may commission this Enhanced Service at any time from the date the DES Directions have come into force. Until such time as the Directions are in place LHBs may, if they wish, commission this service as a local enhanced service.
22. Practices that participate in this Enhanced Service will receive £1.90 per registered patient each financial year paid quarterly in arrears. The practice list size will be calculated at the time the arrangements are agreed.

Disputes

23. Any disputes arising will be dealt with in the prescribed way. LHBs and contractors should make every effort to resolve the dispute locally before formally submitting it through the NHS dispute resolution procedure.

Verification

24. The importance of verification of Access claims was commented on by Wales Audit Office in their 2007 report "Review of the new General Medical Services Contract in Wales". LHBs must adopt robust payment verification procedures to ensure proper financial governance. All claims for payment must be promptly and properly verified before payment is authorised. Routine post payment verification checks should also be undertaken as is the case for all Enhanced Service payments. Practices participating in this Enhanced Service must cooperate with LHBs' legitimate audit requirements and comply with all reasonable requests for information from the LHB and/or its representatives to ensure proper verification. This process should be determined in consultation

with the LMC. LHBs will require information from practices to establish a baseline of current access provision before entering into extended surgery opening arrangements. This will provide LHBs and auditors with evidence that practices are complying with their contractual obligation to provide normal surgery hours to the extent necessary to meet the reasonable needs of patients, and that practices have in place arrangements for their patients to access services throughout the core hours in the case of emergency.

Annex A

The National Health Service (General Medical Services Contracts) (Wales) Regulations 2004 Relevant Extracts

Introduction

If a LHB believes that a practice is in default of its obligations under its contract it may enact various sanctions under “the regulations.” The following is a summary of the powers available.

Variation of Contract

The LHB may vary the contract. Where it considers it necessary to do so in order to comply with the NHS (Wales) Act 2006 and any regulations or directions made pursuant to that Act, then the LHB must notify the contractor in writing of the proposed variation of the contract and the date the variation is to take effect which should where possible be at least 14 days after the date of notification. (Paragraph 102, Schedule 6)

Remedial Notices and Termination

The LHB may issue a remedial notice i.e. give notice to the contractor requiring it to remedy the alleged breach within a specified period of time. Where the LHB considers that the contractor has not remedied the alleged breach of obligations then the LHB may give notice to terminate the contract. (Paragraph 113, Schedule 6). Alternatively, the LHB may impose any of the contract sanctions. (Paragraph 115, Schedule 6).

Disputes

Where the LHB has served notice on the contractor to impose a contract sanction or terminate the contract, the contractor may refer a dispute to the NHS dispute resolution procedure within 28 days of the notice being served. The dispute has to be determined (or withdrawn by the contractor) before any proposed sanction or termination can be effected. (Paragraph 116 and 117, Schedule 6)

Consultation

Clearly such decisions should only be taken in extreme circumstances. LHBs should ensure that each contractor’s individual circumstances are taken into account before final decisions are made. “The regulations” require that where consideration is being given to terminating a contract or imposing a contract sanction then the LHB should consult the Local Medical Committee, where it is reasonably practicable to do so. LHBs may also wish to seek their own legal advice prior to taking any formal action. (Paragraph 118, Schedule 6)