

National Enhanced Service Package for Diabetes in Primary Care: Notes and FAQ

Introductory Notes

GPC Wales went into negotiation with Welsh Government to develop a complete modular enhanced service agreement for Type 2 Diabetes to recognise and resource a central general module and additional optional modules for Insulin and Gliptin initiation and monitoring. Our expectation is that the administration of any service would be in line with a 'high trust, low touch' ethos; this is reflected in the specification.

Our aim was to address inequality within Wales for type 2 diabetes care both in service provision and resource terms in order to ensure that patients can be looked after in primary care, safely and effectively.

We have been very clear throughout that we want a complete nationally funded package which ensures all Health Boards must offer all modules. This was reflected in GPC Wales' proposed specification, which would apply equally to all diabetic patients and be appropriately funded. However, as negotiations progressed, it became clear this would not be possible, as Welsh Government preferred a more focused and personalised approach in line with the prudent healthcare ethos.

GPC Wales made it very clear that the stakeholders within the field of diabetic care would naturally want a holistic, all-encompassing service, and that Welsh Government should be responsible for ensuring appropriate communication and explanation for the more personalised approach. This would ensure that practices and clusters are not required to explain this. We have discussed the specification and agreement with Diabetes UK Cymru, who are content with the approach and have offered to aid in future communications.

We have also been clear that should a Health Board decline to offer elements of the enhanced package, that practices currently carrying out this care without resource will be fully supported by us in repatriating this work back to secondary care.

Frequently Asked Questions

Below are some of the likely questions and answers we anticipate that practices and/or clusters might have – the following FAQs will be regularly updated:



1) What must the Health Boards offer?

Only the central gateway module is directed, the others are at Health Board discretion. However please note the Welsh Government's intention for the agreement is that the entire package should be offered. LMCs should robustly challenge Health Boards who decline to offer all the NES modules.

2) We have a locally agreed enhanced service that is offered at a more beneficial rate than this. Does this new specification mean that this local agreement stops?

The specification makes clear that existing, well established agreements for one or more of the optional modules will continue, and that Health Boards are expected to honour these. Moves to cease local agreements should only be done in negotiation with the Local Medical Committee.

3) Can Practices do any module?

To take part in the enhanced service a practice must carry out the central gateway module. All other modules are optional.

4) Which Diabetics are included?

All Type 2 diabetics can be included for the core module.

5) Which Diabetics are excluded?

All Type 1 Diabetics and the "Super six" categories, who are expected to be seen and appropriately reviewed by secondary care teams unless by agreement with the practice. The super six patients are: pregnant women; those with severe renal disease; children and young people, those with active severe foot disease; those using insulin pumps.; and current hospital inpatients.

6) What does the prudent care/patient centred agreement mean?

Practices will be able to decide based on clinical need which patients receive additional attention under the core module. Payment however is made per capita for ALL Type 2 diabetics on the practice register. Information on the Welsh Government's prudent healthcare approach can be found at www.prudenthealthcare.org.uk.