



# **NHS Standard Contract**

**Provisions Applicable to Primary Care Services**

**Schedule 2L and Explanatory Note**

Updated January 2018

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## **Schedule 2L and Explanatory Note**

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## Explanatory Note

1. The NHS Standard Contract is mandated for use by CCGs and NHS England when commissioning non-primary care NHS-funded healthcare services. Where primary care services are being commissioned, the appropriate form of primary care contract must be used in accordance with the relevant Regulations and Directions.
2. In certain circumstances commissioners may wish to commission a package of services including both primary and secondary care elements from a single provider. An example of this would be the commissioning of an integrated NHS 111 (for which the NHS Standard Contract must be used) and GP out-of-hours service (for which a general practice contract must be used). In those circumstances neither the NHS Standard Contract nor any form of primary care contract may lawfully be used on its own to commission that package of services. Various contractual structures may be used to deal with this. The purpose of this template is to offer a relatively simple solution, for use in appropriate circumstances.
3. If the package of services includes **primary medical services** and services for which the NHS Standard Contract is the mandated form of contract, commissioners may include provisions in **Schedule 2L** of the NHS Standard Contract to make the Contract compliant with the APMS Directions (including the 2016 and 2017 Directions) in relation to the provision of primary medical care services. In other words, **to ensure that the contract is both an NHS Standard Contract and an APMS contract**. This template has been prepared for that purpose.
4. The template is based very closely on NHS England's model form of APMS Contract, which is available at: <https://www.england.nhs.uk/commissioning/gp-contract/>.
5. **We strongly recommend that commissioners take legal advice if considering using this template. Initial queries may be directed to: [nhscb.contractshelp@nhs.net](mailto:nhscb.contractshelp@nhs.net)**
6. The APMS Directions require that an APMS Contract must contain specified mandatory provisions (set out in the Directions). In addition, where the Contractor provides Primary Care Essential Services (as defined in the APMS Schedule), the APMS Directions also require further mandatory terms to be included.
7. The text in the APMS Schedule has been colour/style coded to enable Commissioners to identify those provisions which are always **mandatory (black)**

and those provisions which are **mandatory only where Primary Care Essential Services are being provided (blue and italics)**.

8. As these are mandatory provisions, they cannot be omitted or contradicted in relation to the provision of APMS Services. Some provisions such as paragraphs 25.7, 27.12, 27.14 and 27.21 contain references to dates which have passed. Since this wording is mandated and also to allow for possible amendments to these dates by statutory instrument, this wording has been kept in line with the requirements of the APMS Directions.
9. **Paragraph 25** – Please note that where there is to be a List of Service Users, the Commissioner must consider how Services Users will be assigned to the Provider and have a policy in respect of this. Where a commissioner does not have such a policy, in developing the same it may wish to have regard to NHS England’s model APMS Contract (clauses 31.8 to 31.120) which follows the prescribed provisions for GMS on assignment and removal of Services Users from a List.
10. **Annex 2 (APMS Services)** – The Parties must list the services which are identified as being primary medical care services and to which this APMS Schedule will apply.
11. **Annex 3 (Provider’s Premises)** – the Parties must specify the Services Environment from which primary medical care services will be provided.
12. **Eligibility to hold an APMS Contract** – Direction 5 of the APMS Directions 2016 ([https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/588880/APMS\\_Directions\\_2016.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/588880/APMS_Directions_2016.pdf)) sets out a list of provider conditions which can prevent the Commissioners entering into a Contract with the Provider.

**[SCHEDULE 2L - Provisions Applicable to Primary Care Services]**

**The APMS Services**

**RECITALS**

- A. The provisions of this Schedule 2L apply to the APMS Services only. The intention of the Parties is that insofar as it relates to the APMS Services this Contract will be an APMS Contract and is to be interpreted to that effect.
- B. The obligations set out in this Schedule 2L are in addition to and not in substitution for those set out elsewhere in this Contract. Notwithstanding any other provision of this Contract if there is any conflict or inconsistency between the requirements of this Schedule 2L and any other provision of this Contract, the provision requiring the higher level of performance on the part of the Provider will prevail, which the Parties agree and acknowledge is required by the APMS Directions and may not be the subject of lawful contractual derogation.
- C. The words and phrases used in this Schedule 2L will be interpreted first in accordance with the APMS Directions, and if no definition is provided in accordance with the PMS Agreements Regulations, and if no definition is provided in accordance with this Schedule 2L or the General Conditions, or otherwise as the context may require.
- D. These Recitals form part of this Contract.

**1 Status Of Contract**

- 1.1 The Provider **[is/is not]** a Health Service Body for the purposes of section 9 of the 2006 Act. Accordingly, the Contract **[is/is not]** an NHS Contract. Where the Contract is an NHS Contract, the provisions of GC14 will apply without prejudice to any right of the Provider to refer any Dispute for resolution in accordance with the NHS disputes procedure.
- 1.2 In addition to the warranties set out in GC25, the Provider warrants that it satisfies the conditions set out in direction 4 of the APMS Directions.

**2 Services And Attendance On Service Users**

- 2.1 The Provider must provide the APMS Services to Service Users residing in the Practice Area referred to below in paragraph 2.2 (if any) or as otherwise expressed in this Contract.
- 2.2 The Practice Area means the area edged in red on the map attached as Appendix 1 to this Schedule 2L (if any), in respect of which persons resident in it will be entitled to register with the Provider or seek acceptance by the Provider as a temporary resident for the purposes of the Provider's List of Service Users as required by regulation 18(1)(d) of the National Health Service (General Medical Services Contracts) Regulations 2004.
- 2.3 *The Provider must take steps to ensure that any Service User who:*
  - 2.3.1 *has not previously made an appointment; and*
  - 2.3.2 *attends at the Provider's Premises during the normal hours for Primary Medical Essential Services,**is provided with services by an appropriate Health Care Professional during the relevant period except in the circumstances specified in paragraph 0.*
- 2.4 *The circumstances referred to in paragraph 0 are that:*
  - 2.4.1 *it is more appropriate for the Service User to be referred elsewhere for services under the 2006 Act; or*

2.4.2 *he is then offered an appointment to attend again within a time which is appropriate and reasonable having regard to all the circumstances and his health would not thereby be jeopardised.*

2.5 In the case of a Service User whose medical condition is such that, in the reasonable opinion of the Provider, attendance on the Service User is required and it would be inappropriate for the Service User to attend the Provider's Premises during Core Hours, the Provider must provide APMS Services to that Service User at whichever is appropriate of the following places:

2.5.1 the place recorded in the Service User's medical records as being his last home address;

2.5.2 such other place as the Provider has informed the Service User and the Co-ordinating Commissioner is the place where it has agreed to visit and treat the Service User;

2.5.3 some other place in the Service User Registration Area.

2.6 Nothing in this paragraph 2 prevents the Provider from:

2.6.1 arranging for the referral of a Service User without first seeing the Service User, in a case where the medical condition of that Service User makes that course of action appropriate; or

2.6.2 visiting the Service User in circumstances where this paragraph 2 does not place it under an obligation to do so.

2.7 Where the Provider provides Out of Hours Services under this Contract, the Provider will (to the extent that they are relevant to the provision of such Out of Hours Services):

2.7.1 meet the quality requirements set out in the document entitled "National Quality Standards in the Delivery of Out of Hours Services" published on 20 July 2006 (or any subsequent successor publication);

2.7.2 comply with any requests for information which it receives from or on behalf of NHS England about the provision by the Provider of Out of Hours Services to its Registered Service Users in such manner and before the end of such period as is specified in the request;

2.7.3 to report to the Co-ordinating Commissioner, either at the request of the Co-ordinating Commissioner or otherwise, any concerns arising about the quality of the Out of Hours Services which are offered or provided to Service Users having regard to:

2.7.3.1 any Service User feedback received, including complaints; and

2.7.3.2 the quality requirements referred to in paragraph 2.7.1.

### **3 Provider's Premises**

3.1 Subject to any plan which is included in the Contract for bringing the Provider's Premises up to the required standard, the Provider must ensure that the premises used for the provision of APMS Services are:

3.1.1 suitable for the delivery of those APMS Services; and

3.1.2 sufficient to meet the reasonable needs of the Provider's Service Users.

#### **4 Telephone Services**

4.1 The Provider must not be a party to any contract or other arrangement under which the number for telephone services to be used by:

4.1.1 Service Users to contact the Services Environment or any purpose related to this Contract; or

4.1.2 any other person to contact the Services Environment in relation to services provided as part of the health service,

starts with the digits 087, 090 or 091 or consists of a personal number, unless the service is provided free to the caller.

4.2 In paragraph 4.1, "personal number" means a telephone number which starts with the number 070 followed by a further 8 digits.

#### **5 Cost Of Relevant Calls**

5.1 The Provider must not enter into, renew or extend a contract or other arrangement for telephone services unless, having regard to the arrangement as a whole, persons will not pay more to make calls to the Provider's Premises than they would to make equivalent calls to a Geographical Number.

5.2 Where the Provider is party to an Existing Contract or Other Arrangement for a telephone service under which persons making Relevant Calls to the Provider's Premises call a number which is not a Geographical Number, the Provider must comply with paragraph 5.3.

5.3 The Provider must:

5.3.1 before the Effective Date, review the arrangement and consider whether, having regard to the arrangement as a whole, persons pay more to make Relevant Calls than they would to make equivalent calls to a Geographical Number; and

5.3.2 if the Provider so considers, take all reasonable steps, including in particular considering the matters specified in paragraph 5.4, to ensure that, having regard to the arrangement as a whole, persons will not pay more to make Relevant Calls than they would to make equivalent calls to a Geographical Number.

5.4 The matters referred to in paragraph 5.3.2 are:

5.4.1 varying the terms of the contract or arrangement;

5.4.2 renegotiating the terms of the contract or arrangement; and

5.4.3 terminating the contract or arrangement.

5.5 If, despite taking all reasonable steps referred to in paragraph 5.3.2, it has not been possible to ensure that, having regard to the arrangement as a whole, persons will not pay more to make Relevant Calls to the Provider's Premises than they would to make equivalent calls to a Geographical Number, the Provider must introduce a system under which if a caller asks to be called back, the Provider will do so at the Provider's expense.

#### **6 Clinical Reports & Co-Operation**

6.1 Subject to paragraph 6.4, where the Provider provides any clinical services, other than under a private arrangement to a Service User who is not on its List of Service Users, it must prepare a clinical report relating to the consultation and any treatment provided.

6.2 Subject to paragraph 6.4, the Provider must as soon as reasonably practicable, provide a copy of the clinical report to NHS England.

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- 6.3 NHS England must send any report prepared under paragraph 6.1 or received by it under paragraph 6.2:
- 6.3.1 to the person with whom the Service User is registered for the provision of Primary Medical Essential Services (or their equivalent) or their equivalent; or
  - 6.3.2 if the person referred to in paragraph 6.3.1 is not known to NHS England, Local Health Board, Health Board or Health and Social Services Board, in whose area the Service User is resident.
- 6.4 Paragraph 6.1 does not apply to Out of Hours Services to be provided by the Provider.
- 6.5 *Where the Provider does not provide to its Registered Service Users or to persons whom it has accepted as Temporary Residents:*
- 6.5.1 *a particular APMS Service; or*
  - 6.5.2 *Out of Hours Services,*
- either at all or in respect of some periods or some APMS Services it must comply with the requirements specified in paragraph 6.6.*
- 6.6 *The requirements referred to in paragraph 6.5 are that the Provider must:*
- 6.6.1 *co-operate insofar as it is reasonable with any person responsible for the provision of that service or those services;*
  - 6.6.2 *comply in Core Hours with any reasonable request for information from such a person or from the relevant Commissioner relating to the provision of that Service or those Services;*
  - 6.6.3 *in the case of Out of Hours Services:*
    - 6.6.3.1 *take reasonable steps to ensure that any Service User who contacts the Provider's Premises during the Out of Hours Period is provided with information about how to obtain Services during that period;*
    - 6.6.3.2 *ensure that the clinical details of all out of hours consultations received from the out of hours provider are reviewed by a clinician within or engaged by the Provider on the same Working Day as those details are received by the Practice or, exceptionally, on the next Working Day;*
    - 6.6.3.3 *ensure that any information requests received from the out of hours provider in respect of any out of hours consultations are responded to by a clinician within the Practice on the same day as those requests are received by the Provider, or on the next Working Day;*
    - 6.6.3.4 *take all reasonable steps to comply with any systems which the out of hours provider has in place to ensure the rapid, secure and effective transmission of Service User data in respect of out of hours consultations; and*
    - 6.6.3.5 *agree with the out of hours provider a system for the rapid, secure and effective transmission of information about Registered Service Users who, due to chronic disease or terminal illness, are predicted as more likely to present themselves for treatment during the Out of Hours Period.*
- 6.7 *Nothing in this paragraph will require a Provider whose Contract does not include the provision of Out of Hours services to make itself available during the Out of Hours Period.*

6.8 *If the Provider ceases to be required to provide to its Service Users:*

6.8.1 *a particular Service; or*

6.8.2 *Out of Hours Services, either at all or in respect of some periods or some Services,*

*it shall comply with any reasonable request for information relating to the provision of that Service or those Services made by the Commissioner or by any person with whom the Commissioner intends to enter into a contract for the provision of such Services.*

## **7 Storage Of Vaccines**

7.1 The Provider must ensure that:

7.1.1 all vaccines are stored in accordance with the manufacturer's instructions; and

7.1.2 all refrigerators in which vaccines are stored have a maximum/minimum thermometer and that readings are taken on all working days.

## **8 Infection Control**

8.1 The Provider must ensure that it has appropriate arrangements for infection control and decontamination.

## **9 Persons Who Perform The Services – Qualifications Of Performers**

9.1 Subject to paragraphs 9.2 and 9.6A, no medical practitioner will perform primary medical services under the Contract unless he is:

9.1.1 included in the Medical Performers List and has provided documentary evidence of the same to the Provider;

9.1.2 not suspended from that list or from the Medical Register; and

9.1.3 not subject to interim suspension under section 41A of the Medical Act 1983 (interim orders).

9.2 Paragraph 9.1.1 shall not apply in the case of:

9.2.1 a person who is provisionally registered under sections 15, 15A or 21 of the Medical Act 1983 acting in the course of his employment in a resident medical capacity in an Approved Medical Practice;

9.2.2 a GP Specialty Registrar who has applied to NHS England to have his name included in its Medical Performers List until either the first of the following events arises:

9.2.2.1 NHS England notifies him of its decision on that application; or

9.2.2.2 the end of a period of 3 months, starting with the date on which that GP Specialty Registrar begins a postgraduate medical education and training scheme necessary for the award of a Certificate of Completion of Training awarded under section 34L(1) (award and withdrawal of a Certificate of Completion of Training) of the Medical Act 1983;

9.2.3 a medical practitioner, who:

9.2.3.1 is not a GP Registrar;

9.2.3.2 is undertaking a programme of post-registration supervised clinical practice

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supervised by the General Medical Council;

9.2.3.3 has notified both the Co-ordinating Commissioner and the Commissioner that he will be undertaking part or all of a post-graduate programme in England at least twenty-four (24) hours before commencing any part of that programme; and

9.2.3.4 has, with that notification, provided both the Co-ordinating Commissioner and the Commissioner with evidence sufficient for it to satisfy itself that he is undertaking a Post-Registration Programme,

but only in so far as any medical services that the medical practitioner performs constitute part of a Post-Registration Programme.

- 9.3 The Provider must ensure that no Health Care Professional other than one to whom paragraphs 9.1 and 9.2 apply may perform clinical services under the Contract unless he is registered with his relevant professional body and his registration is not currently suspended.
- 9.4 Where the registration of a Health Care Professional or, in the case of a medical practitioner, his inclusion in a Primary Care List is subject to conditions, the Provider must ensure compliance with those conditions insofar as they are relevant to the Contract.
- 9.5 The Provider must ensure that no Health Care Professional may perform any clinical services unless he has such clinical experience and training as are necessary to enable him properly to perform such services.
- 9.6 Before employing or engaging any person to assist it in the provision of the APMS Services, the Provider must take reasonable care to satisfy itself that the person in question is both suitably qualified, including meeting the requirements in paragraphs 9.1 and 9.3, and competent to discharge the duties for which he is to be employed or engaged.
- 9.6A Where the prospective employee is a GP Specialty Registrar, paragraph 9.1.1 shall apply but subject to the following modifications:
- 9.6A.1 the GP Specialty Registrar is treated as having provided documentary evidence of the GP Specialty Registrar's Application to the relevant Commissioner for inclusion in the medical performers list; and
- 9.6A.2 confirmation that the GP Specialty Registrar's name appears on that list is not required until the end of the first two months of the GP Specialty Registrar's training period.
- 9.7 When considering the competence and suitability of any person for the purpose of paragraph 9.6, the Provider must have regard, in particular, to:
- 9.7.1 that person's academic and vocational qualifications;
- 9.7.2 his education and training; and
- 9.7.3 his previous employment or work experience.

## 10 Training

10.1 Without prejudice to the requirements in GC5 (*Staff*):

10.1.1 the Provider must ensure that for any Health Care Professional who is:

10.1.1.1 performing the APMS Services; or

10.1.1.2 employed or engaged to assist in the performance of the APMS Services,

there are in place arrangements for the purpose of maintaining and updating his skills and knowledge in relation to the services which he is performing or assisting in performing.

- 10.2 The Provider must afford to each employee reasonable opportunities to undertake appropriate training with a view to maintaining that employee's competence.
- 10.3 The Provider must co-operate with the Secretary of State in the discharge of the duty under section 1F of the 2006 Act (duty as to education and training), or co-operate with Health Education England where Health Education England is discharging that duty by virtue of a direction under section 1F of the 2006 Act by virtue of its functions under section 97 (1) of the Care Act 2014 (planning, education and training for health workers etc..).

## **11 Assessment**

- 11.1 Without prejudice to the requirements of GC5 (*Staff*), the Provider must ensure that any medical practitioner performing APMS Services co-operates with the Commissioners in relation to the Commissioners' safety functions.

## **12 Arrangements For GP Specialty Registrars**

- 12.1 The Provider must only employ or engage a GP Specialty Registrar subject to the following conditions in paragraph 12.2.
- 12.2 The conditions referred to in paragraph 12.1 are that the Provider must not, by reason only of having employed or engaged a GP Specialty Registrar, reduce the total number of hours for which other medical practitioners perform APMS Services or for which other Staff assist them in the performance of those services.
- 12.3 A Provider which employs a GP Specialty Registrar must offer terms of employment in accordance with such rates and subject to the conditions as are approved by the Secretary of State concerning the grants, fees, travelling and other allowances payable to GP Specialty Registrars: and take into account the guidance contained in the document entitled "A Reference Guide to Postgraduate Speciality Training in the UK".

## **13 Signing Of Documents**

- 13.1 In addition to any other requirements relating to such documents whether in this Contract or otherwise, the Provider must ensure:
  - 13.1.1 that the documents specified in paragraph 13.2 include:
    - 13.1.1.1 the clinical profession of the Health Care Professional who signed the document; and
    - 13.1.1.2 the name of the Provider; and
  - 13.1.2 that the documents specified in paragraph 13.2 include the clinical profession of the Health Care Professional who signed the document.
- 13.2 The documents referred to in paragraph 13.1.1 are:
  - 13.2.1 certificates issued in accordance with paragraph 39.1 below, unless regulations relating to particular certificates provide otherwise; and
  - 13.2.2 any other clinical documents, apart from:
    - 13.2.2.1 Home Oxygen Order Forms; and

13.2.2.2 those documents specified in paragraph 13.3.

13.3 The documents referred to in paragraph 13.1.2 are Batch Issues, Prescription Forms and Repeatable Prescriptions.

## **14 Prescribing**

14.1 The Provider must ensure that:

14.1.1 any Prescription Form or Repeatable Prescription for drugs, medicines or Appliances issued or created by a Prescriber;

14.1.2 any Home Oxygen Order Form issued by a Health Care Professional; and

14.1.3 any Listed Medicines Voucher issued by a Prescriber or any other person acting under the contract,

complies as appropriate with the requirements in paragraphs 14.3 to 15 (inclusive) and paragraphs 18 to 21 (inclusive).

14.2 For the purposes of this paragraph and paragraphs 14.3 to 15 (inclusive) and paragraphs 18 to 21 (inclusive), in their application to a Provider who provides contraceptive services, drugs includes contraceptive substances and Appliances includes contraceptive appliances.

14.3 Subject to paragraph 14.4 and 14.5 and to paragraphs 19 and 20, a Prescriber must order any drugs, medicines or Appliances which are needed for the treatment of any Service User by:

14.3.1 issuing to that Service User a Non-Electronic Prescription Form or Non-Electronic Repeatable Prescription completed in accordance with paragraph 14.8; or

14.3.2 where paragraph 15.1 applies, creating and transmitting an Electronic Prescription,

and such a Non-Electronic Prescription Form, Non-Electronic Repeatable Prescription or Electronic Prescription may not be used in any other circumstances.

14.4 A Health Care Professional shall order any Home Oxygen Services which are needed for the treatment of any Service User by issuing a Home Oxygen Order Form.

14.5 During an outbreak of an illness for which a Listed Medicine may be used for treatment or for prophylaxis, if:

14.5.1 the Secretary of State or the relevant Commissioner has made arrangements for the distribution of a Listed Medicine free of charge; and

14.5.2 that Listed Medicine is needed for treatment or prophylaxis of any Service User,

a Prescriber may, or if the Service User has not attained the age of 13 years must, order that Listed Medicine by using a Listed Medicines Voucher, which the Prescriber must sign.

14.6 During an outbreak of an illness for which a Listed Medicine may be used for treatment or for prophylaxis, if:

14.6.1 the Secretary of State or the relevant Commissioner has made arrangements for the distribution of a Listed Medicine free of charge;

14.6.2 those arrangements contain criteria set out in a protocol which enable persons who are not Prescribers to identify the symptoms of, and whether there is a need for treatment or prophylaxis of, that disease;

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- 14.6.3 a person acting on behalf of the Provider, who is not a Prescriber but who is authorised to order Listed Medicines by the Commissioner, has applied the criteria referred to in paragraph 14.6.2 to any Service User; and
- 14.6.4 having applied the criteria, the person acting on behalf of the Provider has concluded that the Listed Medicine is needed for treatment or prophylaxis of that Service User,
- the person acting on behalf of the Provider must order that Listed Medicine by using a Listed Medicines Voucher, which the person ordering the Listed Medicine must sign.
- 14.7 A Prescriber may order drugs, medicines or Appliances on a Repeatable Prescription only where the drugs, medicines or Appliances are to be provided more than once.
- 14.8 In issuing any Non-Electronic Prescription Form or Non-Electronic Repeatable Prescription the Prescriber must himself sign the Prescription Form or Repeatable Prescription in ink with his initials, or forenames, and surname in his own handwriting and not by means of a stamp and may so sign only after particulars of the order have been inserted in the Prescription Form or Repeatable Prescription.
- 14.9 A Prescription Form or Repeatable Prescription must not refer to any previous Prescription Form or Repeatable Prescription.
- 14.10 A separate Prescription Form or Repeatable Prescription must be used for each Service User, except where a bulk prescription is issued for a school or institution under paragraph 21.
- 14.11 A Home Oxygen Order Form must be signed by a Health Care Professional.
- 14.12 Where a Prescriber orders the drug buprenorphine or diazepam or a drug specified in Schedule 2 to the Misuse of Drugs Regulations 2001 (controlled drugs to which regulations 14, 15, 16, 18, 19, 20, 21, 23, 26 and 27 of those Regulations apply) for supply by instalments for treating addiction to any drug specified in that schedule, he must:
- 14.12.1 use only the Non-Electronic Prescription Form provided specially for the purposes of supply by instalments;
- 14.12.2 specify the number of instalments to be dispensed and the interval between each instalment; and
- 14.12.3 order only such quantity of the drug as will provide treatment for a period not exceeding 14 days.
- 14.13 The Non-Electronic Prescription Form provided specially for the purpose of supply by instalments must not be used for any purpose other than ordering drugs in accordance with paragraph 14.12.
- 14.14 In a case of urgency a Prescriber may request a Chemist to dispense a drug before a Prescription Form or Repeatable Prescription is issued or created, only if:
- 14.14.1 that drug or medicine is not a Scheduled Drug;
- 14.14.2 that drug is not a controlled drug within the meaning of the Misuse of Drugs Act 1971, other than a drug which is for the time being specified in Schedules 4 or 5 to the Misuse of Drugs Regulations 2001; and
- 14.14.3 he undertakes to:
- 14.14.3.1 furnish the Chemist within 72 hours with a Non-Electronic Prescription Form or Non-Electronic Repeatable Prescription completed in accordance with

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paragraph 14.8; or

14.14.3.2 transmit to the Electronic Prescription Service within 72 hours an Electronic Prescription.

14.15 In a case of urgency a Prescriber may request a Chemist to dispense an Appliance before a Prescription Form or Repeatable Prescription is issued or created only if:

14.15.1 that Appliance does not contain a Scheduled Drug or a controlled drug within the meaning of the Misuse of Drugs Act 1971, other than a drug which is for the time being specified in Schedule 5 to the Misuse of Drugs Regulations 2001;

14.15.2 in the case of a restricted availability Appliance, the Service User is a person, or it is for a purpose, specified in the Drug Tariff; and

14.15.3 he undertakes to:

14.15.3.1 furnish the Chemist within 72 hours with a Non-Electronic Prescription Form or Non-Electronic Repeatable Prescription completed in accordance with paragraph 14.8; or

14.15.3.2 transmit to the Electronic Prescription Service within 72 hours an Electronic Prescription.

### **15 Electronic Prescriptions**

15.1 A Prescriber may only order drugs, medicines or Appliances by means of an Electronic Prescription if:

15.1.1 the relevant Commissioner authorises the Provider to use the Electronic Prescription Service;

15.1.2 the Service User to whom the prescription relates has:

15.1.2.1 nominated one or more Dispensers;

15.1.2.2 confirmed that he intends to use that Dispenser (or one of them) for the purposes of obtaining the drugs, medicines or Appliances ordered on the Electronic Prescription in question; and

15.1.2.3 consents to the use of an Electronic Prescription on the particular occasion; and

15.1.3 the prescription is not:

15.1.3.1 for a controlled drug within the meaning of the Misuse of Drugs Act 1971, other than a drug which is for the time being specified in Schedule 4 or 5 to the Misuse of Drugs Regulations 2001;

15.1.3.2 for supply by instalments under paragraph 14.12; or

15.1.3.3 a bulk prescription issued for a school or institution under paragraph 21.

15.2 A Health Care Professional may not order Home Oxygen Services by means of an Electronic Prescription.

15.3 In relation to a Service User who is a Child or an adult who lacks the capacity to nominate a Dispenser, paragraph 15.1.2 will apply as if the reference to the Service User to whom the prescription relates included a reference to:

15.3.1 in the case of a Child, that Service User's Parent or other person referred to in paragraph 14(4)(a) of Schedule 5 of the PMS Agreements Regulations; or

15.3.2 in the case of an adult, that Service User's relative, Primary Carer, a donee of a lasting power of attorney granted by that person or a deputy appointed for that person by the court under the provisions of the Mental Capacity Act 2005.

15.4 A Prescriber who orders drugs, medicines or Appliances by means of an Electronic Prescription must:

15.4.1 in the case of an Electronic Repeatable Prescription, issue the Service User, if the Service User so requests, with a form provided by the relevant Commissioner for the purpose of recording details of that Electronic Repeatable Prescription and linked to that Electronic Repeatable Prescription by a number contained on the form; and

15.4.2 in the case of an Electronic Prescription Form, issue the Service User, if the Service User so requests, with a written record of the prescription which has been created.

## **16 Nomination Of Dispensers For The Purpose Of Electronic Prescriptions**

16.1 Where the Provider is authorised to use the Electronic Prescription Service for its Service Users it must enter into the particulars relating to that Service User which is held in the Service User Demographic Service which is operated by HSCIC:

16.1.1 where he does not have a nominated Dispenser, the Dispenser chosen by that Service User; and

16.1.2 where he does have a nominated Dispenser:

16.1.2.1 a replacement Dispenser; or

16.1.2.2 a further Dispenser,

chosen by that Service User.

16.2 Paragraph 16.1.2.2 will not apply if the number of nominated Dispensers would thereby exceed the maximum number permitted by the Electronic Prescription Service.

16.3 Paragraph 14(4) of Schedule 5 of the PMS Agreements Regulations will apply in relation to requests under paragraph 16.1 as it applies to applications for inclusion in a List of Service Users.

16.4 The Provider:

16.4.1 must not seek to persuade a Service User to nominate a Dispenser recommended by the Prescriber or the Provider; and

16.4.2 must, if asked by the Service User to recommend a Chemist whom he might nominate as his Dispenser, provide the Service User with the list of all the Chemists in the area who provide an Electronic Prescription Service as given to the Provider by the relevant Commissioner.

## **17 Repeatable Prescribing Services**

17.1 The Provider may only provide Repeatable Prescribing Services to any person on its List of Service Users if it:

17.1.1 satisfies the conditions in paragraph 17.2; and

- 17.1.2 has notified, the relevant Commissioner of its intention to provide Repeatable Prescribing Services in accordance with paragraphs 17.3 and 17.4.
- 17.2 The conditions referred to in paragraph 17.1.1 are:
- 17.2.1 the Provider has access to computer systems and software which enable it to issue Non-Electronic Repeatable Prescriptions and Batch Issues; and
- 17.2.2 the Provider's Premises at which the Repeatable Prescribing Services are to be provided are located in the Local Authority area in which there is also located the premises of at least one Chemist who has undertaken to provide, or has entered into an arrangement to provide, Repeat Dispensing Services.
- 17.3 The notification referred to in paragraph 17.1.2 is a notification, in Writing, by the Provider to the relevant Commissioner that it:
- 17.3.1 wishes to provide Repeatable Prescribing Services;
- 17.3.2 intends to begin to provide those services from a specified date; and
- 17.3.3 satisfies the conditions in paragraph 17.2.
- 17.4 The date specified by the Provider pursuant to paragraph 17.3.2 must be at least ten days after the date on which the notification specified in paragraph 17.1 is given.
- 17.5 Nothing in this paragraph requires a Provider or Prescriber to provide Repeatable Prescribing Services to any person.
- 17.6 A Prescriber may only provide Repeatable Prescribing Services to a person on a particular occasion if:
- 17.6.1 that person has agreed to receive such services on that occasion; and
- 17.6.2 the Prescriber considers that it is clinically appropriate to provide such services to that person on that occasion.
- 17.7 The Provider may not provide Repeatable Prescribing Services to any Service User to whom:
- 17.7.1 any of the persons specified in paragraph 17.8 is authorised or required by the relevant Commissioner in accordance with arrangements made under section 126 (arrangements for pharmaceutical services) and section 129 (regulations as to pharmaceutical services) of the 2006 Act to provide pharmaceutical services.
- 17.8 The persons referred to in paragraph 17.7 are:
- 17.8.1 a medical practitioner who is a party to this Contract;
- 17.8.2 in the case of an Contract with a qualifying body (as defined in the PMS Agreements Regulations), any medical practitioner who is both a legal and beneficial shareholder in that body; or
- 17.8.3 any medical practitioner employed by the Provider.

## **18 Repeatable Prescriptions**

- 18.1 A Prescriber who issues a Non-Electronic Repeatable Prescription must at the same time issue the appropriate number of Batch Issues.
- 18.2 Where a Prescriber wishes to make any change to the type, quantity, strength or dosage of

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drugs, medicines or Appliances ordered on a Service User's Repeatable Prescription he must:

18.2.1 in the case of a Non-Electronic Repeatable Prescription:

18.2.1.1 notify the Service User; and

18.2.1.2 make reasonable efforts to notify the Chemist providing Repeat Dispensing Services to that Service User,

that the original Repeatable Prescription should no longer be used to obtain or provide Repeat Dispensing Services and make arrangements for a replacement Repeatable Prescription to be issued to that Service User; or

18.2.2 in the case of an Electronic Repeatable Prescription:

18.2.2.1 arrange with the Electronic Prescription Service for the cancellation of the original Repeatable Prescription; and

18.2.2.2 create a replacement Electronic Repeatable Prescription relating to that Service User and notify him that he has done so.

18.3 The Provider must ensure that a Prescriber who has created an Electronic Repeatable Prescription for a Service User must as soon as practicable arrange with the Electronic Prescription Service for its cancellation if, before the expiry of that prescription:

18.3.1 he considers that it is no longer appropriate or safe for that Service User to receive the drugs, medicines or Appliances ordered on his Electronic Repeatable Prescription or no longer appropriate or safe for him to continue to receive Repeatable Prescribing Services;

18.3.2 he has issued the Service User with a Non-Electronic Repeatable Prescription in place of the Electronic Repeatable Prescription; or

18.3.3 it comes to his notice that that Service User has been removed from the List of Service Users of the Provider on whose behalf the prescription was issued.

18.4 Where a Prescriber has cancelled a person's Electronic Repeatable Prescription in accordance with paragraph 18.3 he must, as soon as is practicable, notify that person.

18.5 A Prescriber who has issued a Non-Electronic Repeatable Prescription in respect of a person must, as soon as practicable, make reasonable efforts to notify the Chemist that that Repeatable Prescription should no longer be used to provide Repeat Dispensing Services to that person, if, before the expiry of that Repeatable Prescription:

18.5.1 he considers that it is no longer appropriate or safe for that person to receive the drugs, medicines or Appliances ordered on his Repeatable Prescription or no longer appropriate or safe for him to continue to receive Repeatable Prescribing Services;

18.5.2 he issues or creates a further Repeatable Prescription in respect of the person to replace the original Repeatable Prescription other than in the circumstances referred to in paragraph 18.2.1 (for example, because the person wishes to obtain the drugs, medicines or Appliances from a different Chemist); or

18.5.3 it comes to his notice that that person has been removed from the List of Service Users of the Provider on whose behalf the prescription was issued.

18.6 Where the circumstances in paragraph 18.5 apply, the Prescriber must as soon as practicable notify the person on whose behalf the Non-Electronic Repeatable Prescription was issued that that Repeatable Prescription should no longer be used to obtain Repeat Dispensing Services.

## 19 Restrictions On Prescribing By Medical Practitioners

- 19.1 In the course of treating a Service User, a medical practitioner must not order on a Listed Medicines Voucher, a Prescription Form or Repeatable Prescription a drug, medicine or other substance specified in any directions given by the Secretary of State under section 88 of the 2006 Act as being drugs, medicines or other substances which may not be ordered for Service Users in the provision of medical services under a general medical services contract but may, subject to direction 9 (a)(ii) of the APMS Directions, prescribe such a drug, medicine or other substance for that Service User in the course of that treatment under a private arrangement.
- 19.2 In the course of treating a Service User, a medical practitioner must not order on a Listed Medicines Voucher, a Prescription Form or Repeatable Prescription a drug, medicine or other substance specified in any directions given by the Secretary of State under section 88 of the 2006 Act as being a drug, medicine or other substance which can only be ordered for specified patients and specified purposes unless:
- 19.2.1 that Service User is a person of the specified description;
- 19.2.2 that drug, medicine or other substance is prescribed for that Service User only for the specified purpose; and
- 19.2.3 if the order is on a Prescription Form, the practitioner includes:
- 29.2.3.1 the reference SLS; or
- 29.2.3.2 if the order is under arrangements made by the Secretary of State or the Commissioner for the distribution of a Listed Medicine free of charge, the reference ACP,
- but may, subject to direction 9 (a)(ii) of the APMS Directions, prescribe such a drug for that Service User in the course of that treatment under a private arrangement.
- 19.3 In the course of treating a Service User to whom he is providing treatment under the Contract, a medical practitioner must not order on a Prescription Form or Repeatable Prescription a restricted availability Appliance unless:
- 19.3.1 the Service User is a person, or it is for a purpose, specified in the Drug Tariff; and
- 19.3.2 the practitioner includes on the Prescription Form the reference SLS,
- but may, subject to Direction 8 (a)(ii) of the APMS Directions, prescribe such an Appliance for that Service User in the course of that treatment under a private arrangement.
- 19.4 In the course of treating a Service User, a medical practitioner must not order on a Repeatable Prescription a controlled drug within the meaning of the Misuse of Drugs Act 1971, other than a drug which is for the time being specified in Schedule 4 or 5 to the Misuse of Drugs Regulations 2001, but may, subject to direction 8 (a)(ii) of the APMS Directions, prescribe such a drug for that Service User in the course of that treatment under a private arrangement.
- 19.5 Nothing in paragraphs 19.1 to 19.4 prevents a medical practitioner, in the course of treating a Service User, from prescribing a drug, medicine or other substance or, as the case may be, a restricted availability appliance or a controlled drug within the meaning of section 2 of the Misuse of Drugs Act 1971 for the treatment of that Service User under a private arrangement.
- 19.6 Where under paragraph 19.5, a drug, medicine or other substance is prescribed under a private arrangement, and the Order is not for a drug specified in Schedule 2 or 3 of the Misuse of Drugs Regulations 2001, it may be transmitted by the Electrical Prescription

Service. If the order is for a drug specified in Schedule 2 or 3 of the Misuse of Drugs Regulations 2001, it must be transmitted by the Electronic Prescription Service.

## **20 Restrictions On Prescribing By Supplementary Prescribers**

20.1 The Provider must have arrangements in place to secure that a Supplementary Prescriber will:

20.1.1 issue or create a prescription for a Prescription Only Medicine;

20.1.2 administer a Prescription Only Medicine for parenteral administration; or

20.1.3 give directions for the administration of a Prescription Only Medicine for parenteral administration, as a Supplementary Prescriber only under the conditions set out in paragraph 20.2.

20.2 The conditions referred to in paragraph 20.1 are that:

20.2.1 the person satisfies the applicable conditions set out in regulation 215 of the Human Medicines Regulations 2012 (prescribing and administration by Supplementary Prescribers), unless those conditions do not apply by virtue of any of the exemptions set out in the subsequent provisions of those Regulations;

20.2.2 the drug, medicine or other substance is not specified in any directions given by the Secretary of State under section 88 of the 2006 Act as being a drug, medicine or other substance which may not be ordered for Service Users in the provision of medical services under a general medical services contract; and

20.2.3 the drug, medicine or other substance is not specified in any directions given by the Secretary of State under section 88 of the 2006 Act as being a drug, medicine or other substance which can only be ordered for specified Service Users and specified purposes unless:

20.2.3.1 the Service User is a person of the specified description;

20.2.3.2 the medicine is prescribed for that Service User only for the specified purposes; and

20.2.3.3 if the Supplementary Prescriber is issuing or creating a prescription on a Prescription Form, the Prescriber includes on the form the reference SLS or, in the case of a Listed Medicine ordered under arrangements made by the Secretary of State or the relevant Commissioner for the medicine's distribution free of charge, the reference ACP.

20.3 Where the functions of a Supplementary Prescriber include prescribing, the Provider must have arrangements in place to secure that that person will only issue or create a prescription for:

20.3.1 an Appliance; or

20.3.2 a medicine which is not a Prescription Only Medicine,

as a Supplementary Prescriber under the conditions set out in paragraph 20.4.

20.4 The conditions referred to in paragraph 20.3 are that:

20.4.1 the Supplementary Prescriber acts in accordance with a clinical management plan which is in effect at the time he acts and which contains the following particulars:

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- 20.4.1.1 the name of the Service User to whom the plan relates;
  - 20.4.1.2 the illness or conditions which may be treated by the Supplementary Prescriber;
  - 20.4.1.3 the date on which the plan is to take effect, and when it is to be reviewed by the medical practitioner or dentist who is a party to the plan;
  - 20.4.1.4 reference to the class or description of medicines or types of Appliances which may be prescribed or administered under the plan;
  - 20.4.1.5 any restrictions or limitations as to the strength or dose of any medicine which may be prescribed or administered under the plan, and any period of administration or use of any medicine or Appliance which may be prescribed or administered under the plan;
  - 20.4.1.6 relevant warnings about known sensitivities of the Service User to, or known difficulties of the Service User with, particular medicines or Appliances;
  - 20.4.1.7 the arrangements for notification of:
    - 20.4.1.7.1 suspected or known adverse reactions to any medicine which may be prescribed or administered under the plan, and suspected or known adverse reactions to any other medicine taken at the same time as any medicine prescribed or administered under the plan; and
    - 20.4.1.7.2 incidents occurring with the Appliance which might lead, might have led or has led to the death or serious deterioration of state of health of the Service User; and
  - 20.4.1.8 the circumstances in which the Supplementary Prescriber should refer to, or seek the advice of, the medical practitioner or dentist who is a party to the plan;
- 20.4.2 he has access to the health records of the Service User to whom the plan relates which are used by any medical practitioner or dentist who is a party to the plan;
- 20.4.3 if it is a prescription for a drug, medicine or other substance, that drug, medicine or other substance is not specified in any directions given by the Secretary of State under section 88 of the 2006 Act as being a drug, medicine or other substance which may not be ordered for Service Users in the provision of medical services under a general medical services contract;
- 20.4.4 if it is a prescription for a drug, medicine or other substance, that drug, medicine or other substance is not specified in any directions given by the Secretary of State under section 88 of the 2006 Act as being a drug, medicine or other substance which can only be ordered for specified Service Users and specified purposes unless:
- 20.4.4.1 the Service User is a person of the specified description;
  - 20.4.4.2 the medicine is prescribed for that Service User only for the specified purposes; and
  - 20.4.4.3 when issuing or creating the prescription, he includes on the Prescription Form the reference SLS;

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20.4.5 if it is a prescription for an Appliance, the Appliance is listed in Part IX of the Drug Tariff; and

20.4.6 if it is a prescription for a restricted availability Appliance:

20.4.6.1 the Service User is a person of a description mentioned in the entry in Part IX of the Drug Tariff in respect of that Appliance;

20.4.6.2 the Appliance is prescribed only for the purposes specified in respect of that person in that entry; and

20.4.6.3 when issuing or creating the prescription, he includes on the Prescription Form the reference SLS.

20.5 In paragraph 20.4.1, "clinical management plan" means a written plan (which may be amended from time to time) relating to the treatment of an individual Service User agreed by:

20.5.1 the Service User to whom the plan relates;

20.5.2 the medical practitioner or dentist who is a party to the plan; and

20.5.3 any Supplementary Prescriber who is to prescribe, give directions for administration or administer under the plan.

## **21 Bulk Prescribing**

21.1 Where:

21.1.1 a Provider is responsible under this Contract for the treatment of 10 or more persons in a school or other institution in which at least 20 persons normally reside; and

21.1.2 a Prescriber orders, for any two or more of those persons for whose treatment the Provider is responsible, drugs, medicines or Appliances to which this paragraph applies,

the Prescriber may use a single Non-Electronic Prescription Form for the purpose.

21.2 The Provider must ensure that where a Prescriber uses a single Non-Electronic Prescription Form for the purpose mentioned in paragraph 21.1.2, he must (instead of entering on the form the names of the persons for whom the drugs, medicines or Appliances are ordered) enter on the form:

21.2.1 the name of the school or institution in which those persons reside; and

21.2.2 the number of persons residing there for whose treatment the Provider is responsible.

21.3 Paragraph 21 applies to any drug, medicine or Appliance which can be supplied as part of pharmaceutical services or local pharmaceutical services and which:

21.3.1 in the case of a drug, is not a product of a description or class which is for the time being specified in an order made under section 58(1) of the Medicines Act 1968 (medicinal products on prescription only); or

21.3.2 in the case of an Appliance, does not contain such a product.

## **22 Excessive Prescribing**

22.1 The Provider must not prescribe drugs and Appliances whose cost or quantity, in relation to any Service User, is, by reason of the character of the drug, medicine or Appliance in

question in excess of that which was reasonably necessary for the proper treatment of that Service User.

**23 Provision Of Drugs, Medicines And Appliances For Immediate Treatment Or Personal Administration**

23.1 Subject to paragraph 23.2, a Provider:

23.1.1 must provide to a Service User any drug, medicine or Appliance, not being a Scheduled Drug, where such provision is needed for the immediate treatment of that Service User before a provision can otherwise be obtained; and

23.1.2 may provide to a Service User any drug, medicine or Appliance, not being a Scheduled Drug, which he personally administers or applies to that Service User,

but must, in either case, provide a restricted availability Appliance only if it is for a person or a purpose specified in the Drug Tariff.

23.2 Nothing in paragraph 23.1 authorises a person to supply any drug or medicine to a Service User otherwise than in accordance with Part 3 of the Medicines Act 1968 or any regulations or orders made under it.

**24 Service Users**

24.1 Except where specifically stated otherwise in respect of particular APMS Services, the Provider must provide the APMS Services to:

24.1.1 Registered Service Users;

24.1.2 Temporary Residents;

24.1.3 persons to whom the Provider is required to provide emergency or immediately necessary treatment;

24.1.4 any person for whom the Provider is responsible under regulation 30 of the GMS Contracts Regulations;

24.1.5 any other person to whom the Provider is responsible under arrangements made with another provider; and

24.1.6 any other person to whom the Provider has agreed to provide APMS Services under this Contract.

**25 Service Users – List Of Service Users**

25.1 *The Provider's List of Service Users is [open/closed] and the circumstances in which the status of the list may change shall be in accordance with the relevant Commissioner's policy.*

25.2 *Where the Contract requires the Provider to have a List of Service Users, then the relevant Commissioner may assign Service Users to the Provider, from time to time, in accordance with the relevant Commissioner's policy.*

25.3 *Where the Contract requires the Provider to provide Primary Medical Essential Services and have a List of Service Users, the relevant Commissioner must prepare and keep up to date a list of the Service Users:*

25.3.1 *who have been accepted by the Provider for inclusion in the Provider's List of Service Users in accordance with the terms of the Contract and who have not subsequently been removed from that list in accordance with the terms of the Contract; and*

- 25.3.2 *where applicable, who have been assigned to the Provider in accordance with the terms of the Contract and whose assignment has not been rescinded.*
- 25.4 *The Provider must ensure that for each of its Registered Service Users aged 75 and over there is assigned an Accountable GP.*
- 25.5 *The Accountable GP must:*
- 25.5.1 *take lead responsibility for ensuring that all Services are, to the extent that their provision is considered necessary to meet the needs of the Service User, delivered to the Service User;*
  - 25.5.2 *take all reasonable steps to recognise and appropriately respond to the physical and psychological needs of the Service User in a timely manner;*
  - 25.5.3 *ensure that the Service User receives a Health Check if, and within a reasonable period after, one has been requested; and*
  - 25.5.4 *work co-operatively with other health and social care professionals who may become involved in the care and treatment of the Service User to ensure the delivery of a multi-disciplinary care package designed to meet the needs of the Service User.*
- 25.6 *The Provider must:*
- 25.6.1 *inform the Service User, in such manner as is considered appropriate by the Provider, of the assignment to them of an Accountable GP which must state the name and contact details of the Accountable GP and the role and responsibilities of the Accountable GP in respect of the Service User;*
  - 25.6.2 *inform the Service User as soon as any circumstances arise in which the Accountable GP is not able, for any significant period, to carry out their duties towards the Service User; and*
  - 25.6.3 *where the Provider considers it to be necessary, assign a replacement Accountable GP to the Service User and give notice to the Service User accordingly.*
- 25.7 *The Provider must comply with the requirement in paragraph 25.6.1:*
- 25.7.1 *in the case of any person who is included in the List of Service Users immediately before 1 April 2014 and:*
  - 25.7.2 *is aged 75 or over on or before that date, by 30 June 2014; or*
  - 25.7.3 *who attains the age of 75 after that date, within 21 days from the date on which that person attained that age; or*
  - 25.7.4 *in the case of any person aged 75 or over who is accepted by the Provider as a Registered Service User on or after 1 April 2014, within 21 days from the date on which that person is so accepted.*

## **26 Service User Preference Of Practitioner**

- 26.1 *Where the Provider has accepted an application for inclusion in its List of Service Users, it must:*
- 26.1.1 *notify the Service User (or, in the case of a Child or an adult who lacks capacity, the person who made the application on their behalf) of the Service User's right to express a preference to receive services from a particular performer or class of performer*

*either generally or in relation to any particular condition; and*

*26.1.2 record in Writing any such preference expressed by or on behalf of the Service User.*

*26.2 The Provider must endeavour to comply with any reasonable preference expressed under paragraph 26.1 but need not do so if the preferred performer:*

*26.2.1 has reasonable grounds for refusing to provide services to the Service User; or*

*26.2.2 does not routinely perform the service in question under the Contract on behalf of the Provider.*

*26.3 The Provider must endeavour to comply with any reasonable preference expressed under paragraph 26.2 but need not do so if the preferred performer:*

*26.3.1 has reasonable grounds for refusing to provide services to the person who expressed the preference; or*

*26.3.2 does not routinely perform the service in question within the Provider's practice.*

## **27 Service User Records**

*27.1 In this paragraph, "computerised records" means records created by way of entries on a computer.*

*27.2 The Provider must keep adequate records of its attendance on and treatment of Service Users.*

*27.3 Where the Provider provides Primary Medical Essential Services it must keep the records referred to in paragraph 27.2:*

*27.3.1 on forms supplied to it for the purpose by the relevant Commissioner; or*

*27.3.2 with the written consent of the relevant Commissioner, by way of computerised records,*

*or in a combination of those two ways.*

*27.4 Where the Provider provides Primary Medical Essential Services it must include in the records referred to in paragraph 27.2 clinical reports sent in accordance with paragraph 5 of Schedule 5 of the PMS Agreements Regulations or from any other Health Care Professional who has provided clinical services to a person on its List of Service Users.*

*27.5 The consent of the relevant Commissioner required by paragraph 27.3.2 shall not be withheld or withdrawn provided the relevant Commissioner is satisfied, and continues to be satisfied, that:*

*27.5.1 the computer system upon which the Provider proposes to keep the records has been accredited by the Secretary of State or another person on his behalf in accordance with ["HSCIC GPSoC Common Assurance Process \(GPSoC CAP\)"](#);*

*27.5.2 the security measures, audit and system management functions incorporated into the computer system as accredited in accordance with paragraph 27.5.1 have been enabled; and*

*27.5.3 the Provider is aware of, and has signed an undertaking that it will have regard to the guidelines contained in "The Good Practice Guidelines for GP electronic Service User records (Version 4)" published on 21st March 2011.*

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- 27.6 *Where a Service User's records are computerised records, the Provider must, as soon as possible following a request from the relevant Commissioner, allow the relevant Commissioner to access the information recorded on the computer system on which those records are held by means of the audit function referred to in paragraph 27.5.2 to the extent necessary for the relevant Commissioner to confirm that the audit function is enabled and functioning correctly.*
- 27.7 *The Provider must send the complete records relating to a Service User to the relevant Commissioner:*
- 27.7.1 *where a person on its list dies, before the end of the period of 14 days beginning with the date on which it was informed by the relevant Commissioner of the death, or (in any other case) before the end of the period of one month beginning with the date on which it learned of the death as soon as possible, at the request of the relevant Commissioner; or*
- 27.7.2 *in any other case where the person is no longer registered with the Provider, as soon as possible at the request of the relevant Commissioner.*
- 27.8 *To the extent that a Service User's records are computerised records, the Provider complies with paragraph 27.7 if it sends to the relevant Commissioner a copy of those records:*
- 27.8.1 *in written form; or*
- 27.8.2 *with the written consent of the relevant Commissioner in any other form.*
- 27.9 *The consent of the relevant Commissioner to the transmission of information other than in written form for the purposes of paragraph 27.8.2 must not be withheld or withdrawn provided it is satisfied, and continues to be satisfied, with the following matters:*
- 27.9.1 *the Provider's proposals as to how the record will be transmitted;*
- 27.9.2 *the Provider's proposals as to the format of the transmitted record;*
- 27.9.3 *how the Provider will ensure that the record received by the relevant Commissioner is identical to that transmitted; and*
- 27.9.4 *how a written copy of the record can be produced by the relevant Commissioner.*
- 27.10 *Where the Provider's Service User's records are computerised records it must not disable, or attempt to disable, either the security measures or the audit and system management functions referred to in paragraph 27.5.2.*
- 27.11 *The Provider must, in any case where there is a change to the information included in a Service User's medical record, enable an automated upload of Summary Information to the Summary Care Record, at least on a daily basis, using the approved systems provided to it by the relevant Commissioner.*
- 27.12 *The requirement in paragraph 27.11 does not apply to the Provider where:*
- 27.12.1 *the Provider does not have access to computer systems and software which would enable it to carry out automated uploads of the Summary Information; and*
- 27.12.2 *the Provider has, by 30 September 2014, publicised its plans to enable it to achieve that requirement by no later than 31 March 2015 by displaying a statement of intent at the Provider Premises and, where the Provider has a website, on that Practice website.*
- 27.13 *The Provider must use the GP2GP Facility for the safe and effective transfer of any Service User Records:*

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- 27.13.1 *in a case where a new Service User registers with the Provider, to the Provider from another provider of primary medical services (if any) with which the Service User was previously registered; or*
- 27.13.2 *in a case where the Provider receives a request from another provider of primary medical services with which the Service User has registered, in order to respond to that request.*
- 27.14 *The requirement in paragraph 27.13 does not apply to the Provider where:*
- 27.14.1 *the Provider does not have access to computer systems and software which would enable it to use the GP2GP Facility to effect the transfer of Service User Records to another provider of primary medical services with a patient list; and*
- 27.14.2 *the Provider has, by 30 September 2014, publicised its plans to enable it to achieve that requirement by 31 March 2015 by displaying a statement of intent at the Provider's Premises and, where the Provider has a website, on that Practice website.*
- 27.15 *Paragraphs 27.13 and 27.14 do not apply in the case of a Temporary Resident.*
- 27.16 *The Provider must include the NHS Number of a Service User as the primary identifier in all Clinical Correspondence issued by the Provider which relates to that Service User except where, in exceptional circumstances outside of the Provider's control, it is not possible for the Provider to ascertain the Service User's NHS Number.*
- 27.17 *The Provider must promote and offer to its Registered Service Users the facility for a Service User:*
- 27.17.1 *to book, view, amend, cancel and print appointments online;*
- 27.17.2 *to order repeat prescriptions for drugs, medicines or Appliances online; and*
- 27.17.3 *to view and print a list of any drugs, medicines or Appliances in respect of which the Service User has a repeat prescription.*
- in a manner which is capable of being electronically integrated with the computerised clinical systems of the Provider using appropriate systems authorised by the relevant Commissioner.*
- 27.17A *The Provider must, when complying with the requirement in paragraph 27.17, consider whether it is necessary, in order to meet the reasonable needs of its Registered Service Users, to take action to comply with the requirement in paragraph 27.17.1 so as to increase the proportion of appointments which are available for its Registered Service Users to book online and, if so, take such action.*
- 27.18 *The Provider must promote and offer to its Registered Service Users, in circumstances where the medical records of its Service Users are held on the Provider's computerised clinical systems, the facility for a Service User to:*
- 27.18.1 *access online any Summary Information derived from the Service User's medical records and any other data which the Provider has agreed that the Service User may access; and*
- 27.18.2 *view online, electronically export or print any Summary Information derived from the Service User's medical records and any other data which the Provider has agreed that the Service User may access.*
- 27.18A *The Provider must promote and offer to its Registered Service Users, in circumstances where the medical records of its Registered Service Users are held on the Provider's computerised clinical systems, the facility for any such Registered*

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*Service User to access online all information from the Registered Service User's medical record which is held in coded form unless:*

*27.18A.1 in the reasonable opinion of the Provider, access to such information would not be in the Registered Service User's best interests because it is likely to cause serious harm:*

*27.18A.1.1 to the Registered Service User's physical or mental health, or*

*27.18A.1.2 to the physical or mental health of any other person;*

*27.18A.2 the information includes a reference to any third party who has not consented to its disclosure; or*

*27.18A.3 the information in the Registered Service User's medical record contains a free text entry and it is not possible under the Provider's computerised clinical systems to separate that free text entry from other information in that medical record which is held in coded form.*

*27.19 Where the Provider has a Practice website, the Provider must also promote and offer to its Registered Service Users the facility referred to in paragraphs 27.17.1 and 27.17.2 on that Practice website.*

*27.20 The requirements in paragraph 27.17 do not apply where the Provider does not have access to computer systems and software which would enable it to offer the online services described in that paragraph to its Registered Service Users.*

*27.21 The requirements in paragraph 27.18 do not apply:*

*27.21.1 where the Provider does not have access to GPSOC accredited computer systems and software which would enable it to offer the online services described in paragraph 27.18 to its Registered Service Users; and*

*27.21.2 where the Provider has, by 30 September 2014, publicised its plans to enable it to achieve those requirements by 31 March 2016 by displaying a statement of intent at the Provider's Premises and, where the Provider has a website, on the Practice website.*

## **28 Registered Service Users From Outside Practice Area**

**28.1** Where the Provider provides Primary Medical Essential Services, the Provider may, on or after 1 October 2014, accept on its List of Service Users, a person who resides outside of the Practice Area (as defined in paragraph 2.2) whereupon the relevant Commissioner and the Provider shall vary this Schedule in order to comply with the requirements of Direction 14 of the APMS Directions.

### **28A Newly registered Service Users – alcohol dependency screening**

**28A.1** Where under paragraph 25.3 a Service User has been:

*28A.1.1 accepted onto the Provider's List of Service Users; or*

*28A.1.2 assigned to that list by the relevant Commissioner,*

*the Provider must take action to identify any such Service User over the age of 16 who is drinking alcohol at increasing or higher risk levels with a view to seeking to reduce the alcohol related health risks to that Service User.*

**28A.2** The Provider must comply with the requirement in paragraph 28A.1 by screening the Service User using either one of the two shortened versions of the World Health Organisation Alcohol

*Use Disorders Identification ("AUDIT") questionnaire which are known as:*

*28A.2.1 FAST (which has four questions); or*

*28A.2.2 AUDIT-C (which has three questions).*

*28A.3 Where, under paragraph 28A.2, the Provider identifies a Service User as positive using either of the shortened versions of the AUDIT questionnaire specified in paragraph 28A.2, the remaining questions of the full ten question AUDIT questionnaire are to be used by the Provider to determine increasing risk, higher risk or likely dependent drinking.*

*28A.4 Where a Service User is identified as drinking at increasing or higher risk levels, the Provider must:*

*28A.4.1 offer the Service User appropriate advice and lifestyle counselling;*

*28A.4.2 respond to any other need identified in the Service User which relates to the Service User's levels of drinking, including by providing any additional support or treatment required for people with mental health issues; and*

*28A.4.3 in any case where the Service User is identified as a dependent drinker, offer the Service User a referral to such specialist services as are considered clinically appropriate to meet the needs of the Service User.*

*28A.5 Where a Service User is identified as drinking at increasing or higher risk levels or as a dependent drinker, the Provider must ensure that the Service User is:*

*28A.5.1 assessed for anxiety and depression;*

*28A.5.2 offered screening for anxiety or depression; and*

*28A.5.3 where anxiety or depression is diagnosed, provided with any treatment and support which may be required under the agreement, including referral for specialist mental health treatment.*

*28A.6 The Provider must make relevant entries, including the results of the completed questionnaire referred to in paragraph 28A.2, in the Service User's record that the Provider is required to keep under paragraph 27.*

### **Service Users Living with Frailty**

*28B.1 The Provider must take steps to identify any Registered Service User aged 65 years and over who is living with moderate to severe frailty.*

*28B.2 The Provider must comply with the requirements of paragraph 28B.1 by using the Electronic Frailty Index or any other appropriate assessment tool.*

*28B.3 Where the Provider identifies a Service User aged 65 or over who is living with severe frailty, the Provider must:*

*28B.3.1 undertake a clinical review in respect of the Service User which includes:*

*(a) an annual review of the Service User's medication; and*

*(b) where appropriate, a discussion with the Service User about whether the Service User has fallen in the last 12 months,*

*28B.3.2 provide the Service User with any other clinically appropriate interventions; and*

*28B.3.3 where the Service User does not have an enriched Summary Care Record, advise the Service User about the benefits of having an enriched Summary Care Record and*

*activate that record at the Service User's request.*

*28B.4 The Provider must, using codes agreed by the relevant Commissioner for the purpose, record in the Service User's Summary Care Record any appropriate information relating to clinical interventions provided to a Service User under this paragraph.*

**Accountable GPs**

*28C.1 A Provider must ensure that for each of its Registered Service Users (including Service Users under the age of 16) there is assigned an Accountable GP.*

*28C.2 The Accountable GP must take the lead responsibility for ensuring that any services which the Provider is required to provide under the Contract are, to the extent that their provision is considered necessary to meet the needs of the Service User, coordinated and delivered to the Service User.*

*28C.3 The Provider must –*

*28C.3.1 inform the Service User, as soon as reasonably practicable and in such manner as is considered appropriate by the Practice, of the assignment to the Service User of an Accountable GP and must state the name and contact details of the Accountable GP and the role and responsibilities of the Accountable GP in respect of the Service User;*

*28C.3.2 inform the Service User as soon as any circumstances arise in which the Accountable GP is not able, for any significant period, to carry out the duties of an Accountable GP in respect of the Service User; and*

*28C.3.3 where the Practice considers it to be necessary, assign a replacement Accountable GP to the Service User and give notice to the Service User accordingly.*

*28C.4 The Provider must comply with the requirement in paragraph 28C.3:*

*28C.4.1 by 30th June 2015, in the case of any person who is included in the Provider's List of Service Users immediately before 1 April 2015; or*

*28C.4.2 in the case of any person who is accepted by the Provider as a Registered Service User on or after 1 April 2015, within 21 days from the date on which that Service User is so accepted.*

*28C.5 The requirement in paragraph 28C.1 does not apply to:*

*28C.5.1 any Service User of the Provider who is aged 75 or over, or who attains the age of 75, on or after 1 April 2015; or*

*28C.5.2 any other Service User of the Provider if the Provider has been informed that the Service User does not wish to have an Accountable GP.*

*28C.6 Where, under paragraph 28C.3.1, the Provider informs a Service User of the assignment to them of an Accountable GP, the Service User may express a preference as to which general medical practitioner within the Provider's Practice the Service User would like to have as the Service User's Accountable GP and, where such a preference has been expressed, the Provider must make reasonable efforts to accommodate the request.*

*28C.7. Where, under paragraph 28C.5.2, the Provider has been informed by or in relation to a Service User that the Service User does not wish to have an Accountable GP, the Provider must record that fact in the Service User's record that the Provider is required to keep under paragraph 27.*

*28C.8 The Provider must, by no later than 31st March 2016, include information about the requirement to assign an Accountable GP to each of its new and existing Registered Service Users:*

*28C.8.1 on the Provider's practice website (if it has one); and*

*28C.8.2 in the Provider's practice leaflet.*

28C.9 Where the Provider does not have a practice website, the Provider must include the information referred to in paragraph 28C.8 on its profile page on NHS Choices.

**Inclusion in list of Service Users: armed forces personnel**

28D.1 The Provider may, if its List of Service Users is open, include a person to whom paragraph 28D.2 applies in its List of Service Users for a period of up to two years and any obligation on NHS England to remove a Service User following notification does not apply in respect of any person included in the Provider's List of Service Users by virtue of paragraphs 28D.1 to 28D.5.

28D.2 This paragraph applies to a person who is:

28D.2.1a serving member of the Armed Forces of the Crown who has received written authorisation from Defence Medical Services to receive primary medical services from the Provider's Practice; and

28D.2.2 living or working within the Provider's Service User Registration Area during the period in respect of which that written authorisation is given.

28D.3 Where the Provider has accepted a person to whom paragraph 28D.2 applies onto its List of Service Users, the Provider must:

28D.3.1 obtain a copy of the Service User's medical record or a summary of that record from Defence Medical Services; and

28D.3.2 provide regular updates to Defence Medical Services at such intervals as are agreed with Defence Medical Services about any care and treatment which the Provider has provided to the Service User.

28D.4 At the end of the period of two years, or on such earlier date as the Provider's responsibility for the Service User has come to an end, the Provider must:

28D.4.1 Notify Defence Medical Services in writing that its responsibility for that person has come to an end; and

28D.4.2 Update the Service User's medical record, or summary of that record, and return it to Defence Medical Services.

28D.5 In paragraphs 28D.1 to 28D.4, "primary medical services" are the medical services which are provided by the Provider's Practice under any Contract to which Part 4 of the 2006 Act applies.

**Inclusion in List of Service Users: Detained Persons**

28E.1 The Provider must, if the List of Service Users is open, include a person to whom paragraph 28E.2 applies (a "detained person") in that list and any obligation on NHS England to remove a Service User following notification does not apply in respect of any person included in the Provider's List of Service Users by virtue of this paragraph.

28E.2 This paragraph applies to a person who:

28E.2.1 is serving a term of imprisonment of more than two years, or more than one term of imprisonment totalling, in the aggregate, more than two years;

28E.2.2 is not registered as a Service User with a provider of Primary Medical Services; and

28E.2.3 makes an application under this paragraph in accordance with paragraph 28E.3 to be included in the List of Service User by virtue of either paragraph 28E.1 or paragraph 28E.6 before the Scheduled Release Date.

28E.3 An application under paragraph 28E.2.3 may be made during the period commencing one month prior to the Scheduled Release Date, and ending 24 hours prior to that date.

*28E.4 Subject to paragraphs 28E.5 and 28E.6, the Provider may only refuse an application under paragraph 28E.2.3 if the Provider has reasonable grounds for doing so which do not relate to the applicant's age, appearance, disability or medical condition, gender or gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion or belief, sexual orientation or social class.*

*28E.5 The reasonable grounds referred to in paragraph 28E.4 may include the ground that the applicant will not, on or after the Scheduled Release Date, live in the Service User Registration Area or does not intend to live in that area.*

*28E.6 Where the List of Service Users is closed, the Provider may, by virtue of this paragraph, accept an application under paragraph 28E.2.3 if the applicant is an immediate family member of a Registered Service User.*

*28E.7 Where the Provider accepts an application from a person under paragraph 28E.2.3 for inclusion in the List of Service Users, the Provider:*

*28E.7.1 must give notice in writing to the provider of the Detained Estate Healthcare Service or to NHS England of that acceptance as soon as possible, and*

*28E.7.2 is not required to provide Primary Medical Services to that person until after the Scheduled Release Date.*

*28E.8 NHS England must, on receipt of a notice given under paragraph 28E.7.1:*

*28E.8.1 include the applicant in the List of Service Users from the date notified to NHS England and the provider of the Detained Estate Healthcare Service; and*

*28E.8.2 give notice in writing to the provider of the Detained Estate Healthcare Service of that acceptance.*

*28E.9 Where the Provider refuses an application made under paragraph 28E.2.3, the Provider must give notice in writing of that refusal, and the reasons for it, to the provider of the Detained Estate Healthcare Service or to NHS England before the end of the period of 14 days beginning with the date of the Provider's decision to refuse.*

*28E.10 The Provider must:*

*28E.10.1 keep a written record of:*

*(a) the refusal of any application under paragraph 28E.2.3; and*

*(b) the reasons for that refusal; and*

*28E.10.2 make such records available to NHS England on request.*

## **29 Confidentiality Of Personal Data**

29.1 The Provider must nominate a person with responsibility for practices and procedures relating to the confidentiality of personal data held by it.

## **30 Provision Of Information To A Medical Officer**

30.1 The Provider must, if satisfied that the Service User consents:

30.1.1 supply in Writing to any person specified in paragraph 30.3, within such reasonable period as that person may specify, such clinical information as any of the persons mentioned in sub-paragraphs 30.3.1 to 0 considers relevant about a Service User to whom the Provider or a person acting on behalf of the Provider has issued or has refused to issue a medical certificate; and

- 30.1.2 answer any inquiries by any person mentioned in paragraph 30.3 about:
- 30.1.2.1 a Prescription Form or medical certificate issued or created by, or on behalf of, the Provider; or
  - 30.1.2.2 any statement which the Provider or a person acting on behalf of the Provider has made in a report.
- 30.2 For the purposes of being satisfied that a Service User consents, a Provider may rely on an assurance in Writing from any person mentioned in paragraph 30.3 that the consent of the Service User has been obtained, unless the Provider has reason to believe that the Service User does not consent.
- 30.3 For the purposes of paragraphs 30.1 and 30.2, the persons are:
- 30.3.1 a Medical Officer;
  - 30.3.2 a Nursing Officer;
  - 30.3.3 an Occupational Therapist;
  - 30.3.4 a Physiotherapist; or
  - 30.3.5 an officer of the Department for Work and Pensions who is acting on behalf of, and at the direction of, any person specified in sub-paragraphs 30.3.1 to 30.3.4.

### **30A National Diabetes Audit**

- 30A.1 The Provider must record any data required by the Commissioner for the purposes of the National Diabetes Audit in accordance with paragraph 30A.2.
- 30A.2 The data referred to in paragraph 30A.1 must be appropriately coded by the Provider and uploaded onto the Provider's computerised clinical systems in line with the requirements of guidance published by NHS Employers for these purposes.
- 30A.3 The Provider must ensure that the coded data is uploaded onto its computerised clinical systems and available for collection by the Health and Social Care Information Centre at such intervals during each financial year as are notified to the Provider by NHS Digital.

### **30B Information relating to indicators no longer in the Quality and Outcomes Framework**

- 30B.1 The Provider must allow the extraction from the Provider's computerised clinical systems by the Health and Social Care Information Centre specified in the table set out at Annex 5 to this Schedule relating to clinical indicators which are no longer in the Quality Outcomes Framework at such intervals during each financial year as are notified to the Provider by NHS Digital.

### **30C Information relating to alcohol related risk reduction and dementia diagnosis and treatment**

- 30C.1 The Provider must allow the extraction by the Health and Social Care Information Centre of the information specified in:*

*30C.1.1 paragraph 30C.2 in relation to alcohol related risk reduction; and*

*30C.1.2 paragraph 30C.3 in relation to dementia diagnosis and treatment;*

*from the record that the Provider is required to keep in respect of each Registered Service User under regulation 60 of the PMS Agreements Regulations by such means, and at such*

*intervals during each Financial Year, as are notified to the Provider by the Health and Social Care Information Centre.*

*30C.2 The information specified in this paragraph is information required in connection with the requirements under paragraphs 28A.1 to 28A.6.*

*30C.3 The information specified in this paragraph is information relating to any clinical interventions provided by the Provider in the preceding 12 months in respect of a Service User who is suffering from, or who is at risk of suffering from, dementia.*

### **30D NHS Digital Workforce Censuses**

30D.1 The Provider must record and submit any data required by the Health and Social Care Information Centre for the purposes of the NHS Digital Workforce Census (known as the "Workforce Minimum Data Set") in accordance with paragraph 30D.2.

30D.2 The data referred to in paragraph 30D.1 must be appropriately coded by the Provider in line with agreed standards set out in guidance published by NHS Employers and must be submitted to the Health and Social Care Information Centre by using the workforce module on the Primary Care Web Tool which is a facility provided by NHS England to the Provider for this purpose.

30D.3 The Provider must ensure that the coded data is available for collection by the Health and Social Care Information Centre at such intervals during each Financial Year as are notified to the Provider by Health and Social Care Information Centre.

### **30E Information relating to overseas visitors**

30E.1 The Provider must:

30E.1.1 record the information specified in paragraph 30E.1.2 relating to overseas visitors, where that information has been provided to it by a newly registered Service User on a form supplied to the Provider by the Provider for this purpose; and

30E.1.2 where applicable, in the case of a Service User, record the fact that the Service User is the holder of a European Health Insurance Card or S1 Healthcare Certificate which has not been issued to or in respect of the Service User in the United Kingdom,

in the medical record that the Provider is required to keep under regulation 60 of the PMS Agreements Regulations in respect of the Service User.

30E.2 The information specified in this paragraph is:

30E.2.1 in the case of a Service User who holds a European Health Insurance Card which has not been issued to the Service User by the United Kingdom, the information contained on that card in respect of the Service User; and

30E.2.2 in the case of a Service User who holds a Provisional Replacement Certificate issued in respect of the Service User's European Health Insurance Card, the information contained on that certificate in respect of the Service User.

30E.3 The information referred to in paragraph 30E.2 must be submitted by the Provider to NHS Digital:

30E.3.1 electronically at [NHSDIGITAL-EHIC@nhs.net](mailto:NHSDIGITAL-EHIC@nhs.net); or

30E.3.2 by post in hard copy form to EHIC, PDS NBO, NHS Digital, Smedley Hydro, Trafalgar Road, Southport, Merseyside PR8 2HH.

30E.4 Where the Service User is a holder of a S1 Healthcare Certificate, the Provider must send that

certificate, or a copy of that certificate, to the Department for Work and Pensions:

30E.4.1 electronically at [NHSDIGITAL-EHIC@nhs.net](mailto:NHSDIGITAL-EHIC@nhs.net); or

30E.4.2 by post in hard copy form to the Overseas Healthcare Team, Durham House, Washington, Tyne and Wear, NE38 7SF.

### **31 Provision Of Information To The Commissioner**

31.1 Subject to paragraph 31.2, and without prejudice to the information requirements in SC28 the Provider must, at the request of the relevant Commissioner, produce to it or to a person authorised in Writing by the relevant Commissioner, or allow it, or a person authorised by it, to access:

31.1.1 any information which is reasonably required by the relevant Commissioner for the purposes of or in connection with the Contract; and

31.1.2 any other information which is reasonably required by it in connection with the relevant Commissioner's functions.

31.2 The Provider will not be required to comply with any request made in accordance with paragraph 31.1 unless it has been made by the relevant Commissioner in accordance with directions made by the Secretary of State under section 8 of the 2006 Act.

31.3 The Provider must produce the information requested, or, as the case may be, allow access to it:

31.3.1 by such date as has been agreed as reasonable between the Provider and the relevant Commissioner; or

31.3.2 in the absence of such agreement, within 28 days of the request being made.

31.4 Subject to paragraph 31.7, a Provider must collect such information relating to Service User access to Primary Medical Services at the Provider's practice as the Commissioner may reasonably require for the purpose or in connect with, the Contract.

31.5 The Provider must submit an online return to the Commissioner in respect of any GP access data collected by it using the Primary Care Web Tool facility which is provided by the Commissioner to the Provider for this purpose.

31.6 The Provider must submit an online return of GP access data to the Commissioner twice in every financial year-

31.6.1 by 31 October 2016 and 31 March 2017 in respect of the financial year that ends on 31 March 2017; and

31.6.2 by 30 September and 31 March respectively for each subsequent financial year until 31 March 2021.

31.7 The requirements of paragraphs 31.4 to 31.6 do not apply where the Provider does not have access to computer systems and software which would enable it to use the Primary Care Web Tool facility to submit an online return of GP access data to the Commissioner.

### **31A Friends and Family Test**

31A.1 *A Provider which provides Primary Medical Essential Services must give all Service Users who use the Provider's Practice the opportunity to provide feedback about the service received from the Practice through the Friends and Family Test.*

31A.2 *The Provider must:*

31A.2.1 *report the results of completed Friends and Family Tests to NHS England; and*

31A.2.2 *publish the results of such completed Tests,*

*in the manner approved by NHS England.*

31A.3 *In this paragraph 31A, “Friends and Family Test” means the arrangements that a Provider is required by NHS England to implement to enable its Service Users to provide anonymous feedback about the patient experience at the Provider's Practice.*

### **31B Publication of earnings information**

31B.1 *The Provider must publish each year on its practice website (if it has one) the information specified in paragraph 31B.2.*

31B.2 *The information specified in this sub-paragraph is:*

31B.2.1 *the mean net earnings in respect of the previous financial year of:*

31B.2.1.1 *all general medical practitioners who were party to the agreement for a period of at least six months during that financial year, and*

31B.2.1.2 *any general medical practitioners who were employed or engaged by the Provider to provide services under the Contract in the Provider's Practice, whether on a full-time or part-time basis, for a period of at least six months during that financial year; and*

31B.2.2 *the:*

31B.2.2.1 *total number of any general medical practitioners to whom the earnings information referred to in paragraph 31B.2.1 relates, and*

31B.2.2.2 *(where applicable) the number of those practitioners who have been employed or engaged by the Provider to provide services under the Contract in the Provider's Practice on a full time or a part time basis and for a period of at least six months during the financial year in respect of which that information relates.*

31B.3 *The information specified in paragraph 31B.2 must be:*

31B.3.1 *published by the Provider before the end of the financial year following the financial year to which that information relates; and*

31B.3.2 *made available by the Provider in hard copy form on request.*

31B.4 *For the purposes of paragraph 31B, “mean net earnings” are to be calculated by reference to the earnings of a general medical practitioner that, in the opinion of NHS England, are attributable to the performance or provision by the practitioner under the agreement of medical services to which Part 4 of the 2006 Act applies, after having disregarded any expenses properly incurred in the course of performing or providing those services.*

### **31C Patient Participation**

31C.1 *A Provider which provides Primary Medical Essential Services must establish and maintain a group known as a “Patient Participation Group” comprising of some of its Registered Service User's for the purposes of:*

31C.1.1 *obtaining the views of Registered Service Users who have attended the Provider's Practice about the services delivered by the Provider; and*

- 31C.1.2 *enabling the Provider to obtain feedback from its Registered Service Users about those services.*
- 31C.2 *The Provider is not required to establish a Patient Participation Group if such a group has already been established by the Provider pursuant to the provisions of any directions about Enhanced Services which were given by the Secretary of State under section 98A of the 2006 Act before 1st April 2015.*
- 31C.3 *The Provider must make reasonable efforts during each financial year to review the membership of its Patient Participation Group in order to ensure that the Group is representative of its Registered Service Users.*
- 31C.4 *The Provider must:*
- 31C.4.1 *engage with its Patient Participation Group, at such frequent intervals throughout each financial year as the Provider must agree with that Group, with a view to obtaining feedback from the Provider's Registered Service Users, in an appropriate and accessible manner which is designed to encourage patient participation, about the Services delivered by the Provider; and*
- 31C.4.2 *review any feedback received about the Services delivered by the Provider, whether pursuant to paragraph 31C.4.1 or otherwise, with its Patient Participation Group with a view to agreeing with that Group the improvements (if any) which are to be made to those services.*
- 31C.5 *The Provider must make reasonable efforts to implement such improvements to the services delivered by the Provider as are agreed between the Provider and its Patient Participation Group.*
- 31C.6 *In this paragraph 31C "financial year" means the 12 month period beginning on 1st April each year and ending on 31st March the following year.*

## **32 Inquiries About Prescriptions And Referrals**

- 32.1 The Provider must, subject to paragraphs 32.2 and 32.3 sufficiently answer any inquiries whether oral or in Writing from the relevant Commissioner concerning:
- 32.1.1 any Prescription Form or Repeatable Prescription issued or created by a Prescriber;
- 32.1.2 the considerations by reference to which Prescribers issue such forms;
- 32.1.3 the referral by or on behalf of the Provider of any Service User to any other services provided under the Act; or
- 32.1.4 the considerations by which the Provider makes such referrals or provides for them to be made on its behalf.
- 32.2 An inquiry referred to in paragraph 32.1 may only be made for the purpose either of obtaining information to assist the relevant Commissioner to discharge its functions or of assisting the Provider in the discharge of its obligations under the Contract.
- 32.3 The Provider will not be obliged to answer any inquiry referred to in paragraph 32.1 unless it is made:
- 32.3.1 in the case of paragraph 32.1.1 or 32.1.2, by an appropriately qualified Health Care Professional; or
- 32.3.2 in the case of paragraph 32.1.3 or 32.1.4, by an appropriately qualified medical

practitioner,

appointed in either case by the relevant Commissioner to assist it in the exercise of its functions under this paragraph and that person produces, on request, written evidence that he is authorised by the relevant Commissioner to make such an inquiry on its behalf.

### **33 Financial Interests**

- 33.1 In making a decision to refer a Service User for other services under the 2006 Act, or in making a decision to prescribe any drug, medicine or other Appliance to any Service User, the Provider must have regard to all relevant clinical considerations and disregard its own financial interests and other inappropriate financial interests.
- 33.2 The Provider must not inform Service Users that any prescription or Repeatable Prescription for any drug, medicine or other Appliance must be dispensed only by the Provider or a person with whom the Provider is associated.

### **34 Notifications To The Commissioner**

- 34.1 Without prejudice to the reporting requirements in SC33 (*Incidents Requiring Reporting*) and any other requirements of notification elsewhere in the Contract, the Provider must notify the Co-ordinating Commissioner in Writing, as soon as reasonably practicable, of:
- 34.1.1 any serious incident that, in the reasonable opinion of the Provider, affects or is likely to affect the Provider's performance of its obligations under the Contract;
  - 34.1.2 any circumstances which give rise to the Co-ordinating Commissioner's right to terminate the Contract under paragraphs 47 and 49;
  - 34.1.3 except where the Provider is the Co-ordinating Commissioner, any appointments system which it proposes to operate and the proposed discontinuance of any such system;
  - 34.1.4 except where the Provider is the Co-ordinating Commissioner, any change of which it is aware in the address of a Registered Service User; and
  - 34.1.5 the death of any Service User of which it is aware.

### **35 Notification Of Deaths**

- 35.1 The Provider must report in Writing to the relevant Commissioner the death on the Provider's Premises of any Service User no later than the end of the first working day after the date on which the death occurred.
- 35.2 The report must include:
- 35.2.1 the Service User's full name;
  - 35.2.2 the Service User's National Health Service number where known;
  - 35.2.3 the date and place of death;
  - 35.2.4 a brief description of the circumstances, as known, surrounding the death;
  - 35.2.5 the name of any medical practitioner or other person treating the Service User whilst at the Provider's Premises; and
  - 35.2.6 the name, where known, of any other person who was present at the time of the death.

**36 Entry And Inspection By The Commissioner**

36.1 Without prejudice to GC15 (*Governance, Transaction Records and Audit*) and subject to the conditions in paragraph 36.2, the Provider must allow persons authorised in Writing by the relevant Commissioner to enter and inspect the Provider's Premises at any reasonable time.

36.2 The conditions referred to in paragraph 36.1 are that:

36.2.1 reasonable notice of the intended entry has been given;

36.2.2 written evidence of the authority of the person seeking entry is produced to the Provider on request; and

36.2.3 entry is not made to any premises or part of the premises used as residential accommodation without the consent of the resident.

**37 Entry And Viewing By Local Healthwatch**

37.1 Without prejudice to GC15 (*Governance, Transaction Records and Audit*) and SC24 (*NHS Counter-Fraud and Security Management*), the Provider must comply with the requirement to allow an authorised representative to enter and view the Provider's Premises and observe the carrying-on of activities on the Provider's Premises in accordance with regulations made under section 225 (Duties of Service Contractors to allow entry by Local Healthwatch organisations or Contractors) of the Local Government and Public Involvement Health Act 2007.

**38 Entry And Inspection By The Care Quality Commission**

38.1 Without prejudice to GC15 (*Governance, Transaction Records and Audit*) and SC24 (*NHS Counter-Fraud and Security Management*), the Provider must allow persons authorised by the Care Quality Commission to enter and inspect the Provider's Premises in accordance with section 62 of the Health and Social Care Act 2008 (entry and inspection).

**39 Certificates**

39.1 Where the Provider is required to provide Primary Medical Essential Services under the Contract the Provider must issue free of charge to a Service User or his personal representatives, any medical certificate of a description prescribed in column 1 of the table at paragraph 39.2 which is reasonably required under or for the purposes of the enactments specified in relation to the certificate in column 2 of the table at paragraph 39.2, except where, for the condition to which the certificate relates, the Service User:

39.1.1 is being attended by a medical practitioner who is not:

39.1.1.1 employed or engaged by the Provider;

39.1.1.2 the Provider; or

39.1.1.3 a shareholder in a qualifying body which is the Provider ; or

39.1.2 is not being treated by or under the supervision of a Health Care Professional.

39.2 List of Prescribed Medical Certificates

Description of medical certificate	Enactment under or for the purpose of which certificate required
1. To support a claim or to obtain payment either	Naval and Marine Pay and Pensions Act 1865 Air

Classification: Official

personally or by proxy; to prove incapacity to work or for self-support for the purposes of an award by the Secretary of State; or to enable proxy to draw pensions etc.	Force (Constitution) Act 1917 Pensions (Navy, Army, Air Force and Mercantile Marine) Act 1939 Personal Injuries (Emergency Provisions) Act 1939 Pensions (Mercantile Marine) Act 1942 Polish Resettlement Act 1947 Social Security Administration Act 1992 Social Security Contributions and Benefits Act 1992 Social Security Act 1998
2. To establish pregnancy for the purpose of obtaining welfare foods	Section 13 of the Social Security Act 1988 (schemes for distribution etc of welfare foods)
3. To secure registration of still-birth	Section 11 of the Births and Deaths Registration Act 1953 (special provision as to registration of still-birth)
4. To enable payment to be made to an institution or other person in case of mental disorder of persons entitled to payment from public funds.	Section 142 of the Mental Health Act 1983 (pay, pensions etc of mentally disordered persons)
5. To establish unfitness for jury service.	Juries Act 1974
6. To support late application for reinstatement in civil employment or notification of non-availability to take up employment owing to sickness.	Reserve Forces (Safeguarding of Employment) Act 1985.
7. To enable a person to be registered as an absent voter on grounds of physical incapacity	Representation of the People Act 1985
8. To support applications for certificates conferring exemption from charges in respect of drugs, medicines and Appliances.	National Health Service Act 2006
9. To support a claim by or on behalf of a severely mentally impaired person for exemption from liability to pay the Council Tax or eligibility for a discount in respect of the amount of Council Tax payable.	Local Government Finance Act 1992

39.3 The exceptions referred to in paragraph 39.1.1 will not apply where the certificate is issued pursuant to regulation 2(1) of the Social Security (Medical Evidence) Regulations 1976 or regulation 2(1) of the Statutory Sick Pay (Medical Evidence) Regulations 1985.

#### **40 Charges And Financial Interests**

40.1 The Provider must not, either itself or through any other person, demand or accept from any Service User other than a Registered Service User a fee or other remuneration, for its own or another's benefit for:

40.1.1 the provision of any treatment whether under this Schedule or otherwise; or

40.1.2 any prescription or Repeatable Prescription for any drug, medicine or Appliance in connection with that treatment.

40.2 The Provider must not, either itself or through any other person, demand or accept from any of its Registered Service Users a fee or other remuneration, for its own or another's benefit for:

40.2.1 the provision of any treatment whether under this Schedule or otherwise; or

40.2.2 any prescription or Repeatable Prescription for any drug, medicine or Appliance.

except in the circumstances set out in paragraph 40.3.

40.3 The Provider may demand or accept, directly or indirectly, a fee or other remuneration:

40.3.1 from any statutory body for services rendered for the purposes of that body's statutory functions;

40.3.2 from any body, employer or school for a routine medical examination of persons for whose welfare the body, employer or school is responsible, or an examination of such persons for the purpose of advising the body, employer or school of any administrative action they might take;

40.3.3 for treatment which is not primary medical service or otherwise required to be provided under this Contract and which is given:

40.3.3.1 pursuant to Paragraph 11 of Schedule 6 of the 2006 Act (accommodation and services for private Service Users); or

40.3.3.2 in a registered nursing home which is not providing services under the 2006 Act,

if, in either case, the person administering the treatment is serving on the staff of a hospital providing services under the 2006 Act or the 2012 Act (as the case may be) as a specialist providing treatment of the kind the Service User requires and if, within 7 days of giving the treatment, the Provider or the person providing the treatment supplies the relevant body, on a form provided by it for the purpose, with such information about the treatment as it may require;

40.3.4 under section 158 of the Road Traffic Act 1988 (payment for emergency treatment of traffic casualties);

40.3.5 when it treats a Service User under paragraph 40.4 in compliance with Regulation 15(3) of the PMS Agreements Regulations, in which case it will be entitled to demand and accept a reasonable fee (recoverable in certain circumstances under paragraph 40.5 for any treatment given, if it gives the Service User a receipt;

40.3.6 for attending and examining (but not otherwise treating) a Service User:

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- 40.3.6.1 at his request at a police station in connection with possible criminal proceedings against him;
  - 40.3.6.2 at the request of a commercial, educational or not for profit organisation for the purpose of creating a medical report or certificate;
  - 40.3.6.3 for the purpose of creating a medical report required in connection with an actual or potential claim for compensation by the Service User;
- 40.3.7 for treatment consisting of an immunisation for which no remuneration is payable by the relevant body and which is requested in connection with travel abroad;
- 40.3.8 for prescribing or providing drugs, medicines or Appliances (including a collection of such drugs, medicines or Appliances in the form of a travel kit) which a Service User requires to have in his possession solely in anticipation of the onset of an ailment or occurrence of an injury while he is outside the United Kingdom but for which he is not requiring treatment when the medicine is prescribed;
- 40.3.9 for a medical examination:
- 40.3.9.1 to enable a decision to be made whether or not it is inadvisable on medical grounds for a person to wear a seat belt; or
  - 40.3.9.2 for the purpose of creating a report:
    - 40.3.9.2.1 relating to a road traffic accident or criminal assault; or
    - 40.3.9.2.2 that offers an opinion as to whether a Service User is fit to travel;
- 40.3.9A for testing the sight of a person to whom none of paragraphs (a) to (e) of section 115(2) of the 2006 Act applies (including by virtue of regulations made under section 115(7) of the 2006 Act);
- 40.3.10 where it is a Provider which is authorised or required in accordance with arrangements made with a Commissioner under section 126 (*Arrangements for Pharmaceutical Services*) and in accordance with regulations made under section 129 (*Regulations as to Pharmaceutical Services*) of the 2006 Act to provide drugs, medicines and Appliances to a Service User and provides for that Service User, otherwise than by way of Dispensing Services, any Scheduled Drug; and
- 40.3.11 for prescribing or providing drugs or medicines for malaria chemoprophylaxis.
- 40.4 Where a person applies to the Provider for the provision of Services and claims to be entitled to be treated by the Provider without paying a fee or other remuneration and the Provider has reasonable doubts about that person's claim, the Provider must give any necessary treatment and shall be entitled to demand and accept a reasonable fee in accordance with paragraph (e) of Schedule 3 of the PMS Agreements Regulations subject to the provision for repayment contained in paragraph 40.5.
- 40.5 Where a person from whom the Provider received a fee under paragraph (e) of Schedule 3 of the PMS Agreements Regulations applies to the relevant Commissioner for a refund within fourteen (14) days of payment of the fee (or such longer period not exceeding a month as the relevant Commissioner may allow if it is satisfied that the failure to apply within fourteen (14) days was reasonable) and the relevant Commissioner is satisfied that the person was entitled to be treated by the Provider without paying a fee or other remuneration when the treatment was given, the relevant Commissioner may recover the amount of the fee from the Provider, by set off or otherwise, and shall pay that amount to the person who paid the fee.

40.6 In the provision of the APMS Services, the Provider must:

40.6.1 provide information to the Service Users regarding other services it provides (other than under this Contract) only where appropriate and must ensure that such information is fair and accurate; and

40.6.2 where the other services are available to the Service User as part of the health service established pursuant to section 1 of the 2006 Act, inform the Service User:

40.6.2.1 that the services are so available;

40.6.2.2 of any charge that applies to that health service and, if no such charge applies, that the service is free; and

40.6.2.3 how to access those health services.

#### **41 Clinical Governance**

41.1 Without prejudice to the Provider's obligation to meet all performance requirements under the Contract:

41.1.1 the Provider must have an effective System of Clinical Governance which must include appropriate standard operating procedures in relation to the management and use of controlled drugs;

41.1.2 the Provider must nominate a person who will have responsibility for ensuring the effective operation of the System of Clinical Governance; and

41.1.3 the person nominated under paragraph 41.1.2 must be a person who performs or manages services under the Contract.

41.2 The Provider must co-operate with the Commissioners in the discharge of any obligations of the Commissioners or its accountable officers under section 17 (*Accountable Officers and their responsibilities as to Controlled Drugs*) and section 18 (*Co-operation between Health Bodies and other Organisations*) of the Health Act 2006.

#### **42 Insurance**

42.1 The Provider must not sub-contract its obligations to provide APMS Services under the Contract unless it has satisfied itself that the Sub-Contractor has in force in relation to it an Indemnity Arrangement which provides appropriate cover.

42.2 In this paragraph, "Indemnity Arrangement" means a contract of insurance or other arrangement made for the purpose of indemnifying the Provider.

#### **43 Complaints Procedure**

43.1 Any Complaints Procedure published pursuant to SC16 (Complaints) must cover a procedure to deal with any complaints in relation to any matter reasonably connected with the provision of services under the Contract.

43.2 The complaints procedure referred to in paragraph 43.1 shall comply with the requirements of the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

#### **44 Assignment And Sub-Contracting**

44.1 Without prejudice to GC12 (*Assignment and Sub-Contracting*), the Provider, if it has a list of Registered Service Users or a list of Registered Service Users is held in respect of it, must not sub-contract any of its rights or duties under this Contract in relation to the provision of

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Primary Medical Essential Services to a company or firm:

- 44.1.1 owned wholly or partly by the Provider, or by any former or current employee of, or partner or shareholder in, the Provider;
- 44.1.2 formed by or on behalf of the Provider, or from which it derives or may derive a pecuniary benefit; or
- 44.1.3 formed by or on behalf of a former or current employee of, or partner or shareholder in, the Provider, or from which such a person derives or may derive a pecuniary benefit,

where that company or firm is or was formed wholly or partly for the purpose of avoiding the restrictions on the sale of the goodwill of a medical practice in section 259 of the 2006 Act or any regulations made wholly or partly under that section.

### **45 Co-Operation With Investigations**

45.1 The Provider must co-operate with any investigation of a complaint in relation to any matter reasonably connected with the provision of APMS Services by the Provider undertaken by:

- 45.1.1 the Commissioners; or
- 45.1.2 the Health Service Commissioner.

45.2 The Provider must co-operate with any investigation of a complaint by an NHS body or local authority which relates to a Service User or former Service User.

45.3 In paragraph 45:

45.3.1 "NHS body" means NHS England, a CCG and NHS trust, an NHS foundation trust, a Strategic Health Authority, a Local Health Board, a Health Board, a Health and Social Services Board or a Health and Social Services Trust;

45.3.2 "local authority" means:

- 45.3.2.1 any of the bodies listed in section 1 of the Local Authority Social Services Act 1970 (local authorities);
- 45.3.2.2 the Council of the Isles of Scilly;
- 45.3.2.3 a council constituted under section 2 of the Local Government etc (Scotland) Act 1994 (constitution of councils); or
- 45.3.2.4 the council of a county or county borough in Wales;

45.3.3 "Health Service Commissioner" means the person appointed Health Service Commissioner for England in accordance with section 1 of, and Schedule 1 to, the Health Service Commissioners Act 1993.

45.4 The co-operation required by paragraphs 45.1 and 45.2 includes:

- 45.4.1 answering questions reasonably put to the Provider by the Commissioners;
- 45.4.2 providing any information relating to the complaint reasonably required by the Commissioners; and
- 45.4.3 attending any meeting to consider the complaint (if held at a reasonably accessible place and at a reasonable hour, and due notice has been given) if the Provider's presence at the meeting is reasonably required by the Commissioners.

**46 Variation Of Contract: General**

46.1 Notwithstanding GC13 (*Variations*), the Co-ordinating Commissioner may vary this Schedule without the Provider's consent where it:

46.1.1 is reasonably satisfied that it is necessary to vary this Schedule so as to comply with the 2006 Act, any regulations made pursuant to the Act, or any direction given by the Secretary of State pursuant to the Act; and

46.1.2 notifies the Provider in writing of the wording of the proposed variation and the date upon which that variation is to take effect,

and, where it is reasonably practicable to do so, the date that the proposed variation is to take effect will be not less than 14 days after the date on which the notice under paragraph 46.1.2 is served on the Provider.

46.2 *Where this Contract is varied in accordance with its terms and, as a result of the variation there is to be a change in the range of services provided to the Provider's Registered Service Users or Service Users who are on the Provider's List of Service Users are to be removed from that list, the relevant Commissioner must notify those Service Users in writing of the variation and its effect and inform them of the steps they can take to obtain elsewhere the services in question or, as the case may be, register elsewhere for the provision of Primary Medical Essential Services (or their equivalent).*

**47 Termination General**

47.1 The termination provisions in this Schedule are without prejudice to any other rights of termination the Co-ordinating Commissioner may have under the Contract.

**48 Termination By The Commissioner For The Provision Of Untrue Etc Information**

48.1 Without prejudice to GC17 (*Termination*) the Co-ordinating Commissioner may serve notice in Writing on the Provider terminating the Contract or the APMS Services forthwith, or from such date as may be specified in the notice if, after the Contract has been entered into, it comes to the attention of the Commissioners that written information provided to the Commissioners by the Provider before the Contract was entered into in relation to the conditions set out in Direction 4 of the APMS Directions (and compliance with those conditions) was, when given, untrue or inaccurate in a material respect.

**49 Other Grounds For Termination By The Commissioner**

49.1 The Co-ordinating Commissioner may serve notice in Writing terminating the Contract or the APMS Services forthwith, or from such date as may be specified in the notice if:

49.1.1 in the case of an Contract with an individual, the individual;

49.1.2 in the case of an Contract with a company:

49.1.2.1 the company; or

49.1.2.2 any director or company secretary of the company;

49.1.3 in the case of an Contract with a partnership:

49.1.3.1 any individual member of the partnership; or

49.1.3.2 the partnership; or

49.1.4 in the case of an Contract with an industrial and provident society, a friendly society,

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a voluntary organisation or any other body:

49.1.4.1 the society, organisation or other body; or

49.1.4.2 an officer, trustee or any other person concerned with the management of the society, organisation or body,

falls within paragraph 49.2 during the existence of the Contract;

49.2 A person falls within this sub-paragraph if:

49.2.1 he or it is the subject of a National Disqualification;

49.2.2 subject to paragraph 49.3, he or it is disqualified or suspended (other than by an interim suspension order or direction pending an investigation or a suspension on the grounds of ill-health) from practising by any Licensing Body anywhere in the world;

49.2.3 subject to paragraph 49.6, he has been dismissed (otherwise than by reason of redundancy) from any employment by a Health Service Body unless before the Coordinating Commissioner has served a notice terminating the Contract or the APMS Services pursuant to this paragraph, he is employed by the Health Service Body that dismissed him or by another Health Service Body. For the purposes of this paragraph, where a person has been employed as a member of a healthcare profession, any subsequent employment must also be as a member of that profession;

49.2.4 he or it is removed from, or refused admission to, a Primary Care List by reason of inefficiency, fraud or unsuitability (within the meaning of section 151(2), (3) and (4) of the 2006 Act respectively) unless his or its name has subsequently been included in such a list;

49.2.5 he has been convicted in the United Kingdom of murder;

49.2.6 he has been convicted in the United Kingdom of a criminal offence and has been sentenced to a term of imprisonment of over six months;

49.2.7 subject to paragraph 49.7, he has been convicted elsewhere of an offence:

49.2.7.1 which would, if committed in England and Wales, constitute murder; or

49.2.7.2 which would, if committed in England and Wales, constitute a criminal offence other than murder, and been sentenced to a term of imprisonment of over six months;

49.2.8 he has been convicted of an offence referred to in Schedule 1 to the Children and Young Persons Act 1933;

49.2.9 he or it has:

49.2.9.1 been adjudged bankrupt or had sequestration of his estate awarded or is a person in relation to whom a moratorium period under a debt relief order (under Part VIIA of the Insolvency Act 1986) applies unless he has been discharged from that bankruptcy or sequestration or the bankruptcy order has been annulled;

49.2.9.2 been made the subject of a bankruptcy restrictions order or an interim bankruptcy restrictions order under Schedule 4A to the Insolvency Act 1986 or Schedule 2A to the Insolvency (Northern Ireland) Order 1989, or sections 56A to 56K of the Bankruptcy (Scotland) Act 1985, unless that order has ceased to have effect or has been annulled;

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- 49.2.9.3 been made the subject of a debt relief restrictions order or interim debt relief restrictions order under Schedule 4ZB to the Insolvency Act 1986 unless that order has ceased to have effect or has been annulled;
  - 49.2.9.4 made a composition or arrangement with, or granted a trust deed for, his or its creditors unless he or it has been discharged in respect of it;
  - 49.2.9.5 an administrator, administrative receiver or receiver appointed in respect of it;
  - 49.2.9.6 an administration order made in respect of it under Schedule B1 to the Insolvency Act 1986; or
  - 49.2.9.7 been wound up under Part IV of the Insolvency Act 1986;
- 49.2.10 he has been:
- 49.2.10.1 removed from the office of Charity Trustee or trustee for a charity by an order made by the Charity Commissioners, the Charity Commission for Northern Ireland or the High Court on the grounds of any misconduct or mismanagement in the administration of the charity for which he was responsible or to which he was privy, or which he by his conduct contributed to or facilitated; or
  - 49.2.10.2 removed under section 34 of the Charities and Trustee Investment (Scotland) Act 2005 (powers of Court of Session), from being concerned in the management or control of any body;
- 49.2.11 he is subject to a disqualification order under the Company Directors Disqualification Act 1986, the Companies Directors Disqualification (Northern Ireland) Order 2002 or to an order made under section 429(2)(b) of the Insolvency Act 1986 (failure to pay under county court administration order); or
  - 49.2.12 he has refused to comply with a request by a Commissioner for him to be medically examined on the grounds that it is concerned that he is incapable of adequately providing services under the Contract; or
  - 49.2.13 he has been included in any barred list within the meaning of section 2 of the Safeguarding Vulnerable Group Act 2006 or Article 6 of the Safeguarding Vulnerable Groups (Northern Ireland) Order 2007; or
  - 49.2.14 where the Contract is with a partnership and a dissolution of the partnership is ordered by any competent court, tribunal or arbitrator, or an event happens that makes it unlawful for the business of the partnership to continue, or for members of the partnership to carry on in the partnership.
- 49.3 Where the Contract is with a single individual and that individual dies, the Contract shall terminate at the end of the period of seven (7) days after the date of his death unless, before the end of that period the Co-ordinating Commissioner has agreed in Writing with the Provider's personal representatives that the Contract should continue for a further period, not exceeding twenty eight (28) days after the end of the period of seven (7) days.
  - 49.4 Paragraph 49.3 does not affect any other rights to terminate the Contract which the Co-ordinating Commissioner may have under this Contract.
  - 49.5 The Co-ordinating Commissioner may not terminate this Contract or the APMS Services pursuant to paragraph 49.2.2 where the Co-ordinating Commissioner is satisfied that the disqualification or suspension imposed by a Licensing Body outside the United Kingdom does not make the person unsuitable to be:

- 49.5.1 a party to the Contract;
  - 49.5.2 in the case of a Contract with a company;
  - 49.5.3 a person both legally and beneficially owning a share in the qualifying body; or
  - 49.5.4 a director or secretary of the company, as the case may be.
- 49.6 The Co-ordinating Commissioner may not terminate the Contract or the APMS Services pursuant to paragraph 49.2.3;
- 49.6.1 until a period of at least three months has elapsed since the date of the dismissal of the person concerned; or
  - 49.6.2 if, during the period of time specified in paragraph 49.6.1, the person concerned brings proceedings in any competent tribunal or court in respect of his dismissal, until proceedings before that tribunal or court are concluded,
- and the Co-ordinating Commissioner may only terminate the Contract or the Services at the end of the period specified in paragraph 49.6.2 if there is no finding of unfair dismissal at the end of those proceedings.
- 49.7 The Co-ordinating Commissioner must not terminate the Contract or the APMS Services pursuant to paragraph 49.2.7 where the Co-ordinating Commissioner is satisfied that the conviction does not make the person unsuitable to be:
- 49.7.1 a party to the Contract; or
  - 49.7.2 in the case of an Contract with a company:
    - 49.7.2.1 a person both legally and beneficially owning a share in the company;  
or
    - 49.7.2.2 a director or secretary of the company,
- as the case may be.

## **50 Termination By The Commissioner For A Serious Breach**

- 50.1 The Co-ordinating Commissioner may serve notice in Writing on the Provider terminating the Contract or the APMS Services forthwith or with effect from such date as may be specified in the notice if:
- 50.1.1 the Provider has breached the Contract and as a result of that breach, the safety of the Provider's Service Users is at serious risk if the Contract is not terminated; or
  - 50.1.2 the Provider's financial situation is such that the Co-ordinating Commissioner considers that a Commissioner is at risk of material financial loss.
- 50.2 If the Provider breaches the condition specified in paragraph 44 and it comes to the Co-ordinating Commissioner's attention that the Provider has done so, the Co-ordinating Commissioner must serve notice in Writing on the Provider:
- 50.2.1 terminating this Contract or the APMS Services forthwith; or
  - 50.2.2 instructing it to terminate the sub-contracting arrangements that give rise to the breach forthwith, and if it fails to comply with the instruction, the Co-ordinating Commissioner must serve a notice in Writing on the Provider terminating the Contract or the APMS Services forthwith.

## **51 Annual Return And Review**

- 51.1 The Provider must submit an annual return relating to the APMS Services to the Co-ordinating Commissioner.
- 51.2 One such return may be requested by the Co-ordinating Commissioner at any time during each financial year in relation to such period (not including any period covered by a previous annual return) as may be specified in the request.
- 51.3 The Provider must submit the completed return to the Co-ordinating Commissioner:
- 51.3.1 by such date as has been agreed as reasonable between the Provider and the Co-ordinating Commissioner; or
  - 51.3.2 in the absence of such agreement, within 28 days of the request being made.
- 51.4 Following receipt of the return referred to in paragraph 51.1, the Co-ordinating Commissioner must arrange with the Provider an annual review of its performance in relation to the Contract.
- 51.5 The Co-ordinating Commissioner must prepare a draft record of the review referred to in paragraph 51.4 for comment by the Provider and, having regard to such comments, must produce a final written record of the review.
- 51.6 A copy of the final record referred to in paragraph 51.5 shall be sent to the Provider.
- 51.7 In this paragraph, "financial year" means the twelve months ending with 31st March.

## **52 Gifts**

- 52.1 The Provider must keep a register of gifts which:
- 52.1.1 are given to any of the persons specified in paragraph 52.2 by or on behalf of:
    - 52.1.1.1 a Service User;
    - 52.1.1.2 a relative of a Service User; or
    - 52.1.1.3 any person who provides or wishes to provide services to the Provider or its Service Users in connection with this Contract; and
  - 52.1.2 have, in the Provider's reasonable opinion, an individual value of more than £100.00.
- 52.2 The persons referred to in paragraph 52.1 are:
- 52.2.1 any person employed by the Provider for the purposes of this Contract;
  - 52.2.2 any general medical practitioner engaged by the Provider for the purposes of this Contract;
  - 52.2.3 any spouse or civil partner of a Provider (where the Provider is an individual) or of a person specified in paragraphs 52.2.1 and 52.2.2; or
  - 52.2.4 any person (whether or not of the opposite sex) whose relationship with a Provider (where the Provider is an individual) or with a person specified in paragraphs 52.2.1 and 52.2.2 has the characteristics of the relationship between husband and wife.
- 52.3 Paragraph 52.1 does not apply where:
- 52.3.1 there are reasonable grounds for believing that the gift is unconnected with the

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Services provided or to be provided by the Provider;

- 52.3.2 the Provider is not aware of the gift; or
- 52.3.3 the Provider is not aware that the donor wishes to provide services to the Provider or its Service Users.
- 52.4 The Provider shall take reasonable steps to ensure that it is informed of gifts which fall within paragraph 52.1 and which are given to the persons specified in paragraphs 52.2.1 to 52.2.4.
- 52.5 The register referred to in paragraph 52.1 must include the following information:
  - 52.5.1 the name of the donor;
  - 52.5.2 in a case where the donor is a Service User, the Service User's National Health Service number or, if the number is not known, his address;
  - 52.5.3 in any other case, the address of the donor;
  - 52.5.4 what the gift is;
  - 52.5.5 the estimated value of the gift; and
  - 52.5.6 the name of the person or persons who received the gift.
- 52.6 The Provider must make the register available to the Co-ordinating Commissioner on request.

### **53 Relationship Between The Parties**

- 53.1 *Where the Provider provides Primary Medical Essential Services to Service Users on its List of Service Users, the Co-ordinating Commissioner will require the Provider to be a member of a CCG.*
- 53.2 *Where the Provider is required to be a member of a CCG in accordance with paragraph 53.1, the Provider must appoint one individual, who is a Health Care Professional, to act on the Provider's behalf in the dealings between the Provider and the CCG to which it belongs.*

### **54 Practice Leaflet**

- 54.1 The Provider shall:
  - 54.1.1 compile a Practice Leaflet which shall include the information specified in Annex 4;
  - 54.1.2 review its Practice Leaflet at least once in every period of twelve (12) months and make any amendments necessary to maintain its accuracy;
  - 54.1.3 make available a copy of the leaflet, and any subsequent updates, to its Service Users and prospective Service Users and to the relevant Commissioner;
  - 54.1.4 amend the Practice Leaflet if there are any material changes to the Services or to the information provided therein within three (3) months of such change(s).

### **55 Compliance With Legislation And Guidance**

- 55.1 The Provider shall comply with all relevant legislation and have regard to all relevant guidance issued by the Commissioners, the Secretary of State or local authorities, in respect of the exercise of their functions under the 2006 Act.

**Annex 1 - Definitions**

In this Schedule the following words and phrases have the following meanings:

<b>Accountable GP</b>	a general medical practitioner assigned to a Registered Service User in accordance with paragraph 25.4
<b>Advanced Electronic Signature</b>	an electronic signature which is:  uniquely linked to the signatory;  capable of identifying the signatory;  created using means that the signatory can maintain under their sole control; and  linked to the data to which it relates in such a manner that any subsequent change of data is detectable
<b>APMS Contract</b>	an arrangement made under section 83(2) of the 2006 Act for the provision of primary medical services, and includes any arrangements which are made in reliance on a combination of section 83(2) of the 2006 Act and any other powers available to the Board under Part 4 of that Act
<b>APMS Directions</b>	the Alternative Provider Medical Services Directions of 2016 (as amended by the Alternative Provider Medical Services (Amendment) Directions 2017)
<b>APMS Services</b>	those primary medical services specified in Annex 2 and further described in the relevant Service Specifications
<b>Appliance</b>	an appliance which is included in a list for the time being approved by the Secretary of State for the purposes of section 126 of the 2006 Act
<b>Approved Medical Practice</b>	shall be construed in accordance with section 10A of the Medical Act 1983 as amended or replaced from time to time
<b>Batch Issue</b>	has the meaning given in the NHS (PMS Agreements) Regulations 2004 (SI2004/627)
<b>CCT</b>	Certificate of Completion of Training awarded under section 34L(1) of the Medical Act 1983

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<b>Charity Trustee</b>	one of the persons having the general control and management of the administration of a charity
<b>Chemist</b>	a registered pharmacist;  a person lawfully conducting a retail pharmacy business in accordance with section 69 of the Medicines Act 1968; or  a supplier of Appliances, who is included in the list of a Commissioner under Part 7 the 2006 Act or who provides local pharmaceutical services in accordance with LPS arrangements
<b>Child or Children</b>	a person or people under the age of 16 years
<b>Chiropodist or Podiatrist Independent Prescriber</b>	a chiropodist or podiatrist who is registered in Part 2 of the register maintained under article 5 of the Health and Social Work Professions Order 2001 (establishment and maintenance of register), and against whose name in that register is recorded an annotation signifying that the chiropodist or podiatrist is qualified to order drugs, medicines and Appliances as a chiropodist or podiatrist independent prescriber
<b>Clinical Correspondence</b>	all correspondence in writing, whether in electronic form or otherwise, between the Provider and other health service providers concerning or arising out of Service User attendance and treatment at the Provider Premises including referrals made by letter or by any other means;
<b>Controlled Drugs</b>	has the meaning given in section 2 of the Misuse of Drugs Act 1971 (which relates to controlled drugs and their classification for the purposes of that Act)
<b>Core Hours</b>	unless expressed more extensively, the period beginning at 8am and ending at 6.30pm on any day from Monday to Friday except Good Friday, Christmas Day or Bank Holidays
<b>Detained Estate Healthcare Service</b>	the healthcare service commissioned by NHS England in respect of persons who are detained in prison or in other secure accommodation by virtue of regulations made under section 3B(1)(c) of the 2006 Act

<b>Dispenser</b>	a Chemist, medical practitioner or Provider whom a Service User wishes to dispense his Electronic Prescriptions
<b>Dispensing Services</b>	the provision of drugs, medicines or Appliances that may be provided as pharmaceutical services by a medical practitioner in accordance with arrangements made under section 126 (Arrangements for Pharmaceutical Services) and section 129 (Regulations as to Pharmaceutical Services) of the 2006 Act
<b>Drug Tariff</b>	the publication known as the Drug Tariff which is published by the Secretary of State and which is referred to in section 127(4) (Arrangements for Additional Pharmaceutical Services) of the 2006 Act
<b>Electronic Communication</b>	has the same meaning as in section 15 of the Electronic Communications Act 2000
<b>Electronic Prescription Form</b>	a prescription form which falls within paragraph (b) of the definition of "Prescription Form"
<b>Electronic Prescription Service</b>	the service of that name which is operated by the Health and Social Care Information Centre
<b>Electronic Prescription</b>	an Electronic Prescription Form or Electronic Repeatable Prescription
<b>Electronic Repeatable Prescription</b>	a prescription which falls within paragraph (b) of the definition of "Repeatable Prescription"
<b>Existing Contract or Other Arrangement</b>	a contract or arrangement that was entered into prior to 1st April 2010 and which remains in force on 1st April 2010
<b>Financial Year</b>	has the meaning given in section 275(1) of the 2006 Act
<b>General Medical Practitioner or GP</b>	except where the context otherwise requires, a medical practitioner whose name is included in the General Practitioner Register kept by the General Medical Council
<b>Geographical Number</b>	a number which has a geographical area code as its prefix
<b>GMS Contracts Regulations</b>	the National Health Service (General Medical Services Contracts) Regulations 2015

<b>GP2GP Facility</b>	the facility provided by the relevant Commissioner to the Provider which enables the electronic health records of a Registered Service User which are held on the computerised clinical systems of the Provider to be transferred securely and directly to another provider of primary medical services with which the Service User has registered
<b>GP Specialty Registrar</b>	a medical practitioner who is being trained in general practice by a general medical practitioner who is approved under section 34I of the Medical Act 1983 for the purpose of providing training under that section whether as part of training leading to a CCT or otherwise
<b>GPSOC accredited computer systems and software</b>	computer systems and software which have been accredited by the Secretary of State or another person in accordance with “General Practice Systems of Choice Level 2”
<b>Health and Social Care Information Centre</b>	a body corporate established under section 252(1) of the 2012 Act which is also known as NHS Digital
<b>Health and Social Services Board</b>	a Health and Social Services Board established under the Health and Personal Social Services (Northern Ireland) Order 1972
<b>Health and Social Services Trust</b>	a Health and Social Services Trust established under article 10(1) of the Health and Personal Social Services (Northern Ireland) Order 1991
<b>Health Care Professional</b>	has the same meaning as in section 93 of the 2006 Act
<b>Health Board</b>	a Health Board established under section 2 of the National Health Service (Scotland) Act 1978
<b>Health Check</b>	a consultation undertaken by the Provider in the course of which it must make such inquiries and undertake such examinations of the Service User as appear to it to be appropriate in all the circumstances;
<b>Health Service Body</b>	includes a Strategic Health Authority or a Primary Care Trust which was established before the coming into force of section 33 (abolition of Strategic Health Authorities) or 34 (abolition of Primary Care Trusts) of the 20012 Act

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<b>Home Oxygen Order Form</b>	a form provided by the relevant Commissioner and issued by a Health Care Professional to authorise a person to supply home oxygen services to a Service User requiring oxygen therapy at home
<b>Home Oxygen Services</b>	any of the following forms of oxygen therapy or supply:  ambulatory oxygen supply;  urgent supply;  hospital discharge supply;  long term oxygen therapy; and  short burst oxygen therapy
<b>Independent Nurse Prescriber</b>	a person:  who is either engaged or employed by the Provider;  who is registered in the Nursing and Midwifery Register; and  in respect of whom an annotation signifying that he is qualified to order drugs, medicines and Appliances from as a community practitioner nurse prescriber, a nurse independent prescriber or as a nurse independent/Supplementary Prescriber
<b>Licensing Body</b>	any body that licenses or regulates any profession
<b>List of Service Users</b>	in relation to the Provider, the list maintained in respect of the Provider by the relevant Commissioner under direction 15 of the APMS Directions
<b>Listed Medicines</b>	the drugs mentioned in regulation 13C(1) of the National Health Service (Charges for Drugs and Appliances) Regulations 2015
<b>Listed Medicines Voucher</b>	a form provided by the relevant Commissioner for use for the purpose of ordering a Listed Medicine
<b>Medical Officer</b>	a medical practitioner who is:

	employed or engaged by the Department for Work and Pensions; or
	provided by an organisation in pursuance of a contract entered into with the Secretary of State for Work and Pensions
<b>Medical Performers List</b>	a list of medical practitioners maintained and published by NHS England in accordance with section 91(1) (Persons Performing Primary Medical Services) of the 2006 Act
<b>Medical Register</b>	the registers kept under section 2 of the Medical Act 1983
<b>National Diabetes Audit</b>	NHS England's clinical priority programme on diabetes which measures the effectiveness of diabetes healthcare provided against clinical guidelines and quality standards issued by NICE
<b>National Disqualification</b>	<p>a decision made by the First-tier Tribunal under section 159 of the 2006 Act (national disqualification) or under regulations corresponding to that section, or</p> <p>a decision under provisions in force in Wales, Scotland or Northern Ireland corresponding to section 159 of the 2006 Act (national disqualification)</p>
<b>NHS Body</b>	has the meaning as set out in paragraph 45.3.1
<b>NHS Contract</b>	has the meaning assigned to it in section 9 of the 2006 Act
<b>NHS Digital Workforce Census</b>	Means the successor to the GP Workforce Census undertaken by the Health and Social Care Information Centre annually;
<b>NHS Tribunal</b>	the Tribunal constituted under section 46 of the National Health Service Act 1977 for England and Wales, and which, except for prescribed cases, had effect in relation to England only until 14th December 2001 and in relation to Wales only until 26th August 2002
<b>Nominated Dispenser</b>	a Chemist, medical practitioner or Provider who has been nominated in respect of a Service User and the details of that nomination are held in respect of that Service User in the

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Service User Demographics Service, which is operated by the Information Centre for Health and Social Care

### **Non-Electronic Prescription Form**

a form for the purpose of ordering a drug, medicine or Appliance which is;

provided by the relevant Commissioner, a local authority or the Secretary of State;

issued by the Prescriber;

indicates that the drug, medicine or Appliance ordered may be provided more than once; and

specifies the number of occasions on which they may be provided

### **Non-Electronic Repeatable Prescription**

a Prescription which falls within clause (a)(i) of the definition of "Repeatable Prescription"

### **Nursing and Midwifery Register**

the register maintained by the Nursing and Midwifery Council under the Nursing and Midwifery Order 2001

### **Nursing Officer**

a Health Care Professional who is registered on the Nursing and Midwifery Register and:

employed or engaged by the Department for Work and Pensions, or

provided by an organisation under a contract entered into with the Secretary of State for Work and Pensions

### **Occupational Therapist**

a Health Care Professional who is registered in the part of the register maintained by the Health Professions Council under article 5 of the Health and Social Work Professions Order 2001 relating to occupational therapists and:

employed or engaged by the Department for Work and Pensions, or

provided by an organisation under a contract entered into with the Secretary of State for Work and Pensions

### **Out of Hours Period**

the period beginning at 6.30pm on any day from Monday to

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Thursday and ending at 8am on the following day;

the period between 6.30pm on Friday and 8am on the following Monday; and

Good Friday, Christmas Day and Bank Holidays

### **Out of Hours Services**

services required to be provided in all or part of the Out of Hours Period which would be Primary Medical Essential Services if provided by a Provider to its Registered Service Users in APMS Core Hours

### **Overseas Person**

any person who is a citizen of or holds a Relevant Professional Qualification from any country outside the UK or who has worked in any country outside the UK

### **Parent**

includes, in relation to any Child, any adult who, in the opinion of the Provider, is for the time being discharging in respect of that Child the obligations normally attaching to a parent in respect of a Child

### **Service User Registration Area**

the area in respect of which persons resident in it will, subject to any other terms of the Contract relating to Service User registration, be entitled to register with the Provider or seek acceptance by the Provider as a Temporary Resident; The Service User Registration Area is set out in Annex 1 of Schedule 2

### **Pharmaceutical Independent Prescriber**

a person:

who is either engaged or employed by the Provider or is party to the Contract;

who is registered in Part 1 of the register maintained under Article 10(1) of the Pharmacists and Pharmacy Technicians Order 2007 as amended or replaced from time to time or the register maintained in pursuance of Articles 6 and 9 of the Pharmacy (Northern Ireland) Order 1976; and

against whose name in that register is recorded an annotation signifying that he is qualified to order drugs, medicines and Appliances as a pharmacist independent prescriber

<b>Physiotherapist Independent Prescriber</b>	a physiotherapist who is registered in Part 9 of the register maintained under article 5 of the Health and Social Work Professions Order 2001 and against whose name in that register is recorded an annotation signifying that the physiotherapist is qualified to order drugs, medicines and Appliances as a Physiotherapist Independent Prescriber
<b>Physiotherapist</b>	<p>a Health Care Professional who is registered in the part of the register maintained by the Health Professions Council under article 5 of the Health and Social Work Professions Order 2001 relating to physiotherapists and:</p> <p>employed or engaged by the Department for Work and Pensions; or</p> <p>provided by an organisation under a contract entered into with the Secretary of State for Work and Pensions</p>
<b>PMS Agreements Regulations</b>	the National Health Service (Personal Medical Services Agreements) Regulations 2015
<b>Post-Registration Programme</b>	a programme of post-registration supervised clinical practice as referred to in paragraph 9.2.3.2
<b>Practice</b>	the business operated by the Provider for the purpose of delivering services under the Contract
<b>Prescriber</b>	<p>a Chiropracist or Podiatrist Independent Prescriber;</p> <p>an Independent Nurse Prescriber</p> <p>a medical practitioner;</p> <p>an optometrist independent prescriber;</p> <p>a Pharmaceutical Independent Prescriber;</p> <p>a Physiotherapist Independent Prescriber; and</p> <p>a Supplementary Prescriber;</p> <p>who is either engaged or employed by the Provider, or is a party to this Contract</p>

**Prescription Form**

except in the context of the expression “Electronic Prescription Form” or “Non-Electronic Prescription Form”:

a form for the purpose of ordering a drug, medicine or Appliance which is:

provided by the relevant Commissioner, a local authority or the Secretary of State;

issued by a Prescriber; and

does not indicate that the drug, medicine or Appliance ordered may be ordered more than once; or

where paragraph 15.1(Electronic Prescriptions) applies, data created in an electronic form for the purpose of ordering a drug, medicine or Appliance, which:

is signed with a Prescriber’s Advanced Electronic Signature;

is transmitted as an Electronic Communication to a nominated dispensing Provider by the Electronic Prescription Service; and

(does not indicate that the drug, medicine or Appliance ordered may be provided more than once

**Prescription Only Medicine**

a medicine referred to in regulation 5(3) (Classification of Medicinal Products) of the Human Medicines Regulations 2012

**Primary Medical Essential Services**

the services described in regulation 17(4), (6), (7) and (9) of the GMS Contracts Regulations, or services that are equivalent to those services, and which are provided during Core Hours

**Primary Care List**

a list of persons performing primary medical services under Part 4 of the 2006 Act, primary dental services under Part 5 of the 2006 Act or primary ophthalmic services under Part 6 of the 2006 Act, prepared in accordance with regulations made under sections 91, 106, 123, 145, 146, 147A or 149 respectively of the 2006 Act;

a list of persons undertaking to provide primary medical services, primary dental services, primary ophthalmic services or, as the case may be, pharmaceutical services prepared in accordance with regulations made under the applicable provisions of the 2006 Act;

a list corresponding to any of the above lists in Wales, Scotland or Northern Ireland

**Primary Carer**

in relation to an adult, the adult or organisation primarily caring for him

**Primary Medical Services**

medical services provided under or by virtue of a contract or agreement to which Part 4 of the 2006 Act applies

**Provider's Premises**

an address or addresses of a Services Environment specified in Annex 3 of the Contract at which APMS Services are to be provided under the Contract

**Registered Service User**

a person:

who is recorded by the relevant Commissioner pursuant to the APMS Directions as being on the Provider's List of Service Users, or

whom the Provider has accepted for inclusion on its List of Service Users, whether or not notification of that acceptance has been received by the relevant Commissioner and who has not been notified by the relevant Commissioner as having ceased to be on that list

**Relevant Calls**

calls:

made by Service Users to the Provider Premises for any reason related to Services provided under this Contract; and

made by persons, other than Service Users, to the Provider Premises in relation to services provided as part of the health service

**Relevant Register**

in relation to a nurse, the Nursing and Midwifery Register;

in relation to a pharmacist, Part 1 of the register maintained

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under Article 10 of the Pharmacists and Pharmacy Technicians Order 2007 as amended or replaced from time to time or the register maintained in pursuance of Articles 6 and 9 of the Pharmacy (Northern Ireland) Order 1976;

in relation to an optometrist, the register maintained by the General Optical Council in pursuance of section 7 of the Opticians Act 1989; and

the part of the register maintained by the Health and Care Professions Council in pursuance of article 5 of the Health and Social Work Professions Order 2001 relating to:

Chiropodists and podiatrists;

Physiotherapists; or

Radiographers

### **Repeat Dispensing Services**

pharmaceutical services or Local Pharmaceutical Services which involve the provisions of drugs, medicines or Appliances by a Chemist in accordance with a Repeatable Prescription

### **Repeatable Prescriber**

a Prescriber who is:

engaged or employed by the Provider where the Provider provides Repeatable Prescribing Services under the terms of the Contract; or

a party to the Contract where such services are provided

### **Repeatable Prescribing Services**

services which involve the prescribing of drugs, medicines or appliances on a Repeatable Prescription

### **Repeatable Prescription**

except in the context of the expression Electronic Repeatable Prescription and Non-Electronic Repeatable Prescription, a Prescription which:

is a form provided by the relevant Commissioner, a local authority or the Secretary of State for the purpose of ordering a drug, medicine or Appliance which is in the format required by NHS Business Services Authority and which:

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is issued, or is to be issued, by a Repeatable Prescriber to enable a Chemist or person providing Dispensing Services to receive payment for the provision of Repeat Dispensing Services;

indicates, or is to indicate, that the drug, medicine or Appliance ordered may be provided more than once; and

specifies, or is to specify the number of occasions on which they may be provided; or

where paragraph 17.1 (Electronic Prescriptions) applies, is data created in an electronic form for the purposes of ordering a drug, medicine or Appliance, which:

is signed, or to be signed, with the Prescriber's Advanced Electronic Signature;

is transmitted, or is to be transmitted, as an Electronic Communication to a nominated dispensing Provider by the Electronic Prescription Service; and

indicates, or is to indicate, that the drugs, medicines or Appliances ordered may be provided more than once and specifies the number of occasions on which they may be provided

**Restricted Availability Appliance** an Appliance which is approved for particular categories of persons or particular purposes only

**Scheduled Drug** a drug, medicine or other substance specified in any directions given by the Secretary of State under section 88 of the 2006 Act as being a drug, medicine or other substance which may not be ordered for Service Users in the provision of medical services under the Contract; or

except where the conditions in 23.1 are satisfied, a drug, medicine or other substance which is specified in any directions given by the Secretary of State under section 88 of the 2006 Act as being a drug, medicine or other substance which can only be ordered for specified Service Users and specified purposes

<b>Scheduled Release Date</b>	the date on which the person making an application under paragraph 28E.2.3 is due to be released from detention in prison
<b>Standards for Better Health</b>	the document produced by the Department of Health establishing the core and developmental standards covering NHS healthcare provided for NHS Service Users in England
<b>Summary Care Record</b>	the system approved by the relevant Commissioner for the automated uploading, storing and displaying of Service User data relating to medications, allergies, adverse reactions and, where agreed with the Provider and subject to the Service User's consent, any other data taken from the Service User's electronic record
<b>Summary Information</b>	items of Service User data that comprise the Summary Care Record
<b>Supplementary Prescriber</b>	<p>a person:</p> <p>who is either engaged or employed by the Provider; or</p> <p>whose name is registered in:</p> <p>the Nursing and Midwifery Register;</p> <p>Part 1 of the Register maintained under Article 19 of the Pharmacy Order 2010;</p> <p>the register maintained in pursuance of articles 6 and 9 of the Pharmacy (Northern Ireland) Order 1976; or</p> <p>the part of the register maintained by the Health Professions Council in pursuance of article 5 of the Health and Social Work Professions Order 2001 relating to:</p> <p>Chiropodists and podiatrists;</p> <p>physiotherapists;</p> <p>radiographers: diagnostic or therapeutic; or</p> <p>the register of optometrists maintained by the General Optical Council pursuant to section 7 of the Opticians Act</p>

1989; and

against whose name is recorded in the Relevant Register an annotation signifying that he is qualified to order drugs medicines and Appliances as a Supplementary Prescriber

**System of Clinical Governance**

a framework through which the Provider endeavours continuously to improve the quality of its Services and safeguard high standards of care by creating an environment in which clinical excellence can flourish

**Temporary Resident**

has the meaning given in the GMS Contracts Regulations

**Writing**

except in paragraph 46.1 and unless the context otherwise requires, includes electronic mail and “written” should be construed accordingly

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**Annex 2**

**The APMS Services**

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**Annex 3 – Provider's Premises**

**Annex 4 – Practice Leaflet**

A practice leaflet shall include:

1. The name of the party or parties comprising the Provider:
2. Where the Provider is a Qualifying Body (within the meaning of Section 93(3) of the 2006 Act:
  - a. the names of the directors, the company secretary and the shareholders of that company; and
  - b. the address of the company's registered office.
3. The full name of each person performing Services under the Contract.
4. In the case of each Health Care Professional performing services under the Contract his professional qualifications.
5. Whether the Provider undertakes the teaching or training of Health Care Professionals or persons intending to become health care professionals.
6. The Provider's Practice Area, including the area known as the outer boundary area, by reference to a sketch diagram, plan or postcode.
7. The address of each of the Provider's Premises.
8. The Provider's telephone and fax number and the address of its website (if any).
9. Whether the Provider's Premises have suitable access for all disabled patients and, if not, the alternative arrangements for providing services to such Service Users.
10. How to register as a Service User.
11. The right of Patients to express a preference of practitioner and the means of expressing such a preference.
12. The services available under the Contract.
13. The opening hours of the Provider's Premises and the method of obtaining access to services throughout the Core Hours.
  - (i) The criteria for home visits and the method of obtaining such a visit.
  - (ii) The consultations available to Patients.
14. The arrangements for services in the Out of Hours period (whether or not provided by the

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Provider) and how the Service User may access such services.

15. Where the services referred to in paragraph 14 are not provided by the Provider, the fact that the relevant Commissioner is responsible for commissioning the services.
16. The method by which Service Users are to obtain repeat prescriptions.
17. If the Provider offers Repeatable Prescribing Services, the arrangements for providing such services.
18. If the Provider is a dispensing Provider the arrangements for dispensing prescriptions.
19. How Service Users may make a complaint or comment on the provision of service.
20. The rights and responsibilities of the Service User, including keeping appointments.
21. The action that may be taken where a Service User is violent or abusive to the Provider or his staff or other persons on the Provider's Premises.
22. Details of who has access to Service User information (including information from which the identity of the individual can be ascertained) and the Service User's rights in relation to disclosure of such information.
23. The name, address and telephone number of the relevant Commissioner

## Annex 5 – Quality and Outcomes Framework –

### Indicators no longer in the Quality and Outcomes Framework

<i>Indicator ID</i>	<i>Indicator Description</i>
<i>Clinical domain</i>	
CHD003	The percentage of patients with coronary heart disease whose last measured total cholesterol (measured in the preceding 12 months) is 5mmol/l or less
CKD002	The percentage of patients in the CKD register in whom the last blood pressure reading (measured in the preceding 12 months) is 140/85 mmHg or less
CKD004	The percentage of patients in the CKD register whose notes have a record of a urine albumin:creatinine ratio (or protein:creatinine ratio) test in the preceding 12 months
NM84	The percentage of patients on the CKD register with hypertension and proteinuria who are currently treated with renin-angiotensin system antagonists
DEP001	The percentage of patients aged 18 or over with a new diagnosis of depression in the preceding 1 <sup>st</sup> April to 31 <sup>st</sup> March, who have had a bio-psychosocial assessment by the point of diagnosis. The completion of the assessment is to be recorded on the same day as the diagnosis is recorded.
DM005	The percentage of patients with diabetes, on the register, who have a record of an albumin:creatinine ratio test in the preceding 12 months
DM011	The percentage of patients with diabetes, on the register, who have a record of retinal screening in the preceding 12 months
DM016	The percentage of male patients with diabetes, on the register, who have a record of erectile dysfunction with a record of advice and assessment of contributory factors and treatment options in the preceding 12 months
EP002	The percentage of patients aged 18 or over on drug treatment for epilepsy who have been seizure free for the last 12 months recorded in the preceding 12 months
EP003	The percentage of women aged 18 or over and who have not attained the age of 55 who are taking antiepileptic who have a record of information and counselling about contraception, conception and pregnancy in the preceding 12 months
HYP003	The percentage of patients aged 79 or under with hypertension in whom the last blood pressure reading (measured in the preceding 9

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	months) is 140/90mmHg or less
HYP004	The percentage of patients with hypertension aged 16 or over and who have not attained the age of 75 in whom there is an assessment of physical activity, using, GPPAQ, in the preceding 12 months
HYP005	The percentage of patients with hypertension aged 16 or over and who have not attained the age of 75 who score 'less than active' on GPPAQ in the preceding 12 months, who also have a record of a brief intervention in the preceding 12 months
LD002	The percentage of patients in the learning disability register with Down's Syndrome aged 18 or over who have a record of blood TSH in the preceding 12 months (excluding those who are on the thyroid disease register)
MH004	The percentage of patients aged 40 or over with schizophrenia, bipolar affective disorder and other psychoses who have a record of total cholesterol:hdl ratio in the preceding 12 months
MH005	The percentage of patients aged 40 or over with schizophrenia, bipolar affective disorder and other psychoses who have a record of blood glucose or HbA1c in the preceding 12 months
MH006	The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of BMI in the preceding 12 months
PAD003	The percentage of patients with peripheral arterial disease in whom the last measured total cholesterol (measured in the preceding 12 months) is 5 mmol/l or less
RA003	The percentage of patients with rheumatoid arthritis aged 30 or over and who have not attained the age of 85 who have had a cardiovascular risk assessment using a CVD risk assessment tool adjusted for RA in the preceding 12 months
RA004	The percentage of patients aged 50 or over and who have not attained the age of 91 with rheumatoid arthritis who have had an assessment of fracture risk using a risk assessment tool adjusted for RA in the preceding 24 months
STIA004	The percentage of patients with stroke or TIA who have a record of total cholesterol in the preceding 12 months
STIA005	The percentage of patients with a stroke shown to be non-haemorrhagic, or a history of TIA whose last measured total cholesterol (measured in the preceding 12 months) is 5 mmol/l or less
THY001	The contractor establishes and maintains a register of patients with hypothyroidism who are currently treated with levothyroxine

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THY002	The percentage of patients with hypothyroidism, on the register, with thyroid function tests recorded in the preceding 12 months
<i>Public Health Domain</i>	
CVD-PP002	The percentage of patients diagnosed with hypertension (diagnosed after on or after 1 <sup>st</sup> April 2009) who are given lifestyle advice in the preceding 12 months for smoking cessation, safe alcohol consumption and healthy diet
CON002	The percentage of women, on the register, prescribed an oral or patch contraception method in the preceding 12 months who have also received information from the contractor about long acting reversible methods of contraception in the preceding 12 months
SMOK001	The percentage of patients aged 15 or over whose roles record smoking status in the preceding 24 months.