

WG – No. 20-30

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

**The Primary Medical Services
(COVID-19 Care Homes) (Directed
Enhanced Services) (Wales)
Directions 2020**

Made 29 June 2020

Coming into force 01 July 2020

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 (COVID-19 Care Homes) (Directed Enhanced Services) (Wales) Directions 2020.

(2) These Directions come into force on 01 July 2020 and expire on 31 March 2021.

(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;

“care home” (“*cartref gofal*”) means a place in Wales at which accommodation, together with nursing or care, is provided to persons because of their vulnerability or need but excludes a place

(1) 2006 c.42.

mentioned in paragraph 1(2) of Schedule 1 to the Regulation and Inspection of Social Care (Wales) Act 2016(1);

“*COVID-19 Care Homes Scheme Specification*” (“*Manyleb Cynllun Cartrefi Gofal COVID-19*”) means the COVID-19 Care Homes Scheme Directed Enhanced Service Specification in the Schedule to these Directions;

“*cluster*” (“*clwstwr*”) 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 clwstwr*”) means a GMS contractor that has agreed to provide this Directed Enhanced Service to its registered patients residing in a care home within its practice area, and to the registered patients residing in a care home in the practice area 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;

“*discharge medicines review*” (“*adolygiad o feddyginiaethau wrth ryddhau*”) has the meaning given to it in direction 5 of the Pharmaceutical Services (Advanced and Enhanced Services) (Wales) Directions 2005, or an equivalent review undertaken by a GMS contractor;

“*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 Enhanced 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;

“*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);

(1) 2016 anaw. 2. Paragraph 1(2) of Schedule 1 to the Regulation and Inspection of Social Care (Wales) Act 2016 prescribes places which do not constitute care home services, those places are excluded from the definition of care homes for the purposes of these Directions.

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

“*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(1);

“*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(2);

“*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 2004(3);

“*registered patient*” (“*cleifion cofrestredig*”) has the meaning given to it in regulation 2(1) of the National Health Service (General Medical Services Contracts) (Wales) Regulations 2004;

“*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*; and

“*ward round*” (“*cylch ward*”) means a meeting at which the required clinical input for each registered patient residing in a care home is assessed by the *GMS contractor* and relevant care home staff to facilitate the comprehensive management of care home residents’ health and care.

Establishment of a COVID-19 Care 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 establish (if it has not already

(1) 2002 c. 17.
(2) S.I. 2002/253.
(3) S.I. 2004/478 (W. 48).

done so), operate and, as appropriate, revise a COVID-19 Care Homes Scheme for its area during the COVID-19 pandemic.

(3) The underlying purpose of the COVID-19 Care Homes Scheme is to—

- (a) optimise access to primary medical care for registered patients who reside in care homes;
- (b) enable urgent access to primary medical care advice for care home staff;
- (c) ensure GMS contractors take a pre-emptive, proactive and anticipatory approach to caring for registered patients residing in a care home; and
- (d) promote a high quality and consistent approach across Local Health Boards with the flexibility to be adopted by clusters or individual GMS contractors.

COVID-19 Care Homes Scheme

4.—(1) As part of its COVID-19 Care Homes Scheme, each Local Health Board must offer to enter into arrangements for the provision of services in accordance with the COVID-19 Care Homes Scheme Specification with—

- (a) each GMS contractor, in relation to the registered patients residing in care homes within the practice area of that GMS contractor; and then
- (b) one or more cluster lead practices, in relation to the registered patients residing in care homes within the practice area 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 Enhanced Service to their registered patients residing in care homes within their practice area pursuant to paragraph 4(1)(a) above.

(2) Where the residents of a care home within the practice area of a GMS contractor will not receive the services outlined in this Directed Enhanced Service, either from a GMS contractor, or from a cluster lead practice, the Local Health Board must make arrangements to ensure the provision of treatment to those care homes residents and the Local Health Board may deliver the services under this Directed Enhanced Service to those residents in any way it believes is appropriate (including, but not limited to, by providing the services itself or arranging for the delivery of those services by any engaged GMS contractor).

(3) 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 Enhanced Service to residents of care homes within the practice areas 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.

(4) 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—
 - (i) establishes a weekly ward round, to be carried out in person at the care home premises or remotely via audio-visual technology, for each care home in its practice area,
 - (ii) leads a multi-disciplinary team including but not limited to clinical pharmacists, dieticians, optometrists, physiotherapists, chiropodists and podiatrists, to provide comprehensive management of the health and care of those registered patients residing in care homes and ensure appropriate clinical assessments are undertaken as required, and
 - (iii) works collaboratively with the cluster lead practice and all engaged GMS contractors in its cluster (where applicable), and care home staff, to limit the number of clinicians and community staff visiting care homes within their practice areas during the COVID-19 pandemic.
- (b) a requirement that the engaged GMS contractor—
 - (i) completes a comprehensive initial review of mental and physical health, in person at the care home premises or remotely via audio-visual technology, within 28

(1) See paragraph 12 of Part 1 of Schedule 6 to the National Health Service (General Medical Services Contracts) (Wales) Regulations 2004 (S.I. 2004/478 W. 48).

- days of a person moving into or being admitted to a care home,
 - (ii) ensures the initial review includes a discharge medicines review, the purpose of which is to reconcile medicines prescribed following a discharge from hospital and address issues of polypharmacy, antipsychotic prescribing and other high risk medicines,
 - (iii) ensures the initial review includes the areas outlined in the proforma at Annex B of the COVID-19 Care Homes Scheme Specification,
 - (iv) ensures the findings of the initial review are recorded on the proforma at Annex B of the COVID-19 Care Homes Scheme Specification,
 - (v) updates the record of prescribed medicines maintained by the GMS contractor,
 - (vi) ensures that the care home retains the completed Annex B proforma, and
 - (vii) recommends any appropriate referral as necessary.
- (c) a requirement that the engaged GMS contractor provides structured clinical consultations to care home residents, including but not limited to—
 - (i) undertaking consultations in person at the care home premises, or remotely via audio-visual technology (if requested by the care home for infection control purposes), for those registered patients assessed as requiring clinical input during the weekly ward round, and
 - (ii) the offer of a face-to-face assessment at the care home premises, where the GMS contractor believes a patient’s health and care needs have been unable to be met following a remote consultation.
- (d) a requirement that the engaged GMS contractor facilitates the provision of urgent clinical advice to care home staff providing care to care home residents, including but not limited to—
 - (i) provision of a dedicated telephone number which is available Monday to Friday between the hours of 8:00 and 18:30 to ensure prioritisation of requests for advice from care homes as clinically appropriate,
 - (ii) a commitment that a call to the dedicated telephone number that is triaged as

- clinically urgent and requiring a call back by an appropriately qualified clinician will be returned within 15 minutes of the GMS contractor having received the call from the care home, as far as is reasonably possible,
- (iii) notifying all care homes within its practice area of the dedicated telephone number, and
 - (iv) notifying the relevant Local Health Board of the dedicated telephone number for audit purposes;
- (e) a requirement that the engaged GMS contractor, as the lead clinician in the multi-disciplinary team—
- (i) commissions at least one structured medication review per year for each registered patient residing in a care home, to be undertaken by the GMS contractor with the support of any other health care professionals as appropriate for each care home resident,
 - (ii) determines how many further medication reviews must be undertaken within the same year as the review undertaken in accordance with sub-paragraph (i), for each registered patient residing in a care home, as clinically appropriate, with particular reference to polypharmacy, antipsychotic prescribing and other high risk medicines, and
 - (iii) where a pharmacist has undertaken a medication review in support of the GMS contractor with particular reference to polypharmacy, antipsychotic prescribing and other high risk medicines, which are to be recorded in the registered patient's notes, the GMS contractor must take this into account in any clinical review;
- (f) a requirement that the engaged GMS contractor will, where appropriate, engage in and support a death review through significant event analysis of any death of a care home resident where COVID-19 is included as a cause of death on a death certificate, including when residents are admitted to hospital and die within 7 days of admission;
- (g) a requirement that the engaged GMS contractor—
- (i) ensures that each health care professional undertaking this Directed Enhanced Service has the necessary skills, training, competence and experience in order to provide the services, and

- (ii) ensures that each health care professional undertaking this Directed Enhanced Service is adequately indemnified / insured for any liability arising from the work performed;
- (h) a requirement that the engaged GMS contractor—
 - (i) reads and takes account of these Directions and undertakes to comply with the COVID-19 Care Homes Scheme Specification and its annexes which in combination prescribe the requirements for this Directed Enhanced Service;
 - (ii) maintains and keeps up to date a register of registered patients receiving treatment in accordance with this Directed Enhanced Service;
 - (iii) provides the service outlined in the COVID-19 Care Homes Scheme Specification and, where applicable, in accordance with the plan required by paragraph (3);
 - (iv) provides data, subject to paragraph (v), to the cluster lead practice of a cluster (where applicable), Local Health Boards and Welsh Government when required to inform the design and development of the COVID-19 Care Homes Scheme;
 - (v) ensures consistent coding for capture of data and compliance with relevant information governance legislation;
 - (vi) supplies its Local Health Board with such information as the Local Health Board may reasonably request for the purposes of monitoring the engaged GMS contractor's performance of its obligations under this Directed Enhanced Service, and the cluster's performance in relation to the plan specified in paragraph (3) above;
- (i) arrangements for the monitoring of the provision of care under the COVID-19 Care Homes Scheme, including a date for reviewing the scheme;
- (j) 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 maximum payment of £270 per registered patient for each financial year a patient resides in a care home;
 - (ii) where the death of a registered patient residing in a care home occurs during a

financial year, the maximum payment of £270 for that year, subject to completion of the initial review in accordance with paragraph (4)(b);

(iii) where a registered patient resides in a care home for up to 6 months of the relevant financial year, 50% (£135) of the maximum payment;

(iv) where a registered patient resides in a care home for up to 9 months of the relevant financial year, 75% (£202.50) of the maximum payment; and

(v) where a registered patient resides in a care home for over 9 months of the relevant financial year, 100% of the maximum payment.

(k) a requirement that an engaged GMS contractor may only claim up to the maximum payment of £270 per registered patient in any financial year, and that it may be necessary to undertake a period of financial reconciliation at the end of the financial year;

(l) a requirement that 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 engaged GMS contractor's Global Sum monthly payment falls due in accordance with the Statement of Financial Entitlements;

(m) a requirement that a claim for payment must be accompanied by a list of registered patients residing in care homes within its practice area on the last day to which the claim relates; and

(n) a requirement that the engaged GMS contractor will not receive a retainer from a care home if they opt to participate in the COVID-19 Care Homes Scheme. Signed completion of the practice declaration form within the COVID-19 Care Homes Scheme Specification will serve as confirmation of the engaged GMS contractor's agreement to this requirement.

(5) 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.

(6) Any disputes arising as a result of the provision of this Directed Enhanced Service will be dealt with in accordance with Part 7 of Schedule 6 to the National Health Service (General Medical Services Contracts) (Wales) Regulations 2004.

(7) Where the Local Health Board delivers this Directed Enhanced Service pursuant to an arrangement in accordance with paragraph 4(2), the Local Health Board must ensure that paragraphs 4(4) and 4(5) apply to such arrangements as they would do to an engaged GMS contractor.

Amendment of the Directions to Local Health Boards as to the Statement of Financial Entitlements (COVID-19 Suspension of Enhanced Services) Directions 2020

5.—(1) The Directions to Local Health Boards as to the Statement of Financial Entitlements (COVID-19 Suspension of Enhanced Services) Directions 2020(1) are amended as follows.

(2) In the table in the Schedule—

(a) in column 1 *Directed Enhanced Services* omit the entry “Care Homes”; and

(b) in column 2 *Action*, in the first place it occurs, omit the entry—

“Suspend administrative component, but routine healthcare will be required and potentially enhanced, subject to consideration of introduction of following modifications;

- Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) and Treatment Escalation Plan (TEP) assessments;
- Contact homes to enquire whether require specific review post discharge;
- Reduce all non-essential visits.”.

Revocation of the Primary Medical Services (Care Homes) (Directed Enhanced Services) (Wales) Directions 2017

6. The Primary Medical Services (Care Homes) (Directed Enhanced Services) (Wales) Directions 2017(2) are revoked.



Signed by Alex Slade, Deputy Director, Primary Care Division under the authority of the Minister for Health and Social Services, one of the Welsh Ministers

(1) WG – No. WG20-14.
(2) 2017 No. 9.

Dated: 29 June 2020

SCHEDULE
COVID-19 Care Homes Scheme
Directed Enhanced Service
Specification