

# Updated Focus On: Welsh ‘COVID Contract Changes’

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## 1. Introduction

The COVID Pandemic has affected the delivery of General Practice in Wales in many different ways.

The first wave necessitated rapid and dynamic change in service provision by all concerned. This was associated with a whole raft of contractual changes, which were outlined in the BMA Cymru document ‘*Focus on: Welsh COVID Contract changes*’.<sup>1</sup>

There was a period of pseudo-normalisation, in contractual terms, between July and December 2020. However, the reality of the situation on the ground was somewhat different. We have witnessed the increasing prevalence of COVID in the community, which has resulted in a second wave, firebreaks and now ultimately further Tier 4 Lockdowns in each nation of the UK.

The effects on the workload of primary care are self-evident; when combined with a diminished workforce through combinations of ill health and self-isolation, the profession is under significant strain

Safety of our members during the Pandemic has been the absolute priority, whilst also ensuring that practices could adapt to these changes in a stable economic environment.

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<sup>1</sup> Focus On: Welsh ‘COVID Contract Changes’ – June 2020

[www.bma.org.uk/media/2653/bma-focus-on-welsh-covid-contract-changes-19-20-june-2020.pdf](http://www.bma.org.uk/media/2653/bma-focus-on-welsh-covid-contract-changes-19-20-june-2020.pdf)

With these objectives in mind GPC Wales team in October first laid out a set of proposals to Welsh Government to support and sustain General Practice during the second wave of the pandemic.

These proposals included measures relating to: -

- Practice Sustainability and workforce support
- Access & Access QAIF
- Enhanced Service relaxations
- Extension of existing negotiated arrangements

In response to these discussion partial relaxations of Directed enhanced services were offered by Welsh Government.

It was therefore with some disappointment that the statement issued by Welsh Government on 10<sup>th</sup> December 2020 bringing about suspension of normal service in NHS Wales due to the rising community transmission rates, neglected to mention general practice.<sup>2</sup>

A variant strain of the COVID virus has seen escalating societal restrictions and with this has come an announcement from Welsh Government on 18<sup>th</sup> December, outlining '*Support for general practice – contractual relaxation*', attached as Annex A. This announcement from Welsh Government has not been a wholly negotiated position with GPC Wales. We have sought clarification to the proposals and will use this focus document to provided interpretation of the relaxation measures.

It was however clear from our ongoing discussions that these contract relaxations are directly related to mitigating against the workload pressures in General practice during this escalating phase of the Pandemic and are completely separate from any easement measures that may be required to repurpose workload and workforce to provide COVID Vaccination programmes in General Practice.

We are very conscious of the pressures on individual practices in maintaining adequate and safe levels of staffing, to sustain an appropriate level of service. To this end we will continue to press for measures to enhance resilience in GMS services including availability of Lateral Flow Testing as per elsewhere in NHS Wales, locum reimbursements from Day 1 for Covid-19-related absence and financial support for practices where staff who cannot work remotely are removed by NHS Wales Test, Trace and Protect (or other contact tracing services).

## 2. Enhanced Service Relaxations

In October, some of the Enhanced Services were switched back on with provisions introduced for threshold targets for service provision.

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<sup>2</sup> Minister for Health and Social Services '*Written Statement: NHS Pressures*' (10 December 2020) <https://gov.wales/written-statement-nhs-pressures>

GPC Wales continued to argue that “*cliff edge*” thresholds for payments were in our opinion an inappropriate tool to secure financial stability for practices in the context of increasing virus prevalence.

However, in recognition of the current pressures on the health service including primary care, Welsh Government have announced their intention to switch enhanced services and the associated PPV back to the position they were in March 2020 until the end of March 2021.

The payment guarantee has been confirmed to apply to claims for quarter 3 (work done Oct – Dec) and Quarter 4 (Jan – March 2021). The full SFE directions to health boards has not yet been updated but will mirror the provisions and guarantee that applied in the initial relaxation.

However, the Care Homes DES and the Influenza Immunisation Scheme will continue outside of this relaxation arrangement.

Post Payment verification has also been stood down for this period.

**Table 1: Enhanced Services position as of 18/12/20**

<i>Directed Enhanced Service</i>	<i>Requirement</i>
Learning Disabilities	Performance of this enhanced service can be suspended subject to full provision by the GMS contractor of all other services under its GMS contract during such suspension.
Childhood Immunisation Scheme	Provision in accordance with Direction 5 of the Primary Medical Services (Directed Enhanced Services) (Wales) Directions 2007 subject to— <ul style="list-style-type: none"> <li>(a) contacting the patient on the day of the appointment to assess wellbeing and whether they are symptomatic,</li> <li>(b) booking appointments with more intervals to create space in the waiting room,</li> <li>(c) provision of dedicated children’s session, and</li> <li>(d) minimising number of clinicians who see the patient.</li> </ul>
Gender Identity	Administrative component can be suspended, subject to care continuing as clinically required in accordance with the Primary Medical Services (Hormone Treatment Scheme for Adult Transgender Patients) (Directed Enhanced Service) (Wales) Directions 2019

Influenza Immunisation Scheme	Provision in accordance with Direction 6 of the Primary Medical Services (Directed Enhanced Services) Directions 2007 subject to— <ul style="list-style-type: none"> <li>(a) contacting the patient on the day of the appointment to assess whether they are symptomatic,</li> <li>(b) booking appointments with more intervals to create space in the waiting room, and</li> <li>(c) minimising the number of clinicians who see the patient.</li> </ul>
Pneumococcal Immunisations Scheme	Provision in accordance with Direction 6 of the Primary Medical Services (Directed Enhanced Services) Directions 2007 subject to— <ul style="list-style-type: none"> <li>(a) prioritising the use of Pneumococcal polysaccharide vaccine (PPV23) on the basis of individual assessment and in accordance with any relevant guidance published by the Welsh Government,</li> <li>(b) contacting the patient on the day of the appointment to assess whether they are symptomatic,</li> <li>(c) booking appointments with more intervals to create space in the waiting room, and</li> <li>(d) minimising the number of clinicians who see the patient.</li> </ul>
Services for Violent Patients	Provision in accordance with Direction 7 of the Primary Medical Services (Directed Enhanced Services) Directions 2007 subject to NHS 111 triage assessment of the patient on the day of the appointment.
Minor Surgery	Performance of this enhanced service can be suspended subject to full provision by the GMS contractor of all other services under its GMS contract during such suspension.
Asylum Seekers and Refugees (from 1 April 2008)	Performance of this enhanced service can be suspended subject to full provision by the GMS contractor of all other services under its GMS contract during such suspension.
Care of Diabetes	Provision in accordance with Direction 8 of the Primary Medical Services (Directed Enhanced Services) (Wales) (No. 2) Directions 2009, subject to— <ul style="list-style-type: none"> <li>(a) if the patient is unwell, manage via normal provision of services under the GMS contract;</li> <li>(b) if the patient is stable, consider 6 month holiday from the scheme; and</li> <li>(c) if the patient's condition is less well controlled they will require input in order to optimise this. Consider telephone or video consultation if necessary. If patient requires physical assessment, call patient on the day of appointment to assess wellbeing.</li> </ul>
Type 2 Diabetes Mellitus Care Scheme for Adults	Performance of this enhanced service can be suspended subject to full provision by the GMS contractor of all other services under its GMS contract during such suspension.

Care Homes	Provision in accordance with the Primary Medical Services (COVID-19 Care Homes) (Directed Enhanced Services) (Wales) Directions 2020.
Extended Surgery Opening	Performance of this enhanced service can be suspended subject to full provision by the GMS contractor of all other services under its GMS contract during such suspension.
Pertussis Immunisation for Pregnant and Postnatal Women	Provision in accordance with the Primary Medical Services (Pertussis Immunisation for Pregnant and Post-natal Women) (Directed Enhanced Service) (Wales) Directions 2016, subject to contacting the patient on the day of the appointment to assess whether they are symptomatic.
Homeless	Performance of this enhanced service can be suspended subject to full provision by the GMS contractor of all other services under its GMS contract during such suspension.
Oral Anticoagulation with Warfarin	Provision in accordance with the Primary Medical Services (Oral Anti-coagulation with Warfarin) (Directed Enhanced Service) (Wales) Directions 2017, subject to— <ul style="list-style-type: none"> <li>(a) contacting the patient on the day of the appointment to assess wellbeing and whether they are symptomatic,</li> <li>(b) booking appointments with more intervals to create space in the waiting room, and</li> <li>(c) considering whether to switch to novel oral anticoagulants (NOACs) or using self-monitoring.</li> </ul>

Welsh Government proposes to review this position at the end of February 2021 with GPC and Health Board colleagues to consider the appropriate way forward from April.

We fully appreciate that “Directed” Enhanced Services are only part of the Enhanced service portfolio. Local Medical Committees across Wales will be in local negotiations with their individual Health Boards to review the relaxations appropriate for the NES and LES packages, but it would be our expectation that this would at least mirror the national direction.

When looking at the combined lists of Enhanced Services illustrated in Table 1, you will appreciate there are many which cannot be ‘relaxed’ as they have significant governance implications, e.g. anticoagulation monitoring, but just as in the first wave of the pandemic there is now an opportunity to reassess and prioritise these workloads.

### 3. Quality Improvement Domain of QAIF

The deadline for the two original QI projects expected within the QI domain<sup>3</sup> was extended until 30 September 2021 as part of the initial contract relaxation in March. The projects remain active but with no additional cluster requirements.

The new QI learning project on COVID has been suspended for this QAIF cycle but payments will be maintained.

### 4. Cluster Working

In addition to the Enhanced Services outlined above Welsh Government have suspended aspects of Cluster working.<sup>4</sup>

The remaining elements for 20/21 would be: -

- Indicator CND015W: *Contributing relevant cluster information to the Primary Care Cluster IMTP which will include information on the demand and capacity tool and also the workforce development plan*
- The final bullet of indicator CND016W:
  - *Active participation as evidence of operating an effective system of clinical governance (quality assurance) in the practice e.g. through completion of CGSAT and IG toolkit.*

While the two QI projects as set out in the QI domain of QAIF remain active, the requirement to consider as a cluster has been suspended for this cycle.

The third Covid learning QI project, introduced for 20/21, has been fully suspended for this cycle with payment maintained.

### 5. Community Huddles

In addition to announcing these contractual relaxations, Welsh Government have linked a number of proposals to alleviate some of the pressures on the whole health care system by supporting those in most urgent need of care.

As part of this relaxation Package Welsh Government introduced a 'community huddle across Wales'. GPC Wales would again emphasise these proposals have not been directly negotiated. We are aware the logistics of implementation of the concept will be challenging and strongly believe that it is best left to practices and community staff to decide on delivery.

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<sup>3</sup> Welsh Government "QAIF Supplementary Guidance for the GMS Contract Wales 2020/21"  
[www.bma.org.uk/media/3339/wales-gov-quality-and-improvement-framework-2020-21.pdf](http://www.bma.org.uk/media/3339/wales-gov-quality-and-improvement-framework-2020-21.pdf)

<sup>4</sup> Welsh Government "Quality Assurance and Improvement Framework Guidance for the GMS Contract Wales"  
<https://gov.wales/sites/default/files/publications/2020-11/guidance-for-the-gms-contract-wales-2019-20.pdf>

*'This will involve a daily tripartite phone call or video meeting for no more than 30 minutes between a GP at the practice, the District Nursing Team and the Community Allied Health Professionals, as a 'safety huddle' / call (or virtual ward round).*

*This would be to support those most at risk of admission and in need of 'safety netting', with the aim of avoiding admission, where possible, for the next 24 to 72 hours (Friday to Monday). Once a week this call will be opened to the wider MDT including Local Authority social care support / re-enablement, third sector representative or a knowledgeable care navigator for their area to suggest other support options. This would be a longer call of no more than an hour. Of course, this is much in keeping with the work of a cluster; albeit in a real-time environment<sup>5</sup>*

The implementation of these 'Huddles' must be local determined at a practice level and there should be no expectation of Cluster wide joint meetings. Some Practices and Clusters may already have such communications in place with their wider teams.

We do however appreciate the difficulties that our community teams are having to cope with at this time and this may continue to impact the ability of District Nursing teams and other partners to participate in these huddles. It is our clear view that these are professional arrangements during a pandemic to try and improve communication with our partners and are not contractual requirements which can be monitored by PPV. It will be up to you as practices and your aligned community staff to try and make these huddles work best for you without adversely affecting your delivery of GMS.

## 6. Bypass lines

Welsh Government also expects *'GPs to be mutually supportive to clinical colleagues working in parts of the urgent care system and where appropriate agreeing to review cases and /or sign prescriptions when appropriate.'*

The key phrase here is *'when appropriate'*. Everyone is aware that all parts of the NHS system are under considerable workload and workforce pressures, as a consequence of the pandemic escalation. However, this should not override the GMC principles of the Duties of a Doctor<sup>6</sup> and Good practice in prescribing medicines.<sup>7</sup>

GPC Wales would expect that Health Boards have established systems for secondary care remote consultation and prescribing during the first pandemic wave and any such requests should be exceptional rather than the 'norm'. Primary care cannot become the dumping ground for secondary care services. Due to the exceptionality and potential 'urgent nature' of these requests there is every reason to expect that these requests be made *'Clinician to Clinician'*, in addition to patient safety and governance issues.

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<sup>5</sup> Support for General Practice – contract relaxation 18 Dec 2020

<sup>6</sup> General Medical Council - *Duties of a doctor* [www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/good-medical-practice/duties-of-a-doctor](http://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/good-medical-practice/duties-of-a-doctor)

<sup>7</sup> General Medical Council - *Good practice in prescribing and managing medicines* [www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/prescribing-and-managing-medicines-and-devices](http://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/prescribing-and-managing-medicines-and-devices)

*'Where priority telephone access for such calls from health professional colleagues is not available via GP practice switchboards, we would ask that a protected phone line is made available for incoming calls from health professional colleagues, as has been provided by many practices to care home staff under the current DES.*

*This protected phone line (or 'bypass line'), is to be made available to community nursing teams, pharmacists and paramedics as well as to secondary care to enable clinician to clinician contact, for example to communicate urgent lab results or to request specific clinical action by a GP to support an early discharge from hospital.'*

It is likely that the majority of practices will already have the infrastructure to facilitate this method of incoming communication. GPC Wales has insisted that caveats were inserted to protect the integrity of this bypass line.

*'Professionals can use this line to discuss clinical matters of an urgent nature only. Day-to-day administrative and routine queries should use the practice switchboard number as normal. Excessive use of these lines for non-urgent queries will reduce availability for urgent advice and repeated infringements may lead to removal of usage rights<sup>8</sup>*

While these changes were not negotiated with GPC Wales, we were consulted, and we welcome the further relaxation of some contractual elements at this difficult time. We will continue to engage with WG over the coming months in the hope of further support measures. Local initiatives and LES relaxation will also be required and LMCs will be actively pursuing this in every area.

We must reiterate that these measures are purely to ease workload to deliver a pandemic GMS response. We maintain that any GMS practice delivery of Covid-19 vaccination is likely to require further measures to support diversion of GMS practice time to deliver vaccination. Staffing, infrastructure and further reduction of GP workload will be pursued by your LMC. Please keep in touch with them.

## Contact us

To get in touch with GPC Wales please email: [info.gpcwales@bma.org.uk](mailto:info.gpcwales@bma.org.uk)



Llywodraeth Cymru  
Welsh Government

18 December 2020

Dear colleague

### **Support for general practice – contract relaxation**

As part of our range of negotiation considerations this year, we agreed that Welsh Government and Health Boards would continue to monitor the workloads of GPs whilst we continue to deal with the Covid pandemic. It has become increasingly evident over recent weeks that there are increasing pressures across the health care system and these are reaching a critical point. We wanted to write to you to explain the changes that we have agreed to put in place to alleviate some of those pressures.

In October, some of the Enhanced Services were switched back on with provisions introduced for targets for service provision for an extended period of time. In recognition of the current pressures on the health service including primary care, Welsh Government intend to switch enhanced services (and the associated PPV) back to the position they were in March 2020 until the end of March 2021; including the payment provisions/guarantee that applied during that time. However, the Care Homes DES will continue as agreed, see table at Annex 1, as will the Influenza Immunisation Scheme.

Patients who are poorly controlled will need to have their condition maximised as far as is possible, but that would be part of the ongoing professional responsibility. Care should be provided where necessary, particularly to vulnerable groups, but the administrative burden of the enhanced services will be removed.

Welsh Government proposes to review this position at the end of February 2021 with GPC and Health Board colleagues for us to consider the appropriate way forward from April; much of which is dependent on the Covid situation at that time.

In addition, we would like to go further to alleviating some of the pressures on the whole health care system by supporting those in most urgent need of care. We have agreed to

introduce a community huddle across Wales, whilst acknowledging this may already take place in some areas. This will involve a daily tripartite phone call or video meeting for no more than 30 minutes between a GP at the practice, the District Nursing Team and the Community Allied Health Professionals, as a 'safety huddle' / call (or virtual ward round).

We also expect GPs to be mutually supportive to clinical colleagues working in parts of the urgent care system and where appropriate agreeing to review cases and /or sign prescriptions when appropriate. Where priority telephone access for such calls from health professional colleagues is not available via GP practice switchboards, we would ask that a protected phone line is made available for incoming calls from health professional colleagues, as has been provided by many practices to care home staff under the current DES. This protected phone line (or 'bypass line'), is to be made available to community nursing teams, pharmacists and paramedics as well as to secondary care to enable clinician to clinician contact, for example to communicate urgent lab results or to request specific clinical action by a GP to support an early discharge from hospital.

We are keen to ensure the designated line for Health Professional contact is only used for urgent and important clinical queries that have a time sensitive reason to rapidly speak to a primary care clinician. This line is currently used to provide urgent clinical advice and admission avoidance input to frail care home residents. Professionals can use this line to discuss clinical matters of an urgent nature only. Day-to-day administrative and routine queries should use the practice switchboard number as normal. Excessive use of these lines for non-urgent queries will reduce availability for urgent advice and repeated infringements may lead to removal of usage rights.

This would be to support those most at risk of admission and in need of 'safety netting', with the aim of avoiding admission, where possible, for the next 24 to 72 hours (Friday to Monday). Once a week this call will be opened to the wider MDT including Local Authority social care support / re-enablement, third sector representative or a knowledgeable care navigator for their area to suggest other support options. This would be a longer call of no more than an hour. Of course, this is much in keeping with the work of a cluster; albeit in a real time environment.

Welsh Government acknowledges that to facilitate this change there will need to be some further relaxation of the contract, in addition to the Enhanced Services suggested above. We have agreed that aspects of Cluster working would be suspended, with only the planning element (indicator CND015W and bullet four of indicator CND016W: Active participation as evidence of operating an effective system of clinical governance (quality assurance) in the practice e.g., through completion of CGSAT and IG toolkit) retained to support Cluster IMTPs. In addition, the QI learning project on Covid would be suspended which is nearly £16m in contract relaxations that we can reprioritise to facilitate support to the whole health care system. We will continue to look at further sustainability measures.

We trust these provisions will enable GPs to collaborate and work at a Primary Care cluster level, ensuring our most vulnerable patients in need can continue to receive high quality care during this exceptional time.

Yours sincerely



**Alex Slade**  
**Dirprwy Gyfarwyddwr- Yr Is Adran Gofal Sylfaenol**  
**Deputy Director – Primary Care Division**



**Nick Wood**  
**Cyfarwyddwr Gweithredol Gwasanaethau Cynradd, Cymunedol a Iechyd Meddwl**  
**Executive Director of Primary, Community and Mental Health Services**



**Dr Phil White**  
**Cadeirydd, Pwyllgor Ymarferwyr Cyffredinol Cymru**  
**Chair, GPC Wales**

## Annex A – QAIF Cluster Domain Relaxation

Ref	Descriptor	Status
CND014W	The GP Cluster Network will meet on 5 occasions during the year; the timing of meetings should be agreed around the planning of the HB and ideally, to avoid the period of winter pressure	Suspended
CND015W	Contributing relevant cluster information to the Primary Care Cluster IMTP which will include information on the demand and capacity tool and the workforce development plan.	Retained/Active
CND016W	Delivering specific cluster determined outcomes which includes: <ul style="list-style-type: none"> <li>• Engagement in planning of local initiatives</li> <li>• Completion of the 2 QI initiatives at cluster level where agreed by the GMS practices</li> <li>• Active participation as evidence of operating an effective system of clinical governance (quality assurance) in the practice – e.g., through completion of CGSAT and IG Toolkit</li> </ul>	Suspended  Suspended  Retained/Active

## Annex B: Enhanced services changes

<i>Directed Enhanced Service</i>	<i>Requirement</i>
Learning Disabilities	Performance of this enhanced service can be suspended subject to full provision by the GMS contractor of all other services under its GMS contract during such suspension.
Childhood Immunisation Scheme	Provision in accordance with Direction 5 of the Primary Medical Services (Directed Enhanced Services) (Wales) Directions 2007 subject to— <ul style="list-style-type: none"> <li>(a) contacting the patient on the day of the appointment to assess wellbeing and whether they are symptomatic,</li> <li>(b) booking appointments with more intervals to create space in the waiting room,</li> <li>(c) provision of dedicated children's session, and</li> <li>(d) minimising number of clinicians who see the patient.</li> </ul>
Gender Identity	Administrative component can be suspended, subject to care continuing as clinically required in accordance with the Primary Medical Services (Hormone Treatment Scheme for Adult Transgender Patients) (Directed Enhanced Service) (Wales) Directions 2019
Influenza Immunisation Scheme	Provision in accordance with Direction 6 of the Primary Medical Services (Directed Enhanced Services) Directions 2007 subject to— <ul style="list-style-type: none"> <li>(a) contacting the patient on the day of the appointment to assess whether they are symptomatic,</li> <li>(b) booking appointments with more intervals to create space in the waiting room, and</li> <li>(c) minimising the number of clinicians who see the patient.</li> </ul>
Pneumococcal Immunisations Scheme	Provision in accordance with Direction 6 of the Primary Medical Services (Directed Enhanced Services) Directions 2007 subject to— <ul style="list-style-type: none"> <li>(a) prioritising the use of Pneumococcal polysaccharide vaccine (PPV23) on the basis of individual assessment and in accordance with any relevant guidance published by the Welsh Government,</li> <li>(b) contacting the patient on the day of the appointment to assess whether they are symptomatic,</li> <li>(c) booking appointments with more intervals to create space in the waiting room, and</li> </ul>

	(d) minimising the number of clinicians who see the patient.
Services for Violent Patients	Provision in accordance with Direction 7 of the Primary Medical Services (Directed Enhanced Services) Directions 2007 subject to NHS 111 triage assessment of the patient on the day of the appointment.
Minor Surgery	Performance of this enhanced service can be suspended subject to full provision by the GMS contractor of all other services under its GMS contract during such suspension.
Asylum Seekers and Refugees (from 1 April 2008)	Performance of this enhanced service can be suspended subject to full provision by the GMS contractor of all other services under its GMS contract during such suspension.
Care of Diabetes	Provision in accordance with Direction 8 of the Primary Medical Services (Directed Enhanced Services) (Wales) (No. 2) Directions 2009, subject to— <ul style="list-style-type: none"> <li>(a) if the patient is unwell, manage via normal provision of services under the GMS contract;</li> <li>(b) if the patient is stable, consider 6 month holiday from the scheme; and</li> <li>(c) if the patient's condition is less well controlled they will require input in order to optimise this. Consider telephone or video consultation if necessary. If patient requires physical assessment, call patient on the day of appointment to assess wellbeing.</li> </ul>
Type 2 Diabetes Mellitus Care Scheme for Adults	Performance of this enhanced service can be suspended subject to full provision by the GMS contractor of all other services under its GMS contract during such suspension.
Care Homes	Provision in accordance with the Primary Medical Services (COVID-19 Care Homes) (Directed Enhanced Services) (Wales) Directions 2020.
Extended Surgery Opening	Performance of this enhanced service can be suspended subject to full provision by the GMS contractor of all other services under its GMS contract during such suspension.
Pertussis Immunisation for Pregnant and Postnatal Women	Provision in accordance with the Primary Medical Services (Pertussis Immunisation for Pregnant and Post-natal Women) (Directed Enhanced Service) (Wales) Directions 2016, subject to contacting the patient on the day of the appointment to assess whether they are symptomatic.
Homeless	Performance of this enhanced service can be suspended subject to full provision by the GMS contractor of all other services under its GMS contract during such suspension.

Oral Anticoagulation with Warfarin	Provision in accordance with the Primary Medical Services (Oral Anti-coagulation with Warfarin) (Directed Enhanced Service) (Wales) Directions 2017, subject to— <ul style="list-style-type: none"><li data-bbox="802 338 1300 432">(a) contacting the patient on the day of the appointment to assess wellbeing and whether they are symptomatic,</li><li data-bbox="802 450 1300 544">(b) booking appointments with more intervals to create space in the waiting room, and</li><li data-bbox="802 562 1300 642">(c) considering whether to switch to novel oral anticoagulants (NOACs) or using self-monitoring.</li></ul>
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