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STATUTORY INSTRUMENTS

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**2018 No. 000**

**NATIONAL HEALTH SERVICE, ENGLAND**

**The National Health Service (General Medical Services  
Contracts and Personal Medical Services Agreements)  
(Amendment) Regulations 2018**

<i>Made</i> - - - -	2018
<i>Laid before Parliament</i>	2018
<i>Coming into force</i> - -	2018

The Secretary of State, in exercise of the powers conferred by sections 89(1) and (2)(d), 94(1) and (3)(f) and 272(7) and (8) of the National Health Service Act 2006(a), makes the following Regulations.

**PART 1**

**General**

**Citation, commencement and interpretation**

1.—(1) These Regulations may be cited as the National Health Service (General Medical Services Contracts and Personal Medical Services Agreements) (Amendment) Regulations 2018.

(2) They come into force on XXX 2018.

(3) In these Regulations—

“the GMS Contracts Regulations” means the National Health Service (General Medical Services Contracts) Regulations 2015(b); and

“the PMS Agreements Regulations” means the National Health Service (Personal Medical Services Agreements) Regulations 2015(c).

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(a) 2006 c.41. The National Health Service Act 2006 (“the Act”) was amended by the Health and Social Care Act 2012 (c.7) and relevant amendments to section 89 were made by section 202(2) and paragraph 34 of Schedule 4, and to section 94 by paragraph 38 of Schedule 4. *See* section 275(1) of the Act for the meaning given to “prescribed” and “regulations”. The powers exercised in making these Regulations are exercisable by the Secretary of State in relation to England only, by virtue of section 271(1) of the Act.

(b) S.I. 2015/1862, as amended by S.I. 2016/211 and 875 and S.I. 2017/XXX.

(c) S.I. 2015/1879, as amended by S.I. 2016/211 and 875 and S.I. 2017/XXX.

## PART 2

### Amendment of the GMS Contracts Regulations

#### Insertion of new regulation 29A into the GMS Contracts Regulations

2. After regulation 29 of the GMS Contracts Regulations (variation of contracts) insert—

##### “Variation of agreements: Integrated Services Provider Contracts

**29A.** Schedule 3A has effect in relation to the variation of a contract in circumstances where the contractor wishes to provide primary medical services under an Integrated Services Provider Contract within the meaning of paragraph 1(3) of that Schedule.”.

#### Insertion of new Schedule 3A into the GMS Contracts Regulations

3. After Schedule 3 to the GMS Contract Regulations (other required terms) insert—

### “SCHEDULE 3A

#### Suspension and reactivation of general medical services contracts

##### Right to suspend a general medical services contract

**1.**—(1) Where a contractor wishes to provide primary medical services under an Integrated Services Provider Contract(a), the contractor must give notice in writing to the Board of that intention and the Board must suspend the operation of the contractor’s contract subject to the requirements and conditions set out in this Schedule.

(2) Where the Board suspends the operation of a contractor’s contract, the contractor is released from any obligation to provide primary medical services under that contract to the contractor’s list of registered patients.

(3) For the purposes of this Schedule—

“contract” means a general medical services contract entered into by the contractor with the Board under section 84(2) of the Act(b) (general medical services contracts: introductory);

“Integrated Services Provider Contract” is a contract which—

(a) is entered into on or after XXX 2018 between a single provider of integrated services, on the one hand, and one or more of the following—

- (i) the Board,
  - (ii) one or more CCGs, or
  - (iii) one or more English local authorities,
- on the other hand; and

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(a) An Integrated Services Provider Contract is a contract with a single provider of integrated services for the provision of primary medical services under Part 4 of the Act together with other specified health and social care services.

(b) Section 84 was amended by paragraph 31 of Schedule 4 to the Health and Social Care Act 2012 (c.7).

- (b) relates to arrangements for the provision of primary medical services which, as part of the health service, the Board considers it appropriate to secure the provision of under section 83(2) of the Act(a) (primary medical services) together with one or more of the services or types of services specified in paragraphs (i) to (iii)—
- (i) such services, accommodation or facilities as a CCG considers it appropriate to make arrangements for the provision of for the purposes of the health service under or by virtue of section 3 (duties of clinical commissioning groups as to commission of health services) or 3A (power of clinical commissioning groups to commission certain health services) of the Act(b) or which the Board is required by the Secretary of State to commission by virtue of regulations made under 3B (power to require Board to commission certain health services) of the Act(c);
  - (ii) public health services which, as part of the health service, are provided—
    - (aa) pursuant to the exercise of the public health functions of the Secretary of State under sections 2A (Secretary of State’s duty as to protection of public health) or 2B (functions of local authorities and Secretary of State as to improvement of public health)(d) of, or paragraphs 7C, 8 or 12 of Schedule 1 to, the Act(e) (further provision about the Secretary of State and services under this Act) (including where those functions are exercised by an NHS body under section 75 partnership arrangements(f));
    - (bb) pursuant to the exercise of the public health functions of local authorities under sections 2B (functions of local authorities and Secretary of State as to improvement in public health) or 111 (dental public health) of, and of paragraphs 1 to 7B or 13 of Schedule 1 to, the Act(g) (further provision about the Secretary of State and services under this Act) (including where those functions are exercised by an NHS body by virtue of section 75 partnership arrangements);
    - (cc) pursuant to arrangements where the local authority is required to exercise any of the public health functions of the Secretary of State by virtue of regulations made under section 6C of the Act(h) (regulations as to the exercise by local authorities of certain public health functions); or
    - (dd) pursuant to arrangements made by the Board, a CCG or a local authority, where those bodies are acting pursuant to arrangements made under section 7A of the Act(i) (exercise of Secretary of State’s public health functions), or
  - (iii) any services provided pursuant to the exercise of the adult social services functions of an English local authority either by that authority or, by virtue of section 75 partnership arrangements, on that authority’s behalf; and

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(a) Section 83(2) was substituted by section 30(2) of the Health and Social Care Act 2012.  
 (b) Sections 3A and 3B were inserted by sections 14 and 15 of the Health and Social Care Act 2012.  
 (c) Section 3 was amended by section 13 of the Health and Social Care Act 2012 (c.7).  
 (d) Sections 2A and 2B were inserted by sections 11 and 12 of the Health and Social Care Act 2012.  
 (e) Paragraph 7C of Schedule 1 was inserted by section 17(2) and (9) of the Health and Social Care Act 2012 and paragraph 12 of Schedule 1 was amended by section 17(2) and (12)(a) and (b) of the Health and Social Care Act 2012.  
 (f) A “section 75 partnership arrangement” is an arrangement entered into by an NHS body, within the meaning of section 75 of the Act, under regulation 4 of the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 (S.I. 2000/617. Regulation 4 of S.I. 2000/617 was amended by S.I. 2003/629 and S.I. 2012/3094.  
 (g) Paragraphs 1 and 2 were amended by section 17(2) to the Health and Social Care Act 2012; paragraph 3 was amended by section 160 of, and Schedule 14 to, the Health and Social Care Act 2008 (c.14); paragraphs 4 and 5 were amended by section 17(2) of the Health and Social Care Act 2012; paragraph 7B was inserted by section 143(1) of the Health and Social Care Act 2008; and paragraph 13 was substituted by section 17(2) of the Health and Social Care Act 2012.  
 (h) Section 6C was inserted by section 15(1) of the Health and Social Care Act 2012.  
 (i) Section 7A was inserted by section 22 of the Health and Social Care Act 2012.

“Integrated Services Provider” means the contractor in relation to an Integrated Services Provider Contract.

### **Notice of intention to suspend a general medical services contract**

2. A notice given to the Board under paragraph 1(1) must—
- (a) state that the contractor wishes to suspend the contract and the date from which the contractor would like that suspension to take effect which must be at least one month after the date on which the notice was given;
  - (b) give the names of the person or persons who are party to the contract with whom the contractor wants to provide primary medical services under an Integrated Services Provider Contract; and
  - (c) confirm that any person or persons who are a party to the contract have consented to suspension of that contract;
  - (d) confirm that the contractor has given notice in writing to each person on its list of registered patients that—
    - (i) the contractor wishes to provide primary medical services under an Integrated Services Provider Contract from a date specified in the notice, and
    - (ii) that the person will be transferred onto the list of registered service users of the Integrated Services Provider from that date unless they register with another provider of primary medical services before that date.

### **Suspension of a general medical services contract: general**

3.—(1) Subject to sub-paragraph (2), where the Board suspends a contract under paragraph 1(1), that suspension is to be effective for a minimum of two years from the date on which the suspension takes effect as specified in the notice given by the contractor under paragraph 2.

(2) A contract may be suspended for a period of less than two years from the date on which the suspension takes effect in any case where the Integrated Services Provider Contract terminates before the end of that period.

(3) Where an Integrated Services Provider Contract terminates before the end of the period specified in sub-paragraph (1), the Board must, subject to the conditions in paragraph 4, reactivate the contractor’s suspended contract from the date on which the Integrated Services Provider Contract terminated and the contractor must, from that date, resume the provision of primary medical services under that reactivated contract to its list of registered patients.

(4) For the purposes of sub-paragraph (3), the contractor’s list of registered patients consists of those persons who transferred onto the list of registered service users of the Integrated Services Provider at the date on which the contractor suspended the provision of primary medical services under its contract and who remain on that list immediately prior to the reactivation of the suspended contract.

(5) The contractor is not entitled to receive any payments from the Board in respect of a contract which has been suspended by the Board under paragraph 1(1) for any period during which that contract is suspended.

(6) The Board must pay to the contractor, before the end of the period of three months beginning with the date on which the contractor’s contract was suspended, any outstanding payments owed to the contractor in respect of the provision of primary medical services by the contractor under the contract in accordance with the terms of Directions given by the Secretary of State under section 87 the Act<sup>(a)</sup> (general medical services contracts: payments).

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(a) Section 87 was amended by paragraph 33 of Schedule 4 to the Health and Social Care Act 2017 (c.7).

### **Right to reactivate a general medical services contract**

4.—(1) A contractor may give notice in writing to the Board that it wishes the Board to reactivate the operation of its suspended contract.

(2) Notice of intention to reactivate a suspended contract may be given by the contractor to the Board—

- (a) on the second anniversary of the date on which the contract was suspended; and
- (b) subsequently, on a date which falls every two years after the date specified in paragraph (a) during the duration of the Integrated Services Provider Contract.

### **Notice of intention to reactivate a general medical services contract**

5. A notice given to the Board under paragraph 4 must—

- (a) state that the contractor wishes to reactivate the suspended contract and the date from which the contractor would like that reactivation to take effect which must be at least twelve months after the date on which the notice was given;
- (b) give the names of the person or persons with whom the contractor wants to resume the provision of primary medical services under the reactivated contract; and
- (c) confirm that any person or persons who are a party to the suspended contract have each given their consent to reactivation of that contract;
- (d) in a case where the notice is given on the second anniversary of the date on which the contract was suspended, confirm that the contractor has given notice in writing to each person who was on its list of registered patients under the suspended contract at the date of the suspension of that contract and who transferred onto the list of registered services users of the Integrated Services Provider that—
  - (i) the contractor wants to resume the provision of primary medical services under the contract in respect of its former practice area from a date specified in the notice, and
  - (ii) the person will transfer onto the contractor's list of registered patients from the date specified unless that person re-registers with another provider of primary medical services before that date;
- (e) in a case where the notice is given after the second anniversary of the date on which the contract was suspended, confirm that the contractor has given notice in writing to each person who was on its list of registered patients under the suspended contract at the date of the suspension of that contract and who transferred onto the list of registered service users of the Integrated Services Provider that—
  - (i) the contractor wants to resume the provision of primary medical services under the contract in respect of its former practice area from a date specified in the notice, and
  - (ii) the person will remain in the list of registered service users of the Integrated Services Provider from the date specified unless that person re-registers with the contractor or with another provider of primary medical services before that date.

### **Reactivation of a general medical services contract**

6.—(1) Where the Board receives a notice of intention to reactivate a suspended contract under paragraph 4, the Board must—

- (a) write to all patients living in the contractor's practice area to notify them of the reactivation of the contract; and
- (b) only reactivate that contract where the conditions specified in sub-paragraph (2) are met.

- (2) The conditions specified in this sub-paragraph are that—
- (a) the contractor is eligible to hold a general medical services contract in accordance with the conditions set out in regulations 5 and 6 at the date on which the reactivation is to take effect as specified by the contractor in the notice of reactivation;
  - (b) the Board is satisfied that, during the period in which the contractor’s contract was suspended, the contractor has not acted or omitted to act in a manner that would have given rise to the Board’s right to terminate the general medical services contract under any of the provisions of Part 8 of Schedule 3 had that contract not been suspended.
- (3) Where a contractor’s suspended contract is reactivated by the Board, the terms of that contract which are to apply are those terms which are effective at the date of the reactivation subject to any variation of those terms which may be agreed between the contractor and the Board.”.

## PART 3

### Amendment of the PMS Agreements Regulations

#### **Insertion of new regulation 24A into the PMS Agreements Regulations**

4. After regulation 24 of the PMS Agreements Regulations (variation of agreements) insert—

**“Variation of agreements: Integrated Services Provider Contracts**

**24A.** Schedule 2A has effect in relation to the variation of an agreement in circumstances where the contractor wishes to provide primary medical services under an Integrated Services Provider Contract within the meaning of paragraph 1(3) of that Schedule.”.

#### **Insertion of new Schedule 2A into the PMS Agreements Regulations**

5. After Schedule 2 to the PMS Agreements Regulations (other required terms) insert—

### “SCHEDULE 2A

#### Suspension and reactivation of personal medical services agreements

##### **Right to suspend a personal medical services agreement**

1.—(1) Where a contractor wishes to provide primary medical services under an Integrated Services Provider Contract(a), the contractor must give notice in writing to the Board of that intention and the Board must suspend the operation of the contractor’s agreement subject to the requirements and conditions set out in this Schedule.

(2) Where the Board suspends the operation of a contractor’s agreement, the contractor is released from any obligation to provide primary medical services under that agreement to the contractor’s list of registered patients.

(3) For the purposes of this Schedule—

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(a) An Integrated Services Provider Contract is a contract entered into with a single provider of integrated services for the provision of primary medical services under Part 4 of the Act together with other specified health and social care services.

“agreement” means a personal medical services agreement entered into by the contractor with the Board under section 92 of the Act<sup>(a)</sup> (arrangements by the Board for the provision of primary medical services);

“Integrated Services Provider Contract” is a contract which—

- (a) is entered into on or after XXX 2018 between a single provider of integrated services, on the one hand, and one or more of the following—
  - (i) the Board,
  - (ii) one or more CCGs, or
  - (iii) one or more English local authorities,on the other hand; and
- (b) relates to arrangements for the provision of primary medical services which, as part of the health service, the Board considers it appropriate to secure the provision of under section 83(2) of the Act<sup>(b)</sup> (primary medical services) together with one or more of the services or types of services specified in paragraphs (i) to (iii)—
  - (i) such services, accommodation or facilities as a CCG considers it appropriate to make arrangements for the provision of for the purposes of the health service under or by virtue of section 3 (duties of clinical commissioning groups as to commission of health services) or 3A (power of clinical commissioning groups to commission certain health services) of the Act<sup>(c)</sup> or which the Board is required by the Secretary of State to commission by virtue of regulations made under 3B (power to require Board to commission certain health services) of the Act<sup>(d)</sup>;
  - (ii) public health services which, as part of the health service, are provided—
    - (aa) pursuant to the exercise of the public health functions of the Secretary of State under sections 2A (Secretary of State’s duty as to protection of public health) or 2B (functions of local authorities and Secretary of State as to improvement of public health)<sup>(e)</sup> of, or paragraphs 7C, 8 or 12 of Schedule 1 to, the Act<sup>(f)</sup> (further provision about the Secretary of State and services under this Act) (including where those functions are exercised by an NHS body under section 75 partnership arrangements<sup>(g)</sup>);
    - (bb) pursuant to the exercise of the public health functions of local authorities under sections 2B (functions of local authorities and Secretary of State as to improvement in public health) or 111 (dental public health) of, and of paragraphs 1 to 7B or 13 of Schedule 1 to, the Act<sup>(h)</sup> (further provision about Secretary of State and services under this Act) (including where those functions are exercised by an NHS body by virtue of section 75 partnership arrangements);
    - (cc) pursuant to arrangements where the local authority is required to exercise any of the public health functions of the Secretary of State by

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(a) Section 92 was amended by paragraph 36 of Schedule 4 to the Health and Social Care Act 2012 (c.7).  
(b) Section 83(2) was substituted by section 30(2) of the Health and Social Care Act 2012.  
(c) Sections 3A and 3B were inserted by sections 14 and 15 of the Health and Social Care Act 2012 Act 2012 (c.7).  
(d) Section 3 was amended by section 13 of the Health and Social Care Act 2012.  
(e) Sections 2A and 2B were inserted by sections 11 and 12 of the Health and Social Care Act 2012.  
(f) Paragraph 7C of Schedule 1 was inserted by section 17(2) and (9) of the Health and Social Care Act 2012 and paragraph 12 of Schedule 1 was amended by section 17(2) and (12)(a) and (b) of the Health and Social Care Act 2012.  
(g) A “section 75 partnership arrangement” is an arrangement entered into by an NHS body, within the meaning of section 75 of the Act, under regulation 4 of the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 (S.I. 2000/617). S.I. 2000/617 was amended by S.I. 2003/629 and S.I. 2012//3094.  
(h) Paragraphs 1 and 2 were amended by section 17(2) to the Health and Social Care Act 2012; paragraph 3 was amended by section 160 of, and Schedule 14 to, the Health and Social Care Act 2008 (c.14); paragraphs 4 and 5 were amended by section 17(2) of the Health and Social Care Act 2012 (c.7); paragraph 7B was inserted by section 143(1) of the Health and Social Care Act 2008; and paragraph 13 was substituted by section 17(2) of the Health and Social Care Act 2012.

virtue of regulations made under section 6C of the Act<sup>(a)</sup> (regulations as to the exercise by local authorities of certain public health functions); or

(dd) pursuant to arrangements made by the Board, a CCG or a local authority, where those bodies are acting pursuant to arrangements made under section 7A of the Act<sup>(b)</sup> (exercise of the Secretary of State's public health functions), or

(iii) any services provided pursuant to the exercise of the adult social services functions of an English local authority either by that authority or, by virtue of section 75 partnership arrangements, on that authority's behalf; and

"Integrated Services Provider" means the contractor in relation to an Integrated Services Provider Contract.

### **Notice of intention to suspend a personal medical services agreement**

2. A notice given to the Board under paragraph 1(1) must—

- (a) state that the contractor wishes to suspend the agreement and the date from which the contractor would like that suspension to take effect which must be at least one month after the date on which the notice was given;
- (b) give the names of the person or persons who are party to the agreement with whom the contractor wants to provide primary medical services under an Integrated Services Provider Contract; and
- (c) confirm that any person or persons who are a party to the agreement have consented to suspension of that agreement;
- (d) confirm that the contractor has given notice in writing to each person on its list of registered patients that—
  - (i) the contractor wishes to provide primary medical services under an Integrated Services Provider Contract from a date specified in the notice, and
  - (ii) that the person will be transferred onto the list of registered service users of the Integrated Services Provider from that date unless they register with another provider of primary medical services before that date.

### **Suspension of a personal medical services agreement: general**

3.—(1) Subject to sub-paragraph (2), where the Board suspends an agreement under paragraph 1(1), that suspension is to be effective for a minimum of two years from the date on which the suspension takes effect as specified in the notice given by the contractor under paragraph 2.

(2) An agreement may be suspended for a period of less than two years from the date on which the suspension takes effect in any case where the Integrated Services Provider Contract terminates before the end of that period.

(3) Where an Integrated Services Provider Contract terminates before the end of the period specified in sub-paragraph (1)—

- (a) the Board must, subject to the conditions in paragraph 4, reactivate the contractor's suspended agreement from the date on which the Integrated Services Provider Contract terminated; and
- (b) the contractor must, from that date, resume the provision of primary medical services under that reactivated agreement to its list of registered patients.

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(a) Section 6C of the Act was inserted by section 15(1) of the Health and Social Care Act 2012.

(b) Section 7A was inserted by section 22 of the Health and Social Care Act 2012.



(4) For the purposes of sub-paragraph (3), the contractor's list of registered patients consists of those persons who transferred onto the list of registered service users of the Integrated Services Provider at the date on which the contractor suspended the provision of primary medical services under its agreement and who remain on that list immediately prior to the reactivation of the suspended agreement.

(5) The contractor is not entitled to receive any payments from the Board in respect of an agreement which has been suspended by the Board under paragraph 1(1) for any period during which that agreement is suspended.

(6) The Board must pay to the contractor, before the end of the period of three months beginning with the date on which the contractor's agreement was suspended, any outstanding payments owed to the contractor in respect of the provision of primary medical services by the contractor under the agreement in accordance with the payment terms of that agreement.

(7) A contractor is not entitled to exercise the right to a general medical services contract under regulation 32 in relation to a suspended agreement during any period in which that agreement is suspended.

### **Right to reactivate a personal medical services agreement**

**4.—**(1) A contractor may give notice in writing to the Board that it wishes the Board to reactivate the operation of its suspended agreement.

(2) Subject to paragraph (3), notice of intention to reactivate a suspended agreement may be given by the contractor to the Board—

- (a) on the second anniversary of the date on which the agreement was suspended; and
- (b) subsequently, on a date which falls every two years after the date specified in paragraph (a) during the operation of the Integrated Services Provider Contract.

(3) A contractor may not give notice to the Board under this paragraph in respect of any agreement which is of time limited duration where that agreement is to cease to have effect on a date which falls earlier than any of the dates specified in paragraph (a) or (b) of sub-paragraph (2).

### **Notice of intention to reactivate a personal medical services agreement**

**5.** A notice given to the Board under paragraph 4 must—

- (a) state that the contractor wishes to reactivate the suspended agreement and the date from which the contractor would like that reactivation to take effect which must be at least twelve months after the date on which the notice was given;
- (b) give the names of the person or persons with whom the contractor wants to resume the provision of primary medical services under the reactivated agreement; and
- (c) confirm that any person or persons who are a party to the suspended agreement have each given their consent to reactivation of that agreement;
- (d) in a case where the notice is given on the second anniversary of the date on which the agreement was suspended, confirm that the contractor has given notice in writing to each person who was on its list of registered patients under the suspended agreement at the date of the suspension of that agreement and who transferred onto the list of registered services users of the Integrated Services Provider that—
  - (i) the contractor wants to resume the provision of primary medical services under the agreement in respect of its former practice area from a date specified in the notice, and
  - (ii) the person will transfer onto the contractor's list of registered patients from the date specified unless that person re-registers with another provider of primary medical services before that date;

- (e) in a case where the notice is given after the second anniversary of the date on which the agreement was suspended, confirm that the contractor has given notice in writing to each person who was on its list of registered patients under the suspended agreement at the date of the suspension of that agreement and who transferred onto the list of registered service users of the Integrated Services Provider that—
  - (i) the contractor wants to resume the provision of primary medical services under the agreement in respect of its former practice area from a date specified in the notice, and
  - (ii) that the person will remain in the list of registered service users of the Integrated Services Provider from the date specified unless that person re-registers with the contractor or with another provider of primary medical services before that date.

### **Reactivation of a personal medical services agreement**

6.—(1) Where the Board receives a notice of intention to reactivate a suspended agreement under paragraph 4, the Board must—

- (a) write to all patients living in the contractor’s practice area to notify them of the reactivation of the agreement; and
- (b) only reactivate that agreement where the conditions specified in sub-paragraph (2) are met.

(2) The conditions specified in this sub-paragraph are that—

- (a) the contractor is eligible to hold an agreement in accordance with the conditions set out in regulations 4 and 5 at the date on which the reactivation is to take effect as specified by the contractor in the notice of reactivation;
- (b) the Board is satisfied that, during the period in which the contractor’s agreement was suspended, the contractor has not acted or omitted to act in a manner that would have given rise to the Board’s right to terminate the agreement under any of the provisions of Part 8 of Schedule 3 had that agreement not been suspended.

(3) Where a contractor’s suspended agreement is reactivated by the Board, the terms of that agreement which are to apply are those terms which are effective at the date of the reactivation, subject to any variation of those terms which may be agreed between the contractor and the Board, including the right to a general medical services contract under regulation 32.”.

Signed by authority of the Secretary of State for Health

Date

*Name*  
Parliamentary Under Secretary of State  
Department of Health

### **EXPLANATORY NOTE**

*(This note is not part of the Regulations)*

These Regulations amend the National Health Service (General Medical Services Contracts) Regulations 2015 (S.I. 2015/1862) (“the GMS Contracts Regulations”) and the National Health Service (Personal Medical Services Agreements) Regulations 2015 (S.I. 2015/1879) (“the PMS Agreements Regulations”) which make provision in respect of the services provided under a

general medical services contract and a personal medical services agreement made pursuant to Part 4 of the National Health Service Act 2006 (primary medical services). They apply to England only.

Part 2 of the Regulations amends the GMS Contracts Regulations.

Regulation 2 introduces new Schedule 3A and sets out the circumstances in which that Schedule is to have effect.

Regulation 3 inserts a new Schedule 3A which makes provision for a GP practice which is a holder of a general medical services contract to suspend the obligation to provide primary medical services under that contract, subject to specified terms and conditions, so that such services may be provided by that GP practice as part of new contractual arrangements for the provision of integrated health and social care services by new models of care. Provision is also made for a suspended general medical services contract to be reactivated at specified intervals and where specified conditions are met.

Part 3 of the Regulations makes amendments to the PMS Agreements Regulations which are similar in nature to those made to the GMS Contracts Regulations by regulation 2 in Part 1.

Regulation 4 introduces new Schedule 2A and sets out the circumstances in which that new Schedule is to have effect.

Regulation 5 inserts a new Schedule 2A which makes similar provision in respect of the suspension and reactivation of personal medical services agreements to that made in respect of general medical services contracts by new Schedule 3A to the GMS Contracts Regulations.