

HEALTH ACT 1999
NATIONAL HEALTH SERVICE (PRIMARY CARE) ACT 1997
NATIONAL HEALTH SERVICE ACT 1977

DIRECTIONS TO HEALTH AUTHORITIES AND PRIMARY CARE TRUSTS
CONCERNING THE IMPLEMENTATION OF PILOT SCHEMES
(PERSONAL MEDICAL SERVICES)

The Secretary of State, in exercise of powers conferred on him by sections 17 and 17A of the National Health Service Act 1977(a), and section 6(1) of the National Health Service (Primary Care) Act 1997(b), hereby gives the following Directions:—

Application, commencement and interpretation

1.—(1) These Directions are given to Health Authorities and Primary Care Trusts and shall come into force on 10 May 2000.

(2) Words and phrases used in these Directions which appear in the National Health Service (General Medical Services) Regulations 1992(c) have the meaning they bear in those Regulations, except "General Practice (GP) Registrar", "patient", "prescription form" and "treatment".

(3) In these Directions, unless the context otherwise requires—

"the 1977 Act" means the National Health Service Act 1977;

"the 1997 Act" means the National Health Service (Primary Care) Act 1997;

"adjudicator" means a person appointed under paragraph 1(1) of Schedule 4 to consider and determine a dispute relating to the provision of personal medical services under a pilot scheme agreement;

"the Choice of Medical Practitioner Regulations" means the National Health Service (Choice of Medical Practitioner) Regulations 1998(d);

(a) 1977 c.49. Section 17 was substituted and section 17A was inserted by the Health Act 1999 (c.8), section 12. The 1977 Act has effect in relation to services provided in accordance with Part I of the 1997 Act by virtue of section 9 of that Act.

(b) 1997 c.46.

(c) S.I. 1992/635. *See* regulation 2(1) and Schedule 2, paragraph 1. Relevant amending instruments are S.I.1995/3093, 1996/702, 1997/730, 1997/2468 and the National Health Service (General Medical Services) Amendment Regulations 1998 (S.I.1998/682).

(d) S.I. 1998/668

"complainant" means a person who has made a complaint under a pilot scheme complaints procedure, on his own behalf or on behalf of any person specified in paragraph 2 of Schedule 3;

"dispute resolution procedure" means a procedure established by a pilot scheme agreement for dealing with disputes arising out of an agreement for the provision of personal medical services under the pilot scheme;

"doctor's list" means a list of persons who have been accepted by or assigned to a doctor under the Choice of Medical Practitioner Regulations, otherwise than as temporary residents;

"the GMS Regulations" means the National Health Service (General Medical Services) Regulations 1992;

"General Practice (GP) Registrar" means a doctor who is being trained in general practice by a doctor who—

- (i) has been approved for that purpose by the Joint Committee on Postgraduate Training for General Practice under regulation 7 of the National Health Service (Vocational Training for General Medical Practice) Regulations 1997(a), and
- (ii) performs personal medical services;

"normal hours" means those days and times specified in a pilot scheme agreement as the days on which and the times at which a doctor will normally be available to perform personal medical services(b);

"normal place" means the place specified in a pilot scheme agreement as the place at which a doctor will normally be available, during normal hours, to perform personal medical services;

"out of hours place" means the place (if any) specified in a pilot scheme agreement as the place (other than the normal place) at which a doctor will normally be available, outside normal hours, to perform personal medical services;

"pilot area" means the area specified in a pilot scheme agreement as the area in which piloted services(c) are to be provided;

(a) S.I. 1997/2817, amended by the National Health Service (Vocational Training for General Medical Practice) Amendment Regulations 1998 (S.I. 1998/669).

(b) "Personal medical services" is defined in section 1(8) of the 1997 Act.

(c) "Piloted services" is defined in section 1(4) of the 1997 Act.

"pilot doctor" means, in relation to a particular pilot scheme, a doctor who performs personal medical services in connection with that pilot scheme(a);

"pilot patient" has the meaning assigned to it in paragraph 2;

"pilot scheme agreement" means an agreement which constitutes, or is one of the agreements which together constitute, a pilot scheme;

"pilot scheme complaints procedure" means a procedure established by the pilot scheme provider for dealing with complaints made by or on behalf of those who are receiving or who have received personal medical services under the scheme;

"pooled list" means a list of persons who have been accepted for the provision of personal medical services by a pilot scheme provider under paragraph 10;

"prescription form" means a form provided by a Health Authority and issued by a doctor to enable a person to obtain pharmaceutical services(b);

“relevant body” means-

- (a) in the case where a pilot scheme provider is a party to a pilot scheme agreement with a Health Authority, that Health Authority;
- (b) in the case where a pilot scheme provider is a party to a pilot scheme agreement with a Primary Care Trust, that Primary Care Trust;

"Scheduled drug" means a drug or substance specified in Schedule 10 to the GMS Regulations or (except where the conditions specified in paragraph 44(2) of Schedule 2 to the GMS Regulations are satisfied) Schedule 11 to those Regulations;

"the Statement of Fees and Allowances" means the Statement made under regulation 34(1) of the GMS Regulations(c);

"treatment" includes medical attendance.

- (4) In these Directions, subject to paragraph (5) below, "pilot scheme provider" means a person, other than a Health Authority or a Primary Care Trust, who is a party to a pilot scheme agreement;
- (5) Where a Primary Care Trust is providing services under a pilot scheme agreement, “pilot scheme provider” means that Primary Care Trust;
- (6) These Directions extend to Health Authorities and Primary Care Trusts in England.

(a) "Pilot scheme" is defined in section 1(1) of the 1997 Act.

(b) See section 41 of the 1977 Act.

(c) See the Statement of Fees and Allowances payable to General Medical Practitioners in England and Wales, 1996 Edition.

Pilot patients

2. For the purposes of these Directions, the patients in respect of whom personal medical services are to be provided in accordance with arrangements made under a particular pilot scheme are—

- (a) persons included in any doctor's list held by a pilot doctor under the pilot scheme;
- (b) persons included in a pooled list operated under the pilot scheme;
- (c) persons accepted for inclusion in a list referred to in paragraph (a) or (b);
- (d) for the limited period specified in paragraph 14 of Schedule 1, persons who have been refused acceptance for inclusion in a list referred to in paragraphs (a) or (b) of this paragraph;
- (e) persons who have been assigned to a pilot doctor by the pilot scheme provider under regulation 5 of the Choice of Medical Practitioner Regulations;
- (f) persons for whom the pilot scheme provider is obliged to provide personal medical services under regulation 5(6) of the Choice of Medical Practitioner Regulations, having been unable to assign them to a pilot doctor;
- (g) persons accepted as temporary residents by a pilot doctor or the pilot scheme provider under the pilot scheme;
- (h) persons who would be eligible under the pilot scheme for acceptance by a pilot doctor or the pilot scheme provider as temporary residents and to whom a pilot doctor has agreed to provide an immunisation;
- (i) persons who would be eligible under the pilot scheme for acceptance by a pilot doctor or the pilot scheme provider as temporary residents and for whom a pilot doctor or the pilot scheme provider has agreed to provide maternity medical services or contraceptive services, or in respect of whom a pilot doctor has agreed to take a cervical smear;
- (j) for the limited period specified in paragraph 14 of Schedule 1, persons to whom a pilot doctor is required by virtue of sub-paragraphs (b) and (c) of that paragraph to give treatment which is immediately required;
- (k) persons by whom a pilot doctor is requested and agrees, in connection with his performance of personal medical services under the pilot scheme, to give treatment which is immediately required owing to an accident or other emergency at any place in the area of the relevant body provided that—
 - (i) there is no doctor who, at the time of the request, is under an obligation

(otherwise than by virtue of this paragraph or under paragraph 4(1)(h) of Schedule 2 to the GMS Regulations(a)) to give treatment to that person, or

- (ii) there is such a doctor but, after being requested to attend, he is unable to attend and give treatment immediately required (or if, in the case of a pilot doctor, more than one such doctor is under an obligation to give treatment, no such doctor practising from the premises to which the request was made is able to attend and give treatment);
- (l) in respect of child health surveillance services, minor surgery services, contraceptive services or maternity medical services(b), persons for whom a pilot doctor has undertaken to perform such services in connection with the pilot scheme.

Provision of personal medical services and other services

3.—(1) A Health Authority or Primary Care Trust which is implementing proposals for a pilot scheme must ensure that the pilot scheme includes the provision of personal medical services which are—

- (a) equivalent in scope (though not necessarily identical in detail) to general medical services(c); and
- (b) available to pilot patients throughout each period of 24 hours during which the pilot scheme remains in existence.

(2) Paragraph (a) of sub-paragraph (1) is not to be construed as requiring a pilot scheme to include the provision of child health surveillance services, contraceptive services, minor surgery services or, except in an emergency, maternity medical services.

(3) Where a pilot scheme provider is to provide child health surveillance services, minor surgery services or both of them under a pilot scheme, the relevant body must ensure that the pilot scheme provider is authorised by a pilot scheme agreement to make arrangements for such of those services as are to be provided under the pilot scheme to be provided to any person who applies for them and who is a pilot patient in relation to any other pilot scheme.

(4) Where a pilot scheme provider is to provide maternity medical services, contraceptive services or both of them under a pilot scheme, the relevant body must ensure that the pilot scheme provider is authorised by a pilot scheme agreement to make arrangements for such of those services as are to be provided under the pilot scheme to be provided to any person who applies for them.

(a) Paragraph 4(1)(h) was amended by the National Health Service (General Medical Services) Amendment Regulations 1998 (S.I. 1998/682).

(b) These services are defined in regulation 2(1) of the GMS Regulations.

(c) "General medical services" is defined in section 29(1A) of the 1977 Act. Subsection (1A) was substituted by article 7(3) of the Family Practitioner Committees (Consequential Modifications) Order 1985, S.I. 1985/39.

(5) A Health Authority or Primary Care Trust must, before entering into a pilot scheme agreement which imposes requirements in accordance with sub-paragraph (3) or (4), ensure that the agreement contains terms as to the arrangements for a person to apply for the provision of a service mentioned in the sub-paragraph concerned, and the arrangements under which the pilot scheme provider may terminate his responsibility for the provision of that service.

(6) A Health Authority or Primary Care Trust which is implementing proposals for a pilot scheme must ensure that the pilot scheme provider is required by a pilot scheme agreement to take reasonable steps to ensure the continuity of a pilot patient's treatment.

(7) A Health Authority or Primary Care Trust which is implementing proposals for a pilot scheme must ensure that a pilot scheme agreement provides that (unless, in either case, the pilot scheme provider has the consent of the relevant body) a pilot doctor must not perform personal medical services at any premises if he would have required the consent of the Health Authority (or, on appeal the Medical Practices Committee) under paragraph 32 or 33 of Schedule 2 to the GMS Regulations to carry on practice from those premises, if he were providing general medical services.

Provision of drugs or appliances for immediate treatment or personal administration

4. A Health Authority or Primary Care Trust which is implementing proposals for a pilot scheme must ensure that a pilot scheme agreement—

- (a) requires the pilot scheme provider to provide to a pilot patient any appliance or drug, not being a Scheduled drug, where such provision is needed for the immediate treatment of that patient before a provision can otherwise be obtained; and
- (b) allows the pilot scheme provider to provide to a pilot patient any appliance or drug, not being a Scheduled drug, which a pilot doctor personally administers or applies to that patient,

and the services which are provided in accordance with this paragraph must be available to pilot patients throughout each period of 24 hours during which the pilot scheme remains in existence.

Provision of piloted services by a doctor

5. A Health Authority or Primary Care Trust must, before entering into a pilot scheme agreement with a doctor, ensure that he is not—

- (a) the subject of a declaration under section 46(2)(c)(a) of the 1977 Act (or any corresponding provision in force in Scotland or Northern Ireland) that he is not fit to be engaged in any capacity in the provision of general medical services, having been disqualified under section 46(2)(b) of the 1977 Act (or any corresponding provision in force in Scotland or Northern Ireland) from inclusion in the medical list(a) of a Health Authority (or a corresponding authority in Scotland or Northern Ireland), or

(a) Paragraph (c) was inserted by the National Health Service (Amendment) Act 1995 (c.31), section 1.

(a) "Medical list" is defined in regulation 2(1) of the GMS Regulations.

- (b) suspended by direction of the Tribunal^(b), pursuant to section 49A(2) or section 49B(1) of the 1977 Act, other than in a case falling within section 49B(3) of the 1977 Act (or any provisions in force in Scotland or Northern Ireland corresponding to those provisions).

Performance of personal medical services

6.—(1) A Health Authority or Primary Care Trust which is implementing proposals for a pilot scheme must ensure that a pilot scheme agreement—

- (a) requires that all doctors who are primarily responsible for the performance of personal medical services (and not just a particular aspect of personal medical services) in respect of the pilot patients have a doctor's list, whether or not they also participate in arrangements for a pooled list in connection with the pilot scheme;
- (b) names each of the doctors who will under the pilot scheme be primarily responsible for the performance of personal medical services, or any particular aspect of personal medical services, in respect of the pilot patients; and
- (c) specifies in respect of each of the doctors who are named in a pilot scheme agreement in accordance with paragraph (b)—
 - (i) the services which he is to perform under the pilot scheme, including whether he is to perform child health surveillance services, contraceptive services, minor surgery services or maternity medical services and, if so, which of them,
 - (ii) if he is not a pilot scheme provider, the nature of his legal relationship with the pilot scheme provider, and
 - (iii) whether he is to have a doctor's list and, if so, whether he is also to participate in any arrangements for a pooled list.

(2) A Health Authority or Primary Care Trust which is implementing proposals for a pilot scheme must have regard to the need to ensure that the number of pilot doctors who are primarily responsible for the performance of personal medical services is such that neither the right of any person in the relevant body's area to choose the medical practitioner from whom he is to receive primary medical services^(a), nor the scope for the Health Authority to require a person to be assigned to the list of a pilot doctor^(b), is unduly compromised.

7. A Health Authority or Primary Care Trust which is implementing proposals for a pilot

^(b) "Suspended by direction of the Tribunal" is defined in regulation 2(1) of the GMS Regulations.

^(a) See regulation 2(1) of the Choice of Medical Practitioner Regulations.

^(b) See regulation 4(2)(b) of the Choice of Medical Practitioner Regulations.

scheme must ensure that a pilot scheme agreement specifies the circumstances in which personal medical services, or any aspect of personal medical services, will be performed by a person other than a doctor who is primarily responsible for the performance of those services.

Doctor's lists and pooled lists

8.—(1) A Health Authority or Primary Care Trust which is implementing proposals for a pilot scheme must ensure that a pilot scheme agreement contains terms to the effect specified in the following sub-paragraphs (but only pilot schemes which authorise operation of a pooled list need contain terms which are relevant only to such lists).

(2) A pilot scheme agreement shall specify the maximum total number of persons who may be included in the doctors' lists of the pilot doctors or, if a pooled list is to be operated in accordance with the pilot scheme, the maximum total number of persons who may be included in the doctors' lists of the pilot doctors and the pooled list.

(3) Where a pilot scheme authorises a pooled list, the pilot scheme provider shall be responsible for accepting a person for inclusion in that list and may do so only if the person is eligible for the provision of personal medical services under the pilot scheme.

(4) The pilot scheme provider shall ensure that no person is accepted for inclusion in the doctor's list of more than one pilot doctor, or for inclusion in both a pilot doctor's list and a pooled list.

(5) The pilot scheme provider shall give the relevant body not less than one month's notice of any intention to cease to operate a pooled list.

Assignment of patients to pilot doctors

9. A Health Authority or Primary Care Trust which is implementing proposals for a pilot scheme must ensure that a pilot scheme agreement requires the pilot scheme provider to assign a person to a pilot doctor in accordance with regulation 5 of the Choice of Medical Practitioner Regulations if required to do so by the Health Authority under regulation 4(2)(b) of those Regulations.

Acceptance of patients for inclusion in a pooled list

10.—(1) A Health Authority or Primary Care Trust which is implementing proposals for a pilot scheme which authorises operation of a pooled list must ensure that a pilot scheme agreement contains terms to the effect specified in the following sub-paragraphs.

(2) The pilot scheme provider shall have a procedure under which persons may apply for inclusion in a pooled list, which provides that—

- (a) subject to paragraphs (b) and (c), an application shall be made by delivering to the pilot scheme provider a medical card or an application signed (in either case) by the applicant or a person authorised by the applicant to sign on his behalf;

- (b) an application may be made (otherwise than by the pilot scheme provider or a pilot doctor) on behalf of any child by—
 - (i) either parent, or in the absence of both parents, the guardian or other adult person who has the care of the child;
 - (ii) a person duly authorised by a local authority to whose care the child has been committed under the provisions of the Children Act 1989(a); or
 - (iii) a person duly authorised by a voluntary organisation by which the child is being accommodated under the provisions of that Act; and
- (c) an application may be made (otherwise than by the pilot scheme provider or a pilot doctor) on behalf of any adult who is incapable of making such an application, or authorising such an application to be made on his behalf, by a relative or another adult person who has an interest in the welfare of that person.

(3) Where a pilot scheme provider has agreed to accept a person for inclusion in a pooled list, he shall, within 14 days of receiving that person's medical card or, as the case may be, form of application, or as soon after the expiry of that period as is practicable—

- (a) sign the medical card or, as the case may be, the form of application; and
 - (b) send it to the Health Authority.
- (4) Where, for the purposes of sub-paragraph (3), any person signs a medical card or form of application on behalf of a pilot scheme provider, the pilot scheme provider shall ensure that the signatory specifies the name of the pilot scheme provider on whose behalf he is signing.
- (5) A pilot scheme provider shall ensure that a person who is included in a pooled list may choose the doctor from whom he is to receive primary medical services in accordance with regulation 2(1) of the Choice of Medical Practitioner Regulations.

Termination of responsibility for patients

11.—(1) A Health Authority or Primary Care Trust which is implementing proposals for a pilot scheme must ensure that a pilot scheme agreement contains terms to the effect specified in the following sub-paragraphs.

(2) A pilot scheme provider may notify the Health Authority in writing that he wishes to have any person removed from the list of pilot patients (which, in this paragraph, means the combined doctor's lists of all the pilot doctors who have such a list and the pooled list, if any) and that removal shall take effect in accordance with such directions as may be given to Health

(a) 1989 c.41.

Authorities(a).

(3) Where—

- (a) a person whose name is included in the list of pilot patients has committed an act of violence against a pilot doctor, or has behaved in such a way that the doctor has feared for his safety; and
- (b) the doctor has reported the incident to the police,

the pilot provider may notify the Health Authority that he wishes to have that person removed from the list of pilot patients with immediate effect and that removal shall take effect in accordance with such directions as may be given to Health Authorities(b).

(4) Notification under sub-paragraph (3) may be given by any means including telephone or fax, but if not given in writing shall subsequently be confirmed in writing within seven days (and, for this purpose, a faxed notification is not a written one).

(5) The time at which the pilot scheme provider notifies the Health Authority shall be the time at which he makes the telephone call to the Health Authority or at which the notification is delivered to the Authority.

(6) Other than in a case to which sub-paragraph (3) applies, where a pilot scheme provider notifies a Health Authority that he wishes to have a person removed from the list of pilot patients, he shall inform the Authority in writing if a pilot doctor is treating the person at intervals of less than seven days.

(7) Where a pilot scheme provider has notified a Health Authority that he wishes to have a person's name removed from the list of pilot patients with immediate effect, he shall take all reasonable steps to inform the person concerned.

Temporary residents

12.—(1) A Health Authority or Primary Care Trust which is implementing proposals for a pilot scheme which authorises operation of a pooled list must ensure that a pilot scheme agreement contains terms to the effect specified in the following sub-paragraphs.

(2) A pilot scheme provider may accept as a temporary resident a person requiring treatment who is—

- (a) temporarily residing away from his normal place of residence and is not included in the doctor's list of a doctor who practises in the vicinity of the

(a) See the Directions to Health Authorities concerning patients lists (personal medical services) made under section 6(1) of the 1997 Act, paragraph 4(1) and (2).

(b) See the Directions to Health Authorities concerning patient lists (personal medical services), paragraph 4(3).

place where he is temporarily residing, or a pooled list of doctors who practise in that vicinity; or

- (b) moving from place to place and not for the time being resident in any place,

and shall notify the Health Authority of the treatment provided to any person whom either he, or a pilot doctor, accepts as a temporary resident^(a), and such other information about that person as the Authority may reasonably require.

(3) For the purposes of sub-paragraph (2), a person shall be regarded as temporarily resident in a place if, when he arrives in that place, he intends to stay there for more than 24 hours but not more than three months.

(4) A pilot scheme provider may inform the Health Authority in writing that he wishes to terminate his responsibility for the provision of personal medical services for a temporary resident and, where he does so, his responsibility shall cease in accordance with sub-paragraph (2) or, as the case may be, sub-paragraph (3) of paragraph 11, as if the temporary resident were a person on the list of pilot patients (as defined in that paragraph).

Child health surveillance services, maternity medical services and minor surgery services

13.—(1) Where the personal medical services which are to be provided under a pilot scheme include child health surveillance services, the Health Authority or Primary Care Trust must—

- (a) satisfy itself that any doctor who is named in a pilot scheme agreement as a person who will perform child health surveillance services under the pilot scheme has such medical experience and training as are necessary to enable him properly to perform such services; and
- (b) ensure that a pilot scheme agreement provides that no doctor who is not named in such an agreement may perform child health surveillance services under the pilot scheme unless that or any other Health Authority or Primary Care Trust has satisfied itself as mentioned in paragraph (a) in respect of that doctor.

(2) In satisfying itself in respect of a doctor for the purposes of paragraph (a) of sub-paragraph (1), a Health Authority or Primary Care Trust shall, in particular, have regard to—

- (a) any post-graduate qualification held by the doctor, and
- (b) any training undertaken by him and any medical experience gained by him during the period of five years ending on the date on which he will start to perform child health surveillance services under the pilot scheme in question,

which is relevant to the provision of child health surveillance services, and shall seek and take into account any medical advice it considers necessary to enable it so to satisfy itself.

^(a) As to acceptance of a temporary resident by a pilot doctor, *see* the Choice of Medical Practitioner Regulations, regulation 7.

14.—(1) Where the personal medical services which are to be provided under a pilot scheme include maternity medical services, the Health Authority or Primary Care Trust must—

- (a) satisfy itself that any doctor who is named in a pilot scheme agreement as a person who will perform maternity medical services under the pilot scheme has such medical experience and training as are necessary to enable him properly to perform such services; and
- (b) ensure that a pilot scheme agreement provides that no doctor who is not named in such an agreement may perform maternity medical services under the pilot scheme (otherwise than in the event of a summons to an obstetric emergency^(a)) unless that or any other Health Authority or Primary Care Trust has satisfied itself as mentioned in paragraph (a) in respect of that doctor.

(2) In satisfying itself in respect of a doctor for the purposes of paragraph (a) of subparagraph (1), a Health Authority or Primary Care Trust shall, in particular, have regard to those factors listed in Part I of Schedule 5 to the GMS Regulations^(b), which for the purposes of this paragraph shall be modified by the substitution of "person proposing to perform maternity medical services" for "applicant", and of "of the date on which he will start to perform personal medical services under the pilot scheme in question" for "of his application", and the Health Authority or Primary Care Trust shall seek and take into account any medical advice it considers necessary to enable it so to satisfy itself.

15.—(1) Where the personal medical services which are to be provided under a pilot scheme include minor surgery services, a Health Authority or Primary Care Trust must—

- (a) satisfy itself that any doctor who is named in a pilot scheme agreement as a person who will perform minor surgery services under the pilot scheme has such medical experience and training, and access to such facilities, as are necessary to enable him properly to perform such services; and
- (b) ensure that a pilot scheme agreement provides that no doctor who is not named in such an agreement may perform minor surgery services under the pilot scheme unless a Health Authority or Primary Care Trust has satisfied itself as mentioned in paragraph (a) in respect of that doctor.

(2) In satisfying itself in respect of a doctor for the purposes of paragraph (a) of subparagraph (1), a Health Authority or Primary Care Trust shall, in particular, have regard to—

- (a) any post-graduate qualification held by the doctor, and
- (b) any training undertaken by him and any medical experience gained by him during the

(a) See paragraph 19(7) of Schedule 2 to the GMS Regulations.

(b) Part I of Schedule 5 was amended by the National Health Service (General Medical Services) Amendment Regulations 1998 (S.I. 1998/682).

period of five years immediately preceding the date on which he will start to perform minor surgery services under the pilot scheme in question,

which is relevant to the provision of minor surgery services.

(3) For the purpose of assessing the facilities to which a doctor has access, the Health Authority or Primary Care Trust shall have regard to the premises and the equipment to be used by him in the provision of minor surgery services.

(4) A Health Authority or Primary Care Trust shall seek and take into account any medical advice it considers necessary to enable it to satisfy itself for the purposes of paragraph (a) of sub-paragraph (1).

16.—(1) A Health Authority or Primary Care Trust which is implementing proposals for a pilot scheme must ensure that a pilot scheme agreement contains terms to the effect specified in the following sub-paragraphs.

(2) Subject to sub-paragraph (3), a pilot scheme provider shall notify the relevant body in writing of any person whom it is proposed should perform child health surveillance services, maternity medical services or minor surgery services under the pilot scheme (if that person is not named in a pilot scheme agreement as a person who is to perform the service in question), and shall at the same time provide to the relevant body such information as the relevant body may require for the purpose of satisfying itself as to that person in accordance with paragraph 13, 14 or, as the case may be, 15 of these Directions.

(3) Sub-paragraph (2) shall not apply in the case of the performance of maternity medical services by a doctor in response to a summons to an obstetric emergency.

Persons employed or engaged by a pilot scheme provider

17. A Health Authority or Primary Care Trust which is implementing proposals for a pilot scheme must ensure that a pilot scheme agreement contains a term to the effect that a pilot scheme provider shall—

- (a) before employing or engaging any person other than a doctor to assist him in the provision of piloted services, take reasonable care to satisfy himself that the person in question is both suitably qualified and competent to discharge the duties for which he is to be employed or engaged, having regard, in particular, to that person's academic and vocational qualifications and his training and experience in employment; and
- (b) afford to each employee or person engaged reasonable opportunities to undertake appropriate training with a view to maintaining that person's competence.

Childhood immunisations

18. A Health Authority or Primary Care Trust which is implementing proposals for a pilot scheme must ensure that a pilot scheme agreement contains terms to the effect that payments will be

made to the pilot scheme provider in respect of—

- (a) the immunisation by pilot doctors of children aged two and under against diphtheria, tetanus, poliomyelitis, pertussis, measles, mumps, rubella and haemophilus influenzae B; and
- (b) the immunisation by pilot doctors of children aged five and under against diphtheria, tetanus and poliomyelitis, by way of pre-school boosters;

on the basis of arrangements under which the amounts so paid are, respectively, as nearly as possible equal to the total amount of the payments which would have been made to the pilot doctors under paragraphs 25 and 26 of the Statement of Fees and Allowances, if they were partners providing general medical services under Part II of the 1977 Act and the children immunised were patients on their partnership list (within the meaning of those paragraphs).

Pilot leaflet

19.—(1) A Health Authority or Primary Care Trust which is implementing proposals for a pilot scheme must ensure that a pilot scheme agreement contains a term to the effect that a pilot scheme provider shall produce a document, in this paragraph called a "pilot leaflet", which shall include the following information—

- (a) in relation to each pilot doctor, his—
 - (i) full name,
 - (ii) sex,
 - (iii) medical qualifications, and
 - (iv) date and place of first registration; and
- (b) in relation to the pilot scheme—
 - (i) details of the normal hours and the normal place,
 - (ii) details of any appointments system and arrangements for urgent and non-urgent access to a doctor either at the normal place or elsewhere,
 - (iii) the arrangements under which a person may receive personal medical services outside normal hours, including how a doctor may be contacted, who is to provide the services, and details of the out of hours place (if any),
 - (iv) the arrangements for obtaining repeat prescriptions and, if a dispensing practice, for dispensing prescriptions,
 - (v) details (including, if appropriate, where and when the service or clinic is

available) of the services provided and by whom including child health surveillance services, contraceptive services, maternity medical services, minor surgery services and any specialist clinics,

- (vi) the numbers, functions and availability of professionals other than doctors (including nurses, midwives and health visitors) who assist in the provision of personal medical services,
- (vii) the arrangements for receipt of patients' comments, suggestions and complaints,
- (viii) the geographical boundary of the pilot area by reference to a sketch, diagram, plan or postcode,
- (ix) whether the practice premises have suitable access for all disabled patients and if not the reasons why they are unsuitable for particular types of disability; and
- (x) arrangements for notifying patients if the pilot scheme provider employs a General Practice (GP) Registrar or undergraduate medical student or a person who is engaged in employment under section 10 of the Medical Act 1983^(a) in an approved medical practice^(b).

(2) A Health Authority or Primary Care Trust which is implementing proposals for a pilot scheme under which a piloted service other than personal medical services and the services mentioned in paragraph 4 of these Directions is to be provided must ensure that a pilot scheme agreement contains a term to the effect that a pilot scheme provider shall include in his pilot leaflet information regarding the piloted service, including information as to the type of service, who provides that service, how a person may contact a provider of that service, and when and where that service is provided.

(3) A Health Authority or Primary Care Trust which is implementing proposals for a pilot scheme must ensure that a pilot scheme agreement contains terms to the effect that a pilot scheme provider shall—

- (a) review his pilot leaflet at least once in every period of 12 months, and make any amendments necessary to maintain its accuracy; and
- (b) make available a copy of the most recent edition of his pilot leaflet to the relevant body, to each pilot patient, and to any other person who, in the pilot scheme provider's opinion, reasonably requires one.

^(a) 1983 c.54.

^(b) See section 11(4), as amended by section 35 of the 1997 Act. The Medical Act 1983 (Approved Medical Practices and Conditions of Residence) and National Health service (General Medical Services) (Amendment) Regulations 1998 (S.I. 1998/1664) were made under section 11(4).

Lists of pilot doctors

20. A Health Authority or Primary Care Trust which is implementing proposals for a pilot scheme must ensure that a pilot scheme agreement requires the pilot scheme provider to supply to the Health Authority such information about the pilot doctors as it requires for the purpose of preparing a list of pilot doctors and keeping it up to date, in accordance with paragraph 2 of the Directions to Health Authorities concerning patient lists (personal medical services).

Terms relating to the performance of personal medical services

21.—(1) A Health Authority or Primary Care Trust which is implementing proposals for a pilot scheme must ensure that—

- (a) a pilot scheme agreement contains terms relating to the performance of personal medical services which have the same effect as those specified in Schedule 1; and
- (b) where personal medical services are to be performed under the pilot scheme by a doctor who is not a pilot scheme provider, the pilot scheme provider is, under a pilot scheme agreement, responsible for the compliance by such a doctor with those terms.

(2) A Health Authority or Primary Care Trust which is implementing proposals for a pilot scheme must ensure that a pilot scheme agreement provides that an arrangement under which personal medical services are performed by doctors who are not named in a pilot scheme agreement as primarily responsible for the performance of those services, and who are employed or engaged by an organisation which provides doctors for that purpose, may be made only if the pilot scheme provider takes all reasonable steps to satisfy himself that the service provided by the organisation (including its monitoring arrangements) is adequate and appropriate, having regard in particular to the interests of the pilot patients, and that any doctor provided by the organisation complies with the requirements specified in paragraphs 1 to 4 of Schedule 1.

Delegation of functions relating to a pilot scheme by a Health Authority to a Health Board

22.—(1) A Health Authority or Primary Care Trust which is implementing proposals for a pilot scheme must ensure that a pilot scheme agreement to which this sub-paragraph applies contains terms which specify, in the event that regulations are made under section 1(6) of the 1997 Act, whether the courts in England and Wales or the courts in Scotland are to have jurisdiction over any dispute relating to the pilot scheme.

(2) Sub-paragraph (1) applies only to a pilot scheme agreement which is not an NHS contract and, in this paragraph, "NHS contract" has the meaning assigned by section 4(1) of the National Health Service and Community Care Act 1990^(a) and section 17A(3) of the 1978 Act^(b).

(a) 1990 c.19 ("the 1990 Act"). Section 4 was amended by paragraph 68 of Schedule 1 to the Health Authorities Act 1995 (c.17) ("the 1995 Act").

(b) Section 17A was inserted by section 30 of the 1990 Act, and amended by paragraph 102(2) of Schedule 1 to the 1995 Act.

(3) A Health Authority or Primary Care Trust which is implementing proposals for a pilot scheme must ensure that all pilot scheme agreements are governed by the law of England and Wales.

Arrangements for General Practice (GP) Registrars

23. A Health Authority or Primary Care Trust which is implementing proposals for a pilot scheme must ensure that a pilot scheme agreement-
- (a) provides that if any of the pilot doctors are approved by the Joint Committee on Postgraduate Training for General Practice under regulation 7 of the National Health Service (Vocational training for General Medical Practice) Regulations 1997(c), the pilot scheme provider may, with the agreement of the Secretary of State, employ a particular General Practice Registrar (“GP Registrar”) for the purpose of being trained by a particular pilot doctor who is so approved; and
 - (b) provides that the pilot scheme provider shall comply with the GP Registrar Scheme Guidance when employing a GP Registrar and that the terms of employment of any such GP Registrar shall be in accordance with the rates and subject to the conditions contained in the Schedule to the Directions to Health Authorities concerning GP Registrars (a).

Doctors with provisional registration

24. A Health Authority or Primary Care Trust which is implementing proposals for a pilot scheme must ensure that a pilot scheme agreement provides that (when regulations under section 11(4) of the Medical Act 1983 come into force) the pilot scheme provider shall not, by virtue only of having employed or engaged a person who is provisionally registered under section 15 or 21 of the Medical Act 1983 and who is acting in the course of his employment in a resident medical capacity in an approved medical practice (within the meaning of section 11(4) of that Act(a)), reduce the total number of hours for which other doctors perform personal medical services in connection with the pilot scheme, or for which other staff assist them in the performance of those services.

Complaints

25.-(1) A Health Authority or Primary Care Trust which is implementing proposals for a pilot scheme must ensure that a pilot scheme agreement—

- (a) includes a pilot scheme complaints procedure which complies with the requirements

(c) S.I. 1997/2817. Regulation 7 was amended by regulation 2(3) of the NHS (Vocational Training for General Medical Practice) Amendment Regulations 1998 (S.I. 1998/669).

(d) See the direction to Health Authorities concerning GP Registrars.

(a) Section 11(4) is amended by section 35(4) of the 1997 Act. The Medical Act 1983 (Approved Medical Practices and Conditions of Residence) and National Health service (General Medical Services) (Amendment) Regulations 1998 (S.I. 1998/1664) were made under section 11(4) as amended.

specified in Schedule 2; and

- (b) requires the pilot scheme provider to apply that procedure (including the requirement to cooperate with any investigation of a complaint by the Health Authority) in relation to any matter reasonably connected with the provision to a pilot patient of general ophthalmic services or pharmaceutical services by a pilot doctor who is, by virtue of the pilot scheme, providing those services under the National Health Service (General Ophthalmic Services) Regulations 1986^(b) or, as the case may be, the National Health Service (Pharmaceutical Services) Regulations 1992^(c).
- (2) Where a Health Authority directs a Primary Care Trust to exercise its functions in relation to pilot schemes, that Health Authority shall also direct that Primary Care Trust to establish and operate, in accordance with directions given by the Secretary of State under section 9(2) of the 1997 Act and section 17 of the 1977 Act or any directions given by the Health Authority, procedures for dealing with complaints about the provision of personal medical services under such a pilot schemes.

Disputes

26. Except where the pilot scheme provider is a health service body within the meaning of section 4 of the National Health Service and Community Care Act 1990 or section 16 of the 1997 Act, a Health Authority or Primary Care Trust which is implementing proposals for a pilot scheme must ensure that a pilot scheme agreement includes a dispute resolution procedure which—

- (a) requires that the parties be bound by any determination made by the adjudicator to resolve the matter in dispute; and
- (b) complies with the requirements specified in Schedule 4.

Termination of pilot schemes

27. A Health Authority or Primary Care Trust which is implementing proposals for a pilot scheme must ensure that a pilot scheme agreement—

- (a) requires the pilot scheme provider to give a specified period of notice to the relevant body of any intention to withdraw from the pilot scheme;
- (b) subject to paragraph 28(3) and (5), specifies which terms of the pilot scheme are conditions, breach of which may lead to termination of the pilot scheme; and

^(b) S.I. 1986/975. The relevant amending instrument is the National Health Service (Pilot Schemes: Miscellaneous Provisions and Consequential Amendments) Regulations 1998 (S.I. 1998/646).

^(c) S.I. 1992/662, amended by S.I. 1993/2451, 1994/2402, 1995/644 and 1996/698.

- (c) makes suitable provision for arrangements on termination of the pilot scheme, whether by notice, breach or otherwise.

Qualifying bodies

28.—(1) A Health Authority or Primary Care Trust which is implementing proposals for a pilot scheme in respect of which a qualifying body is a pilot scheme provider must ensure that a pilot scheme agreement contains terms to the effect specified in the following sub-paragraphs.

(2) The qualifying body shall not carry on any business which it is not required or authorised to carry on by a pilot scheme agreement.

(3) A Health Authority or Primary Care Trust which becomes aware of a breach of the term specified in sub-paragraph (2) shall give notice immediately to the pilot scheme provider, requiring that the qualifying body cease, before the end of the period of one month beginning on the day on which the notice is given ("the notice period") to carry on business other than that required or authorised by the pilot scheme agreement and, if the qualifying body does not cease to carry on other business in accordance with that requirement, the pilot scheme shall (without further notice) terminate in accordance with the arrangements made under paragraph 27(c) and, in any event, no later than the end of the period of one month beginning with the day on which the notice period ended.

(4) No member of the qualifying body shall transfer or grant an interest (whether legal or beneficial) of any kind in any share in that body to any person other than a person specified in sub-paragraph (a), (b), (c) or (e) of section 2(2) of the 1997 Act.

(5) A Health Authority or Primary Care Trust which becomes aware of a breach of the term specified in sub-paragraph (4) shall give notice immediately to the pilot scheme provider, requiring that the entire legal and beneficial interest in the share in question be vested, before the end of the period of one month beginning on the day on which the notice is given ("the notice period"), to a person specified in paragraph (a), (b), (c) or (e) of section 2(2) and, if the share (or, as the case may be, the interest granted in the share) is not transferred in accordance with that requirement, the pilot scheme shall (without further notice) terminate in accordance with the arrangements made under paragraph 27(c) and, in any event, no later than the end of the period of one month beginning with the day on which the notice period ended.

(6) The pilot scheme shall terminate immediately if—

- (a) all the shares in the qualifying body are transmitted to a personal representative of a member of that body;
- (b) the personal representative is not a person specified in paragraph (a), (b), (c) or (e) of section 2(2) of the 1997 Act; and
- (c) there are no other parties to the agreement, apart from the Health Authority or Primary Care Trust.

(7) Where—

- (a) fewer than 100% of the shares in the qualifying body are transmitted to a personal representative of a member of that body who is not a person specified in paragraph (a), (b), (c) or (e) of section 2(2) of the 1997 Act, or
- (b) all the shares are transmitted to such a personal representative, but there is another party to the agreement apart from the Health Authority or Primary Care Trust and the qualifying body,

the Health Authority or Primary Care Trust shall give notice immediately to the pilot scheme provider, requiring that the share or shares which have been transmitted to a member's personal representative be transferred or transmitted, before the end of the period of two months beginning with the day on which the member of the qualifying body died ("the notice period"), to a person specified in paragraph (a), (b), (c) or (e) of section 2(2) and, if the shares are not transferred or transmitted in accordance with that requirement, the pilot scheme shall (without further notice) terminate in accordance with the arrangements made under paragraph 27(c) and, in any event, no later than the end of the period of one month beginning with the day on which the notice period ended.

(8) Where an NHS trust which was a member of the qualifying body is dissolved by the Secretary of State—

- (a) if the NHS trust was the sole member of the qualifying body and the qualifying body was the only party to the pilot scheme agreement (other than the Health Authority or Primary Care Trust), the pilot scheme shall terminate immediately;
- (b) in other cases, the Health Authority or Primary Care Trust shall give notice immediately to the pilot scheme provider, requiring that the share or shares which were held by the NHS trust are transferred, before the end of the period of one month beginning on the day on which the notice is given ("the notice period"), to a person specified in paragraph (a), (b), (c) or (e) of section 2(2) and, if the shares are not transferred in accordance with that requirement, the pilot scheme shall (without further notice) terminate in accordance with the arrangements made under paragraph 27(c) and, in any event, no later than the end of the period of one month beginning with the day on which the notice period ended.

(9) Where the qualifying body is wound up under Part IV of the Insolvency Act 1986, or is subject to an administration order under Part II of that Act, the pilot scheme shall terminate immediately.

29.—(1) Where a Health Authority or Primary Care Trust is implementing proposals for a pilot scheme in respect of which a qualifying body is a pilot scheme provider, the Health Authority or Primary Care Trust must ensure that a pilot scheme agreement contains a term to the effect that the pilot scheme provider shall immediately give notice in writing to the relevant body of the transfer or transmission of any share in the qualifying body.

(2) Where a Health Authority or Primary Care Trust has been given notice of the transfer or transmission of any share in a qualifying body under sub-paragraph (1), the Health

Authority or Primary Care Trust shall immediately send a copy of that notice to the Secretary of State.

Insurance

30. A Health Authority or Primary Care Trust which is implementing proposals for a pilot scheme must ensure that a pilot scheme agreement requires the pilot scheme provider to ensure that each pilot doctor has adequate insurance against liability arising from negligent performance of personal medical services and such other services as he may perform under the pilot scheme.

Notices

- 31.** Any notice or other document required or authorised to be given under these Directions—
- (a) to a Health Authority or Primary Care Trust may be given by delivering it to the principal office of that body, or by sending it by post in a pre-paid envelope addressed to that body at its principal office;
 - (b) to a pilot scheme provider may be given by delivering it to the address given as that of the pilot scheme provider in a pilot scheme agreement or by sending it by post in a pre-paid envelope addressed to the pilot scheme provider at that address.

Further provision

32. Schedule 4 (which makes provision as to dispensing services, as defined in that Schedule) shall have effect.

Revocation

33. The Directions to Health Authorities concerning the implementation of pilot schemes (personal medical services) signed on 11 March 1998 are revoked in so far as they relate to England.

Signed by authority of the Secretary of State for Health



Department of Health
A Member of the Senior Civil Service

**TERMS RELATING TO THE PERFORMANCE OF
PERSONAL MEDICAL SERVICES UNDER A PILOT SCHEME**

Doctors' qualifications

1.-(1) No person shall perform personal medical services unless he is registered under section 2 of the Medical Act 1983(a).

(2) A doctor who performs personal medical services shall be either suitably experienced or, by virtue of subsection (2) of section 11 of the 1997 Act or regulations made under that subsection, a person who is not prevented from performing personal medical services.

2. Personal medical services shall not be performed by a doctor who is—

- (a) the subject of a declaration under section 46(2)(c) of the 1977 Act (or any corresponding provisions in force in Scotland and Northern Ireland) that he is not fit to be engaged in any capacity in the provision of general medical services, having been disqualified under section 46(2)(b) of the 1977 Act (or any corresponding provisions in force in Scotland and Northern Ireland) from inclusion in the medical list of a Health Authority (or an authority in Scotland or Northern Ireland), or
- (b) suspended by direction of the Tribunal pursuant to section 49A(2) or section 49B(1) of the 1977 Act (other than in a case falling within section 49B(3) of the 1977 Act) (or any provisions in force in Scotland and Northern Ireland corresponding to those provisions).

3. Personal medical services may only be performed by a doctor who has been disqualified under section 46(2)(a) or (b) of the 1977 Act from inclusion in the medical list of a Health Authority if he is supervised in the performance of those services by another doctor who has not been so disqualified.

4. A doctor who performs personal medical services shall be competent to perform them, having regard, in particular, to that doctor's training and experience in employment.

5. Where a decision whether any, and if so what, action is to be taken under a pilot scheme agreement requires the exercise of professional judgment, a doctor shall not, in reaching that decision, be expected to exercise a higher degree of skill, knowledge and care than—

- (a) in the case of a doctor performing child health surveillance services, maternity medical services, or minor surgery services, that which any general practitioner included, under the GMS Regulations, in the child health surveillance list, the

(a) 1983 c.54, as amended by the Medical (Professional Performance) Act 1995 (1995 c.51).

obstetric list or, as the case may be, the minor surgery list^(a), may reasonably be expected to exercise; and

- (b) in any other case, that which general practitioners as a class may reasonably be expected to exercise.

Acceptance of patients

6. A person may only be accepted by or on behalf of a doctor for inclusion in his doctor's list if that person is eligible for the provision of personal medical services under the pilot scheme.

7. A doctor who agrees to accept a person for inclusion in his doctor's list shall, within 14 days of receiving that person's medical card or, as the case may be, form of application, or as soon after the expiry of that period as is practicable—

- (a) sign the medical card or, as the case may be, the form of application; and
- (b) send it to the Health Authority

8. Where, for the purposes of paragraph 7 of this Schedule, any person signs a medical card or form of application on behalf of a doctor, the doctor shall ensure that the signatory specifies the name of the doctor on whose behalf he is signing.

Availability of personal medical services and other services

9. Personal medical services and the services to be provided under paragraph 4 of these Directions shall be available to the pilot patients throughout each period of 24 hours during which the pilot scheme remains in existence.

10.—(1) All necessary and appropriate personal medical services of the type usually provided by general medical practitioners shall be performed in respect of the pilot patients, including the following—

- (a) giving advice, where appropriate, to a patient in connection with the patient's general health, and in particular about the significance of diet, exercise, the use of tobacco, the consumption of alcohol and the misuse of drugs or solvents;
- (b) offering to patients consultations and, where appropriate, physical examinations for the purpose of identifying, or reducing the risk of, disease or injury;
- (c) offering to patients all appropriate immunisations (otherwise than in respect of foreign travel) and offering to patients for the purposes of foreign travel appropriate immunisations against typhoid, paratyphoid, cholera, poliomyelitis and infectious hepatitis;

^(a) "Child health surveillance list", "obstetric list" and "minor surgery list" are defined in regulation 2(1) of the GMS Regulations.

- (d) arranging for the referral of patients, as appropriate, for the provision of any other services under the 1977 Act;
- (e) giving advice, as appropriate, to enable patients to avail themselves of services provided by a local social services authority; and
- (f) providing a cervical smear test—
 - (i) upon request to all patients who are women aged between 25 and 64 (who have a cervix) at intervals of no more than five and a half years, and
 - (ii) at such shorter intervals as may be appropriate to all patients in respect of whom the need for a cervical smear test is indicated by the result of a previous test or other treatment.
- (2) Nothing in these Directions prevents a doctor from—
 - (a) arranging for the referral of a patient pursuant to paragraph (d) of sub-paragraph (1) without first seeing the patient, in a case where the medical condition of the patient makes that course of action appropriate; or
 - (b) visiting the patient in circumstances where the pilot scheme agreement does not place him under an obligation to do so.

11. In normal hours, personal medical services shall be performed—

- (a) at the normal place; or
- (b) in the case of a pilot patient whose condition is such that, in the reasonable opinion of the doctor from whom treatment is requested, it would be inappropriate for the patient to attend at the normal place, at the place where the patient is at that time residing (or, if that is inappropriate, at some other place in the pilot area).

12. Outside normal hours, if, in the light of a pilot patient's medical condition, it is the reasonable opinion of the doctor from whom treatment is requested that a consultation is needed before the next time at which the patient could be seen during normal hours, personal medical services shall be performed—

- (a) at the normal place,
- (b) at the out of hours place, or
- (c) in the case of a patient whose condition is such that, in the reasonable opinion of the doctor from whom treatment is requested, it would be inappropriate for the patient to attend either at the normal place or at the out of hours place, at the place where the patient is at that time residing (or, if that is inappropriate, at some other place in the pilot area).

13. Appropriate treatment which is immediately required owing to an accident or emergency at any place in the pilot area shall be given (upon the request of any person) to any person.

14. Immediately necessary treatment shall be given, upon request, to any person—

- (a) who lives in the pilot area, has been refused acceptance as a pilot patient, and is not the patient of another doctor practising in that area,
- (b) to whom regulation 7 of the Choice of Medical Practitioner Regulations or paragraph 12(2) of these Directions applies but who has been refused acceptance by a pilot doctor or the pilot scheme provider as a temporary resident, or
- (c) in respect of whom a request has been made that that person should cease to be a pilot patient with immediate effect in accordance with paragraph 11(3) of these Directions,

until the expiry of the period of 14 days beginning with the date when that person was refused acceptance (or, as the case may be, with the date when the request that that person should no longer be a pilot patient was made), or until that person has been accepted by or assigned to another doctor, or accepted by another pilot scheme provider, whichever occurs first.

15. Where a person applies to a doctor for treatment and claims to be on the doctor's list of that doctor or on the pooled list (if any), but fails to produce his medical card on request and the doctor from whom treatment is requested has reasonable doubts about that person's claim, any necessary treatment shall nevertheless be given to that person.

16. Maternity medical services shall be performed in the event of a summons to an obstetric emergency (even if the doctor from whom treatment is requested has not been approved by a Health Authority or Primary Care Trust in accordance with paragraph 14 of these Directions).

Responsibility for performance of personal medical services

17.—(1) Personal medical services shall be performed by those doctors named in a pilot scheme agreement as being primarily responsible for the performance of those services in respect of the pilot patients, except in the circumstances specified in a pilot scheme agreement in accordance with paragraph 7 of these Directions when, subject to sub-paragraphs (2) and (3), the services may be performed by another doctor.

(2) Child health surveillance services and minor surgery services may be performed only by a doctor about whom a Health Authority or Primary Care Trust has satisfied itself in accordance with paragraph 13 or, as the case may be, 15 of these Directions.

(3) Maternity medical services may be performed only by a doctor about whom a Health Authority or Primary Care Trust has satisfied itself in accordance with paragraph 14 of these Directions, except where those services are performed in the event of a summons to an obstetric emergency.

(4) Where it is clinically reasonable in the circumstances to delegate a task or duty

connected with the performance of personal medical services to someone other than a doctor, that task or duty may be delegated by a doctor to a person whom he is satisfied is competent to undertake that task or duty (but clinical responsibility for the performance of personal medical services will remain with the doctor).

Medical certificates

18.—(1) A pilot patient or his personal representatives shall be issued, free of charge, any medical certificate of a description prescribed in column 1 of Schedule 9 to the GMS Regulations which is reasonably required under or for the purposes of the enactments specified in relation to that certificate in column 2 of that Schedule, except where, for the condition to which the certificate relates, the patient—

- (a) is being attended by a doctor who is not a pilot doctor in relation to the pilot scheme in question; or
- (b) is not being treated by, or under the supervision of, a doctor.

(2) The provisions of sub-paragraphs (2) and (3) of paragraph 37 of Schedule 2 to the GMS Regulations shall apply, respectively, to the exception in paragraph (a) of sub-paragraph (1) and any certificate given under that sub-paragraph.

19.—(1) A medical officer^(a), or an officer of the Department of Social Security acting on his behalf and at his direction, shall, if a pilot doctor is satisfied that the patient consents, be provided on request—

- (a) in writing and within such reasonable period as the medical officer (or, as the case may be, the officer of the Department of Social Security) may specify, with such clinical information as the medical officer considers relevant about a pilot patient to whom a medical certificate has been issued (or whose request for the issue of such a certificate has been refused), and
- (b) with information regarding any prescription form or medical certificate issued in respect of a pilot patient or about any statement made in a report under this paragraph.

(2) For the purpose of satisfying himself that the patient has consented as required by sub-paragraph (1), the pilot doctor may (unless he has reason to believe that the patient does not consent) rely on an assurance in writing from the medical officer, or any officer of the Department of Social Security, that he holds the patient's written consent.

Patient records

20. —(1) Adequate records of the illnesses and treatment of pilot patients shall be kept on forms

(a) "Medical officer" is defined in regulation 2(1) of the GMS Regulations, as amended by the National Health Service (General Medical Services) Amendment Regulations 1998 (S.I. 1998/682).

which shall be supplied to the pilot scheme provider for the purpose by the Health Authority.

(2) Such a record shall be forwarded to the Health Authority-

- (a) on the request of the Authority, as soon as possible;
- (b) where the Authority informs the pilot scheme provider of the death of a pilot patient, within 14 days of the receipt of that information; and
- (c) in any other case where a pilot patient has died, not later than one month after the pilot scheme provider learns of that death.

Prescribing

21. Where any drugs, medicines or listed appliances are needed for the treatment of any pilot patient, paragraphs 43 to 46 of Schedule 2 to the GMS Regulations shall apply, modified in the following manner—

(a) in paragraph 46, for "a doctor who has undertaken" substitute "a pilot doctor who performs contraceptive services"; and

(b) throughout, for "treatment under these terms of service", substitute "treatment in connection with a pilot scheme".

22. Subject to paragraph 24(b) of this Schedule and paragraph 38(j) and (o) of Schedule 2 to the GMS Regulations (as applied by paragraph 24(a) of this Schedule) no fee or other remuneration shall be demanded or accepted from a pilot patient for any prescription for any drug or appliance.

Provision of drugs or appliances for immediate treatment or personal administration

23. In addition to the performance of personal medical services, a pilot doctor—

- (a) shall provide to a pilot patient any appliance or drug, not being a Scheduled drug, where such provision is needed for the immediate treatment of that patient before a provision can otherwise be obtained; and
- (b) may provide to a pilot patient any appliance or drug, not being a Scheduled drug which he personally administers or applies to that patient.

Charges

24. No fee or other remuneration shall be demanded or accepted for any treatment given to a pilot patient, except—

- (a) in those cases specified in sub-paragraphs (a), (b), (d), (e), (g), (i) to (m) and (o) of paragraph 38 of Schedule 2 to the GMS Regulations;
- (b) where a patient is treated under paragraph 15 of this Schedule, in which case a

reasonable fee may be demanded and accepted for any treatment given, subject to any provisions in a pilot scheme agreement relating to the repayment of the fee to the patient;

- (c) for treatment consisting of immunisation against a disease other than typhoid, paratyphoid, cholera, poliomyelitis and infectious hepatitis, which was requested in connection with travel abroad;
- (d) for treatment which is not of a type usually provided by general medical practitioners and which is given—
 - (i) pursuant to the provisions of section 65 of the 1977 Act, or
 - (ii) in a registered nursing home which is not providing services under the 1977 Act,

if, in either case, the doctor providing the treatment is serving on the staff of a hospital providing services under the 1977 Act as a specialist providing treatment of the kind the patient requires, subject to any provisions in the pilot scheme agreement relating to the provision by the doctor to the relevant body of information about the treatment.

PILOT SCHEME COMPLAINTS PROCEDURE**Complaints**

1. A pilot scheme provider shall establish, and operate in accordance with this Schedule, a pilot scheme complaints procedure to deal with any complaints made in relation to any matter reasonably connected with the pilot scheme provider's provision of personal medical services which is within the responsibility or control of the pilot scheme provider.

2. A complaint may be made by or, with his consent, on behalf of a patient, or former patient, who is receiving or has received personal medical services under the scheme, or—

- (a) where the patient is a child—
 - (i) by either parent, or in the absence of both parents, the guardian or other adult person who has care of the child, or
 - (ii) by a person duly authorised by a local authority to whose care the child has been committed under the provisions of the Children Act 1989(a);
 - (iii) by a person duly authorised by a voluntary organisation by which the child is being accommodated under the provisions of that Act.
- (b) where the patient is incapable of making a complaint, by a relative or other adult person who has an interest in his welfare.

3. Where a pilot patient has died a complaint may be made by a relative or other adult person who had an interest in his welfare or, where the patient was as described in sub-paragraph (a)(ii) of paragraph 2, by the authority or voluntary organisation.

4. A pilot scheme complaints procedure shall comply with the following requirements—

- (a) the pilot scheme provider must specify a person (who need not be connected with the pilot scheme and who, in the case of an individual, may be specified by his job title) to be responsible for receiving and investigating all complaints;
- (b) all complaints, whether they are made orally or in writing, must be—
 - (i) recorded in writing by the person specified in sub-paragraph (a);
 - (ii) acknowledged, either orally or in writing, within the period of three days (excluding Saturdays, Sundays, Christmas Day, Good Friday and bank holidays) beginning with the day on which the complaint was made or,

(a) 1989 c.41.

where that is not possible, as soon as reasonably practicable; and

- (iii) properly investigated.
- (c) Within the period of 10 days (excluding Saturdays, Sundays, Christmas Day, Good Friday and bank holidays) beginning with the day on which the complaint was received by the person specified under sub-paragraph (a) or, where that is not possible, as soon as reasonably practicable, the complainant must be given a written summary of the investigation and its conclusions.
- (d) Where the investigation of the complaint requires consideration of the patient's medical records, the person specified under sub-paragraph (a) must inform the patient or person acting on his behalf if the investigation will involve disclosure of information contained in those records to a person other than a pilot scheme provider or employee of a pilot scheme provider.
- (e) The pilot scheme provider must keep a record of all complaints and copies of all correspondence relating to complaints, but such records must be kept separate from patients' medical records.

5. The pilot scheme provider shall inform its pilot patients about the complaints procedure which it operates and the name (or title) of the person specified under paragraph 4(a) above.

6. The pilot scheme provider shall cooperate with any investigation of a complaint by an authority in accordance with directions given under section 17 of the 1977 Act^(a) whether or not such an investigation follows one under the pilot scheme complaints procedure or under the practice based complaints procedure established in accordance with paragraphs 47A and 47B of Schedule 2 to the National Health Service (General Medical Services) Regulations 1992^(b).

7. The cooperation required by paragraph 6 above includes—

- (a) answering questions reasonably put to the pilot scheme provider by the authority;
- (b) providing any information relating to the complaint reasonably required by the authority; and
- (c) 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 pilot scheme provider's presence at the meeting is reasonably required by the authority.

8. The pilot scheme provider shall provide to the authority by 30th June each year a return stating the number of complaints received in accordance with paragraph 1 in respect of the period of 12 months ending on 31st March of that year.

^(a) Directions under section 17 of the 1977 Act have effect in relation to piloted services by virtue of section 9 of the 1997 Act.

^(b) S.I. 1992/635; relevant amending instrument is S.I. 1996/702.

PILOT SCHEME DISPUTE RESOLUTION PROCEDURE

1.—(1) Any dispute arising out of or in connection with the pilot scheme agreement, except matters which are dealt with under Schedule 3, may be referred to an adjudicator appointed by the Secretary of State to consider and determine the matter in accordance with the provisions of this Schedule.

(2) The adjudicator may propose to the Secretary of State that the pilot scheme be varied or terminated in accordance with section 8 of the Act.

2. Any party wishing to commence a dispute resolution under the provisions of this Schedule shall send to the Secretary of State a written request for dispute resolution which shall include or be accompanied by—

- (a) the names and addresses of the parties to the dispute resolution;
- (b) a copy of the agreement;
- (c) a brief statement describing the nature and circumstances of the dispute.

3.—(1) Within the period of seven days beginning with the date of his appointment to consider and determine a matter, the adjudicator shall—

- (a) give to the parties notice in writing of his appointment, and
- (b) include with the notice a written request to the parties to make in writing within a specified period any representations which they may wish to make about the matter.

(2) The adjudicator shall give, with the notice given under sub-paragraph (1), to the party other than the one which referred the matter to dispute resolution a copy of any document by which the matter was referred to dispute resolution.

(3) The adjudicator shall, upon receiving any representations from a party, give a copy of them to the other party and shall in each case request (in writing) a party to whom a copy of the representations is given to make within a specified period any written observations which it wishes to make on those representations.

(4) For the purpose of assisting him in his consideration of the matter, the adjudicator may—

- (a) invite representatives of the parties to appear before him to make oral representations either together or, with the agreement of the parties, separately, and may in advance provide the parties with a list of matters or questions to which he wishes them to give special consideration;
- (b) consult other persons whose expertise he considers will assist him in his consideration of the matter.

(5) Where the adjudicator consults another person under sub-paragraph (4)(b), he shall notify the parties accordingly and, where he considers that the interests of any party might be substantially affected by the result of the consultation, he shall give to the parties such opportunity as he considers reasonable in the circumstances to make observations on those results.

(6) In considering the matter, the adjudicator shall consider—

- (a) any written representations made in response to a request under sub-paragraph (1)(b), but only if they are made within the specified period;
- (b) any written observations made in response to a request under sub-paragraph (3), but only if they are made within the specified period;
- (c) any oral representations made in response to an invitation under sub-paragraph (4)(a);
- (d) the results of a consultation under sub-paragraph (4)(b); and
- (e) any observations made in accordance with an opportunity given under sub-paragraph (5).

(7) In this Schedule, "specified period" means such period as the adjudicator shall specify in the request being not less than two, nor more than four, weeks beginning with the date on which the notice referred to is given but the adjudicator may, if he considers that there is good reason for doing so, extend any such period (even after it has expired) and, where he does so, a reference in this paragraph to the specified period is to the period as so extended.

4. Subject to the other provisions of this Schedule and to any agreement by the parties, the adjudicator shall have wide discretion in determining the procedure of the dispute resolution to ensure the just, expeditious, economical and final determination of the dispute.

5. The adjudicator shall record his determination, and the reasons for it, in writing and shall give notice of the determination (including the record of the reasons) to the parties and to the Secretary of State.

DISPENSING

Interpretation

1. In this Schedule—

"controlled locality" has the same meaning as in regulation 9 of the PhS Regulations;

"dispensing services" means the provision of drugs or appliances that may be provided by a medical practitioner in accordance with arrangements under Part II of the 1977 Act otherwise than for immediate treatment or when personally administered by a doctor to a patient;

"PhS Regulations" means the National Health Service (Pharmaceutical Services) Regulations 1992(a); and

"pharmacy" means any premises where drugs or appliances are provided by a pharmacist either pursuant to arrangements made under section 41 of the 1977 Act or pursuant to a pilot scheme agreement.

Dispensing

2.—(1) A Health Authority which is implementing proposals for a pilot scheme which is to include the provision of dispensing services must ensure that a pilot scheme agreement provides that those dispensing services may be provided by a pilot doctor only in accordance with these Directions.

(2) Subject to sub-paragraph (3), a pilot scheme provider shall secure that a pilot doctor provides dispensing services to a pilot patient who—

- (a) satisfies the Health Authority that he would have serious difficulty in obtaining any necessary drugs or appliances from a pharmacy by reason of distance or inadequacy of means of communication; or
- (b) is resident in a rural area determined by a Health Authority to be a controlled locality for the purposes of the PhS Regulations, at a distance of more than 1.6 kilometres from any pharmacy and one of the conditions specified in sub-paragraph (4) is satisfied in his case,

and who requests the doctor in writing to provide him with dispensing services.

(3) Sub-paragraph (2) applies only where the pilot scheme provides for the doctor to have a doctor's list and the pilot patient is included in that list.

(4) The conditions referred to in sub-paragraph (2)(b) are—

(a) S.I. 1992/662, amended by S.I. 1993/2451, 1994/2402, 1995/644 and 1996/698.

- (a) that the pilot doctor, or any other doctor providing personal medical services in connection with the same pilot scheme, has been granted consent to dispense under paragraph 3 in respect of the area in which the pilot patient resides; and
 - (b) that any conditions imposed on the granting of such consent permit the provision of dispensing services to the pilot patient.
- (5) Where sub-paragraph (3) is satisfied, if a pilot doctor so requested by a pilot patient under sub-paragraph (2)—
- (a) applies to the Health Authority to provide dispensing services to the patient in accordance with the pilot scheme agreement and sends with his application the patient's request in writing to the Health Authority, the Health Authority shall consent to the application;
 - (b) does not so apply within 30 days, the Health Authority may, subject to sub-paragraph (8), require the pilot scheme provider to secure such provision by the pilot doctor in question in accordance with the pilot scheme agreement and shall give the pilot scheme provider notice in writing to that effect.
- (6) Provision of dispensing services under the pilot scheme agreement under sub-paragraph (5)(a) shall—
- (a) have effect from the date of the pilot patient's request in writing; and
 - (b) enable that pilot doctor or any other doctor performing personal medical services under the same pilot scheme agreement to provide dispensing services to the patient so long as the pilot scheme remains in effect, and the pilot doctor continues to perform personal medical services in connection with it.
- (7) A Health Authority shall not under sub-paragraph (5)(b) require a pilot scheme provider to secure the provision of dispensing services to a pilot patient if the pilot scheme provider satisfies the Health Authority or, on appeal, the Secretary of State that—
- (a) the doctor in question does not normally provide dispensing services under the pilot scheme; or
 - (b) in the case of a pilot patient to whom sub-paragraph (2)(b) applies, the person would not have serious difficulty by reason of distance or inadequacy of means of communication, in obtaining drugs or appliances from a pharmacy.
- (8) The Health Authority shall give the pilot scheme provider reasonable notice that—
- (a) it requires him to secure the provision of dispensing services to any person in accordance with the pilot scheme; or
 - (b) subject to sub-paragraph (9), that, where a person no longer satisfies the provisions

of sub-paragraph (2) or (3), the pilot scheme provider shall discontinue the provision of dispensing services to that person.

(9) A notice under sub-paragraph (8)(b) shall not be given pending any appeal against a decision by a Health Authority to postpone the making or termination of a consent to dispense under paragraph 3 or during the period for bringing an appeal or pending the determination of any appeal referred to in regulation 9(10) of the PhS Regulations.

(10) The provisions of paragraphs (11) to (14) of regulation 20 of the PhS Regulations shall apply as if—

- (a) the references to a "doctor" were to a "pilot scheme provider"; and
- (b) in paragraphs (11) and (13), for "paragraph (5)" there were substituted "paragraph 2(7) of this Schedule".

Consent to dispense

3.— (1) A Health Authority which is implementing proposals for a pilot scheme must ensure that a pilot scheme agreement contains terms to the effect specified in the following paragraphs—

- (a) where a doctor who performs personal medical services under a pilot scheme wishes to be granted the right to provide dispensing services to patients residing in a pilot area, the pilot scheme provider may apply to the Health Authority in writing for consent for that doctor to dispense, specifying the pilot area in relation to which he wishes the consent to be granted;
- (b) an application under paragraph (a) shall be determined by the Health Authority in accordance with regulations 12 and 13 of the PhS Regulations (modified in accordance with sub-paragraph (3)), as though it were an application under regulation 21 of those Regulations; and
- (c) consent to dispense shall have effect from its final grant but cease to have effect either —
 - (i) where the pilot doctor has not provided dispensing services in pursuance of it within 12 months from its final grant, or
 - (ii) more than 12 months elapses after the last provision of dispensing services in pursuance of the consent.

(2) For the purposes of this paragraph "final grant" shall, in respect of the consent to dispense referred to in sub-paragraph 1(c), refer to the date of such grant by the Health Authority in accordance with regulation 12 of the PhS Regulations as applied by sub-paragraph (1)(b).

(3) Regulation 12 of the PhS Regulations shall apply as if modified as follows—

- (a) all references to the Local Medical Committee and Local Pharmaceutical

Committee were omitted;

- (b) in paragraph (14), the reference to "regulation 4(4)" were omitted;
- (c) in paragraph (15), for "regulation 20" there were substituted a reference to paragraph 2, and for the reference to "pharmaceutical services" there were substituted a reference to dispensing services; and
- (d) in paragraph (17)(a), the reference to "that regulation" were to this paragraph.
- (4) Regulation 13 of the PhS Regulations shall apply as if modified as follows—
 - (a) in paragraph (1)(c), the reference to "regulation 20" were to paragraph 2; and
 - (b) all references to Local Medical Committee and the Local Pharmaceutical Committee were omitted.

Terms relating to Pharmaceutical Dispensing Services

4. A Health Authority which is implementing proposals for a pilot scheme must ensure that a pilot scheme agreement contains a term to the effect that a pilot doctor shall comply with paragraphs 11 to 13 of Schedule 2 to the PhS Regulations modified in the following manner—

- (a) references to being authorised or required under regulation 20 to provide drugs or appliances are to be read as if they were references to being authorised or required by virtue of this Schedule to provide dispensing services;
- (b) for " doctor" wherever it occurs substitute "pilot doctor";
- (c) for "patient" wherever it occurs substitute "pilot patient";
- (d) for "pharmaceutical services" wherever it occurs substitute "dispensing services"; and
- (e) in paragraph 13—
 - (i) for "paragraphs 38 to 42" substitute "paragraph 41", and
 - (ii) omit sub paragraph (2).