

## WG 2024 No. 26

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

#### The Primary Medical Services (Type 2 Diabetes Mellitus Care Scheme for Adults) (Directed Supplementary Service) (Wales) Directions 2024

*Made*

*12 June 2024*

*Coming into force*

*13 June 2024*

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 Supplementary Service) (Wales) Directions 2024.

(2) These Directions come into force on 13 June 2024.

(3) These Directions are given to Local Health Boards<sup>(2)</sup>.

#### **Interpretation**

2. In these Directions—

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

“directed supplementary service” (“*gwasanaeth atodol dan gyfarwyddyd*”) means a supplementary service that a Local Health Board has been directed to provide by the Welsh Ministers (formerly known as “directed enhanced service”);

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

“GMS Contract” (“*contract GMC*”) means a general medical services contract under section 43 of the Act (general medical services contracts: introductory);

“GMS contractor” (“*contractwr GMS*”) means a party to a GMS contract, other than the Local Health Board;

“health care professional” (“*proffesiynolyn gofal iechyd*”) means a person other than a social worker 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>(3)</sup>;

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(1) 2006 c.42

(2) Local Health Boards established pursuant to section 11 of the National Health Service (Wales) Act 2006.

(3) 2002 c.17

“Local Health Board” (“*Bwrdd Iechyd Lleol*”) means, unless the context otherwise requires, the Local Health Board which is a party, or prospective party, to a contract;

“NHS dispute resolution procedure” (“*gweithdrefn datrys anghydfodau'r GIG*”) means the procedure for resolution of disputes specified in paragraphs 106 and 107 of Schedule 3 of the National Health Service (General Medical Services Contracts) (Wales) Regulations 2023(1);

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

“registered patient” (“*claf cofrestredig*”) has the same meaning as in the National Health Service (General Medical Services Contracts) (Wales) Regulations 2023(3);

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

“the Specification” means the Service Specification as detailed in the document found at Schedule 1;

“supplementary services” (“*gwasanaethau atodol*”) are—

(a) services other than unified services or out of hours services, or

(b) unified services or an element of such a service that a contractor agrees under the contract to provide in accordance with specifications set out in a plan, which requires of the contractor an enhanced level of service provision compared to that which it must generally provide in relation to that unified service or element of service.

## **The Specification**

3. In the Specification references to a Directed Enhanced Service or Services are to be read as if they are a reference to a Directed Supplementary Service or Services, as the case may be.

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

4. Each Local Health Board must, to the extent that it considers necessary to meet all reasonable requirements, 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 in 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**

5.—(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 Directed Supplementary Service for Prudent Structured Care for Adults with Type 2 Diabetes at Schedule 1 which provides the detailed requirements for this Directed Supplementary 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;

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(1) S.I. 2023/953 (W. 155)

(2) S.I. 2002/253

(3) S.I. 2023/953

- (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 Supplementary 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 Supplementary 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 Supplementary 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 supplementary 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 Supplementary 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) The Local Health Board must, where necessary, vary the GMS contractor's GMS contract so that the plan comprises part of the GMS contractor's contract and the requirements of the plan are conditions of the contract.

(4) Any disputes arising will be dealt with as follows: Local Health Boards and GMS contractors should make every effort to resolve disputes locally before formally submitting it through the NHS dispute resolution procedure.

### **Revocation and transitional**

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

7. Any act or omission concerning a directed enhanced service to which the Primary Medical Services (Type 2 Diabetes Mellitus Care Scheme for Adults) (Directed Enhanced Service) (Wales) Directions 2017 applied immediately before the commencement date of this direction is to be treated as an act or omission concerning a directed supplementary service to which these directions apply.

**Signed by Paul Casey, Deputy Director of Primary Care under the authority of the Minister for Health and Social Services, one of the Welsh Ministers**

A handwritten signature in black ink that reads "Paul Casey". The signature is written in a cursive style and is positioned above a horizontal line.

**Date: 12 June 2024**