

THE HEALTH AND SOCIAL CARE (REFORM) ACT (NORTHERN IRELAND) 2009

THE PRIMARY MEDICAL SERVICES (CLINICAL PRIORITIES) DIRECTIONS (NORTHERN IRELAND) 2010

The Department of Health, Social Services and Public Safety gives the following Directions in exercise of the powers conferred on it by section 6 of the Health and Social Care (Reform) Act (Northern Ireland) 2009(a). It has consulted the Board in accordance with paragraph (2) of that section:

Citation and commencement

1.—(1) These Directions may be cited as the Primary Medical Services (Clinical Priorities) Directions (Northern Ireland) 2010.

(2) These Directions are dated 24 February 2011 but shall have effect as from 1 April 2010.

Interpretation

2. In these Directions—

“the Board” means the Regional Health and Social Care Board established under section 7 of the Health and Social Care (Reform) Act (Northern Ireland) 2009;

“general practitioner” means a medical practitioner whose name is included in the primary medical services performers list prepared by the Board under regulation 4 of the Health and Personal Social Services (Primary Medical Services Performers Lists) Regulations (Northern Ireland) 2004(b);

“Primary Medical Services contractor” means a person with whom the Board is entering or has entered into a general medical services contract;

“primary medical services contractor” means—

- (a) a General Medical Services contractor; or
- (b) a person with whom the Board is making or has made contractual arrangements for the provision of primary medical services under Article 56 of the Order (primary medical services);

Respiratory Conditions

3.—(1) As a Clinical Priority, the Board may enter into arrangements with any primary medical services contractor to provide Respiratory Services to:

- (a) patients with Chronic Obstructive Pulmonary Disease (COPD);
- (b) patients aged over 15 with Step 2 and above Asthma.

Respiratory Conditions cover diseases of the respiratory system. These include diseases of the lung, pleural cavity, bronchial tubes, trachea, upper respiratory tract and the nerves and muscles of breathing.

(2) For Patients with COPD—

- (a) all new patients will receive a self management plan and support specific to their needs.

(a) 2009 c.1. (N.I.).

(b) S.R. 2004 No. 149 as amended by S.R.2008 No.434 and S.R; 2010 No376

- (b) all existing patients will have their self care management plan reviewed on an annual basis.
- (3) For Patients aged over 15 with Step 2 and above Asthma—
 - (a) all new patients will receive a self management plan and support specific to their needs.
 - (b) all existing patients will have their self care management plan reviewed on an annual basis.

Peripheral Vascular Disease

4.—(1) As a Clinical Priority, the Board may enter into arrangements with any primary medical services contractor to provide Peripheral Vascular Disease Services to:

- (a) patients with Peripheral Vascular Disease;
- (b) patients aged 50 and over who smoke and may be at risk of developing Peripheral Vascular Disease.

Peripheral Vascular Disease includes all diseases caused by the obstruction of large arteries in the arms and legs; and it also includes a subset of diseases classified as microvascular diseases resulting from episodal narrowing of the arteries(raynauds), or widening thereof(erythromelalgia) i.e. vascular spasms. Peripheral Vascular Disease can result from atherosclerosis, inflammatory processes leading to stenosis, an embolism, or thrombus formation. It causes either acute or chronic ischemia (lack of blood supply), typically of the legs.

(2) For Patients with Peripheral Vascular Disease or at risk of developing Peripheral Vascular Disease —

all patients will receive an annual blood pressure and medication review to ensure that their blood pressure is controlled and that the patient is on appropriate pharmacological treatment.

Osteoporosis/Secondary Prevention of Fractures

5.—(1) As a Clinical Priority, the Board may enter into arrangements with any primary medical services contractor to provide Osteoporosis/Secondary Prevention of Fractures Services to:

female patients aged 50 and over who suffered at least one hip or non-hip fragility fracture.

Osteoporosis is a disease of bones that leads to an increased risk of fracture. In osteoporosis the bone mineral density (BMD) is reduced, bone microarchitecture is disrupted, and the amount and variety of proteins in bone is altered.

(2) For female patients aged 50 and over who suffered at least one hip or non-hip fragility fracture—

- (a) all patients will receive an individual care pathway plan.
- (b) all patients will have had their care pathway plan reviewed annually.
- (c) all patients, where clinically appropriate, will have received a Dexa scan.

Health Care for Homeless Persons/Rough Sleepers

6.—(1) As a Clinical Priority, the Board may enter into arrangements with any primary medical services contractor to provide primary medical services to:

Homeless persons/rough sleepers.

Homeless persons face difficulty accessing most primary services and tend to make use of emergency health care services. This may be due in part to these services having difficulties in keeping track (and therefore forwarding appointments) of individuals on the move and in addition to access some services there is a requirement to retrieve and verify medical history, which may require waiting for medical notes/reports etc to be forwarded. Additionally, the fact that a person without an address will have difficulties in availing of general medical/dental services may inhibit the use of community pharmacy services.

(2) For Homeless Persons/Rough Sleepers —

provide greater accessibility for Homeless/Rough Sleepers to medical, dental and community pharmacy services.

Health Care for Adults with Severe Learning Difficulties

7.—(1) As a Clinical Priority, the Board may enter into arrangements with any primary medical services contractor to provide an annual health check to:

adult patients with Severe Learning Disabilities and, if appropriate, an onward referral.

An increasing number of people with severe learning difficulties are living longer. People with learning difficulties have much greater health needs than the general population; they are more likely to have general health problems, sensory impairments, mental health problems, epilepsy, cerebral palsy and other physical disabilities. Adults with learning disabilities have particular issues in relation to the availability of service provision. Evidence shows that a General Practitioner with a list of 2,000 patients will have about 8 patients with severe learning disabilities.

(2) For Adults with Severe Learning Difficulties —

(a) all patients will have received an annual health check and onward referral where appropriate.

(b) all patients will have received a specific personal health action plan.

Mild to Moderate Depression Scheme —

8.—(1) As a Clinical Priority, the Board may enter into arrangements with any primary medical services contractor to provide an annual health check to Adult Patients, aged over 18, who have a new diagnosis or episode of mild to moderate depression.

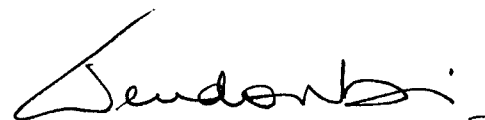
The Bamford Mental Health Review highlights the crucial role that Primary Care has in early identification and treatment of common Mental Health problems – notably anxiety, depression and phobias as well as a wider role in promoting Mental Health and Wellbeing. The majority of Mental Health problems are managed within Primary Care and a huge percentage of problems presented in Primary Care are psychosocial.

(2) For Adult Patients, aged over 18, with Mild to Moderate Depression —

(a) reduce the number of patients with mild to moderate depression being treated with medication.

(b) increase the number of patients being referred to and completing counselling and cognitive behavioural therapy.

Sealed with the official Seal of the Department of Health, Social Services and Public Safety on 24 February 2011



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