WG25-27

THE NATIONAL HEALTH SERVICE (WALES) ACT 2006

The Primary Medical Services (Intra/Periarticular Injection) (Directed Supplementary Services) (Wales) Directions 2025

Made	*15 May 2025*
Coming into force	*16 May 2025*

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 (Intra/Periarticular Injection) (Directed Supplementary Services) (Wales) Directions 20254.

(2) These Directions come into force on 16 May 2025.

(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;

"*accredited practitioner*" ("*ymarferydd achrededig*") means any person who has the necessary skills and experience to carry out the contracted procedures in line with the principles of the generic GPs with special interests (GpwSI) guidance (see www.gpwsi.org) or as deemed appropriate by the Local Health Board;

"*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 Supplementary 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;

"*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 Supplementary Service pursuant to an agreement made in accordance with paragraph 4(1);

(**1**) 2006 c.42.

"*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(**1**);

"*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(**2**);

"*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(**3**);

"*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(**4**);

"*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

Establishment of a Intra/Periarticular Injections 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 done so), operate and, as appropriate, revise a Intra/Periarticular Injections Scheme for its area.

(3) The underlying purpose of the Intra/Periarticular Injections Scheme is to—

(a) support quality planning of intra/periarticular injections for appropriate musculoskeletal conditions across clusters and communities;

(b) ensure delivery of the service is sustainable and achieved through collaboration across collaboratives and clusters;

(c) support patients to experience high value care closer to home.

Intra/Periarticular Injections Scheme

4.—(1) As part of its Intra/Periarticular Injections Scheme, each Local Health Board must offer to enter into arrangements for the provision of Intra/Periarticular Injections in accordance with the Intra/Periarticular Specification with—

(a) each GMS contractor, in relation to the registered patients of that GMS contractor;

(b) one or more cluster lead practices, in relation to the registered patients of the cluster lead practice and of those GMS contractors, if any, in its cluster that have not agreed, within

(**1**) S.I. 2004/1020 (W. 117).
(**2**) 2002 c. 17.
(**3**) S.I. 2002/253.
(**4**) S.I. 2004/478 (W. 48).

such time period as the Local Health Board requires, to deliver this Directed Supplementary Service to their registered patients pursuant to paragraph 4(1)(a) above.

(2) Where the patients of a GMS contractor will not receive the services outlined in this Directed Supplementary Service, either from a GMS contractor, or from a cluster lead practice, the Local Health Board must make arrangements to ensure the provision of this Directed Supplementary Service to the registered patients of that GMS contractor and the Local Health Board may deliver the service under this Directed Supplementary Service to those patients 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 Supplementary Service to patients 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) ensures that they meet the accreditation standards for which the engaged GMS contractor is claiming;

(ii) ensures that any injections performed under this scheme are limited to the the overall number of injections in a defined period to be reimbursed by the Local Health Board;

(iii) reports any serious incidents or near misses associated with the procedures to the Local Health Board using the Once for Wales Concerns management system (DATIX).

(b) in providing any or all the injections under this Directed Supplementary Service, the engaged GMS contractor must–

(i) evidence annual training in management of clinical emergencies (including CPR and anaphylaxis), and infection prevention & control**;**

(ii) evidence of compliance with the required staff immunisation programme as per the Green Book Chapter 12(2);

(iii) evidence of appropriate governance arrangements;

(iv) agree to perform a mean of at least 3 procedures at each anatomical site of accreditation per year (calculated over 3 years),or undertake a directly observed procedural skills assessment if activity is low;

(v) agree to follow best practice as outlined in paragraph iv) of the specification;

(c) a requirement that the engaged GMS contractor complies with the data recording requirements as particularised within the specification, namely;

(i) all procedures are to be recorded at the time of the procedure by the accredited injector;

(ii) all complications will be recorded when presenting;

(iii) information recorded for each procedure will include;

(aa) the accredited practitioner's professional registration number

(bb) name of the engaged provider

(cc) name of the premises the procedure is taking place

(**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).

(**2**) Immunisation against infectious disease - GOV.UK

(dd) NHS number of the patient

(ee) date of the procedure

(ff) indication (see Appendix C of the specification)

(gg) procedure undertaken

(hh) technique used

(ii) consent obtained from patient

(jj) use of chaperone (including name and qualification)

(kk) complications arising

(ll) confirm dose and dose interval (including any doses in the previous 12 months) complies with current guidelines

(d) for those engaged GMS contractors who are not currently providing intra/ periarticular injections the engaged GMS contractor must –

(i) evidence of completion of training in intra/periarticular injections to the appropriate standard on a course recognised by the Local Health Board for this purpose, within the last 2 years, or

(ii) evidence of supervised practical experience using an assessment tool such as DOPS (Direct Observation of Procedural Skills) signed off by a clinician currently accredited to perform intra/periarticular injections through this Directed Supplementary Service, within the preceding 12 months.

(e) for those engaged GMS contractors who are currently providing intra/periarticular injections, the engaged GMS contractor must provide evidence agreed by their appraiser at annual appraisals, that they have such continuing clinical experience, training and competence as is necessary for providing the relevant procedures under this Directed Supplementary Service.

(f) a requirement that the engaged GMS contractor—

(i) adheres to all the data recording requirements set out under that paragraph in the specification;

(ii) reviews their own reports and reflect on performance and take any necessary steps to improve performance. This should be done annually and shared with the Local Health Board and at the annual appraisal;

(g) a requirement that the engaged GMS contractor—

(i) reads and takes account of these Directions and undertakes to comply with the Intra/periarticular Injections Scheme Specification and its annexes which in combination prescribe the requirements for this Directed Supplementary Service;

(ii) provides the service outlined in the Intra/periarticular Injection Scheme Specification and, where applicable, in accordance with the plan required by paragraph (3);

(iii) 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 Supplementary Service, and the cluster's performance in relation to the plan specified in paragraph (3) above;

(h) payment arrangements for an engaged GMS contractor, which must provide for that engaged GMS contractor to be able to claim £65 for each injection provided (whether acting just for itself or as a cluster lead practice)—

(i) 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;

(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) The notice period for ending the agreement for service provision will be three calendar months for either the Local Health Board or the engaged GMS contractor.

(7) Any disputes arising as a result of the provision of this Directed Supplementary Service will be dealt with in accordance with Part 10 of Schedule 3 to the National Health Service (General Medical Services Contracts) (Wales) Regulations 2023.

(8) Where the Local Health Board delivers this Directed Supplementary 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.

Signed by Paul Casey, Deputy Director, Primary Care Division under the authority of the Cabinet Secretary for Health and Social Care, one of the Welsh Ministers

Dated: 15 May 2025