

**2017 No. 33**

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

**The Primary Medical Services (Type 2 Diabetes Mellitus Care  
Scheme for Adults) (Directed Enhanced Service) (Wales)  
Directions 2017**

*Made* - - - - - 25 October 2017

*Coming into force on* - - - - - 26 October 2017

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<sup>(1)</sup> 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 (Type 2 Diabetes Mellitus Care Scheme for Adults) (Directed Enhanced Service) (Wales) Directions 2017

(2) These Directions come into force on 26 October 2017.

(3) 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;

“GMS contractor” (“*contractwr GMS*”) 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<sup>(2)</sup>;

“nurse” means a nurse registered in the register of nurses established under the Nursing and Midwifery Order 2001<sup>(3)</sup>;

“registered patient” has the same meaning as in the National Health Service (General Medical Services Contracts) (Wales) Regulations 2004<sup>(1)</sup>; and

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(1) 2006 c.42.

(2) 2002 c.17.

(3) S.I. 2002/253.

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

### **Establishment of Type 2 Diabetes Mellitus Care Scheme for Adults**

3. Each Local Health Board is required under section 41 of the Act (primary medical services) to exercise its functions so as to provide or secure the provision of primary medical 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 Type 2 Diabetes Mellitus Care Scheme for adults for its area, the underlying purpose of which is to ensure that GMS contractors monitor and manage their patients in primary care with Type 2 Diabetes.

### **Type 2 Diabetes Mellitus Care Scheme for Adults**

4.—(1) As part of its Type 2 Diabetes Mellitus Care Scheme for Adults, each Local Health Board must offer to enter into arrangements with each GMS contractor.

(2) Where arrangements are made between the Local Health Board and a GMS contractor, the plan setting out the arrangements must, in respect of each financial year (or part of a year) to which the plan relates, include—

- (a) a requirement that the GMS contractor—
  - (i) reads and takes account of these Directions alongside the Enhanced Service Specification for Prudent Structured Care for Adults with Type 2 Diabetes at Schedule 1 which provides the detailed requirements for this Directed Enhanced Service;
  - (ii) maintains and keeps up to date a register of all patients with diabetes, irrespective of whether the patient is managed exclusively in Primary Care or by Shared Care;
  - (iii) provides the services outlined in the Specification under the subject heading “Service Requirements of the Gateway Module” from point 1 to point 21 for adult patients excluding the patients below who will be seen and appropriately reviewed by secondary care teams unless otherwise agreed by the practice—
    - (aa) pregnant
    - (bb) Severe Renal Disease
    - (cc) children and young people
    - (dd) Active Severe Foot disease
    - (ee) Insulin Pumps
    - (ff) current hospital inpatients
  - (iv) provides an enhanced review to newly diagnosed patients with diabetes which will comprise the elements of the annual holistic review and which—
    - (aa) promotes awareness of the condition, self-care, ongoing education and monitoring;
    - (bb) refers patients to relevant services for regular monitoring (e.g. retinal screening services; and
    - (cc) directs or refers the patient to resources to support self-care relevant to patients with a new diagnosis (e.g. referral to a suitable patient education programme such as X-PERT;
  - (v) provides data to clusters, Local Health Boards and Welsh Government when required to inform the design and development of services for patients with Type 2 Diabetes Mellitus;
  - (vi) actively engages with the data submission and review process of the National Diabetes Audit to include allowing data extraction using Audit Plus software;

- (vii) ensures consistent coding of each care episode on the clinical IT system using approved Read codes;
  - (viii) has both a named GP and practice nurse lead who has the necessary skills and experience to carry out the diabetes under this Directed Enhanced Service;
  - (ix) ensures the practice GP lead undertakes regular educational updates and self-directed learning and be able to demonstrate they have adequate knowledge and skills through their annual appraisal;
  - (x) ensures the practice lead nurse engages in updates to maintain their clinical knowledge every year and discuss their role as diabetes practice nurse lead, annually with their appraiser;
  - (xi) ensures the practice lead nurse undertakes the Swansea or equivalent course;
  - (xii) ensures that each healthcare professional undertaking this Directed Enhanced Service has the necessary skills and experience and that accreditation is sought as appropriate in order to provide the services;
  - (xiii) ensures that each healthcare professional undertaking this Directed Enhanced Service takes up any offer of educational update courses provided by the Local Health Board;
  - (xiv) ensures its registered patients at the practice (“primary practice”) who are receiving this service from a neighbouring practice (“second practice”), with the agreement of the LHB, are accredited to provide this enhanced service; the primary practice retains clinical governance responsibility for these patients;
  - (xv) ensures that its practitioners are adequately indemnified/insured for any liability arising from the work performed under this enhanced service;
  - (xvi) ensures notification is given to the Unit Medical Director or Head of Primary Care of the LHB within 72 hours of the information becoming known to the contractor of all emergency admissions or deaths of any patient covered under this contract, where such admission or death is or may be due to the performance of the contract in question or directly attributable to the underlying medical condition;
  - (xvii) ensures three months’ notice is given in writing if the GMS contractor wishes to terminate this contract;
  - (xviii) supplies 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;
- (b) payment arrangements for the GMS contractor which must provide that—
- (i) payment will be based on the total number of registered adult patients with Type 2 diabetes as set out in Direction 4(a)(iii) at the end of each quarter;
  - (ii) the annual payment for providing the service will be £22.00 for the relevant patients;
  - (iii) such payment will be payable quarterly in arrears and will be paid 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.

(3) If a GMS contractor has been providing the service before the date of this direction, the Local Health Board may make a payment to the contractor in respect of the period starting on 1 October 2017.

(4) 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.

(5) 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

Karin Phillips

Signed by Karin Phillips, Deputy Director, Primary Care Division under the authority of the  
Cabinet Secretary for Health, Well-being and Sport, one of the Welsh Ministers

Date: 25 October 2017