

Cyfarwyddwr Cyffredinol Iechyd a Gwasanaethau Cymdeithasol/  
Prif Weithredwr GIG Cymru  
Grŵp Iechyd a Gwasanaethau Cymdeithasol

Director General Health and Social Services/  
NHS Wales Chief Executive  
Health and Social Services Group



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Llywodraeth Cymru  
Welsh Government

Chief Executives  
Local Health Boards

17 March 2020

Dear Colleagues

### **Covid-19: Temporary Primary Care Contract Changes**

On 13 March, the Minister for Health and Social Services announced a range of measures to ensure the NHS is able to continue to provide care and support to the most vulnerable people in our communities and to support timely preparation for the expected increase in the number of confirmed cases of COVID-19.

These measures included the relaxation of contract and monitoring arrangements for GPs and primary care practitioners. This letter sets out the specific contractual changes for general practitioners, community pharmacies, dental, and optometric practices, as well as actions to be taken immediately by health boards, in order to provide clarity and support.

The actions described in the annexes (A-D) to this letter will support professionals in primary care to respond proactively as the situation develops, with a particular focus on preventing the spread of COVID-19 whilst the UK remains in the delay phase of the Coronavirus (COVID-19) action plan. This advice is in effect from today (17 March 2020).

I trust this provides you with the necessary assurance of the steps taken at this stage around the Primary Care contracts and we will continue to monitor the situation. The main driver around relaxation at this scale is on the basis the providers collaborate at a Primary Care cluster level, ensuring patients in need can continue to receive high quality care during this situation. I appreciate the advice we have received from NHS Colleagues in developing this guidance

Advice in line with these contractual positions will be issued to contractors and representative bodies by the respective Heads of Profession shortly.

If you have any queries regarding the content of this letter please contact Alex Slade  
– Deputy Director for Primary Care ([alex.slade2@gov.wales](mailto:alex.slade2@gov.wales)).

Yours sincerely

A handwritten signature in black ink, appearing to read 'Dr Andrew Goodall', written in a cursive style.

Dr Andrew Goodall

## Annex A: GMS

There needs to be a level of pragmatism and balancing the need to provide safe care against the risk to individuals and practitioners. As such the following changes are being made:

### **General Practice (General Medical Services)**

Our priority for general practice is to ensure the continued delivery of General Medical Services throughout this period of intense pressure, by providing the necessary capacity through relaxations to components of the contract.

### **Contract changes**

#### 1) Enhanced Services

We have reviewed the enhanced services bundle and determined the majority will be suspended. Patients will continue to be treated as required, but GPs will be advised to optimise control of known less stable patients through face-to-face or remote consultation.

|                                      |   |
|--------------------------------------|---|
| Learning Disabilities                | Suspend - normal provision of healthcare in the interim                       |
| Childhood Immunisation Scheme        | Continue, but need to phone on the day to assess wellbeing.                   |
| Gender Identity                      | Suspend administrative component - care should continue as clinically needed. |
| Influenza & Pneumococcal Imms Scheme | Suspend - normal provision of healthcare in the interim                       |
| Services for Violent Patients        | Still needs to be provided, but need triage to assess on the day.             |
| Minor Surgery Fee                    | Suspend - normal provision of healthcare in the interim                       |
| <b>Menu of Agreed DES</b>            |   |
| Asylum Seekers & Refugees            | Suspend - normal provision of healthcare in the interim                       |

|  |   |
|--|---|
| Care of Diabetes   | If poorly use the normal system / If stable consider a suspension.  |
| Type 2 Diabetes Mellitus Care Scheme for Adults          | Suspend - normal provision of healthcare in the interim.  |
| Care Homes   | Suspend. Consider DNA, CPR and TEPs assessments and give particular consideration given the vulnerability of these groups. Reduce all non-essential visits. |
| Extended Surgery Opening                                 | Suspend - normal provision of healthcare in the interim   |
| Pertussis Immunisation for Pregnant and Post-natal Women | Continue, but need to phone on the day to assess wellbeing.   |
| Homeless   | Suspend - normal provision of healthcare in the interim   |
| Oral Anticoagulation with Warfarin                       | Continue, but need to phone on the day to assess wellbeing - consider switching to NOACs or using self-monitoring.  |

Payment for those enhanced services which have been suspended will continue to be made at 2018-19 levels.

We would expect LHBs to also consider their NESs/LESs they commission and if they suspend/reduce activity we would expect the LHBs to continue paying GMS contractors for that enhanced service in line with the payment the GMS contractor received for the corresponding quarter in the previous financial year.

## 2) End of financial year reporting requirements

With the exception of the General Practice Access Standards, all reporting requirements are delayed to 30 September; this will reduce pressure on general practice during this time.

Reporting against the General Practice Access Standard will support general practices' management of patients during this outbreak. As such reporting against the standard, using the template 24 binary questions developed by health board Heads of Primary Care, will be required by 31 March. However practices will not need to provide supplementary evidence for the standards. This is a pragmatic, high trust approach and practices' responses should only be challenged in exceptional circumstances.

## 3) Quality Improvement (QI) projects within the Quality Assurance and Improvement Framework (QAIF)

The deadline for completion of QI projects is extended until 30 September 2021; an extension of one year to allow practices to refocus efforts during this time.

- 4) Post Payment Verification (PPV) will be suspended for a period of 3 months, with a review at that time to consider extending for 6 months.

### **Actions for Health Boards**

- 5) Collection services

Health boards may require work with collection services to adapt the timing of collections, or to support centrifuge distribution.

- 6) Support from community services

Health boards will need to work with general practices to determine how care is best provided for individuals with confirmed COVID-19 who require monitoring or treatment in the community. Further consideration will be required as to how to provide routine care for particularly high-risk groups such as care home residents. This may involve additional support for community teams to support patients outside of hospital.

- 7) Repeat prescribing

Health boards should support general practices and community pharmacies to ensure robust systems are put in place for repeat prescribing which minimise patients attending the practice to order or collect prescriptions. This should include maximising the use of repeat dispensing (batch prescribing) arrangements but must not include extending prescription intervals.

## Annex B: Community Pharmacy

### Community Pharmacy

Our priority for community pharmacies is to maintain the continuity of supply of medicines whilst supporting patients with acute self-limiting illness and reducing demand on other parts of the NHS.

#### Contract changes

##### 1) Contract monitoring

Health board contract monitoring visits are to be postponed until further notice. Pharmacies will not be required to complete the annual clinical and information governance toolkits in 2019-20 if they have not already done so.

##### 2) Essential services

The requirement for pharmacies to undertake one local health board directed and one self-directed audit are suspended until further notice however pharmacies must undertake a review of their business continuity plans with a specific focus on COVID-19 preparedness.

The requirement for pharmacies to undertake a patient satisfaction survey are suspended until further notice.

Community pharmacies will not be required to participate in health board determined public health campaigns with the exception of displaying appropriate materials and messaging related to the COVID-19 outbreak provided by the Welsh Government, Public Health Wales or the health board. Community pharmacies should remove all other non-essential materials to ensure sufficient prominence is given to COVID-19 notices.

##### 3) Community Pharmacy Quality and Safety and Collaborative Working schemes

The Community Pharmacy Quality and Safety scheme requirements are suspended.

The Collaborative Working scheme is replaced by a one-off payment of £1,500 to be paid to all pharmacies immediately to support business continuity planning with their health board and primary care cluster.

##### 4) Advanced Services

The Medicine Use Review (MUR) service is suspended until April 2021.

Service funding will be returned to the global sum and paid as an additional fee per prescription item dispensed to all pharmacies that confirm, to the relevant health board, they provide a free delivery service to any person informing the pharmacy they are self-isolating in line with national guidance or who, if they contract COVID-19, are at high-risk.

The Discharge Medicine Review (DMR) service will continue but consultations should be undertaken by telephone.

## 5) Enhanced Services

All enhanced services will continue with the exception of the sore throat test and treat (STTT) service which should be suspended immediately.

Pharmacies should make every effort to prioritise the provision of the Common Ailment and Emergency Medicine Supply services as part of its contribution to support reducing demand on other NHS services. Where appropriate all enhanced service consultations will be allowed to be undertaken by telephone.

Enhanced service funding of £8.5m will be guaranteed in 2020-21 even if activity decreases as a result of COVID-19.

### **Actions for health boards**

#### 6) Repeat prescribing

Health boards should support general practices and community pharmacies to ensure robust systems are put in place for repeat prescribing which minimise patients attending the practice to order or collect prescriptions. This should include maximising the use of repeat dispensing (batch prescribing) arrangements but must not include extending prescription intervals.

#### 7) Emergency Medicine Supply service

Health boards should urgently commission the Emergency Medicine Supply (EMS) service from all pharmacies that have access to the Choose Pharmacy application. Health boards should also consider putting in place an urgent supply Patient Group Direction (PGD) to allow controlled drugs to be supplied in an emergency.

## Annex C: Optometry

### Optometry

Our priority for primary care optometry services is to maintain the continuity of essential sight test services and supply of optical appliances whilst supporting patients with acute eye care needs and reducing demand on other parts of the NHS.

#### Contract changes

|   |                       |
|---|-----------------------|
| <b>General Ophthalmic Services</b>                  |                       |
| Sight tests   | Essential only        |
| Spectacle provision                                 | Essential only        |
| Repairs   | Essential only        |
| Domiciliary eye care                                | Suspended             |
| <b>Eye Health Examination Wales</b>                 |                       |
| At risk extended examination                        | Suspended             |
| Acute eye care                                      | Normal                |
| Foreign Body removal                                | Cluster provision     |
| Referral refinement                                 | Suspended             |
| Follow up (acute)                                   | Normal                |
| Follow up (cataract)                                | Suspended             |
| <b>Low Vision Service Wales</b>                     |                       |
| Practice based                                      | Suspended             |
| Domiciliary   | Suspended             |
| <b>Secondary Care Capacity Alleviation Services</b> | Health Board decision |

#### 1) Essential services

There is a need to continue with essential sight test and optical appliance provision to ensure patient safety and ability to function normally.

All routine and domiciliary eye services to be suspended

#### Patient triage

Practices are encouraged to put in place arrangements to ensure no patient arrives at a practice without having had an appropriate triage. Triage should be undertaken

by a senior clinician who is appropriately skilled to deal with the issue by telephone or by whomever can most effectively decide who needs to attend a practice.

### Booked appointments

Any patient with a booked appointment to attend the optometric practice will need to be contacted on the day of the appointment to assess whether they have symptoms indicative of COVID-19 infection and triaged as set out above.

### 2) Advanced Services

#### Eye Health Examination Wales

##### Patient triage

Routine examinations for at risk patients to be suspended.

For acute eye health presentations, all practices are encouraged to put in place arrangements to ensure no patient arrives at a surgery without having had an appropriate triage. Triage should be undertaken by a senior clinician who is appropriately skilled to deal with the issue by telephone or by whomever can most effectively decide who needs to attend a practice.

Acute services will continue and optometric practices should make every effort to prioritise the provision of the Eye Health Examination Wales Service as part of its contribution to support reducing demand on other NHS services.

#### Low Vision Service Wales

Routine and domiciliary provision to be suspended.

#### Payments

Demand for optometric services has reduced since the first reported case in Wales.

General Ophthalmic Services, Eye Health Examination Wales Services and Low Vision Service Wales are currently paid in arrears on a per service item basis. Payments should continue on the basis of average monthly payment for individual practices calculated over the previous 3-year period and guaranteed in 2020-21.

### **Actions for health boards**

#### 3) Support for domiciliary services

Health boards will need to work with optometric practices to determine how urgent eye care is best provided for individuals in a domiciliary setting.

#### 4) Service planning.

Health boards should work with optometric practices to ensure robust planning systems are put in place for centralised specialist eye care services. This should

include maximising the available workforce and the use of independent prescribing optometrists.

## Annex D: Dentistry (GDS, PDS and CDS)

### Dental Practices

Given cancellations are already occurring in dental practices it is becoming clear that providing routine dentistry 'as normal' is no longer sustainable. Not least because aerosol generating procedures are a frequent daily occurrence in routine dental care and should be avoided in this delay phase of our Covid-19 response to delay the spread of infection to protect patients and dental teams. Also people in vulnerable groups (older people and those with underlying health conditions) need to stay at home and reduce close personal contact that would occur in waiting rooms and surgeries.

Colleagues in Dental Public Health have updated the pandemic flu plan. Health Boards Dental leads a populate the national template with local details and establish designated Urgent/Emergency Dental Care centres to treat infected individuals who are experiencing dental pain, swelling or bleeding when treatment cannot be delayed. These centres would have FFP3 equipment available to dental staff.

Given the evolving situation we are in AMBER dental alert.

Amber is a key dynamic phase between green (normal working with identification of potential coronavirus cases) and Red (when only urgent dental care will be provided).

|                          |  |   |                                    |
|--------------------------|--|---|------------------------------------|
| Dental alert level Amber | Normal Dental Services are affected and some/ all routine care is no longer possible | Emergency Dental Treatment for infected patients at designated sites and emergency treatment for non-infected patients at multiple sites. | Dental activity levels are reduced |
|--------------------------|--|---|------------------------------------|

Aims outlined below should help the Health board and individual practice to scale the response while maintaining priorities.

Aims to prioritise:

- Delivery of Emergency Care to Patients with symptoms of Coronavirus at designated emergency dental care treatment centres
- Delivery of Emergency and urgent dental care to patients without Coronavirus for non-infected patients at dental practice and CDS sites.
- Minimise transmission of coronavirus within surgeries by avoiding aerosol generating procedures
- Maintain opening hours wherever possible and non-aerosol generating routine dental care for non-symptomatic patients in response which is proportionate to the practice and CDS resources

Thus we would encourage elimination of aerosol generation initially moving to pain relief with other activity stopped as appropriate to local circumstances and as this situation evolves.

Dental practices and CDS teams should be:

- 1) Contacting patients booked in for routine or urgent care to check if they are in a vulnerable group or have symptoms prior to visit. Ensure no symptoms even common cold or seasonal flu at present if yes or in a vulnerable group - tell them not to come in and stay at home. Those with a headache, temperature or continuous cough must self-isolate for 14 days (This applies to all members of staff as well).
- 2) Recording and reporting level of cancellations and no shows from to 31<sup>st</sup> March in first instance.
- 3) Re-schedule and delay all non -urgent care that would create aerosol environment and re-schedule care for those in vulnerable groups advised to stay at home
- 5) Provide Urgent and emergency care – use current robust infection control procedures – gloves, disposable aprons, visors and masks
- 6) HB will notify designated CDS premises and practices who will provide urgent care for high risk or defined cases who experience pain and require urgent dental treatment –FFP3 will need to be made available as per pandemic flu plan

### **Contract changes**

To March 31<sup>st</sup>:

1. Allow flexibility in UDA/UOA target. (*Given there are two weeks left of this financial year to 31<sup>st</sup> March. HBs can remove 1/24/ 4% of current annual UDA/UOA target from contracts to make annual performance reconciliation). That would apply to all contracts including Contract Reform Contracts. Use this flexibility if required.*)
2. This is a no 'additional cost' up front option.

From 1<sup>st</sup> April - practices will continue to receive their ACV via monthly payments:

3. Contract holders will be expected to pass on this support to all staff
4. There will be reduced PCR collection and WG will relax HB target
5. Monthly income paid will take account of materials and lab bill reduced costs.
6. Further work is required to model impact and agree detail
7. The regulatory framework HBs need to invoke is Force majeure and they will suspend UDA/UOA monitoring to the end of June in first instance
8. Practices are expected to remain open wherever possible for urgent care
9. Be part of staff rota in designated centres for infected cases in each HB
10. Be prepared to be redeployed in other roles to contribute to NHS effort locally.