
DIRECTIONS

NATIONAL HEALTH SERVICE, ENGLAND

The draft Primary Medical Services ([NAMED SITES] – Integrated Care Provider Contracts) Directions 2018

The Secretary of State for Health and Social Care, in exercise of the powers conferred by sections 98A and 272(7) and (8) of the National Health Service Act 2006^(a), gives the following Directions.

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PART 1
General

Citation and commencement

- 1.—(1) These Directions may be cited as the Primary Medical Services ([NAMED SITES] - Integrated Care Provider Contracts) Directions 2018.
- (2) They come into force on [TBC].
 - (3) These Directions are given to the Board.

Application

- 2.—(1) These Directions have effect in respect of the provision of primary medical services under an integrated care provider contract entered into on or after [TBC] which satisfies the following paragraphs but only in circumstances where [NAMED SITES] is a person specified in paragraph (3)(b) for the purposes of the contract.
- (2) An integrated care provider contract must be between—
 - (a) one or more of the persons specified in paragraph (3) on the one part; and
 - (b) a provider of services specified in paragraph (5) on the other part.
 - (3) The persons specified in this paragraph are—
 - (a) the Board;
 - (b) one or more CCGs; or
 - (c) one or more English local authorities.
 - (4) An integrated care provider contract—

- (a) must relate to the provision of primary medical services together with one or more of the services specified in paragraph (5); and
- (b) must not be a contract to which paragraph (6) applies.

(5) The services specified in this paragraph are—

- (a) secondary care services;
- (b) public health services; and
- (c) adult social care services,

and include such services where they are provided under arrangements entered into by an English local authority by virtue of section 75 of the Act(a).

(6) This paragraph applies to a contract for the provision of primary medical services to which directions given by the Secretary of State under section 98A of the Act (exercise of functions) relating to the provision of alternative provider medical services under section 83(2) of the Act(b) apply.

Interpretation

3.—(1) In these Directions—

“the Act” means the National Health Service Act 2006;

“adult social care services” means services provided pursuant to the exercise of adult social services functions of a local authority in England;

“adult social services functions” means social services functions within the meaning of the Local Authority Social Services Act 1970(c) so far as relating to persons aged 18 or over, excluding any function to which Chapter 4 of Part 8 of the Education and Inspections Act 2006(d) applies;

“advanced electronic signature” means an electronic signature which is—

- (a) uniquely linked to the signatory;
- (b) capable of identifying the signatory;
- (c) created using means that the signatory can maintain under the signatory’s sole control; and
- (d) linked to the data to which it relates in such a manner that any subsequent change of data is detectable;

“appliance” means an appliance which is included in a list for the time being approved by the Secretary of State for the purposes of section 126 of the Act(e) (arrangements for pharmaceutical services);

“bank holiday” means any day that is specified or proclaimed as a bank holiday in England and Wales under section 1 of the Banking and Financial Dealings Act 1971(f) (bank holidays);

“batch issue” means a form, in the format required by the Board and approved by the Secretary of State, which—

(a) See regulation 4 of S.I. 2000/627. Regulation 4 was amended by S.I. 2003/629 and S.I. 2012/3094. See also section 275 of the Act for the meaning of “NHS body”.

(b) The relevant directions under section 98A are the Alternative Provider Medical Services Directions 2016 which were signed on 3rd October 2016. They relate to the provision of primary medical services under section 83(2) of the Act under an Alternative Provider Medical Services (APMS) Contract. These Directions are available at: <https://www.gov.uk/government/publications/nhs-primary-medical-services-directions-2013>. Hard copies may be requested by post from the General Practice Team, Quarry House, Quarry Hill, Leeds LS2 7UE.

(c) 1970 c.42.

(d) 2006 c.40.

(e) Section 126 was amended by sections 213(7)(k) and 220(7) of, and paragraph 63 of Schedule 4 to, the 2012 Act.

(f) 1971 c.80.

- (a) is issued by a repeatable prescriber at the same time as a non-electronic repeatable prescription to enable a chemist or person who provides dispensing services to receive payment for the provision of repeat dispensing services;
- (b) relates to a particular non-electronic repeatable prescription and contains the same date as that prescription;
- (c) is generated by a computer and not signed by a repeatable prescriber;
- (d) is issued as one of a sequence of forms, the number of which is equal to the number of occasions on which the drugs, medicines or appliances ordered on the non-electronic repeatable prescription may be provided; and
- (e) has included on it a number denoting its place in the sequence referred to in paragraph (d);

“Board” means the National Health Service Commissioning Board(a);

“CCG” means [NAMED SITES](b);

“CCT” means a certificate of completion of training awarded under section 34L(1) of the Medical Act 1983 (award and withdrawal of a Certificate of Completion of Training)(c) including any such certificate awarded in pursuance of the competent authority functions of the General Medical Council specified in section 49B of, and Schedule 4A to, that Act(d);

“chemist” means—

- (a) a person lawfully conducting a retail pharmacy business in accordance with section 69 of the Medicines Act 1968(e) (general provisions); or
- (b) a supplier of appliances,

who is included in the list held by the Board under section 129 of the Act(f) (regulations as to pharmaceutical services), or a local pharmaceutical services scheme made under Schedule 12 to the Act (LPS Schemes);

“child” means a person who has not attained the age of 16 years;

“chiroprapist or podiatrist independent prescriber” means a person who—

- (a) is engaged or employed by the contractor; and
- (b) is registered in Part 2 of the register maintained under article 5 of the Health and Social Work Professions Order 2001(g) (establishment and maintenance of register), and against whose name in that register is recorded an annotation signifying that the chiroprapist or podiatrist is qualified to order drugs, medicines and appliances as a chiroprapist or podiatrist independent prescriber;

“clinical services” means primary medical services under an integrated care provider contract which relate to the actual observation and treatment of patients;

“contractor” means a provider of primary medical services under an integrated care provider contract;

(a) The National Health Service Commissioning Board (known as “NHS England”) was established by section 1H of the Act. Section 1H was inserted by section 9 of the 2012 Act.

(b) Clinical commissioning groups were established by virtue of provision in sections 11 and 14A to 14D of the Act as inserted by sections 10 and 25(1) of the 2012 Act.

(c) 1983 c.54. Section 34L was inserted by S.I. 2010/234.

(d) Section 49B was inserted by S.I. 2007/3101 and was amended by S.I.2008/1774 and S.I. 2010/234.

(e) 1968 c.67. Section 69 was amended by Schedule 1 to the Statute Law (Repeals) Act 1993 (c.60) and by S.I. 2007/289 and 3101 and S.I. 2010/231.

(f) Section 129 was amended by sections 26 and 27 of, and paragraph 38 of and Schedule 6 to, the Health Act 2009 (c.21); section 207(1) to (9) of, and paragraph 66 of Schedule 4 to, the 2012 Act; paragraph 121 of Schedule 9 to, the Protection of Freedoms Act 2012 (c.9) and by S.I. 2010/231.

(g) S.I. 2002/254; as amended by section 81(5) of the Policing and Crime Act 2009 (c.26), sections 213, 214(2) to (4), 215, 216, 218 and 219 of the 2012 Act, paragraph 6 of the Schedule to the Health and Social Care (Safety and Quality) Act 2015 (c.28), and by S.I. 2003/3148, S.I. 2004/1947 and 2033, S.I. 2007/3101, S.I. 2009/1182, S.I. 2010/233, S.I. 2011/1043, S.I. 2012/1479 and 2672 and S.I. 2014/1887.

“contractor’s list of patients” means, in relation to the essential services which the contractor is required to provide under an integrated care provider contract, the persons to whom the contractor is required to provide those services;

“core hours” means—

- (a) the period beginning at 8.00am and ending at 6.30pm on any day from Monday to Friday except Good Friday, Christmas Day or bank holidays; or
- (b) such other more extensive period as is agreed between the contractor and the Board in the case of any particular integrated care provider contract;

“dispenser” means a chemist, medical practitioner or contractor whom a patient would like to dispense the patient’s electronic prescriptions;

“dispensing services” means the provision of drugs, medicines or appliances that may be provided as pharmaceutical services by a medical practitioner in accordance with arrangements under section 126 (arrangements for pharmaceutical services) and section 132 (persons authorised to provide pharmaceutical services) of the Act(a);

“Drug Tariff” means the publication known as the Drug Tariff which is published by the Secretary of State and which is referred to in section 127(4) of the Act(b) (arrangements for additional pharmaceutical services);

“electronic communication” has the meaning given in section 15 of the Electronic Communications Act 2000(c) (general interpretation);

“electronic prescription” means an electronic prescription form or an electronic repeatable prescription;

“electronic prescription form” means a prescription form which falls within paragraph (b) of the definition of “prescription form”;

“Electronic Prescription Service” means the service of that name which is managed by the Health and Social Care Information Centre(d);

“electronic repeatable prescription” means a prescription which falls within paragraph (b) of the definition “repeatable prescription”;

“essential services” means the primary medical services of the type required to be provided in accordance with regulation 17 of the General Medical Services Contracts Regulations;

“financial year” has the meaning given in section 275(1) of the Act (interpretation);

“general medical practitioner” means a medical practitioner whose name is included in the General Practitioner Register kept by the General Medical Council under section 2 of the Medical Act 1983(e) (registration of medical practitioners);

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

“GP Specialty Registrar” means a general medical practitioner who is being trained in general practice by a general medical practitioner who is approved under section 34I(1)(c) of the Medical Act 1983(g) (postgraduate education and training: approvals) for the purpose of providing training in accordance with that section, whether as part of training leading to a CCT or otherwise;

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- (a) 2006 c.41. Section 126 was amended by section 213(7)(k) and 220(7) of, and paragraph 63 of Schedule 4 to, the 2012 Act. Section 132 was amended by paragraph 69 of Schedule 4 to the 2012 Act, paragraphs 120 and 122 of Schedule 9 to the Protection of Freedoms Act 2012 (c.9), and by S.I. 2008/289 and S.I. 2010/22 and 231.
 - (b) Section 127 was amended by paragraph 64 of Schedule 4 to the 2012 Act. *See* also regulation 89(1) of the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (S.I. 2013/349) in relation to the publication known as the Drug Tariff.
 - (c) 2000 c.7. Section 15(1) was amended by paragraph 158 of Schedule 17 to, the Communications Act 2003 (c.21).
 - (d) The Health and Social Care Information Centre is a body corporate established by section 252 of the 2012 Act.
 - (e) 1983 c.54. Section 2 was amended by S.I. 2002/3135, S.I. 2006/1914, S.I. 2007/3101, S.I. 2008/1774 and S.I. 2014/1101.
 - (f) S.I.2015/1862 as amended by S.I. 2016/211, 481, 696, 875 and 1077.
 - (g) 1983 c.54. Section 34I was inserted by S.I. 2010/234.

“Health and Social Services Board” means a Health and Social Services Board established under article 16 the Health and Social Services (Northern Ireland) Order 1972(a) (establishment of Health and Social Services Boards);

“Health and Social Services Trust” means a Health and Social Services Trust established under article 10 of the Health and Personal Services (Northern Ireland) Order 1991(b) (ancillary services);

“Health Board” means a Health Board established under section 2 of the National Health Service (Scotland) Act 1978(c) (Health Boards);

“health care professional” has the meaning given in section 108 of the Act(d) (participants in section 107 arrangements) and “health care profession” is to be construed accordingly;

“health service body” has the meaning given in section 9(4) of the Act(e) (NHS contracts);

“home oxygen order form” means a form provided by the Board and issued by a health care professional to authorise a person to supply home oxygen services to a patient requiring oxygen therapy at home;

“home oxygen services” means any of the following forms of oxygen therapy or supply—

- (a) ambulatory oxygen supply;
- (b) urgent supply;
- (c) hospital discharge supply;
- (d) long term oxygen therapy;
- (e) short burst oxygen therapy;

“independent nurse prescriber” means a person—

- (a) who is either engaged or employed by the contractor;
- (b) who is registered in the Nursing and Midwifery Register; and
- (c) against whose name in that register is recorded an annotation signifying that that person is qualified to order drugs, medicines or appliances as a community practitioner nurse prescriber, a nurse independent prescriber or as a nurse independent/supplementary prescriber;

“integrated care provider contract” has the meaning given in direction 2;

“listed medicines” means a medicine mentioned in regulation 7C(1) of the National Health Service (Charges for Drugs and Appliances) Regulations 2015(f) (exemption from charges in respect of listed or emergency medicines);

“listed medicines voucher” means a form provided by the Board for use for the purpose of ordering a listed medicine;

“local authority”, except in direction 51, has the meaning given in section 1 of the Local Authority Social Services Act 1970(g);

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- (a) S.I. 1972/1265 (N.I.14). Article 16 was repealed by Schedule 7 to the Health and Social Care (Reform) Act 2009 (c.1) (N. I.).
 - (b) S.I. 1991/194 (N.I.1); as amended by section 11 of, and paragraph 13 of Schedule 6 to, the Health and Social Care Reform Act (Northern Ireland) 2009 and by S.I. 1997/1177.
 - (c) 1978 c.29. Section 2 was amended by paragraph 1 of Schedule 7 to the Health and Social Services and Social Security Adjudications Act 1983 (c.41); and paragraph 19(1) of Schedule 9 and paragraph 1 of Schedule 10 to, the National Health Service and Community Care Act 1990 (c.19); paragraph 1(2)9a) and (b) of Schedule 1 to the National Health Service Reform (Scotland) Act 2004 (asp7), sections 6 and 11(1) of the Health Boards (Membership and Elections) (Scotland) Act 2005 (asp 5) paragraph 2(2) of Schedule 2 to the Smoking, Health and Social Care (Scotland) Act 2005 (asp 13).
 - (d) 2006 c.41. Section 108 was amended by section 204 of, and paragraph 49 of Schedule 4 to, the 2012 Act.
 - (e) Section 9 of the Act was amended by paragraph 82 of Schedule 5 to, the Health and Social Care Act 2008 (c.14); paragraph 6 of Schedule 4 to the 2012 Act; paragraphs 17 and 18 of Schedule 7, paragraphs 1 and 4 of Schedule 14, paragraph 10 of Schedule 17; paragraph 9 of Schedule 19 and paragraphs 5 and 6 of Schedule 21 to the 2012 Act; and paragraph 16 of Schedule 5 to the Care Act 2014 (c. 23).
 - (f) S.I. 2000/620. Regulation 7C was inserted by S.I. 2009/2230 and was amended by S.I. 2012/1909.
 - (g) 1970 c.42.

“Local Health Board” means a body established under section 11 of the National Health Service (Wales) Act 2006(a) (Local Health Boards);

“Local Medical Committee” means a committee recognised by the Board under section 97 of the Act(b) (local medical committees);

“medical performers list” means the list of medical practitioners maintained and published by the Board in accordance with section 91 of the Act(c) (persons performing medical services);

“national disqualification” means—

- (a) a decision made by the First-tier Tribunal under section 159 of the Act(d) (national disqualification) or under regulations corresponding to that section made under —
 - (i) section 91(3) of the Act (persons performing primary medical services),
 - (ii) section 106(3) of the Act (persons performing primary dental services),
 - (iii) section 123(3) of the Act (persons performing primary ophthalmic services), and
 - (iv) section 145, 146 or 147A (performers of pharmaceutical services and assistants),of the Act(e); or
- (b) a decision made under provisions in force in Wales, Scotland or Northern Ireland corresponding to section 159 of the Act (national disqualification);

“NHS contract” has the meaning given in section 9 of the Act(f) (NHS contracts);

“NHS foundation trust” has the meaning given in section 30 of the Act(g) (NHS foundation trusts);

“NHS trust” means a body established under section 25 of the Act(h) (NHS trusts);

“nominated dispenser” means a chemist, medical practitioner or contractor who has been nominated in respect of a patient where the details of that nomination are held in respect of that patient in the Patient Demographics Service which is operated by the Health and Social Care Information Centre(i);

“non-electronic prescription form” means a prescription form which falls within paragraph (a) of the definition of “prescription form”;

“non-electronic repeatable prescription” means a prescription form for the purpose of ordering a drug, medicine or appliance which—

- (a) is provided by the Board, a local authority or the Secretary of State;
- (b) is issued, or is to be issued, by the prescriber;
- (c) indicates that the drug, medicine or appliance ordered may be provided more than once; and
- (d) specifies, or is to specify, the number of occasions on which the drug, medicine or appliance may be provided;

(a) 2006 c.42.

(b) 2006 c.41. Section 97 was amended by paragraph 41 of Schedule 4 to the 2012 Act.

(c) Section 91 was amended by paragraph 35 of Schedule 4 to the 2012 Act.

(d) Section 159 was amended by paragraph 85(1)(d) of Schedule 4 to, the 2012 Act and by S.I. 2010/22.

(e) Sections 91(3), 106(3) and 123(3) were respectively amended by paragraph 35(2)(b) and (4), 7(2)(b) and (4) and 60(2)(b) and (4) of Schedule 4 to, the 2012 Act. Sections 146 and 149 of the Act are repealed by section 208(1) of the 2012 Act. Section 147A was inserted by section 208(2) of the 2012 Act and was amended by paragraphs 120 and 123 of Schedule 9 to the Protection of Freedoms Act 2012 (c.9). Section 208 of the 2012 Act is to be commenced on a day to be appointed. No regulations have been made under section 147A of the Act.

(f) Section 9 of the Act was amended by paragraph 82 of Schedule 5 to, the Health and Social Care Act 2008 (c.14); paragraph 6 of Schedule 4 to the 2012 Act; paragraphs 17 and 18 of Schedule 7, paragraphs 1 and 4 of Schedule 14, paragraph 10 of Schedule 17, paragraph 9 of Schedule 19 to the 2012 Act; paragraphs 5 and 6 of Schedule 21 to the 2012 Act; and paragraph 16 of Schedule 5 to the Care Act 2014 (c. 23).

(g) Section 30 was amended by section 159(1) of the 2012 Act.

(h) Section 25 of the Act is repealed by section 179(2) of the 2012 Act from a date to be appointed.

(i) The Health and Social Care Information Centre (known as “NHS Digital”) is a body corporate established by section 252(1) of the 2012 Act.

“Nursing and Midwifery Register” means the register maintained by the Nursing and Midwifery Council under article 5 of the Nursing and Midwifery Order 2001(a) (establishment and maintenance of register);

“optometrist independent prescriber” means a person—

- (a) who is registered in the register of optometrists maintained under section 7(a) of the Opticians Act 1989(b) (register of opticians); and
- (b) against whose name is recorded an annotation signifying that that person is qualified to order drugs, medicines and appliances as an optometrist independent prescriber;

“out of hours period”—

- (a) where the core hours for the purposes of the integrated care provider contract are the period referred to in paragraph (a) of the definition of “core hours”, means—
 - (i) the period beginning at 6.30pm on any day from Monday to Thursday and ending at 8.00am on the following day,
 - (ii) the period beginning at 6.30pm on Friday and ending at 8.00am on the following Monday, and
 - (iii) Good Friday, Christmas Day and bank holidays,

and “part” of an out of hours period means any part of any of the periods described in paragraphs (i) to (iii); or

- (b) where the period defined as core hours for the purposes of the integrated care provider contract is more extensive than the period referred to in paragraph (a) of the definition of “core hours”, means the period which falls outside the period which is defined as “core hours” for the purposes of the contract;

“out of hours services” means the services required to be provided in all or part of the out of hours period which would be essential services if provided by a contractor to its registered patients in core hours;

“paramedic independent prescriber” means a person—

- (a) who is either engaged or employed by the contractor or who is a party to the contract;
- (b) who is registered in the register maintained by the Health and Care Professions Council under article 5 of the Health and Social Work Professions Order 2002(c) (establishment and maintenance of register); and
- (c) against whose name in that register is recorded an annotation signifying that that person is qualified to order drugs, medicines or appliances as a paramedic independent prescriber;

“parent” includes, in relation to any child, an adult who, in the opinion of the contractor, is for the time being discharging in respect of that child the obligations normally attaching to a parent in respect of their child;

“patient” means—

- (a) a person in respect of whom the contractor is responsible for providing primary medical services under an integrated care provider contract;
- (b) a temporary resident;
- (c) persons to whom the contractor is required to provide immediately necessary treatment as part of its obligation to provide essential services;
- (d) any other person to whom the contractor has agreed to provide primary medical services under an integrated care provider contract; and
- (e) any person in respect of whom the contractor is responsible for the provision of out of hours services;

(a) S.I. 2002/253; article 5 was amended by S.I. 2009/1182.

(b) 1989 c.44. Section 7 was amended by S.I. 2005/848.

(c) S.I. 2002/954.

“performer” means a performer of primary medical services under an integrated care provider contract to whom the provisions of Part 3 of these Directions apply;

“pharmacist independent prescriber” means a person who—

- (a) is either engaged or employed by the contractor;
- (b) is registered in Part 1 of the register maintained under article 19 of the Pharmacy Order 2010(a) (establishment, maintenance and access to the Register), or the register maintained under article 6 (the registers) and 9 (the Registrar) of the Pharmacy (Northern Ireland) Order 1976(b); and
- (c) against whose name in that register is recorded an annotation signifying that that person is qualified to order drugs, medicines or appliances as a pharmacist independent prescriber;

“physiotherapist independent prescriber” means a person who is—

- (a) engaged or employed by the contractor; and
- (b) registered in Part 9 of the register maintained under article 5 of the Health and Social Work Professions Order 2001(c) (establishment and maintenance of register), and against whose name in that register is recorded an annotation signifying that that person is qualified to order drugs, medicines or appliances as a physiotherapist independent prescriber;

“post-registration programme” means a programme that is for the time being recognised by the General Medical Council under regulation 10A of the Medical Act 1983(d) (programmes for provisionally registered doctors) as providing registered doctors with an acceptable foundation for future practise as a fully registered medical practitioner;

“premises” means an address specified in an integrated care provider contract as one at which primary medical services are to be provided under that contract;

“prescriber” means—

- (a) a chiroprapist or podiatrist independent prescriber;
- (b) an independent nurse prescriber;
- (c) a medical practitioner;
- (d) an optometrist independent prescriber;
- (e) a paramedic independent prescriber;
- (f) a pharmacist independent prescriber;
- (g) a physiotherapist independent prescriber;
- (h) a supplementary prescriber;
- (i) a therapeutic radiographer independent prescriber;

“prescription form” means—

- (a) a form for the purpose of ordering a drug, medicine or appliance which—
 - (i) is provided by the Board, a local authority or the Secretary of State which is in the form required by the NHS Business Services Authority(e),
 - (ii) is issued, or is to be issued, by the prescriber, and

(a) S.I. 2010/231; as amended by paragraph 7 of the Schedule to the Health and Social Care (Safety and Quality) Act 2015 (c.28) and by S.I. 2011/1043, S.I. 2012/2672, S.I. 2013/ 235, S.I. 2014/1887, S.I. 2015/806, 968, 1862, 1879 and 2059 and S.I. 2016/372 and 1030.

(b) S.I. 1976/1231 (N.I.22). Article 6(1) was substituted by regulation 5 of S.R 2008/192 and article 9(2) was amended by regulation 9 of that instrument.

(c) S.I. 2002/254; as amended by section 81(5) of the Policing and Crime Act 2009 (c.26), sections 213, 214(2) to (4), 215, 216, 218 and 219 of the 2012 Act, paragraph 6 of the Schedule to, the Health and Social Care (Safety and Quality) Act 2015 (c.28) and by S.I. 2003/3148, S.I. 2004/1947 and 2033, S.I. 2007/3101, S.I. 2009/1182, S.I. 2010/233, S.I. 2011/1043, S.I. 2012/1479 and 2672 and S.I. 2014/1887.

(d) 1983 c.54. Section 10A was inserted by S.I. 2006/1914, and was amended by S.I. 2008/3131.

(e) The NHS Business Services Authority was established by the NHS Business Services Authority (Awdurdod Gwasanaethau Busnes y GIG) (Establishment and Constitution) Order 2005 (S.I. 2005/2414). S.I. 2005/2414 was amended by S.I. 2006/632, S.I. 2007/1201 and S.I. 2013/235.

- (iii) does not indicate that the drug, medicine or appliance ordered may be provided more than once; or
- (b) in the case of an electronic prescription to which direction 24 applies, data created in an electronic form for the purpose of ordering a drug, medicine or appliance, which—
 - (i) is signed, or is to be signed, with a prescriber’s electronic signature,
 - (ii) is transmitted, or is to be transmitted, as an electronic communication to a nominated dispensing contractor by the Electronic Prescription Service, and
 - (iii) does not indicate that the drug, medicine or appliance ordered may be provided more than once;

“prescription only medicine” means a medicine referred to in regulation 5(3) of the Human Medicines Regulations 2012(a) (classification of medicinal products);

“primary carer” means, in relation to an adult, the adult or organisation primarily caring for that adult;

“primary medical services” means medical services which the Board considers it appropriate to secure the provision of under section 83(2) of the Act;

“public health functions” means—

- (a) the public health functions of the Secretary of State(b) under the following provisions of the Act—
 - (i) section 2A(c) (Secretary of State’s duty as to protection of public health);
 - (ii) section 2B(d) (functions of local authorities and Secretary of State as to improvement of public health); or
 - (iii) paragraphs 8 or 12 of Schedule 1(e) (further provision about the Secretary of State and services under the Act);
- (b) the public health functions of an English local authority(f) under the following provisions of the Act—
 - (i) section 2B(g) (functions of local authorities and Secretary of State as to improvement of public health);
 - (ii) section 111 (dental public health); or
 - (iii) paragraphs 1 to 7B or 13 of Schedule 1(h) (further provision about the Secretary of State and services under this Act);
- (c) the public health functions of the Secretary of State that a local authority in England is required to exercise by virtue of regulations made under section 6C(1) of the Act(i) (regulations as to the exercise by local authorities of certain public health functions); or
- (d) the public health functions of the Secretary of State where they are exercised by the Board, a CCG or a local authority in England where those bodies are acting pursuant to arrangements made under section 7A of the Act(j) (exercise of the Secretary of State’s public health functions);

(a) S.I. 2012/1916; as amended by S.I. 2013/235, 1855 and 2593 and S.I. 2014/490 and 1887, S.I. 2015/323, 570, 903 and 1503, 1862 and 1879, S.I. 2016/186 and 696 and S.I. 2017/715.

(b) See section 1H(5)(a) in relation to the public health functions of the Secretary of State under the Act.

(c) Section 2A was inserted by section 11 of the 2012 Act.

(d) Section 2B was inserted by section 12 of the 2012 Act.

(e) Paragraph 12 of Schedule 1 was amended by section 17(2) and (12)(a) and (b) of the 2012 Act.

(f) See section 1H(5)(b) in relation to the public health functions of local authorities under the Act.

(g) Section 2B was inserted by section 12 of the 2012 Act.

(h) Paragraph 1 of Schedule 1 was amended by section 17(2) and (3)(a) and (b) of the 2012 Act. Paragraph 2 of Schedule 1 was amended by section 17(2) and (4)(a) to (c) of that Act. Paragraph 3 of Schedule 1 was amended by section 160 of, and paragraph 6 of Schedule 14 to, that Act. Paragraph 4 of Schedule 1 was amended by section 17(2) and (6)(a) and (b) of that Act. Paragraphs 7A and 7B were inserted by section 143(1) of the Health and Social Care Act 2008 (c.14). Paragraph 7A was amended by section 17(2), (7)(a) to (c) and (8)(a) to (c) of the 2012 Act. Paragraph 7B of Schedule 1 was amended by section 17(2) and (13) of that Act.

(i) Section 6C was inserted by section 18(1) of the 2012 Act.

(j) Section 7A was inserted by section 22 of the 2012 Act.

“public health services” means services which are provided pursuant to the exercise of the public health functions;

“registered patient” means a person—

- (a) who is recorded in a list held by the Board as being a person to whom the contractor is required to provide primary medical services under an integrated care provider contract during core hours; or
- (b) whom the contractor has accepted for inclusion in that list as such a person, whether or not notification of that acceptance has been received by the Board.

“relevant register” means—

- (a) in relation to a nurse, the Nursing and Midwifery Register;
- (b) in relation to a pharmacist, Part 1 of the register maintained under article 19 of the Pharmacy Order 2010(a) (establishment, maintenance and access to the Register), or the register maintained under article 6 (the register) and article 9 (the Registrar) of the Pharmacy (Northern Ireland) Order 1976(b);
- (c) in relation to an optometrist, the register maintained by the General Optical Council under section 7(a) of the Opticians Act 1989(c) (register of opticians); and
- (d) the part of the register maintained by the Health and Care Professions Council under article 5 of the Health and Social Work Professions Order 2001(d) (establishment and maintenance of register) relating to—
 - (i) chiropodists and podiatrists;
 - (ii) physiotherapists; or
 - (iii) radiographers;

“repeat dispensing services” means pharmaceutical services or local pharmaceutical services which involve the provision of drugs, medicines or appliances by a chemist in accordance with a repeatable prescription;

“repeatable prescriber” means a prescriber who is engaged or employed by a contractor which provides repeatable prescribing services under the terms of an integrated care provider contract which give effect to direction 26;

“repeatable prescribing services” means services which involve the prescribing of drugs, medicines or appliances on a repeatable prescription;

“repeatable prescription” means—

- (a) a form provided by the Board, a local authority or the Secretary of State for the purpose of ordering a drug, medicine or appliance, which is in the format required by the NHS Business Services Authority(e), and which—
 - (i) is issued, or is to be issued, by a repeatable prescriber to enable a chemist or person providing dispensing services to receive payment for the provision of repeat dispensing services,
 - (ii) indicates, or is to indicate, that the drug, medicine or appliance ordered may be provided more than once, and

(a) S.I. 2010/231; as amended by paragraph 7 of the Schedule to the Health and Social Care (Safety and Quality) Act 2015 (c.28) and by S.I. 2011/1043 and 2159, S.I. 2012/1909, 2672 and 3006, S.I. 2013/50, 235, 349 and 1478 and S.I. 2014/1887 and S.I. 2015/806, 968, 1862, 1879 and 2059 and S.I. 2016/1030.

(b) S.I. 1976/1231 (N.I.22). Article 6(1) was substituted by regulation 5 of S.R. 2008/192, and article 9(2) was amended by regulation 9 of S.I. 2008/192.

(c) 1989 c.44. Section 7 was amended by S.I. 2005/848.

(d) S.I. 2002/254; as amended by section 81(5) of the Policing and Crime Act 2009 (c.26), sections 213, 214(2) to (4), 215, 216, 218 and 219 of the 2012 Act, paragraph 6 of the Schedule to, the Health and Social Care (Safety and Quality) Act 2015 (c.28), and by S.I. 2003/3148, S.I. 2004/1947 and 2033, S.I. 2007/3101, S.I. 2009/1182, S.I. 2010/233, S.I. 2011/1043, S.I. 2012/1479 and 2672 and S.I. 2014/1887.

(e) The NHS Business Services Authority was established by the NHS Business Services Authority (Awdurdod Gwasanaethau Busnes y GIG) (Establishment and Constitution) Order 2005 (S.I.2005/2414). S.I.2005/2414 was amended by S.I. 2006/632, S.I. 2007/1201 and S.I. 2013/235.

- (iii) specifies, or is to specify, the number of occasions on which the drug, medicine or appliance may be provided; or
- (b) in the case of an electronic prescription to which direction 24 applies, data created in an electronic form for the purpose of ordering a drug, medicine or appliance, which—
 - (i) is signed, or is to be signed, with a prescriber’s advanced electronic signature,
 - (ii) is transmitted, or is to be transmitted, as an electronic communication to a nominated dispensing contractor by the Electronic Prescription Service, and
 - (iii) indicates, or is to indicate, that the drug, medicine or appliance ordered may be provided more than once and specifies, or is to specify, the number of occasions on which the drug, medicine or appliance may be provided;

“restricted availability appliance” means an appliance which is approved for particular categories of persons or particular purposes only;

“secondary care services” means—

- (a) 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 commissioning of health services) or 3A (power of clinical commissioning groups to commission certain health services) of the Act(a); or
- (b) such services or facilities as the Board is required by the Secretary of State to arrange by virtue of regulations made under section 3B (power to require Board to commission certain health services) of the Act(b);

“Scheduled drug” means—

- (a) a drug, medicine or other substance specified in any directions given by the Secretary of State under section 88 of the Act (GMS contracts: prescription of drugs etc) as being a drug, medicine or other substance which may not be ordered for patients in the provision of medical services under an integrated care provider contract; or
- (b) except where the conditions set out in direction 30(3) are satisfied, a drug, medicine or other substance which is specified in any directions given by the Secretary of State under section 88 of the Act (GMS contracts: prescription of drugs etc) as being a drug, medicine or other substance which can only be ordered for specified patients and specified purposes;

“section 75 partnership arrangements” means arrangements entered into by an NHS body, by virtue of section 75 of the Act(c);

“supplementary prescriber” means a person—

- (a) who is either engaged or employed by the contractor;
- (b) whose name is registered in—
 - (i) the Nursing and Midwifery Register,
 - (ii) Part 1 of the register maintained under article 19 of the Pharmacy Order 2010(d) (establishment, maintenance of and access to the register),
 - (iii) the register maintained under articles 6 (the Register) and article 9 (the Registrar) of the Pharmacy (Northern Ireland) Order 1976(e),

(a) Sections 3A and 3B were inserted respectively by sections 14 and 15 of the 2012 Act.
 (b) Section 3 was amended by section 13 of the 2012 Act.
 (c) See regulation 4 of S.I. 2000/617. Regulation 4 was amended by S.I. 2003/629 and S.I. 2012/3094.
 (d) S.I. 2010/231; as amended by paragraph 7 of the Schedule to the Health and Social Care (Safety and Quality) Act 2015 (c.28) and by S.I. 2011/1043 and 2159, , S.I. 2012/1909, 2672 and 3006, S.I. 2013/50, 235, 349 and 1478 and S.I. 2014/1887, S.I. 2015/806, 968, 1862, 1879 and 2059 and S.I. 2016/1030.
 (e) S.I. 1976/1213 (N.I. 22). Article 6(1) was substituted by regulation 5 of S.R. 2008/192, and article 9(2) was amended by regulation 9 of that instrument.

- (iv) the part of the register maintained by the Health Professions Council under article 5 of the Health and Social Work Professions Order 2001(a) (establishment and maintenance of register) relating to—
 - (aa) chiropodists or podiatrists,
 - (bb) physiotherapists,
 - (cc) radiographers, or
 - (dd) dieticians, or
- (v) the register of optometrists maintained by the General Optical Council under section 7(a) of the Opticians Act 1989(b) (register of opticians); and
- (c) against whose name is recorded in the relevant register an annotation or entry signifying that that person is qualified to order drugs, medicines and appliances as a supplementary prescriber or, in the case of the Nursing and Midwifery Register, a nurse independent/supplementary prescriber;

“temporary resident” means a person accepted by the contractor as a temporary resident under paragraph 15 of Schedule 3 and for whom the contractor’s responsibility has not been terminated in accordance with that paragraph;

“therapeutic radiographer independent prescriber” means a radiographer—

- (a) who is registered in Part 11 of the register maintained under article 5 of the Health and Social Work Professions Order 2001(c); and
- (b) against whose name in that register is recorded—
 - (i) an entitlement to use the title “therapeutic radiographer”, and
 - (ii) an annotation signifying that the radiographer is qualified to order drugs, medicines or appliances as a therapeutic radiographer independent prescriber;

“working day” means any day except Saturday, Sunday, Christmas Day, Good Friday or a bank holiday; and

“writing”, includes electronic mail and “written” is to be construed accordingly.

PART 2

Integrated care provider contracts

Health service bodies

4. Where a contractor is a health service body, the contractor is entitled to have the integrated care provider contract treated as an NHS contract for the purposes of the dispute resolution procedure in section 9 of the Act (NHS contracts) from the date on which that contract takes effect.

Integrated care provider contracts: required terms

5.—(1) In so far as any of the following provisions of these Directions requires an integrated care provider contract to contain a term which is equivalent in its effect to that provision, the Board must ensure that any such contract which it enters into contains a term which is equivalent to, or which otherwise gives effect to, that provision.

(a) S.I. 2002/254; as amended by section 81(5) of the Policing and Crime Act 2009 (c.26), sections 213, 214(2) to (4), 215, 216, 218 and 219 of the 2012 Act, paragraph 6 of the Schedule to, the Health and Social Care (Safety and Quality) Act 2015 (c.28), and by S.I. 2003/3148, S.I. 2004/1947 and 2033, S.I. 2007/3101, S.I. 2009/1182, S.I. 2010/233, S.I. 2011/1043, S.I. 2012/1479 and 2672 and S.I. 2014/1887.

(b) 1989 c.44. Section 7 was amended by S.I. 2005/848.

(c) S.I. 2002/254; article 5 was amended by S.I. 2009/1182.

(2) Schedules 2 and 3 also have effect for the purposes of the requirement in paragraph (1).

Integrated care provider contracts: general

6.—(1) An integrated care provider contract must specify—

- (a) whether it is an NHS contract for the purposes of the dispute resolution procedure in section 9 of the Act (NHS contracts);
- (b) that the contractor, or any person with whom it enters into sub-contracting arrangements in respect of the provision of primary medical services under the integrated care provider contract, must not sell, assign or otherwise dispose of the benefit of any of its rights under that contract in relation to the obligation to provide primary medical services without the prior consent of the Board;
- (c) the circumstances (if any) in which any obligations to provide primary medical services under the integrated care provider contract may be sub-contracted;
- (d) whether out of hours services are to be provided by the contractor at any of the contractor's premises.

Membership of a CCG

7.—(1) The Board must ensure that any integrated care provider contract that it enters into contains a term which has the effect of requiring the contractor to—

- (a) be a member of each CCG in respect of whose area the contractor provides primary medical services; and
- (b) appoint at least one individual who is a general medical practitioner or other healthcare professional appointed by a general practitioner to act on the contractor's behalf in the dealings between the contractor and each CCG to which the contractor belongs.

Certificates

8.—(1) Subject to paragraphs (2) and (3), an integrated care provider contract must contain a term which has the effect of requiring the contractor to issue any medical certificate of a description prescribed in column 1 of Schedule 1 under, or for the purposes of, the enactments specified in relation to the certificate in column 2 of that Schedule if that certificate is reasonably required under or for the purposes of the enactments specified in relation to that certificate.

(2) A certificate referred to in paragraph (1) must be issued free of charge to a patient or to a patient's personal representatives.

(3) A certificate must not be issued where, for the condition to which the certificate relates, the patient is—

- (a) being attended by a medical practitioner who is not—
 - (i) engaged or employed by the contractor, or
 - (ii) a shareholder in a company which is a party to the integrated care provider contract;
or
- (b) not being treated by or under the supervision of a health care professional.

(4) The exception in paragraph (3)(a) does not apply where the certificate is issued in accordance with regulation 2(1) of the Social Security (Medical Evidence) Regulations 1976^(a) (evidence of incapacity for work, limited capability for work and confinement) or regulation 2(1) of the Statutory Sick Pay (Medical Evidence) Regulations 1985^(b) (medical information).

(a) S.I. 1976/615; as amended by S.I. 1982/699, S.I.1987/409, S.I. 1989/1686, S.I. 1991/2284, S.I.1994/2975, S.I.1999/3109, S.I.2001/2931, S.I. 2002/881 and 2469, S.I. 2004/1771, S.I. 2008/1554, S.I. 2010/137, S.I. 2013/235 and 630.

(b) S.I. 1985/1604; as amended by S.I. 1992/247 and S.I. 2010/137.

Fees and charges

9.—(1) An integrated care provider contract must contain terms in relation to fees and charges which have the effect specified in the following paragraphs.

(2) The contractor may not, either itself or through any other person, demand or accept from any patient of the contractor a fee or other remuneration, for its own or another's benefit, for—

- (a) the provision of any treatment in the form of primary medical services whether under the contract or otherwise; or
- (b) a prescription or repeatable prescription for any drug, medicine or appliance, except in the circumstances set out in Schedule 2.

(3) Subject to paragraph (4), where—

- (a) a person applies to a contractor for the provision of primary medical services;
- (b) claims to be entitled to be treated by the contractor without paying a fee or other remuneration; and
- (c) the contractor has reasonable doubts about that person's claim,

the contractor must give any necessary treatment in the form of primary medical services to that person and may demand and accept from that person a reasonable fee accordingly in accordance with sub-paragraph 1(e) of Schedule 2.

(4) Where—

- (a) a person from whom a contractor received a fee under sub-paragraph 1(e) of Schedule 2 applies to the Board for a refund within 14 days from the date of payment of the fee (or within such longer period not exceeding one month as the Board may allow if it is satisfied that the failure to apply within 14 days was reasonable); and
- (b) the Board is satisfied that the person was entitled to receive treatment from the contractor in the form of primary medical services without paying a fee or other remuneration when the treatment was given,

the Board may recover the amount of the fee from the contractor, by deduction from the contractor's remuneration or otherwise, and must pay the amount recovered to the person who paid the fee.

Financial interests

10.—(1) The Board must ensure that any integrated care provider contract which it enters into requires the contractor in making a decision—

- (a) to refer a patient for other services under the Act; or
- (b) to prescribe a drug, medicine or appliance to a patient,

to make that decision without regard to its own financial interests.

(2) The Board must ensure that any integrated care provider contract which it enters into contains a term which has the effect of prohibiting the contractor from informing patients that any prescription for any drug, medicine or appliance must be dispensed only by the contractor or by a person with whom the contractor is associated.

Patient participation

11.—(1) A contractor must establish and maintain a group known as a "Patient Participation Group" comprising some of its registered patients for the purposes of—

- (a) obtaining the views of patients who have received primary medical services provided by the contractor about the delivery of those services by the contractor; and
- (b) enabling the contractor to obtain feedback from its registered patients about those services.

(2) The contractor must make reasonable efforts during each financial year to review the membership of its Patient Participation Group in order to ensure that the group is representative of its registered patients.

(3) The contractor must—

- (a) engage with its Patient Participation Group, at such frequent intervals throughout each financial year as the contractor must agree with that group, with a view to obtaining feedback from the contractor's registered patients, in an appropriate and accessible manner, about the primary medical services delivered by the contractor; and
- (b) review any feedback received about the primary medical services delivered by the contractor, whether in accordance with sub-paragraph (a) or otherwise, with its Patient Participation Group with a view to agreeing with that group the improvements (if any) which are to be made to those services.

(4) The contractor must make reasonable efforts to implement such improvements to the primary medical services delivered by the contractor as are agreed between the contractor and its Patient Participation Group.

Publication of earnings information

12.—(1) The contractor must publish each year on its website (if it has one) the information specified in paragraph (2).

(2) The information specified in this paragraph is—

- (a) the mean net earnings in respect of the previous financial year of—
 - (i) every general medical practitioner who was a member of a limited liability partnership, or shareholder in a company limited by shares, which is party to the integrated care services provider contract for a period of at least six months during that financial year, and
 - (ii) every general medical practitioner who was employed or engaged by the contractor to provide primary medical services under the integrated care provider contract, whether on a full-time or a part-time basis, for a period of at least six months during that financial year; and
- (b) the—
 - (i) total number of any general medical practitioners to whom the earnings information referred to in sub-paragraph (a) relates, and
 - (ii) (where applicable) the number of those practitioners who have been employed or engaged by the contractor to provide primary medical services under the integrated care provider contract on a full-time or a part-time basis and for a period of at least six months during the financial year in respect of which that information relates.

(3) The information specified in sub-paragraph (2) must be—

- (a) published by the contractor before the end of the financial year following the financial year to which that information relates; and
- (b) made available by the contractor in hard copy form on request.

(4) For the purposes of this direction, “mean net earnings” are to be calculated by reference to the earnings of a general medical practitioner that, in the opinion of the Board, are attributable to the performance or provision by the practitioner under the integrated care provider contract of primary medical services, after having disregarded any expenses properly incurred in the course of performing or providing those services.

Sub-contracting

13.—(1) An integrated care provider contract must contain terms which prevent a contractor from sub-contracting any rights or duties in connection with its obligations to provide clinical services except where the conditions specified in paragraph (2) are satisfied.

(2) The conditions specified in this paragraph are that, prior to entering into the sub-contract, the contractor must take reasonable steps to satisfy itself that—

- (a) it is reasonable in all the circumstances to do so;
- (b) the person to whom any of those rights or duties is sub-contracted is qualified and competent to provide the service; and
- (c) the person holds adequate insurance in accordance with direction 56.

(3) Where the contractor sub-contracts any rights or duties in connection with its obligation to provide clinical services, it must—

- (a) inform the Board of the sub-contract as soon as reasonably practicable; and
- (b) provide the Board with such information in relation to the sub-contract as the Board may reasonably request.

(4) Where the contractor sub-contracts any rights and duties in connection with its obligation to provide clinical services, the parties to the contract are deemed to have agreed a variation to the contract which has the effect of including in the contract any premises which are to be used by the sub-contractor for the purposes of the sub-contract as premises from which the contractor provides those services.

(5) A contractor must ensure that any person with whom it sub-contracts is prohibited from further sub-contracting the clinical services which that person has agreed with the contractor to provide.

(6) The contractor must not sub-contract any rights or duties in connection with its obligation to provide clinical services to a company or firm that is—

- (a) wholly or partly owned by the contractor, or by any former or current employee of, or member of, or partner or shareholder in, the contractor;
- (b) formed by or on behalf of the contractor, or from which the contractor derives a pecuniary benefit; or
- (c) formed by or on behalf of a former or current employee of, or member of, or partner or shareholder in, the contractor, or from which such a person derives or may derive a pecuniary benefit,

where paragraph (7) applies.

(7) This paragraph applies to a company or firm which is or was formed wholly or partly for the purpose of avoiding the restriction on the sale of goodwill in a medical practice in section 259(a) of the Act (sale of medical practices) and Schedule 21 to the Act (prohibition of sale of medical practices) or in any regulations made wholly or partly under those provisions.

(8) For the purposes of this paragraph—

- (a) “goodwill” has the meaning given in section 259(5) of the Act; and
- (b) the definition of “medical practice” in section 259(5) of the Act is to be construed so as to apply in respect of the totality, or any part, of the arrangements for the provision of clinical services by the contractor in the area for which the contractor is required to provide those services under the contract.

Termination by the Board for unlawful sub-contracting

14.—(1) This direction applies if the contractor breaches the condition specified in direction 13(6) relating to the sub-contracting of clinical services.

(2) Where this direction applies, the Board may—

- (a) terminate the provision of primary medical services under the integrated care provider contract with immediate effect; or

(a) Section 259 was amended by paragraph 131 of Schedule 4 to the 2012 Act.

- (b) instruct the contractor to terminate the sub-contracting arrangements that give rise to the breach, and if the contractor fails to comply with that instruction, the Board may terminate the provision of primary medical services under the contract with immediate effect, or on a date specified by the Board in the notice given to the contractor under paragraph (3)(a).

(3) The Board must give notice in writing to the contractor of any decision by it under this direction to—

- (a) terminate the provision of primary medical services under the contract; or
- (b) instruct the contractor to terminate any sub-contracting arrangements.

Out of hours services

15.—(1) Where a contractor agrees to provide out of hours services under an integrated care provider contract, the contractor—

- (a) is only required to provide out of hours services to a patient if, in the contractor’s reasonable opinion having regard to the patient’s medical condition, it would not be reasonable in all the circumstances for the patient to wait to obtain those services;
- (b) must, in the provision of out of hours services, meet the quality requirements set out in the Integrated Urgent Care Key Performance Indicators published by the Board(a).

(2) Where a contractor is not required to provide out of hours services under an Integrated care provider contract, the contractor must—

- (a) monitor the quality of the out of hours services that are offered or provided to the contractor’s registered patients having regard to the Integrated Urgent Care Key Performance Indicators referred to in paragraph (1)(b), and record, and act appropriately in relation to, any concerns arising;
- (b) record any feedback received, including any complaints;
- (c) report to the Board, either at the request of the Board or otherwise, any concerns arising about the quality of the out of hours services which are offered or provided to patients having regard to—
 - (i) any patient feedback received, including any complaints, and
 - (ii) the quality requirements set out in the Integrated Urgent Care Key Performance Indicators referred to in paragraph (1)(b).

PART 3

Persons who perform services

Qualifications of performers: medical practitioners

16.—(1) Subject to paragraph (2), a medical practitioner may not perform primary medical services under the integrated care provider contract unless that medical practitioner is—

- (a) included in the medical performers list;
- (b) not suspended from that list or from the Medical Register; and
- (c) not subject to interim suspension under section 41A of the Medical Act 1983(b) (interim orders)

(a) This document is available at: <https://www.england.nhs.uk/?s=KPIs+urgent+care>. Hard copies may be obtained from NHS England, PO Box 16738, Redditch, B97 7PT.

(b) 1983 c.54. Section 41A was inserted by S.I. 2015/794.

(2) Paragraph (1) does not apply to any medical practitioner who is an exempt medical practitioner within the meaning of paragraph (3) in so far as any primary medical services that the medical practitioner performs constitute part of a post-registration programme

(3) For the purposes of this direction, an “exempt medical practitioner” is—

- (a) a GP Specialty Registrar who has applied to the Board to be included in its medical performers list until the occurrence of the first of the following events—
 - (i) the Board gives notice to the GP Specialty Registrar of its decision in respect of that application, or
 - (ii) the end of a period of three months, beginning with the date on which that GP Specialty Registrar begins a postgraduate medical education and training scheme necessary for the award of a CCT;
- (b) a medical practitioner who—
 - (i) is not a GP Specialty Registrar,
 - (ii) is undertaking a post-registration programme of clinical practice supervised by the General Medical Council,
 - (iii) has given notice to the Board of the intention to undertake part or all of a post-registration programme in England at least 24 hours before commencing any part of that programme, and
 - (iv) has, with the notice given, provided the Board with evidence sufficient for the Board to satisfy itself that the medical practitioner is undertaking a post-registration programme.

(4) In this direction, “Medical Register” means the registers kept under section 2 of the Medical Act 1983^(a) (registration of medical practitioners).

Qualifications of performers: health care professionals

17.—(1) A health care professional (other than one to whom direction 16 applies) may not perform primary medical services under an integrated care provider contract unless—

- (a) that health care professional is registered with the professional body relevant to that health care professional’s profession; and
- (b) that registration is not subject to a period of suspension.

Conditional registration or inclusion in a primary care list

18.—(1) Where the registration of a health care professional, or, in the case of a medical practitioner, the inclusion of that practitioner’s name in a primary care list, is subject to conditions, the contractor must ensure compliance with those conditions in so far as they are relevant to the provision of primary medical services under the integrated care provider contract.

(2) In this direction, “primary care list means”—

- (a) a list of persons performing primary medical services, primary dental services or primary ophthalmic services or pharmaceutical services prepared in accordance with regulations made under—
 - (i) section 91 of the Act (persons performing primary medical services),
 - (ii) section 106 of the Act (persons performing primary dental services),
 - (iii) section 123 of the Act (persons performing primary ophthalmic services), and
 - (iv) sections 145, 146, 147A or 149 (performers of pharmaceutical services and assistants),

(a) 1983 c.54. Section 2 was amended by S.I. 2002/3135, S.I. 2006/1914, S.I. 2007/3101, S.I.2008/1774 and S.I. 2014/1101.

- of the Act(a); or
- (b) a list of persons undertaking to provide, or assist in the provision of—
 - (i) primary medical services, prepared in accordance with regulations made under Part 4 of the Act (primary medical services),
 - (ii) primary dental services, prepared in accordance with regulations made under Part 5 of the Act (primary dental services),
 - (iii) primary ophthalmic services prepared in accordance with regulations made under Part 6 of the Act (persons performing primary ophthalmic services), or
 - (iv) pharmaceutical services, prepared in accordance with regulations made under Part 7 of the Act (pharmaceutical services and local pharmaceutical services); or
- (c) a list corresponding to any of the above in Wales, Scotland or Northern Ireland.

Clinical experience

19. A health care professional may not perform primary medical services under an integrated care provider contract unless that person has such clinical experience and training as is necessary to enable the person to properly perform such services.

Terms and conditions for employment and engagement: medical practitioners

20.—(1) The contractor may only offer employment to a general medical practitioner to perform primary medical services under an integrated care provider contract on terms which are no less favourable than those contained in the document entitled “Model terms and conditions of service for a salaried general medical practitioner employed by a GMS practice” published by the British Medical Association and the NHS Confederation as item 1.2 of the supplementary documents to the GMS contract(b).

(2) Subject to paragraphs (3) and (4), a contractor may not employ or engage a medical practitioner to perform primary medical services under an integrated care provider contract (other than an exempt medical practitioner within the meaning of direction 16(3)) unless—

- (a) the practitioner has provided the contractor with documentary evidence that the practitioner is entered in the medical performers list; and
- (b) the contractor has checked that the practitioner meets the requirements of direction 19.

(3) Where—

- (a) the employment or engagement of a medical practitioner is urgently needed; and
- (b) it is not possible for the contractor to check the matters referred to in direction 19 in accordance with paragraph (2)(b) before employing or engaging the practitioner,

the contractor may employ or engage the practitioner on a temporary basis for a single period of up to seven days while such checks are undertaken.

(4) Where the prospective employee is a GP Specialty Registrar, the requirements in paragraph (1) apply with modifications so that—

- (a) the GP Specialty Registrar is treated as having provided documentary evidence of the GP Specialty Registrar’s application to the Board for inclusion in the medical performers list; and
- (b) confirmation that the GP Specialty Registrar’s name appears on that list is not required until the end of the first two months of the GP Specialty Registrar’s training period.

(a) Sections 91(3), 106(3) and 123(3) were respectively amended by paragraph 35, 47 and 60 of Schedule 4 to, the 2012 Act. Sections 146 and 149 of the Act are repealed by section 208(1) of the 2012 Act. Section 147A was inserted by section 208(2) of the 2012 Act and was amended by paragraphs 120 and 123 of Schedule 9 to the Protection of Freedoms Act 2012 (c.9). Section 208 of the 2012 Act is to be commenced on a day to be appointed. No regulations have been made under section 147A of the Act.

(b) This document is available at: <http://bma.org.uk/sessionalgps>. Hard copies may be requested from The British Medical Association, BMA House, Tavistock Square, London WC1H 9JP.

Conditions for employment or engagement: health care professionals

21.—(1) Subject to paragraph (2), a contractor may not employ or engage a health care professional to perform primary medical services under an integrated care provider contract unless—

- (a) the contractor has checked that the health care professional meets the requirements of direction 17; or
- (b) the contractor has taken reasonable steps to satisfy itself that the health care professional meets the requirements of direction 19.

(2) When considering a health care professional's experience and training for the purposes of paragraph (1)(b), the contractor must, in particular, have regard to any—

- (a) post-graduate or post-registration qualification held by the health care professional; and
- (b) relevant training undertaken, and any relevant clinical experience gained, by the health care professional.

Arrangements for GP Specialty Registrars

22.—(1) The contractor may only employ a GP Specialty Registrar to perform primary medical services under an integrated care provider contract subject to the conditions specified in paragraph (2).

(2) The conditions specified in this paragraph are that the contractor must not, by reason only of having employed a GP Specialty Registrar, reduce the total number of hours for which other medical practitioners perform primary medical services under the contract for which other staff assist those medical practitioners in the performance of those services.

(3) Where a contractor employs a GP Specialty Registrar, the contractor must—

- (a) offer that GP Specialty Registrar terms of employment in accordance with such rates, and subject to such conditions, as are approved by the Secretary of State concerning the grants, fees, travelling and other allowances payable to GP Specialty Registrars; and
- (b) take into account the guidance contained in the document entitled "A Reference Guide to Postgraduate Specialty Training in the UK"**(a)**.

Doctors with provisional registration

23.—(1) A contractor may not, by reason only of having employed or engaged a person who is—

- (a) provisionally registered under section 15, 15A or 21 of the Medical Act 1983**(b)**; and
- (b) acting in the course of that person's employment in a resident medical capacity in a post-registration programme,

reduce the total number of hours in which other staff assist in the performance of primary medical services under the integrated care provider contract.

(a) This guidance last published in May 2014 is available at <http://specialtytraining.hee.nhs.uk/files/2013/10/A-Reference-Guide-for-Postgraduate-Specialty-Training-in-the-UK.pdf>. Hard copies are available from Health Education England, 1st Floor, Blenheim House, Duncombe Street, Leeds, LS1 4PL.

(b) 1983 c.54. Section 15 was substituted by article 26 of S.I. 2006/1914. Section 15A was inserted by regulations 2 and 3 of S.I. 2000/3041, and was amended by S.I. 2006/1914, S.I. 2007/1043 and 3101 and S.I. 2011/1043. Section 21 was amended by S.I. 1996/1591, S.I. 2002/3135, S.I. 2006/1914 and S.I. 2007/3101.

PART 4

Prescribing and dispensing

Prescribing: general

24.—(1) The contractor must ensure that—

- (a) any prescription form or repeatable prescription issued or created by a prescriber;
- (b) any home oxygen order form issued by a health care professional; and
- (c) any listed medicines voucher issued by a prescriber or any other person acting under the contract,

under this Part complies as appropriate with the requirements in directions 25, 26 and 28 to 31.

(2) For the purposes of directions 25, 26 and 28 to 31, where the primary medical services which a contractor must provide under an integrated care provider contract include the provision of contraceptive services, a reference to “drugs” includes contraceptive substances and a reference to “appliances” includes contraceptive appliances.

Orders for drugs, medicines or appliances

25.—(1) Subject to paragraphs (2) and (3) and to the restrictions on prescribing in directions 30 and 31, a prescriber must order any drugs, medicines or appliances which are needed for the treatment of a patient who is receiving treatment in the form of primary medical services under the integrated care provider contract by—

- (a) issuing to the patient a non-electronic prescription form or non-electronic repeatable prescription completed in accordance with paragraph (6);
- (b) creating and transmitting an electronic prescription in circumstances to which direction 26 applies,

and a non-electronic prescription form, non-electronic repeatable prescription or electronic prescription that is for health service use must not be used in any other circumstances.

(2) A healthcare professional must order any home oxygen services which are needed for the treatment of a patient who is receiving treatment in the form of primary medical services under the integrated care provider contract by issuing a home oxygen order form.

(3) During an outbreak of an illness for which a listed medicine may be used for a treatment or for prophylaxis, if—

- (a) the Secretary of State or the Board has made arrangements for the distribution of a listed medicine free of charge; and
- (b) that listed medicine is needed for treatment or prophylaxis of any patient who is receiving treatment under the integrated care provider contract,

a prescriber may order that listed medicine by using a listed medicines voucher and must sign that listed medicines voucher if one is used.

(4) During an outbreak of an illness for which a listed medicine may be used for treatment or for prophylaxis, if—

- (a) the Secretary of State or the Board has made arrangements for the distribution of a listed medicine free of charge;
- (b) those arrangements contain criteria set out in a protocol which enable persons who are not prescribers to identify the symptoms of, and whether there is a need for treatment or prophylaxis of, that disease;
- (c) a person acting on behalf of the contractor, who is not a prescriber but who is authorised by the Board to order listed medicines, has applied the criteria referred to in subparagraph (b) to a patient who is receiving treatment in the form of primary medical services under the contract; and

- (d) having applied the criteria, that person has concluded that the listed medicine is needed for the treatment or prophylaxis of the patient,

that person may order that listed medicine by using a listed medicines voucher and must sign that listed medicines voucher if one is used.

(5) A prescriber may only order drugs, medicines or appliances on a repeatable prescription where the drugs, medicines or appliances are to be provided more than once.

(6) In issuing a non-electronic prescription form or non-electronic repeatable prescription the prescriber must—

- (a) sign the prescription form or repeatable prescription in ink in the prescriber's own handwriting, and not by means of a stamp, with the prescriber's initials, or forenames, and surname; and
- (b) only sign the prescription or repeatable prescription after particulars of the order have been inserted in the prescription form or repeatable prescription.

(7) A prescription form or repeatable prescription must not refer to any previous prescription form or repeatable prescription.

(8) A separate prescription form or repeatable prescription must be used for each patient, except where a bulk prescription is issued for a school or institution under direction 32.

(9) A home oxygen order form must be signed by a health care professional.

(10) Where a prescriber orders the drug buprenorphine or diazepam or a drug specified in Schedule 2 to the Misuse of Drugs Regulations 2001(a) (controlled drugs to which regulations 14 to 16, 18, 21, 23, 26 and 27 of those Regulations apply) for supply by instalments for treating addiction to any drug specified in that Schedule, that prescriber must—

- (a) use only the non-electronic prescription form provided specially for the purposes of supply by instalments;
- (b) specify the number of instalments to be dispensed and the interval between each instalment; and
- (c) only order such quantity of the drug as will provide treatment for a period not exceeding 14 days.

(11) The prescription form provided specially for the purpose of supply by instalments must not be used for any purpose other than ordering drugs in accordance with paragraph (10).

(12) In an urgent case, a prescriber may only request a chemist to dispense a drug or medicine before a prescription form or repeatable prescription is issued or created if—

- (a) the drug or medicine is not a Scheduled drug;
- (b) the drug is not a controlled drug within the meaning of section 2 of the Misuse of Drugs Act 1971(b) (which relates to controlled drugs and their classification for the purposes of that Act), other than a drug which is for the time being specified in Part 1 of Schedule 4 (controlled drugs subject to the requirements of regulations 22, 23, 26 and 27) or Schedule 5 (controlled drugs excepted from the prohibition of importation, exportation and possession and subject to the requirements of regulations 24 and 26) to the Misuse of Drugs Regulations 2001(c); and
- (c) the prescriber undertakes to—
 - (i) provide the chemist within 72 hours from the time of the request with a non-electronic prescription form or a non-electronic repeatable prescription completed in accordance with paragraph (6), or

(a) S.I. 2001/3998. Schedule 2 was amended by S.I. 2003/1432, S.I. 2009/3136, S.I. 2011/448, S.I. 2014/1275 and 3277 and S.I. 2015/891.

(b) 1971 c.38. Section 2 was amended by paragraph 2 of Schedule 17 to the Police Reform and Social Responsibility Act 2011 (c. 13).

(c) S.I. 2001/3998; Schedule 4 was amended by S.I. 2003/1432, S.I. 2005/3372, S.I. 2007/2154, S.I. 2009/3136, S.I. 2012/973 S.I. 2013/625, S.I. 2014/1275 and 3277 and S.I. 2015/891. Schedule 5 was amended by S.I. 2005/2864.

- (ii) transmit by the Electronic Prescription Service within 72 hours from the time of the request an electronic prescription.

(13) In an urgent case, a prescriber may only request a chemist to dispense an appliance before a prescription form or repeatable prescription form is issued or created if—

- (a) the appliance does not contain a Scheduled drug, or a controlled drug within the meaning of section 2 of the Misuse of Drugs Act 1971 (which relates to controlled drugs and their classification for the purposes of that Act), other than a drug which is for the time being specified in Schedule 5 to the Misuse of Drugs Regulations 2001 (controlled drugs excepted from the prohibition on importation, exportation and possession and subject to the requirements of regulations 24 and 26);
- (b) in the case of a restricted availability appliance, the patient is a person specified in the Drug Tariff, or it is for a purpose specified in the Drug Tariff; and
- (c) the prescriber undertakes to—
 - (i) provide the chemist within 72 hours from the time of the request with a non-electronic prescription form or non-electronic repeatable prescription completed in accordance with paragraph (6), or
 - (ii) transmit by the Electronic Prescription Service within 72 hours from the time of the request an electronic prescription.

Electronic prescriptions

26.—(1) A prescriber may only order drugs, medicines or appliances by means of an electronic prescription if—

- (a) the patient to whom the prescription relates has—
 - (i) nominated one or more dispensers,
 - (ii) confirmed the intention to use that dispenser (or one of them) for the purposes of obtaining the drugs, medicines or appliances ordered on the electronic prescription in question;
 - (iii) consented to the use of an electronic prescription on the particular occasion; and
- (b) the prescription is not—
 - (i) for a controlled drug within the meaning of section 2 of the Misuse of Drugs Act 1971 (which relates to controlled drugs and their classification for the purposes of that Act), other than a drug which is for the time being specified in Schedule 4 (controlled drugs subject to the requirements of regulations 22, 23, 26 and 27) or 5 (controlled drugs excepted from the prohibition on importation, exportation and possession and subject to the requirements of regulations 24 and 26) to the Misuse of Drugs Regulations 2001, or
 - (ii) a bulk prescription issued for a school or institution under direction 32.

(2) A health care professional may not order home oxygen services by means of an electronic prescription.

(3) In relation to a patient who is a child or an adult who lacks capacity to nominate a dispenser, paragraph (1)(b) applies as if the reference to the patient to whom the prescription relates includes a reference to—

- (a) where the patient is a child—
 - (i) either parent, or in the absence of both parents, the guardian or other adult who has care of the patient,
 - (ii) a person duly authorised by a local authority to whose care the patient has been committed under the Children Act 1989(a), or

(a) 1989 c.41.

- (iii) a person duly authorised by a voluntary organisation by which the patient is being accommodated under the provisions of the Children Act 1989; or
 - (b) where the patient is an adult who lacks capacity to make such a request, the patient's relative, primary carer, a donee of a lasting power of attorney or a deputy appointed for that person by a court under the Mental Capacity Act 2005(a).
- (4) A prescriber who orders drugs, medicines or appliances by means of an electronic prescription must, in the case of—
- (a) an electronic repeatable prescription, issue the patient, if the patient so requests, with a form provided by the Board for the purpose of recording details of that prescription and linked to that prescription by a number contained on the form; and
 - (b) an electronic prescription form, issue the patient, if the patient so requests, with a written record of the prescription which has been created.

Nomination of dispensers for the purpose of electronic prescriptions

27.—(1) A contractor authorised to use the Electronic Prescription Service for its patients must enter into the particulars relating to the patient which are held in the Patient Demographic Service operated by NHS Digital(b)—

- (a) where the patient does not have a nominated dispenser, the dispenser chosen by the patient;
- (b) where the patient does have a nominated dispenser—
 - (i) a replacement dispenser, or
 - (ii) a further dispenser,
 chosen by the patient.

(2) Paragraph (1)(b)(ii) does not apply if the number of the nominated dispensers would thereby exceed the maximum number permitted by the Electronic Prescription Service.

(3) A request for a nomination of a dispenser may be made—

- (a) where the patient is a child, on behalf of the patient—
 - (i) by either parent, or in the absence of both parents, the guardian or other adult who has care of the patient,
 - (ii) by a person duly authorised by a local authority to whose care the patient has been committed under the Children Act 1989(c), or
 - (iii) by a person duly authorised by a voluntary organisation by which the patient is being accommodated under the provisions of the Children Act 1989; or
- (b) where the patient is an adult who lacks capacity to make such a request, by a relative or a primary carer of the patient, a donee of a lasting power of attorney granted by the patient or a deputy appointed for the patient by the court under the provisions of the Mental Capacity Act 2005(d).

(4) A contractor must—

- (a) not seek to persuade the patient to nominate a dispenser recommended by the prescriber or the contractor; and
- (b) if asked by the patient to recommend a chemist whom the patient might nominate as the patient's dispenser, provide the patient with the list given to the contractor by the Board of all chemists in the area who provide an Electronic Prescription Service.

(a) 2005 c.9.

(b) The Health and Social Care Information Centre (known as "NHS Digital") is a body corporate established by section 252(1) of the 2012 Act.

(c) 1989 c.41.

(d) 2005 c.9.

Repeatable prescribing services

28.—(1) The contractor may only provide repeatable prescribing services to a person to whom it provides primary medical services under the integrated care provider contract if the contractor—

- (a) satisfies the conditions specified in paragraph (2); and
- (b) has given notice in writing to the Board of its intention to provide repeatable prescribing services in accordance with paragraphs (3) and (4).

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

- (a) the contractor has access to computer systems and software which enable it to issue non-electronic repeatable prescriptions and batch issues; and
- (b) the premises at which the repeatable prescribing services are to be provided are located in a local authority area in which there is also located the premises of at least one chemist who has undertaken to provide, or has entered into arrangements to provide, repeat dispensing services.

(3) The notice given under paragraph (1)(b) must confirm that the contractor—

- (a) wants to provide repeatable prescribing services;
- (b) intends to begin providing those services from a specified date; and
- (c) satisfies the conditions specified in paragraph (2)

(4) The date specified by the contractor under paragraph (3)(b) must be at least ten days after the date on which the notice under paragraph (1)(b) was given

(5) Nothing in this direction requires a contractor or prescriber to provide repeatable prescribing services to any person.

(6) A prescriber may only provide repeatable prescribing services to a person on a particular occasion if—

- (a) the person has agreed to receive such services on that occasion; and
- (b) the prescriber considers that it is clinically appropriate to provide such services to that person on that occasion.

(7) The contractor may not provide repeatable prescribing services to any person to whom it provides primary medical services under the integrated care provider contract in respect of whom a person specified in paragraph (8) is authorised or required by the Board to provide pharmaceutical services in accordance with arrangements under section 126(a) (arrangements for pharmaceutical services) and section 132(b) (persons authorised to provide pharmaceutical services) of the Act.

(8) The persons specified in this paragraph are—

- (a) where the contractor is a body corporate, a medical practitioner who is both a legal and beneficial shareholder in that body; or
- (b) any medical practitioner employed or engaged by the contractor to perform primary medical services under the contract.

Repeatable prescriptions

29.—(1) A prescriber who issues a non-electronic repeatable prescription must at the same time issue the appropriate number of batch issues.

(2) Where a prescriber wants to make a change to the type, quantity, strength or dosage of drugs, medicines or appliances ordered on a person's repeatable prescription, the prescriber must—

- (a) in the case of a non-electronic repeatable prescription—

(a) Section 126 was amended by sections 213(7)(k) and 220(7) of, and paragraph 63 of Schedule 4 to, the 2012 Act.

(b) Section 132 was amended by paragraph 69 of Schedule 4 to the 2012 Act, paragraphs 120 and 121 of Schedule 9 to, the Protection of Freedoms Act 2012 (c.9), and by S.I. 2007/289 and S.I. 2010/22 and 231.

- (i) give notice to the person, and
- (ii) make reasonable efforts to give notice to the chemist providing repeat dispensing services to the person,

that the original repeatable prescription should no longer be used to obtain or provide repeat dispensing services and make arrangements for a replacement repeatable prescription to be issued to the person; or

- (b) in the case of an electronic repeatable prescription—
 - (i) arrange with the Electronic Prescription Service for the cancellation of the original repeatable prescription, and
 - (ii) create a replacement electronic repeatable prescription relating to the person and give notice to the person that this has been done.

(3) Where a prescriber has created an electronic repeatable prescription for a person, the prescriber must, as soon as practicable, arrange with the Electronic Prescription Service for its cancellation if, before the expiry of that prescription—

- (a) the prescriber considers that it is no longer safe or appropriate for the person to receive the drugs, medicines or appliances ordered on the person's electronic repeatable prescription or it is no longer safe or appropriate for the person to continue to receive repeatable prescribing services;
- (b) the prescriber has issued the person with a non-electronic repeatable prescription in place of the electronic repeatable prescription; or
- (c) it comes to the prescriber's notice that the person has been removed from the list of patients of the contractor on whose behalf the prescription was issued.

(4) Where a prescriber has cancelled an electronic repeatable prescription relating to a person in accordance with paragraph (3), the prescriber must give notice to the person as soon as possible to that effect.

(5) A prescriber who has issued a non-electronic repeatable prescription in relation to a person must, as soon as possible, make reasonable efforts to give notice to the chemist that that repeatable prescription should no longer be used to provide repeat dispensing services to that person, if, before the expiry of that repeatable prescription—

- (a) the prescriber considers that it is no longer safe or appropriate for the person to receive the drugs, medicines or appliances ordered on the person's repeatable prescription or that it is no longer safe or appropriate for the person to continue to receive repeatable prescribing services;
- (b) the prescriber issues or creates a further repeatable prescription in respect of the person to replace the original repeatable prescription other than in the circumstances referred to in paragraph (2)(a) (for example, because the person wants to obtain the drugs, medicines or appliances from a different chemist); or
- (c) it comes to the prescriber's attention that the person is no longer a person to whom the contractor on behalf of whom the prescription was issued provides primary medical services to under the contract.

(6) Where the circumstances in paragraph (5)(a) to (c) apply, the prescriber must, as soon as practicable, give notice to the person to whom the prescription relates that the person's repeatable prescription should no longer be used to obtain repeat dispensing services.

Restrictions on prescribing by medical practitioners

30.—(1) A medical practitioner, in the course of treating a person to whom the practitioner is providing primary medical services under an integrated care provider contract must comply with the following paragraphs.

(2) The medical practitioner must not order on a listed medicines voucher, prescription form or a repeatable prescription a drug, medicine or other substance specified in any directions given by the Secretary of State under section 88 of the Act (GMS contracts: prescription of drugs etc) as being

a drug, medicine or other substance which may not be ordered for patients in the provision of medical services under a general medical services contract.

(3) The medical practitioner must not order on a listed medicines voucher, a prescription form or repeatable prescription a drug, medicine or other substance specified in any directions given by the Secretary of State under section 88 of the Act (GMS contracts: prescription of drugs etc) as being a drug, medicine or other substance which may be ordered for specified patients and specified purposes unless—

- (a) the patient is a person of the specified description;
- (b) the drug, medicine or other substance is prescribed for that patient only for the specified purpose; and
- (c) if the order is on a prescription form, the practitioner includes on the form—
 - (i) the reference “SLS”, or
 - (ii) if the order is under arrangements made by the Secretary of State or the Board for the distribution of a listed medicine free of charge, the reference “ACP”.

(4) The medical practitioner must not order on a prescription form or repeatable prescription a restricted availability appliance unless—

- (a) the patient is a person, or it is for a purpose, specified in the Drug Tariff; and
- (b) the practitioner includes on the prescription form the reference “SLS”.

(5) The medical practitioner must not order on a repeatable prescription a controlled drug within the meaning of section 2 of the Misuse of Drugs Act 1971^(a) (controlled drugs and their classification for the purposes of that Act), other than a drug which is for the time being specified in Schedule 4 (controlled drugs subject to the requirements of regulations 22, 23, 26 and 27) or Schedule 5 (controlled drugs excepted from the prohibition on importation, exportation and possession and subject to the requirements of regulations 24 and 26) to the Misuse of Drugs Regulations 2001^(b).

(6) Subject to direction 9(2)(b) and to paragraph (7), nothing in the preceding paragraphs prevents a medical practitioner, in the course of treating a patient to whom this direction refers, from prescribing a drug, medicine or other substance or, as the case may be, a restricted availability appliance or a controlled drug within the meaning of section 2 of the Misuse of Drugs Act 1971 (controlled drugs and their classification for the purposes of that Act) for the treatment of that patient under a private arrangement.

(7) Where, under paragraph (6), a drug, medicine or other substance is prescribed under a private arrangement, if the order is to be transmitted as an electronic communication to a chemist for the drug, medicine or appliance to be dispensed—

- (a) if the order is not for a drug for the time being specified in Schedule 2 (controlled drugs subject to the requirements of regulations 14, 15, 16, 18, 19, 20, 21, 23, 26 and 27) or Schedule 3 (controlled drugs subject to the requirements of regulations 14, 15, 16, 18, 22, 23, 24, 26 and 27) to the Misuse of Drugs Regulations 2001^(c), it may be transmitted by the Electronic Prescription Service; but
- (b) if the order is for a drug for the time being specified in Schedule 2 (controlled drugs subject to the requirements of regulations 14, 15, 16, 18, 19, 20, 21, 23, 26 and 27) or Schedule 3 (controlled drugs subject to the requirements of regulations 14, 15, 16, 18, 22, 23, 24, 26 and 27) to the Misuse of Drugs Regulations 2001, it must be transmitted by the Electronic Prescription Service.

(a) 1971 c.38.

(b) S.I. 2001/3998. Schedule 4 was amended by S.I. 2003/1432, S.I. 2005/3372, S.I. 2007/2154, S.I. 2009/3136, S.I. 2012/973, S.I. 2013/625, S.I. 2014/1275 and 3277 and S.I. 2015/1891. Schedule 5 was amended by S.I. 2005/2864.

(c) S.I. 2001/3998. Schedules 2 and 3 were amended by S.I. 2003/1432, S.I. 2007/2154, S.I. 2009/3136, S.I. 2011/448, S.I. 2012/1311, S.I. 2014/1275 and 3277 and S.I. 2015/891.

Restrictions on prescribing by supplementary prescribers

31.—(1) The contractor must have arrangements in place to secure that a supplementary prescriber may only—

- (a) issue or create a prescription for a prescription only medicine;
- (b) administer a prescription only medicine for parenteral administration; or
- (c) give directions for the administration of a prescription only medicine for parenteral administration,

under the conditions set out in paragraph (2).

(2) The conditions set out in this paragraph are that—

- (a) the person satisfies the conditions in regulation 215 of the Human Medicines Regulations 2012(a) (prescribing and administration by supplementary prescribers), unless those conditions do not apply by virtue of any of the exemptions set out in the subsequent provisions of those Regulations;
- (b) the prescription only medicine is not specified in any directions given by the Secretary of State under section 88 of the Act (GMS contracts: prescription of drugs etc) as being a drug, medicine or other substance which may not be ordered for patients in the provision of medical services under a general medical services contract; and
- (c) the prescription only medicine is not specified in any directions given by the Secretary of State under section 88 of the Act (GMS contracts: prescription of drugs) as being a prescription only medicine which can only be ordered for specified patients and specified purposes unless—
 - (i) the patient is a person of the specified description,
 - (ii) the medicine is prescribed for that patient only for the specified purposes, and
 - (iii) if the supplementary prescriber is issuing or creating a prescription on a prescription form the prescriber includes on the form—
 - (aa) the reference “SLS”, or
 - (bb) in the case of a listed medicine ordered under arrangements made by the Secretary of State or the Board for the medicine’s distribution free of charge, the reference “ACP”.

(3) Where the functions of a supplementary prescriber include prescribing, the contractor must have arrangements in place to secure that the person may only issue or create a prescription for—

- (a) an appliance; or
- (b) a medicine which is not a prescription only medicine,

under the conditions set out in paragraph (4).

(4) The conditions set out in this paragraph are that—

- (a) the supplementary prescriber acts in accordance with a clinical management plan which is in effect at the time at which that prescriber acts and which contains the following particulars—
 - (i) the name of the patient to whom the plan relates,
 - (ii) the illness or conditions which may be treated by the supplementary prescriber,
 - (iii) the date on which the plan is to take effect, and when it is to be reviewed by the medical practitioner or dentist who is a party to the plan,
 - (iv) reference to the class or description of medicines or types of appliances which may be prescribed or administered under the plan,
 - (v) any restrictions or limitations as to the strength or dose of any medicine which may be prescribed or administered under the plan, and any period of administration or use

(a) S.I. 2012/1916. There are no amendments to regulation 215.

of any medicine or appliance which may be prescribed or administered under the plan,

- (vi) relevant warnings about known sensitivities of the patient to, or known difficulties of the patient with, particular medicines or appliances,
- (vii) the arrangements for giving notice of—
 - (aa) suspected or known adverse reactions to any medicine which may be prescribed or administered under the plan, and suspected or known adverse reactions to any other medicine taken at the same time as any medicine prescribed or administered under the plan, and
 - (bb) incidents occurring with the appliance that might lead, might have led or has led to the death or serious deterioration of the state of health of the patient, and
- (viii) the circumstances in which the supplementary prescriber should refer to, or seek the advice of the medical practitioner or dentist who is a party to the plan;
- (b) the supplementary prescriber has access to the health records of the patient to whom the plan relates which are used by any medical practitioner or dentist who is a party to the plan;
- (c) if it is a prescription for a prescription only medicine, that prescription only medicine is not specified in any directions given by the Secretary of State under section 88 of the Act (GMS contracts: prescription of drugs etc) as being a drug, medicine or other substance which may not be ordered for patients in the provision of primary medical services under the contract;
- (d) if it is a prescription for a prescription only medicine, that prescription only medicine is not specified in any directions given by the Secretary of State under section 88 of the Act (GMS contracts: prescription of drugs etc) as being a drug, medicine or other substance which can only be ordered for specified patients and specified purposes unless—
 - (i) the patient is a person of a specified description,
 - (ii) the medicine is prescribed for that patient only for the specified purposes, and
 - (iii) when issuing or creating the prescription, the supplementary prescriber includes on the prescription form the reference “SLS”;
- (e) if it is prescription for an appliance, the appliance is listed in Part IX of the Drug Tariff; and
- (f) if it is a prescription for a restricted availability appliance—
 - (i) the patient is a person of a description mentioned in the entry in Part IX of the Drug Tariff in respect of that appliance,
 - (ii) the appliance is prescribed only for the purposes specified in respect of that person in that entry, and
 - (iii) when issuing or creating the prescription, the supplementary prescriber includes on the prescription form the reference “SLS”.

(5) In paragraph (4)(a), “clinical management plan” means a written plan (which may be amended from time to time) relating to the treatment of an individual patient agreed by—

- (a) the patient to whom the plan relates;
- (b) the medical practitioner or dentist who is a party to the plan; and
- (c) any supplementary prescriber who is to prescribe, give directions for administration or administer under the plan.

Bulk prescribing

32.—(1) A prescriber may use a single use non-electronic prescription form where—

- (a) a contractor is responsible under the integrated care provider contract for providing treatment in the form of primary medical services of ten or more persons in a school or other institution in which at least 20 persons normally reside; and
 - (b) the prescriber orders, for any two or more of those persons for whose treatment the contractor is responsible, drugs, medicines or appliances to which this direction applies.
- (2) Where a prescriber uses a single non-electronic prescription form for the purpose mentioned in paragraph (1)(b), the prescriber must (instead of entering on the form the names of the persons for whom the drugs, medicines or appliances are ordered) enter on the form—
- (a) the name of the school or other institution in which those persons reside; and
 - (b) the number of persons residing there for whose treatment the contractor is responsible.
- (3) This direction applies to any drug, medicine or appliance which can be supplied as part of pharmaceutical services or local pharmaceutical services and which—
- (a) in the case of a drug or medicine, is not a prescription only medicine; or
 - (b) in the case of an appliance, does not contain such a product.

Excessive prescribing

33.—(1) The contractor must not prescribe drugs, medicines or appliances the cost or quantity of which, in relation to a patient, is, by reason of the character of the drug, medicine or appliance in question, in excess of that which was reasonably necessary for the proper treatment of the patient.

(2) In considering whether a contractor has breached its obligations under paragraph (1), the Board may, if the contractor consents, seek the views of the Local Medical Committee (if any) for the area in which the contractor provides primary medical services under the integrated care provider contract.

Provision of drugs, medicines and appliances for immediate treatment or personal administration

34.—(1) Subject to paragraphs (2) and (3), a contractor—

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

(2) A contractor must only provide a restricted availability appliance if it is for a person or a purpose specified in the Drug Tariff.

(3) Nothing in paragraph (1) or (2) authorises a person to supply any drug or medicine to a patient otherwise than in accordance with Part 12 of the Human Medicines Regulations 2012(a).

PART 5

Prescribing and dispensing: out of hours services

Supply of medicines etc. by contractors providing out of hours services

35.—(1) In this Part—

(a) S.I. 2012/1916; as amended by S.I. 2013/235, 1855 and 2593 and S.I. 2014/490 and 1887, S.I. 2015/323, 570, 903, 1503, 1862, 1879, S.I. 2016/186, 190, and 696 and S.I. 2017/715.

“complete course” means the course of treatment appropriate to the patient’s condition, being the same as the amount that would have been prescribed if the patient had been seen during core hours;

“necessary drugs, medicines and appliances” means those drugs, medicines and appliances which the patient requires and for which, in the reasonable opinion of the contractor having regard to the patient’s medical condition, it would not be reasonable in all the circumstances for the patient to wait to obtain them;

“out of hours performer” means a prescriber, a person acting in accordance with a Patient Group Direction or any other health care professional employed or engaged by the contractor who can lawfully supply a drug, medicine or appliance, who is performing out of hours services under the integrated care provider contract;

“Patient Group Direction” has the meaning given in the regulation 213(1) of the Human Medicines Regulations 2012(a) (interpretation); and

“supply form” means a form provided by the Board and completed by or on behalf of the contractor for the purpose of recording the provision of drugs, medicines or appliances to a patient during the out of hours period.

(2) Where a contractor whose integrated care provider contract includes the provision of out of hours services has agreed with the Board that the contract should also include the supply of necessary drugs, medicines and appliances to patients when it is providing them with out of hours services, the contractor must comply with the requirements of paragraphs (3) to (5).

(3) The contractor must ensure that an out of hours performer—

- (a) only supplies necessary drugs, medicines and appliances;
- (b) supplies the complete course; and
- (c) does not supply—
 - (i) drugs, medicines or appliances which the contractor could not lawfully supply,
 - (ii) appliances which are not listed in Part IX of the Drug Tariff,
 - (iii) restricted availability appliances, except where the patient is a person, or it is for a purpose, specified in the Drug Tariff, or
 - (iv) a drug, medicine or other substance listed in Schedule 1 to the National Health Service (General Medical Services Contracts) (Prescription of Drugs etc) Regulations 2004(b) (drugs, medicines and other substances not to be ordered under a general medical services contract), or a drug listed in Schedule 2 to those Regulations(c) (drugs, medicines and other substances that may be ordered only in certain circumstances), other than in the circumstances specified in Schedule 2 to those Regulations.

(4) The out of hours performer—

- (a) must (except where sub-paragraph (b) applies) record on a separate supply form for each patient any drugs, medicines or appliances supplied to the patient; and
- (b) may complete a single supply form in respect of the supply of any necessary drugs, medicines or appliances to two or more persons in a school or other institution in which at least 20 persons normally reside, in which case the out of hours performer may write on the supply form the name of the school or institution rather than the name of each individual patient.

(5) The out of hours performer must ask a person to produce satisfactory evidence of entitlement if that person makes a declaration that a patient does not have to pay any of the charges specified in regulations made under section 172 of the Act (charges for drugs, medicines or appliances, or

(a) S.I. 2012/1916. There are no relevant amendments to regulation 213.

(b) S.I. 2004/629. There are no amendments to Schedule 1.

(c) S.I. 2001/3998. Schedule 2 was amended by S.I. 2004/3215, S.I. 2009/2230, S.I. 2010/2389, S.I. 2011/680 and 1043, S.I. 2013/363 and 2194, S.I. 2014/1625 and S.I. 2015/1862.

pharmaceutical services) or section 174 of the Act (pre-payment certificates)(a) in respect of dispensing services because the patient is either—

- (a) entitled to exemption under regulations made under section 172 or 174 of the Act; or
- (b) entitled to full remission of charges under regulations made under section 182 (remission and repayment of charges) or 183(b) (payment of travelling expenses) of the Act.

(6) Paragraph (5) does not apply if, at the time of the declaration, satisfactory evidence of entitlement is already available to the out of hours service performer.

(7) If, in accordance with paragraphs (5) and (6), no satisfactory evidence of entitlement is produced or no such evidence is otherwise already available to the out of hours performer, the out of hours performer must endorse the supply form to that effect.

(8) Subject to paragraph (9), nothing in this direction prevents an out of hours performer from supplying a Scheduled drug or a restricted availability appliance in the course of treating a patient under a private arrangement.

(9) The provisions of direction 9 and Schedule 2 which relates to fees and charges apply in respect of the supply of necessary drugs, medicines and appliances under this direction as they apply in respect of prescriptions for any drugs, medicines and appliances.

PART 6

Records and information

Patient records

36.—(1) The contractor must keep adequate records of its attendance on and treatment of patients to whom it has provided primary medical services under an integrated care provider contract.

(2) The contractor must keep the records referred to in paragraph (1)—

- (a) on forms supplied to it for the purpose by the Board;
- (b) with the written consent of the Board, by way of computerised records,

or in a combination of both ways.

(3) The contractor must include in the records referred to in paragraph (1), clinical reports sent in accordance with paragraph 3 of Schedule 3 or from any other health care professional who has provided treatment to a person on the contractor's list of patients.

(4) The consent of the Board required by paragraph (2)(b) may not be withheld or withdrawn provided the Board is satisfied, and continues to be satisfied, that—

- (a) the computer system on which the contractor proposes to keep the records has been accredited by the Secretary of State or by another person acting on the Secretary of State's behalf in accordance with "General Practice Systems of Choice Level 2"(c);
- (b) the security measures, audit and systems management functions incorporated into the computer system as accredited in accordance with sub-paragraph (a) have been enabled; and

(a) The Regulations made under sections 172 and 174 are the National Health Service (Travel Expenses and Remission of Charges) Regulations 2003 (S.I. 2003/2382) and the National Health Service (Charges for Drugs and Appliances) Regulations 2015 (S.I. 2015/570). S.I. 2003/2382 was amended by S.I. 2004/633, 696 and 936, S.I. 2005/26, 578 and 2114, S.I. 2006/562, 675, 1065 and 2171, S.I. 2007/1898 and 2590, S.I. 2008/571, 1697, 1700 and 2868, S.I. 2009/411, S.I. 2010/620 and 1727, S.I. 2011/1587, S.I. 2012/1650, S.I. 2013/475 and 1600, S.I. 2015/417, 570, 643, 993 and 1776 and S.I. 2016/1045. S.I. 2015/570 was amended by S.I. 2015/1879, S.I. 2016/696 and 1077 and S.I. 2017/408 and 457.

(b) Section 183 was amended by paragraph 98 of Schedule 4 to the 2012 Act and by S.I. 2010/915 and S.I. 2013/2269.

(c) GP Systems of Choice is a scheme by which the National Health Service funds the cost of GP clinical IT systems in England. Guidance about this scheme is available from NHS Digital, 1 Trevalyan Square, Boar Lane, Leeds, LS1 6AE.

- (c) the contractor is aware of and has signed an undertaking that it will have regard to guidelines contained in “The Good Practice Guidelines for GP electronic patient records (Version 4)” published on 21st March 2011^(a).

(5) Where the patient’s records are computerised records, the contractor must, as soon as reasonable following a request from the Board, allow the Board to access the information recorded on the computer system on which those records are held by means of the audit function referred to in paragraph (4)(b) to the extent necessary for the Board to confirm that the audit function is enabled and functioning correctly.

(6) Where a patient dies, the contractor must send the complete records relating to that patient to the Board—

- (a) in a case where the contractor was informed by the Board of that patient’s death, before the end of the period of 14 days beginning with the date on which the contractor was so informed; or
- (b) in any other case, before the end of the period of one month beginning with the date on which the contractor learned of that patient’s death.

(7) Where a patient has registered with a provider of primary medical services who is not the contractor and the contractor receives a request from that provider for the complete records relating to that patient, the contractor must send to the Board—

- (a) the complete records, or any part of the records, sent via the GP2GP facility in accordance with direction 38 for which the contractor does not receive confirmation of safe and effective transfer via that facility; and
- (b) any part of the records held by the contractor only in paper form.

(8) Where—

- (a) the contractor ceases to be responsible for providing primary medical services to a patient under the contract whether at the request of the patient or otherwise; and
- (b) the contractor has not received a request from another provider of primary medical services with which the patient has registered for the transfer of the complete records relating to that patient,

the contractor must send a copy of those records to the Board.

(9) Where the contractor’s responsibility for providing primary medical services to a patient under the contract terminates, the contractor must send any records relating to that patient that it holds to—

- (a) if known, the provider of primary medical services with which that patient is registered; or
- (b) in all other cases, the Board.

Summary Care Record

37.—(1) Where there is a change to the information included in a patient’s medical record in relation to primary medical services received from the contractor under an integrated care provider contract, the contractor must enable the automated upload of summary information to the Summary Care Record, when the change occurs, using approved systems provided to it by the Board.

(2) In this direction—

“Summary Care Record”, in relation to primary medical services, means the system approved by the Board for the automated uploading, storing and displaying of patient data relating to

(a) This guidance is available at <http://www.gov.uk/government/publications/the-good-practice-guidelines-for-gp-electronic-patient-records-version-4-2011>. Hard copies of this guidance are available from the Department of Health and Social Care, Richmond House, 79 Whitehall, London SW1A 2NS.

medications, allergies, adverse reactions and, where agreed with the contractor and subject to the patient's consent, any other data taken from the patient's electronic record; and
"summary information" means items of patient data that collectively make up the Summary Care Record.

Electronic transfer of patient records

38.—(1) A contractor must use the facility known as "GP2GP" for the safe and effective transfer of any patient records—

- (a) in a case where a new patient registers on the contractor's list of registered patients for the provision of primary medical services, to the contractor from another provider of primary medical services (if any) with which the patient was previously registered; or
- (b) in a case where the contractor receives a request from another provider of primary medical services with which the patient has registered, in order to respond to that request.

(2) In this direction, "GP2GP facility" means the facility provided by the Board to the contractor which enables the electronic health records of a registered patient which are held on the contractor's clinical systems to be transferred securely and directly to another provider of primary medical services with which the patient has registered.

(3) The requirements of this direction do not apply in the case of a temporary resident.

Clinical correspondence: requirement for NHS number

39.—(1) A contractor must include the NHS number of a registered patient as the primary identifier in all clinical correspondence issued by the contractor which relates to the provision of primary medical services to that patient under an integrated care provider contract.

(2) The requirement in paragraph (1) does not apply where, in exceptional circumstances outside of the contractor's control, it is not possible for the contractor to ascertain the patient's NHS number.

(3) In this direction—

"clinical correspondence" means all correspondence in writing, whether in electronic form or otherwise, between the contractor and other providers of health services under the Act concerning or arising out of patient attendance and treatment at the premises at which the contractor provides primary medical services under the integrated care provider contract including referrals made by letter or by any other means; and

"NHS number", in relation to a person to whom the contractor provides clinical services, means the number, consisting of ten numeric digits, which serves as the national unique identifier used for the purpose of safely, efficiently and accurately sharing information relating to that person across the whole of the health service in England.

Patient online services

40.—(1) The contractor must promote and offer to its registered patients the facility for a patient to—

- (a) book, view, amend, cancel and print appointments online;
- (b) order repeat prescriptions for drugs, medicines or appliances online; and
- (c) view and print a list of any drugs, medicines or appliances in respect of which the patient has a repeat prescription,

in a manner which is capable of being electronically integrated with the contractor's computerised clinical systems using appropriate systems authorised by the Board.

(2) The requirements in paragraph (1) do not apply where the contractor does not have access to computer systems and software which would enable it to offer the online services described in that paragraph to the contractor's patients.

(3) When complying with the requirement in paragraph (1)(a), a contractor must consider whether, in order to meet the reasonable needs of its registered patients, it is necessary to take action to increase the proportion of appointments which are available for those patients to book online and, if so, to take such action,

(4) Where the medical records of a contractor's registered patients are held on the contractor's computerised clinical systems, the contractor must promote and offer the facility for those patients to—

- (a) access online any summary information derived from the patient's medical records and any other data which the contractor has agreed that the patient may access; and
- (b) view online, electronically export or print any summary information derived from the patient's medical records and any other data which the contractor has agreed that the patient may access.

(5) Where the medical records of a contractor's registered patients are held on the contractor's computerised clinical systems, the contractor must promote and offer to the facility for any such patient to access online all information from the patient's medical record which is held in coded form unless—

- (a) in the reasonable opinion of the contractor, access to such information would not be in the patient's best interests because it is likely to cause serious harm—
 - (i) to the patient's physical or mental health, or
 - (ii) to the physical or mental health of any other person;
- (b) the information includes any reference to a third party who has not consented to its disclosure; or
- (c) the information in the patient's medical record contains a free text entry and it is not possible under the contractor's computerised clinical systems to separate that free text entry from the other information in that medical record which is held in coded form.

(6) The requirements in paragraph (4)—

- (a) do not apply where the contractor does not have access to computer systems and software which would enable it to offer the online services described in that paragraph to its registered patients; and
- (b) only apply until such time as the contractor is able to fully comply with the requirements of paragraph (5).

(7) The requirements in paragraph (5) do not apply where the contractor—

- (a) does not have access to GPSOC accredited computer systems and software which would enable it to offer the online services described in that paragraph to its registered patients; and
- (b) has, before the end of the period of six months beginning with the date on which the integrated care provider contract was entered into—
 - (i) publicised its plans to enable it to achieve those requirements by a specified future date which has been notified to the Board, and
 - (ii) displayed a statement of intent on the contractor's premises at which primary medical services are to be provided under the integrated care provider contract and, where the contractor has a website, on that website.

(8) Where the contractor has a website, the contractor must also promote and offer to its registered patients the facility referred to in paragraph (1)(a) and (b) on that website.

(9) In this direction—

“GPSOC accredited computer systems and software” means computer systems and software which have been accredited by the Secretary of State or another person in accordance with “General Practice Systems of Choice Level 2(a)”; and

“summary information” has the meaning given in direction 37.

Provision of information

41.—(1) Subject to paragraph (2), the contractor must, at the request of the Board, produce to the Board, or to a person authorised in writing by the Board, or allow the Board, or a person authorised in writing by the Board, to access—

- (a) any information which is reasonably required by the Board for the purposes of or in connection with the provision of primary medical services under an integrated care provider contract; and
- (b) any other information which is reasonably required in connection with the Board’s functions.

(2) The contractor is not be required to comply with any request made under paragraph (1) unless it has been made by the Board in accordance with directions relating to the provision of information by contractors given to it by the Secretary of State under section 98A of the Act (exercise of functions).

(3) The contractor must produce the information requested, or, as the case may be, allow the Board, or a person authorised by the Board, access to such information—

- (a) by such date as has been agreed as reasonable between the contractor and the Board; or
- (b) in the absence of such agreement, before the end of the period of 28 days beginning with the date on which the request is made.

Provision of information to a medical officer etc.

42.—(1) The contractor must, if satisfied that a person to whom it provides primary medical services under an integrated care provider contract consents—

- (a) supply in writing to any person specified in paragraph (3), (a “relevant person”), before the end of such reasonable period as that person may specify, such clinical information as any of the persons mentioned in paragraph (3)(a) to (d) considers relevant about a person to whom the contractor, or a person acting on behalf of the contractor, has issued or has refused to issue a medical certificate; and
- (b) answer any inquiries by a relevant person about—
 - (i) a prescription form or medical certificate issued or created by, or on behalf of, the contractor, or
 - (ii) any statement which the contractor, or a person acting on behalf of the contractor, has made in a report.

(2) For the purposes of being satisfied that a person referred to in paragraph (1) consents, a contractor may rely on an assurance in writing from a relevant person that the consent of that person has been obtained, unless the contractor has reason to believe that that person does not consent.

(3) For the purposes of this direction, a “relevant person” is—

- (a) a medical officer;
- (b) a nursing officer;

(a) GP Systems of Choice is a scheme by which the National Health Service funds the cost of GP clinical IT systems in England. Guidance about this scheme is available from the Health and Social Care Information Centre, 1 Trevelyan Square, Boar Lane, Leeds, LS1 6AE.

- (c) an occupational therapist;
- (d) a physiotherapist; or
- (e) an officer of the Department for Work and Pensions who is acting on behalf of, and at the direction of, any person specified in sub-paragraphs (a) to (d).

(4) In this direction—

“medical officer” means a medical practitioner who is—

- (a) employed or engaged by the Department for Work and Pensions; or
- (b) provided by an organisation under a contract entered into with the Secretary of State for Work and Pensions;

“nursing officer” means a health care professional who is registered on the Nursing and Midwifery Register and who is—

- (a) employed by the Department for Work and Pensions; or
- (b) provided by an organisation under a contract with the Secretary of State for Work and Pensions;

“occupational therapist” means a health care professional who is registered in the part of the register maintained by the Health Professions Council under article 5 of the Health and Social Work Professions Order 2001(a) (establishment and maintenance of register) relating to occupational therapists and who is—

- (a) employed or engaged by the Department for Work and Pensions; or
- (b) provided by an organisation under a contract entered into with the Secretary of State for Work and Pensions; and

“physiotherapist” means a health care professional who is registered in the part of the register maintained by the Health Professions Council under article 5 of the Health and Social Work Professions Order 2001 (establishment and maintenance of register) relating to physiotherapists and who is—

- (a) employed or engaged by the Department for Work and Pensions; or
- (b) provided by an organisation under a contract entered into with the Secretary of State for Work and Pensions.

Provision of information: GP access data

43.—(1) Subject to paragraph (4), a contractor must provide such information relating to patient access to primary medical services at any premises at which the contractor provides those services under an integrated care provider contract (“GP access data”) as the Board may reasonably require for the purposes of, or in connection with, the contract.

(2) The contractor must submit an online return to the Board in respect of any GP access data using the Primary Care Web Tool(b) which is the facility provided by the Board to the contractor for this purpose.

(3) The contractor must submit an online return of GP access data to the Board twice in every financial year by 30th September and 31st March for each financial year until 31st March 2021.

(4) The requirements in this direction do not apply where the contractor does not have access to computer systems and software which would enable it to use the PCWT facility to submit an online return of GP access data to the Board.

(a) S.I. 2002/254; as amended by section 81(5) of the Policing and Crime Act 2009 (c.26), sections 213, 214(2) to (4), 215, 216, 218 and 219 of the 2012 Act, paragraph 6 of the Schedule to, the Health and Social Care (Safety and Quality) Act 2015 (c.28), and by S.I. 2003/3148, S.I. 2004/1947 and 2033, S.I. 2007/3101, S.I. 2009/1182, S.I. 2010/233, S.I. 2011/1043, S.I. 2012/1479 and 2672 and S.I. 2014/1887.

(b) The “PCWT” facility is the approved internet webtool made available by NHS England to contractors for the purposes of submitting GP access data.

National Diabetes Audit

44.—(1) A contractor must record any data required by the Board for the purposes of the National Diabetes Audit(a) paragraph (2).

(2) The data recorded under paragraph (1) must be appropriately coded by the contractor and uploaded onto the contractor’s computerised clinical systems in accordance with the requirements of guidance published by NHS Employers(b) for these purposes.

(3) The contractor must ensure that the coded data is uploaded onto its computerised clinical systems and available for collection by the Health and Social Care Information Centre(c) at such intervals during each financial year as are notified to the contractor by the Health and Social Care Information Centre.

Information relating to indicators no longer in the Quality and Outcomes Framework

45. A contractor must allow the extraction from the contractor’s computerised clinical systems by the Health and Social Care Information Centre of the information specified in the Table relating to clinical indicators which are no longer in the Quality and Outcomes Framework(d) at such intervals during each financial year as are notified to the contractor by the Health and Social Care Information Centre.

Table

Quality and Outcomes Framework – indicators no longer included in the Quality and Outcomes Framework

<i>Indicator ID</i>	<i>Indicator Description</i>
Clinical domain	
CHD003	The percentage of patients with coronary heart disease whose last measured total cholesterol (measured in the preceding 12 months) is 5 mmol/l or less
CKD002	The percentage of patients on the CKD register in whom the last blood pressure reading (measured in the preceding 12 months) is 140/85 mmHg or less
CKD004	The percentage of patients on the CKD register whose notes have a record of a urine albumin:creatinine ratio (or protein:creatinine ratio) test in the preceding 12 months
NM84	The percentage of patients on the CKD register with hypertension and proteinuria who are currently treated with

(a) The National Diabetes Audit is part of the Board’s clinical priority programme on diabetes. It measures the effectiveness of diabetes healthcare provided against clinical guidelines and quality standards issued by the National Institute for Health and Care Excellence (NICE) in England and Wales. The National Diabetes Audit monitors how many patients are meeting the NICE clinical guidance standards for diabetes and treatment, compares how GP practices are performing compared to similar practices throughout England or to local practices and identifies trends in the relationships between patient characteristics and their care and outcomes.

(b) NHS Employers, which is part of the NHS Confederation, is an independent representative body of NHS workforce leaders. See section 2 of the guidance entitled “2017/2018 General Medical Services (GMS) Contract” published by NHS Employers which is available at: <http://www.nhsemployers.org/gms201718>. Hard copies of this guidance may be obtained by post from NHS Employers, 2 Brewery Wharf, Kendall Street, Leeds, LS10 1JR.

(c) The Health and Social Care Information Centre (known as “NHS Digital”) is a body corporate established under section 252(1) of the Health and Social Care Act 2012 (c.7).

(d) The Quality and Outcomes Framework (QOF) is provided for in Section 4 and Annex D of the General Medical Services Statement of Financial Entitlements 2013 which were signed on 27th March 2013 (as amended) and is also applied, by agreement, to Personal Medical Services Agreements. Participation by contractors in the QOF is voluntary. However, contractors which participate in the QOF are required to accomplish the specified tasks or achieve the specified outcomes which are included in the QOF as “indicators” in return for payments which are measured against their achievements in respect of particular indicators. The General Medical Services Statement of Financial Entitlements 2013 is available at: <http://www.gov.uk/government/publications/nhs-primary-medical-services-directions-2013>. Hard copies may be obtained by post from the General Practice Team, Quarry House, Quarry Hill, Leeds LS2 7UE.

	renin-angiotensin system antagonists
DEP001	The percentage of patients aged 18 or over with a new diagnosis of depression in the preceding 1st April to 31st March, who have had a bio-psychosocial assessment by the point of diagnosis. The completion of the assessment is to be recorded on the same day as the diagnosis is recorded
DM005	The percentage of patients with diabetes, on the register, who have a record of an albumin:creatinine ratio test in the preceding 12 months
DM011	The percentage of patients with diabetes, on the register, who have a record of retinal screening in the preceding 12 months
DM016	The percentage of male patients with diabetes, on the register, who have a record of erectile dysfunction with a record of advice and assessment of contributory factors and treatment options in the preceding 12 months
EP002	The percentage of patients aged 18 or over on drug treatment for epilepsy who have been seizure free for the last 12 months recorded in the preceding 12 months
EP003	The percentage of women aged 18 or over and who have not attained the age of 55 who are taking antiepileptic drugs who have a record of information and counselling about contraception, conception and pregnancy in the preceding 12 months
HYP003	The percentage of patients aged 79 or under with hypertension in whom the last blood pressure reading (measured in the preceding 9 months) is 140/90 mmHg or less
HYP004	The percentage of patients with hypertension aged 16 or over and who have not attained the age of 75 in whom there is an assessment of physical activity, using GPPAQ, in the preceding 12 months
HYP005	The percentage of patients with hypertension aged 16 or over and who have not attained the age of 75 who score 'less than active' on GPPAQ in the preceding 12 months, who also have a record of a brief intervention in the preceding 12 months
LD002	The percentage of patients on the learning disability register with Down's Syndrome aged 18 or over who have a record of blood TSH in the preceding 12 months (excluding those who are on the thyroid disease register)
MH004	The percentage of patients aged 40 or over with schizophrenia, bipolar affective disorder and other psychoses who have a record of total cholesterol:hdl ratio in the preceding 12 months
MH005	The percentage of patients aged 40 or over with schizophrenia, bipolar affective disorder and other psychoses who have a record of blood glucose or HbA1c in the preceding 12 months
MH006	The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of BMI in the preceding 12 months
PAD003	The percentage of patients with peripheral arterial disease in whom the last measured total cholesterol (measured in the preceding 12 months) is 5 mmol/l or less
RA003	The percentage of patients with rheumatoid arthritis aged 30 or over and who have not attained the age of 85 who have had a cardiovascular risk assessment using a CVD risk assessment tool adjusted for RA in the preceding 12 months
RA004	The percentage of patients aged 50 or over and who have not attained the age of 91 with rheumatoid arthritis who have had an

	assessment of fracture risk using a risk assessment tool adjusted for RA in the preceding 24 months
STIA004	The percentage of patients with stroke or TIA who have a record of total cholesterol in the preceding 12 months
STIA005	The percentage of patients with a stroke shown to be non-haemorrhagic, or a history of TIA whose last measured total cholesterol (measured in the preceding 12 months) is 5 mmol/l or less
THY001	The contractor establishes and maintains a register of patients with hypothyroidism who are currently treated with levothyroxine
THY002	The percentage of patients with hypothyroidism, on the register, with thyroid function tests recorded in the preceding 12 months
Public Health Domain	
CVD-PP002	The percentage of patients diagnosed with hypertension (diagnosed after on or after 1st April 2009) who are given lifestyle advice in the preceding 12 months for smoking cessation, safe alcohol consumption and healthy diet
CON002	The percentage of women, on the register, prescribed an oral or patch contraceptive method in the preceding 12 months who have also received information from the contractor about long acting reversible methods of contraception in the preceding 12 months
SMOK001	The percentage of patients aged 15 or over whose notes record smoking status in the preceding 24 months

Information relating to alcohol related risk reduction and dementia diagnosis and treatment

46.—(1) A contractor must allow the extraction by the Health and Social Care Information Centre **(a)** of the information **(b)** specified in—

- (a) paragraph (2) in relation to alcohol related risk reduction; and
- (b) paragraph (3) in relation to dementia diagnosis and treatment,

from the record that the contractor is required to keep in respect of each registered patient under direction 36 by such means, and at such intervals during each financial year, as are notified to the contractor by the Health and Social Care Information Centre.

(2) The information specified in this paragraph is information required in connection with the requirements under paragraph 9 of Schedule 3.

(3) The information specified in this paragraph is information relating to any clinical interventions provided by the contractor in the preceding 12 months in respect of a patient who is suffering from, or who is at risk of suffering from, dementia.

(a) The Health and Social Care Information Centre (known as “NHS Digital”) is a body corporate established under section 252(1) of the Health and Social Care Act 2012 (c.7).

(b) See in relation to the information which a contractor is required to allow the extraction of under this provision the document entitled “Technical Requirements for GMS Contract Changes” which is published by NHS Employers. Section 4 of this document contains requirements in respect of coded data which a contractor is required under the contract to include in a patient’s medical records in relation to alcohol dependency screening and dementia interventions. This document is available at: <http://www.nhsemployers.org/gms201718>. Hard copies of this guidance may be obtained by post from NHS Employers, 2 Brewery Wharf, Kendall Street, Leeds, LS10 1JR.

NHS Digital Workforce Census

47.—(1) A contractor must record and submit any data required by the Health and Social Care Information Centre for the purposes of the NHS Digital Workforce Census(a) (known as the “Workforce Minimum Data Set”) in accordance with paragraph (2).

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

(3) The contractor must ensure that the coded data is available for collection by the Health and Social Care Information Centre at such intervals during each financial year as are notified to the contractor by the Health and Social Care Information Centre.

Information relating to overseas visitors

48.—(1) A contractor must—

- (a) record the information specified in paragraph (2) relating to overseas visitors, where that information has been provided to it by a newly registered patient on a form supplied to the contractor by the Board for this purpose; and
- (b) where applicable in the case of a patient, record the fact that the patient is the holder of an European Health Insurance Card or S1 Healthcare Certificate(d) which has not been issued to or in respect of the patient by the United Kingdom,

in the medical record that the contractor is required to keep under direction 36 in respect of the patient.

(2) The information specified in this paragraph is—

- (a) in the case of a patient who holds a European Health Insurance Card which has not been issued to the patient by the United Kingdom, the information contained on that card in respect of the patient; and
- (b) in the case of a patient who holds a Provisional Replacement Certificate(e) issued in respect of the patient’s European Health Insurance Card, the information contained on that certificate in respect of the patient.

(3) The information referred to in paragraph (2) must be submitted by the contractor to Health and Social Care Information Centre—

- (a) electronically at NHSDIGITAL-EHIC@nhs.net; or
- (b) by post in hard copy form to EHIC, PDS NBO, NHS Digital, Smedley Hydro, Trafalgar Road, Southport, Merseyside, PR8 2HH.

(a) The NHS Digital Workforce Census is the successor to the GP Workforce Census and is undertaken by the Health and Social Care Information Centre (known as “NHS Digital”). In support of the commitment to provide an additional 5,000 doctors in primary care by 2020, data is collected from GP practices through the Primary Care Web Tool which is used to provide a detailed view of the General Practice Workforce, including GPs and other practice staff. This information is published annually by NHS Digital on its website <http://www.nhsdigital.nhs.uk>.

(b) NHS Employers, which is part of the NHS Confederation, is an independent representative body of NHS workforce leaders. See section 2 of the guidance entitled “2017/2018 General Medical Services (GMS) Contract” published by NHS Employers which is available at: <http://www.nhsemployers.org/gms201718>. Hard copies of this guidance may be obtained by post from NHS Employers, 2 Brewery Wharf, Kendall Street, Leeds, LS10 1JR.

(c) The Primary Care Web Tool facility is the approved webtool made available by the Board to contractors for the purposes of submitting data online. Further information about the NHS Digital Workforce Census is available by post from NHS Digital, 1 Trevelyan Square, Boar Lane, Leeds, LS1 6AE.

(d) An S1 Healthcare Certificate is issued to those who are posted abroad and who pay National Insurance Contributions in the UK or to people in receipt of UK exportable benefits(for example retirement pensions). Further information is available at: **[DN: insert weblink]** or may be obtained by writing to NHS BSA, Stella House, Goldcrest Way, Newbury Riverside, Newcastle Upon Tyne, NE 15 8NY.

(e) Further information about Provisional Replacement Certificates is available at: <http://www.nhs.uk/NHSEngland/Healthcareabroad/EHIC/Pages/about-the-ehic.aspx> or may be obtained by writing to NHS England, PO Box 16738, Redditch, B97 7PT.

(4) Where the patient is the holder of an S1 Healthcare Certificate, the contractor must send that certificate, or a copy of that certificate, to the Department for Work and Pensions—

- (a) electronically to overseas.healthcare@dwp.gsi.gov.uk; or
- (b) by post in hard copy form to the Overseas Visitors Healthcare Team, Durham House, Washington, Tyne and Wear, NE38 7SF.

Inquiries about prescriptions and referrals

49.—(1) The contractor must, subject to paragraphs (2) and (3), sufficiently answer any inquiries whether oral or in writing from the Board concerning—

- (a) any prescription form or repeatable prescription form issued or created by a prescriber;
- (b) the considerations by reference to which prescribers issue such forms;
- (c) the referral by or on behalf of the contractor of any patient to any other services provided by the contractor under the Act; or
- (d) the considerations by which the contractor makes such referrals or provides for them to be made on its behalf.

(2) An inquiry referred to in paragraph (1) may only be made for the purpose of obtaining information to assist the Board to discharge its functions, or of assisting the contractor in the discharge of its obligations under an integrated care provider contract.

(3) The contractor is not required to answer any inquiry referred to in paragraph (1) unless it is made—

- (a) in the case of paragraph (1)(a) or (b), by an appropriately qualified health care professional;
- (b) in the case of paragraph (1)(c) or (d), by an appropriately qualified medical practitioner.

(4) The appropriately qualified person referred to in paragraph (3)(a) or (b) must—

- (a) be appointed by the Board in either case to assist it in the exercise of its functions under this direction; and
- (b) produce, on request, written evidence of that person's authority from the Board to make such an inquiry on the Board's behalf.

PART 7

Complaints

Complaints procedure

50.—(1) The contractor must establish and operate a complaints procedure to deal with complaints made in relation to any matter that is reasonably connected with the provision of primary medical services under an integrated care provider contract.

(2) The complaints procedure must comply with the requirements of the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009(a).

Co-operation with investigations

51.—(1) The contractor must co-operate with—

(a) S.I. 2009/309; as amended by S.I. 2009/1768, S.I. 2012/1909 and S.I.2013/235 and 349 and S.I. 2015/1862 and 1879.

- (a) the investigation of any complaint made in relation to a matter that is reasonably connected with the provision of primary medical services under an integrated care provider contract by—
 - (i) the Board, or
 - (ii) the Health Service Commissioner; and
 - (b) the investigation of any complaint made by an NHS body or local authority which relates to a patient or former patient of the contractor.
- (2) In paragraph (1)—
- “NHS body” means—
- (a) in relation to England and Wales, the Board or a CCG; and
 - (b) in relation to England and Wales, Scotland and Northern Ireland, an NHS Trust, an NHS foundation trust, a Local Health Board, a Health Board a Health and Social Services Board or a Health and Social Services Trust;
- “local authority” means—
- (a) a local authority within the meaning of section 1 of the Local Authority Social Services Act 1970(a) (local authorities);
 - (b) the Council of the Isles of Scilly;
 - (c) a council constituted under section 2 of the Local Government etc. (Scotland) Act 1994(b) (constitution of councils); or
 - (d) the council of a county or county borough in Wales; and
- “Health Service Commissioner” means the person appointed as Health Service Commissioner for England in accordance with section 1 of, and Schedule 1 to, the Health Service Commissioners Act 1993(c) (The Commissioner).
- (3) For the purposes of paragraph (1), co-operation includes—
- (a) answering questions which are reasonably put to the contractor by the Board;
 - (b) providing information relating to the complaint which is reasonably required by the Board; and
 - (c) attending any meeting held to consider the complaint (if held at a reasonably accessible place and at a reasonable hour and if due notice has been given) if the contractor’s presence at the meeting is reasonably required by the Board.

PART 8

Miscellaneous

Clinical governance

52.—(1) The contractor must have in place an effective system of clinical governance which includes appropriate standard operating procedures in relation to the management and use of controlled drugs.

(2) The contractor must nominate a person who is to have responsibility for ensuring the effective operation of the system of clinical governance.

(3) The person nominated under paragraph (2) must be a person who performs or manages the performance of primary medical services under an integrated care provider contract.

(a) 1970 c.42. Section 1 was amended by S.I. 2016/413.

(b) 1994 c.39. Section 2 was amended by paragraph 232(1) of Schedule 22 to the Environment Act 1995 (c.25).

(c) 1993 c.46. Section 1 was amended by paragraph 2 of Schedule 10 to, the Government of Wales Act 1998 (c.38); Schedules 6 and 7 to, the Public Service Ombudsman (Wales) Act 2005 (c.10); and by S.I.2004/1823. The Act is repealed in relation to Scotland by the Scottish Public Service Ombudsman Act 2002 (asp 11).

(4) In this direction—

- (a) “controlled drugs” has the meaning given in section 2 of the Misuse of Drugs Act 1971(a) (which relates to controlled drugs and their classification for the purposes of that Act); and
- (b) “system of clinical governance” means a framework through which the contractor endeavours continuously to improve the quality of its services and safeguards high standards of care by creating an environment in which clinical excellence can flourish.

Friends and Family Test

53.—(1) A contractor must give all patients who receive primary medical services at the contractor’s premises the opportunity to provide feedback about the service received from the contractor at those premises through the Friends and Family Test(b).

(2) The contractor must—

- (a) report the results of completed Friends and Family Tests to the Board; and
- (b) publish the results of such completed Tests(c).

(3) In this direction, “Friends and Family Test” means the arrangements that a contractor is required by the Board to implement to enable its patients who receive primary medical services from the contractor under the integrated care provider contract to provide anonymous feedback about the patient experience at the contractor’s premises at which those services are received.

Co-operation with the Board

54. The contractor must co-operate with the Board in the discharge of any of the Board’s obligations, or the obligations of the Board’s accountable officers, under the Controlled Drugs (Supervision and Management of Use) Regulations 2013(d).

Co-operation with the Secretary of State and Health Education England

55.—(1) The contractor must co-operate with—

- (a) the Secretary of State in the discharge of the Secretary of State’s duty under section 1F of the Act(e) (duty as to education and training); and
- (b) Health Education England(f) where Health Education England is discharging the Secretary of State’s duty under section 1F of the Act by virtue of its functions under section 97(1) of the Care Act 2014(g) (planning education and training for health workers etc.).

Insurance

56.—(1) The contractor must at all times have in force, in relation to the provision of primary medical services by it under an integrated care provider contract, an indemnity arrangement which provides appropriate cover.

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- (a) 1971 c.38. Section 2 was amended by paragraphs 1 and 2 of Schedule 17 to, the Police Reform and Social Responsibility Act 2011 (c.13).
 - (b) See the guidance for GP practices on the Friends and Family Test, published in July 2014, which is available in full and summary form at: <http://www.england.nhs.uk/ourwork/pe/fft-guidance/>. Hard copies of this guidance are available from Primary Care Contracting, NHS Employers, 50 Broadway, London SW1H 0DB.
 - (c) See pages 7 and 8 of the full Guidance for GP Practices on the Friends and Family Test in respect of the requirement on GP practices to submit monthly reports to the Board and to publish the results of completed tests. This guidance is available at <http://www.england.nhs.uk/ourwork/pe/fft-guidance/>. Hard copies of this guidance are available from Primary Care Contracting, NHS Employers, 50 Broadway, London SW1H 0DB.
 - (d) S.I. 2013/373.
 - (e) Section 1F was inserted by section 7 of the 2012 Act and was amended by section 97(4)(a) of the Care Act 2014 (c.23).
 - (f) Health Education England is a body corporate established by section 96 of the Care Act 2014 (c.23).
 - (g) 2014 c.23. See section 97 of the Care Act 2014 for the duty on Health Education England to exercise the Secretary of State’s functions under section 1F of the Act.

(2) The contractor may not sub-contract its obligations to provide clinical services unless it is satisfied that the sub-contractor has in force in relation to it an indemnity arrangement which provides appropriate cover.

(3) In this direction—

- (a) “appropriate cover” means cover against liabilities that may be incurred by the contractor in the performance of clinical services, which is appropriate, having regard to the nature and extent of the risks in the performance of such services;
- (b) “indemnity arrangement” means a contract of insurance or other arrangement made for the purpose of indemnifying the contractor; and
- (c) a contractor is to be regarded as holding insurance if it is held by a person employed or engaged by the contractor in connection with clinical services which that person provides under the contract or, as the case may be, sub-contract.

Public liability insurance

57. The contractor must at all times hold adequate public liability insurance in relation to liabilities to third parties arising under or in connection with the provision of primary medical services under an integrated care provider contract which are not covered by the indemnity agreement referred to in direction 56.

Gifts

58.—(1) The contractor must keep a register of gifts which—

- (a) are given to any of the persons specified in paragraph (2) by or on behalf of—
 - (i) a patient,
 - (ii) a relative of a patient, or
 - (iii) any person who provided or would like to provide services to the contractor or its patients in connection with the agreement; and
- (b) have, in the contractor’s reasonable opinion, an individual value of more than £100.00.

(2) The persons specified in this paragraph are—

- (a) the contractor;
- (b) any person employed by the contractor for the purposes of the provision of primary medical services under an integrated care provider contract; and
- (c) any general medical practitioner engaged by the contractor to assist in the provision of primary medical services under the contract.

(3) Paragraph (1) does not apply where—

- (a) there are reasonable grounds for believing that the gift is unconnected with primary medical services provided or to be provided by the contractor;
- (b) the contractor is not aware of the gift; or
- (c) the contractor is not aware that the donor would like to provide services to the contractor or its patients.

(4) The contractor must take reasonable steps to ensure that it is informed of any gifts which fall within paragraph (1) and which are given to the persons specified in paragraph (2)(b) and (c).

(5) The register referred to in paragraph (1) must include the following information—

- (a) the name of the donor;
- (b) in a case where the donor is a patient, the patient’s National Health Service number or, if the number is not known, the patient’s address;
- (c) in any other case, the address of the donor;
- (d) the nature of the gift;

- (e) the estimated value of the gift; and
 - (f) the name of the person or persons who received the gift.
- (6) The contractor must make the register available to the Board on request.
- (7) The contractor must also keep a register of gifts given to the following persons (in addition to persons to whom the contractor is required to keep such a register under this direction)—
- (a) where the contractor is a company, any director or secretary of the company; and
 - (b) where the contractor is an industrial and provident society, a friendly society, a voluntary organisation or any other body, an officer, trustee or any other person concerned with the management of the society, organisation or body.

Signed on behalf of the Secretary of State for Health and Social Care.

Member of the Senior Civil Service,

Department of Health and Social Care

SCHEDULE 1

List of prescribed medical certificates

<i>Description of medical certificate</i>	<i>Enactment under or for the purposes of which certificate is required</i>
<p>1. To support a claim or to obtain a payment either personally or by proxy; to prove incapacity to work or for self-support for the purposes of an award by the Secretary of State; or to enable proxy to draw pensions etc.</p>	<p>Naval and Marine Pay and Pensions Act 1865(a) Air Force (Constitution) Act 1917(b) Pensions (Navy, Army, Air Force and Mercantile Marine) Act 1939(c) Personal Injuries (Emergency Provisions) Act 1939(d) Social Security Administration Act 1992(e) Social Security Contributions and Benefits Act 1992(f) Social Security Act 1998(g)</p>
<p>2. To establish pregnancy for the purpose of obtaining welfare foods</p>	<p>Section 13 of the Social Security Act 1988(h) (Benefits under schemes for improving nutrition: pregnant women, mothers and children)</p>
<p>3. To secure registration of still-birth</p>	<p>Section 11 of the Births and Deaths Registration Act</p>

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- (a) 1865 c.73. Section 3, which makes provision for the payment of naval and marine pay and pensions by Order in Council, was amended by section 4 of the Armed Forces (Pensions and Compensations) Act 2004 (c. 32) and by paragraph 2 of Schedule 16 to, the Armed Forces Act 2006 (c 52).
 - (b) 1917 c.51.
 - (c) 1939 c.83.
 - (d) 1939 c.82.
 - (e) 1992 c.5.
 - (f) 1992 c.4.
 - (g) 1998 c.14.
 - (h) 1988 c.7. Section 13 was substituted by section 185(1) of the Health and Social Care (Community Health and Standards) Act 2003 (c.43).

	1953(a) (special provision as to registration of still-birth)
4. To enable payment to be made from an institution or other person in case of mental disorder of persons entitled to payment from public funds	Section 142 of the Mental Health Act 1983(b) (pay, pensions etc. of mentally disordered persons)
5. To establish unfitness for jury service	Juries Act 1974(c)
6. To support late application for reinstatement in civil employment or notification of non-availability to take up employment owing to sickness	Reserve Forces (Safeguard of Employment) Act 1985(d)
7. To enable a person to be registered as an absent voter on grounds of physical incapacity	Representation of the People Act 1985(e)
8. To support applications for certificates conferring exemption from charges in respect of drugs, medicines and appliances	National Health Service Act 2006(f)
9. To support a claim by or on behalf of a severely mentally impaired person for exemption from liability to pay Council Tax or eligibility for a discount of the amount of Council Tax payable	Local Government and Finance Act 1992(g)

SCHEDULE 1

Fees and charges

Circumstances in which fees and charges may be made

- 1.— The contractor may demand or accept, directly or indirectly, a fee or other remuneration—
- (a) from a statutory body for services rendered for the purposes of that body's statutory functions;
 - (b) from a body, employer or school for—
 - (i) a routine medical examination of persons for whose welfare the body, employer or school is responsible, or

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- (a) 1953 c.20. Section 11 was amended by section 2 of the Population (Statistics) Act 1960 (c.32) and by S.I. 1968/1242, S.I. 1968/1242 and S.I. 1996/2395.
 - (b) 1983 c.20. Section 142 of the Mental Health Act 1983 was repealed by section 67 of the Mental Capacity Act 2005 (c.5). *See* paragraph 29 of Schedule 26 to the Mental Capacity Act 2005 which enables payments made under section 142 before the date on which it was revoked to continue to be made.
 - (c) 1974 c.23.
 - (d) 1985 c.17.
 - (e) 1985 c.50.
 - (f) 2006 c.41.
 - (g) 1992 c.14.

- (ii) an examination of such persons for the purpose of advising the body, employer or school of any administrative action that they might take;
- (c) for treatment which is not clinical services or is otherwise required to be provided by the contractor under the integrated care provider contract and which is given—
 - (i) at accommodation made available in accordance with the provisions of paragraph 11 of Schedule 6 to the Act (accommodation and services for private patients), or
 - (ii) in a registered nursing home which is not providing services under the Act,
 if, in either case, the person administering the treatment is serving on the staff of a hospital providing services under the Act as a specialist providing treatment of the kind the patient requires and if, within seven days of giving the treatment, the contractor or the person giving the treatment supplies the Board, on a form provided by it for that purpose, with such information about the treatment as the Board may require;
- (d) under section 158 of the Road Traffic Act(a) (payment for emergency treatment of traffic casualties);
- (e) when the contractor treats a patient under direction 9(3), in which case the contractor is entitled to demand and accept a reasonable fee (recoverable in certain circumstances under direction 9(4)) for any treatment given, if it gives the patient a receipt;
- (f) for attending and examining (but not otherwise treating) a patient—
 - (i) at a police station, at the patient’s request, in connection with possible criminal proceedings against the patient,
 - (ii) for the purpose of creating a medical report or certificate, at the request of a commercial, educational or not for profit organisation, or
 - (iii) for the purpose of creating a medical report required in connection with an actual or potential claim for compensation by the patient;
- (g) for treatment consisting of an immunisation for which no remuneration is payable by the Board and which is requested in connection with travel abroad;
- (h) for prescribing or providing drugs, medicines or appliances (including a collection of drugs, medicines or appliances in the form of a travel kit) which are required to be in the possession of a patient solely in anticipation of the onset of an ailment or occurrence of an injury while the patient is outside the United Kingdom but for which the patient is not requiring treatment when the medicine is prescribed;
- (i) for a medical examination—
 - (i) to enable a decision to be made whether it is inadvisable on medical grounds for a person to wear a seat belt, or
 - (ii) for the purpose of creating a report—
 - (aa) relating to a road traffic accident or criminal assault, or
 - (bb) that offers an opinion as to whether a patient is fit to travel;
- (j) for testing the sight of a person to whom none of paragraphs (a) to (e) of section 115(2) of the Act (primary ophthalmic services) applies (including by virtue of regulations made under section 115(7) of the Act(b));
- (k) where the contractor is authorised or required in accordance with arrangements made with the Board under section 126 of the Act(c) (arrangements for pharmaceutical services) and in accordance with regulations made under section 129 of the Act(d) (regulations as to pharmaceutical services) to provide drugs, medicines or appliances to a

(a) 1988 c.52. Section 158 was amended by section 20(2) of the Community Care and Health (Scotland) Act 2002 (asp 5) and by S.I. 1995/889.

(b) Section 115 was amended by paragraph 54 of Schedule 4 to the 2012 Act.

(c) Section 126 was amended by sections 213(7)(k) and 220(7) of, and paragraph 63 of Schedule 4 to, the 2012 Act.

(d) Section 129 was amended by section 26 and 27 of, and paragraph 38 of Schedule 6 to, the Health Act 2009 (c.21); section 207(1) to (9) of, and paragraph 66 of Schedule 4 to, the 2012 Act; paragraph 121 of Schedule 9 to the Protection of Freedoms Act 2012 (c. 9); and by S.I. 2010/231.

patient and provides for that patient, otherwise than by way of dispensing services, any Scheduled drug; or

- (1) for prescribing or providing drugs or medicines for malaria chemoprophylaxis.

SCHEDULE 2

Other required terms

Telephone services

1.—(1) The contractor must not be a party to a contract or other arrangement under which the number for telephone services to be used by—

- (a) patients to contact the contractor for a purpose related to the provision of primary medical services under an integrated care provider contract; or
- (b) any other person to contact the contractor in relation to the provision of primary medical services by the contractor under that contract,

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

(2) In this paragraph, “personal number” means a telephone number which starts with 070 followed by a further eight digits.

Cost of relevant calls

2.—(1) The contractor must not enter into, renew or extend a contract or other arrangement for telephone services unless it is satisfied that, having regard to the arrangement as a whole, persons will not have to pay more to make relevant calls to the contractor in connection with primary medical services which are provided by the contractor under an integrated care provider contract than they would to make equivalent calls to a geographical number.

(2) Where it has not been possible for the contractor to take reasonable steps to ensure that persons will not pay more to make relevant calls to the contractor in connection with primary medical services provided by the contractor under the integrated care provider contract than they would to make equivalent calls to a geographical number, the contractor must consider introducing a system under which, if a caller asks to be called back, the contractor will do so at the contractor’s own expense.

(3) In this paragraph—

“geographical number” means a number which has a geographical area code as its prefix; and

“relevant calls” means—

- (a) calls made by patients to the contractor for any reason related to the provision of primary medical services by the contractor under an integrated care provider contract; and
- (b) calls made by persons, other than patients, to the contractor in connection with primary medical services provided by the contractor under that contract.

Attendance outside practice premises

3.—(1) Where the medical condition of a patient is such that, in the reasonable opinion of the contractor—

- (a) attendance on the patient is required; and
- (b) it would be inappropriate for the patient to attend the contractor’s practice premises,

the contractor must provide services to the patient at whichever of the places described in subparagraph (2) is, in the contractor’s judgement, the most appropriate.

- (2) The places described in this sub-paragraph are—
- (a) the place recorded in the patient’s medical records as being the patient’s last home address;
 - (b) such other place as the contractor has informed the patient and the Board is the place where the contractor has agreed to visit and treat the patient; or
 - (c) another place in the contractor’s practice area.
- (3) Nothing in this paragraph prevents the contractor from—
- (a) arranging for the referral of a patient without first seeing the patient, in any case where the patient’s medical condition makes that course of action appropriate; or
 - (b) visiting the patient in circumstances where this paragraph does not place the contractor under an obligation to do so.

Clinical reports

4.—(1) Where the contractor provides clinical services to a patient who is not on its list of registered patients, the contractor must, as soon as reasonably practicable, provide to the Board a clinical report relating to that consultation and any treatment provided to the patient.

(2) The Board must send a report received in accordance with sub-paragraph (1) to the person with whom the patient is registered for the provision of primary medical services.

(3) This paragraph does not apply in relation to the provision of out of hours services by a contractor which is required to comply with the Integrated Urgent Care Key Performance Indicators published by the Board(a).

Storage of vaccines

5.—(1) The contractor must ensure that—

- (a) all vaccines are stored in accordance with the manufacturer’s instructions; and
- (b) any refrigerators in which vaccines are stored have a maximum/minimum thermometer and that temperature readings are taken on all working days.

Infection control

6. The contractor must ensure that it has appropriate arrangements in place for infection control and decontamination.

Duty of co-operation

7.—(1) Where a contractor does not provide out of hours services to its registered patients or to persons whom it has accepted as temporary residents, the contractor must comply with the requirements specified in sub-paragraph (2).

(2) The requirements specified in this sub-paragraph are that the contractor must—

- (a) co-operate in so far as is reasonable with any person responsible for the provision of those services;
- (b) comply in core hours with any reasonable request for information from such a person or from the Board relating to the provision of those services; and
- (c) take reasonable steps to ensure that any patient who contacts the contractor’s premises during the out of hours period is provided with information about how to obtain primary medical services during that period;

(a) The Integrated Urgent Care Key Performance Indicators are available at: <https://www.england.nhs.uk/?s=KPIs+urgent+care>. Hard copies may be obtained from NHS England, PO Box 16738, Redditch, B97 7PT.

- (d) ensure that the clinical details of all out of hours consultations received from the out of hours provider are reviewed by a clinician on the same working day as those details are received by the contractor or, exceptionally, on the next working day;
- (e) ensure that any information requests received from the out of hours provider in respect of any out of hours consultations are responded to by a clinician on the same day as those requests are received by the contractor, or on the next working day;
- (f) take all reasonable steps to comply with any systems which the out of hours provider has in place to ensure the rapid, secure and effective transmission of patient data in respect of out of hours consultations; and
- (g) agree with the out of hours provider a system for the rapid, secure and effective transmission of information about registered patients who, due to chronic disease or terminal illness, are predicted as more likely to present themselves for treatment during the out of hours period.

(3) Nothing in this paragraph requires a contractor whose integrated care provider contract does not include the provision of out of hours services to make itself available during the out of hours period.

Lists of patients

8.—(1) The contractor must prepare and keep up to date a list of the persons to whom it is required to provide essential services under an integrated care provider contract.

(2) The contractor must, at the request of the Board, make available to the Board the list referred to in sub-paragraph (1).

Registering out of area patients

9.—(1) The contractor may accept onto its list of registered patients a person who resides outside the area in respect of which the contractor is required to provide primary medical services under an integrated care provider contract (an “out of area patient”).

(2) Subject to sub-paragraphs (3) and (4), where the contractor accepts an out of area patient onto its list of registered patients, the contractor must provide that patient with primary medical services under the integrated care provider contract as if that person resided within the area in respect of which the contractor is required to provide such services.

(3) The contractor is not required to attend on an out of area patient outside of any premises at which the contractor provides primary medical services under the contract.

(4) Where the contractor accepts an out of area patient onto its list of registered patients and the contractor subsequently considers that it is not clinically appropriate or practical to continue to provide that patient with primary medical services on the terms specified in this paragraph, or to comply with those terms, the contractor may request the Board to remove the patient from the list of the contractor’s registered patients held by the Board.

(5) The contractor must notify a person in writing, where the contractor is minded to accept that person onto its list of registered patients in accordance with arrangements under sub-paragraph (1), that the contractor is under no obligation to provide—

- (a) primary medical services in core hours, if, at the time the treatment is required, it is not clinically appropriate or practical to provide primary medical services given the particular circumstances of the patient; or
- (b) out of hours services if, at the time the treatment is required, it is not clinically appropriate or practical to provide such services given the particular circumstances of the patient.

Newly registered patients – alcohol dependency screening

10.—(1) The contractor must take action to identify any new registered patient over the age of 16 to whom it must provide primary medical services under an integrated care provider contract

who is drinking alcohol at increasing or higher risk levels with a view to seeking to reduce the alcohol related health risks to that patient.

(2) The contractor must comply with the requirement in sub-paragraph (1) by screening the patient using either one of the two shortened versions of the World Health Organisation Alcohol Use Disorders Identification (“AUDIT”) questionnaires^(a) which are known as—

- (a) FAST (which has four questions); or
- (b) AUDIT-C (which has three questions).

(3) Where, under sub-paragraph (2), the contractor identifies a patient as positive using either of the shortened versions of the AUDIT questionnaire specified in sub-paragraph (2), the contractor must use the remaining questions of the full ten question AUDIT questionnaire to determine increasing risk, higher risk or likely dependent drinking.

(4) Where a patient is identified as drinking at increasing or higher risk levels, the contractor must—

- (a) offer the patient appropriate advice and lifestyle counselling;
- (b) respond to any other need identified in the patient which relates to the patient’s levels of drinking, including by providing any additional support or treatment required for people with mental health issues; and
- (c) in any case where the patient is identified as a dependent drinker, offer the patient a referral to such specialist services as are considered clinically appropriate to meet the needs of the patient.

(5) Where a patient is identified as drinking at increasing or higher risk levels or as a dependent drinker, the contractor must ensure that the patient is—

- (a) assessed for anxiety and depression;
- (b) offered screening for anxiety or depression; and
- (c) where anxiety or depression is diagnosed, provided with any treatment and support which may be required under the agreement, including a referral for specialist mental health treatment.

(6) The contractor must make relevant entries, including the results of the completed questionnaire referred to in sub-paragraph (2), in the patient’s record that the contractor is required to keep under direction 36.

Patients living with frailty

11.—(1) A contractor must take steps to identify any patient aged 65 years or over who is living with moderate to severe frailty.

(2) The contractor must comply with the requirement in sub-paragraph (1) by using the Electronic Frailty Index^(b) or any other appropriate assessment tool.

(3) Where the contractor identifies patient aged 65 years or over who is living with severe frailty, the contractor must—

- (a) undertake a clinical review in respect of the patient which includes—
 - (i) an annual review of the patient’s medication, and
 - (ii) where appropriate, a discussion with the patient about whether the patient has fallen in the last 12 months;
- (b) provide the patient with any other appropriate clinical interventions; and

(a) The World Health Organisation Alcohol Use Disorders Identification Test (AUDIT) questionnaire can be accessed at http://www.who.int/substance_abuse/activities/sbi/en/. Further information about the Test, and the questionnaires themselves, is available in hard copy form from NHS England, PO Box 16738, Redditch, BP97 7PT.

(b) Information about the Electronic Frailty Index is available in guidance published by the Board (known as “NHS England”) entitled “Supporting Routine Frailty Identification through the GP Contract 2017/2018” which is available at: <http://www.england.nhs.uk/publication/supporting-routine-frailty-through-the-gp-contract-20172018/>. Hard copies may be requested from NHS England, PO Box 16738, Redditch, B97 7PT.

- (c) where the patient does not have an enriched Summary Care Record(a), advise the patient about the benefits of having an enriched Summary Care Record and activate that record at the patient's request.

(4) A contractor must, using codes agreed by the Board for this purpose, record in the patient's Summary Care Record any appropriate information relating to clinical interventions provided to a patient under this paragraph.

Accountable GP

12.—(1) A contractor must ensure that in respect of each patient to whom it is required to provide primary medical services under an integrated care provider contract (including those patients under the age of 16) there is assigned an accountable general medical practitioner ("accountable GP").

(2) The accountable GP must take lead responsibility for ensuring that the primary medical services which the contractor is required to provide under the integrated care provider contract are, to the extent that the provision of those services is considered necessary to meet the needs of the patient, coordinated and delivered to the patient.

(3) The contractor must—

- (a) inform the patient, as soon as is reasonably practicable and in such manner as the contractor considers appropriate, of the assignment to the patient of an accountable GP and must state the name and contact details of the accountable GP and the role and responsibilities of the accountable GP in respect of the patient;
- (b) inform the patient as soon as any circumstances arise in which the accountable GP is not able, for any significant period, to carry out the duties of an accountable GP in respect of the patient; and
- (c) where the contractor considers it to be necessary, assign a replacement accountable GP to the patient and inform the patient accordingly.

(4) The contractor must comply with the requirement in sub-paragraph (3)(a) in the case of any person who is accepted by the contractor as a registered patient on or after the date on which these Directions come into force, within 21 days from the date on which that person was so accepted.

(5) The requirement in this paragraph does not apply to—

- (a) any patient of the contractor who is aged 75 or over, or who attains the age of 75, on or after the date on which these Directions come into force; or
- (b) any other patient of the contractor if the contractor has been informed that the patient does not wish to have an accountable GP.

(6) Where, under sub-paragraph (3)(a), the contractor informs a patient of the assignment to them of an accountable GP, the patient may express a preference as to which general medical practitioner providing primary medical services for the contractor under an integrated care provider contract the patient would like to have as the patient's accountable GP and, where such a preference has been expressed, the contractor must make reasonable efforts to accommodate the request.

(7) Where, under sub-paragraph (5)(b), the contractor has been informed by or in relation to a patient that the patient does not wish to have an accountable GP, the contractor must record that fact in the patient's record that the contractor is required to keep under direction 36.

(8) The contractor must, by no later than the end of the period of three months beginning with the date on which the integrated care provider contract was entered into, include information about

(a) Guidance for GPs about enriching a patient's Summary Care Record with additional information is published by the Health and Social Care Information Centre (known as "NHS Digital") is available at: <http://webarchive.nationalarchives.gov.uk/20160921135209/http://systems.digital.nhs.uk/scr/additional/patientconsent.pdf>. Hard copies may be requested from NHS Digital, 4 Trevelyan Square, Boar Lane, Leeds, LS1 6AA.

the requirement to assign an accountable GP to each of its new and existing registered patients on the contractor's website (if it has one).

(9) Where the contractor does not have a website, the contractor must include the information referred to in sub-paragraph (8) on its profile page on NHS Choices^(a).

Patients aged 75 years and over: accountable GP

13.—(1) A contractor must ensure that for each of its registered patients aged 75 and over there is assigned an accountable general medical practitioner (“accountable GP”).

(2) The accountable GP must—

- (a) take lead responsibility for ensuring that any primary medical services which the contractor is required to provide under an integrated care provider contract are, to the extent that their provision is considered necessary to meet the needs of the patient, delivered to the patient;
- (b) take all reasonable steps to recognise and appropriately respond to the physical and psychological needs of the patient in a timely manner;
- (c) ensure that the patient receives a health check if, and within a reasonable period after, one has been requested; and
- (d) work co-operatively with other health and social care professionals who may become involved in the care and treatment of the patient to ensure the delivery of a multi-disciplinary care package designed to meet the needs of the patient.

(3) The contractor must—

- (a) inform the patient, in such manner as the contractor considers appropriate, of the assignment to the patient of an accountable GP;
- (b) provide the patient with the name and contact details of the accountable GP and information regarding the role and responsibilities of the accountable GP in respect of the patient;
- (c) inform the patient as soon as any circumstances arise in which the accountable GP is not able, for any significant period, to carry out the duties of an accountable GP in respect of the patient; and
- (d) where the contractor considers it to be necessary, assign a replacement accountable GP to the patient and inform the patient accordingly.

(4) The contractor must comply with the requirement in sub-paragraph (3)(a)—

- (a) in the case of any person aged 75 or over who is accepted by the contractor as a patient to whom the contractor is to provide primary medical services under an integrated care provider contract on or after the date on which these Directions come into force, before the end of the period of 21 days beginning with the date on which that person is so accepted; or
- (b) in the case of a person who is included in the contractor's list of patients immediately before the date on which these Directions come into force and who attains the age of 75 or over on or after that date, before the end of the period of 21 days after the date on which that person attained that age.

(5) In this paragraph, “health check” means a consultation undertaken by the contractor in the course of which the contractor must make such inquiries and undertake such examinations of the patient as appear to it to be appropriate in all the circumstances.

(a) NHS Choices is the website available at <http://www.nhs.uk> which provides information from the National Health Service on conditions, treatments and local services including GP services.

NHS e-Referral Service (e-RS)

14.—(1) Except in the case of a contractor to which sub-paragraph (2) or (3) applies, a contractor must require the use in its practice premises of the system for electronic referrals known as the NHS e-Referral Service ("e-RS") in respect of each referral of any of its registered patients to a first consultant-led out-patient appointment for medical services under the Act in respect of which the facility to use e-RS is available.

(2) This sub-paragraph applies to a contractor which does not yet have e-RS in place for use in the contractor's practice premises.

(3) This sub-paragraph applies to a contractor which—

- (a) is experiencing technical or other practical difficulties which are preventing the use, or effective use, of e-RS in its practice premises; and
- (b) has notified the Board that this is the case.

(4) A contractor to which sub-paragraph (2) applies must require the use in its practice premises of alternative means of referring its registered patients to a first consultant-led out-patient appointment for medical services under the Act until such time as the contractor has e-RS in place for use in its practice premises.

(5) A contractor to which sub-paragraph (3) applies—

- (a) must ensure that a plan is agreed between the contractor's practice and the Board for resolving the technical or other practical difficulties which are preventing the use, or effective use, of e-RS in the contractor's practice premises; and
- (b) must require the use in its practice premises of alternative means of referring its registered patients to a first consultant-led out-patient appointment for medical services under the Act until such time as those technical or other practical difficulties have been resolved to the satisfaction of the Board.

Inclusion in list of patients: armed forces personnel

15.—(1) The contractor may provide a person to whom sub-paragraph (2) applies with primary medical services under an integrated care provider contract for a period of up to two years.

(2) This sub-paragraph applies to a person who is—

- (a) a serving member of the armed forces of the Crown who has received written authorisation from Defence Medical Services^(a) to receive primary medical services from the contractor; and
- (b) living or working in the area in which the contractor must provide primary medical services under the contract during the period for which that written authorisation is given.

(3) Where the contractor has agreed to provide primary medical services to a person to whom sub-paragraph (2) applies, the contractor must—

- (a) obtain a copy of the patient's medical record or a summary of that record from Defence Medical Services; and
- (b) provide regular updates to Defence Medical Services at such intervals as are agreed with Defence Medical Services about any care and treatment which the contractor has provided to the patient.

(4) At the end of the period of two years, or on such earlier date as the contractor's responsibility for the patient ends, the contractor must—

- (a) notify Defence Medical Services in writing that its responsibility for that person has come to an end; and

(a) Defence Medical Services is an umbrella organisation within the Ministry of Defence which is responsible for the provision of medical, dental and nursing services in the United Kingdom to members of the armed forces of the Crown.

(b) update the patient’s medical record, or summary of that record, and return it to Defence Medical Services.

(5) For the purposes of this paragraph —

“armed forces GP” means a medical practitioner, who is employed on a contract of service by the Ministry of Defence, whether or not as a member of the armed forces of the Crown; and

“armed forces of the Crown” means the forces that are “regular forces” or “reserve forces” within the meaning given in section 374 of the Armed Forces Act 2006(a).

Inclusion in list of patients: detained persons

16.—(1) A contractor must include a person to whom sub-paragraph (2) applies (a “detained person”) in the contractor’s list of patients and the contractor must not remove a detained person from that list by reason of the fact that the detained person is serving a term of imprisonment of more than two years or more than one term of imprisonment totalling, in the aggregate, more than two years.

(2) This sub-paragraph applies to a person who—

(a) is serving a term of imprisonment of more than two years, or more than one term of imprisonment totalling, in the aggregate, more than two years;

(b) is not registered as a patient with a provider of primary medical services; and

(c) makes an application under this paragraph in accordance with sub-paragraph (3) to be included in the contractor’s list of patients by virtue of sub-paragraph (1) or (6) before the scheduled release date.

(3) An application under sub-paragraph (2)(c) may be made during the period commencing one month prior to the scheduled release date and ending 24 hours prior to that date.

(4) Subject to sub-paragraphs (5) and (6), a contractor may only refuse an application under sub-paragraph (2)(c) if the contractor has reasonable grounds for doing so which do not relate to the applicant’s age, appearance, disability or medical condition, gender or gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion or belief, sexual orientation or social class.

(5) The reasonable grounds referred to in sub-paragraph (4) may include the ground that the applicant will not, on or after the scheduled release date, live in the contractor’s practice area or does not intend to live in that area.

(6) Where a contractor’s list of patients is closed, the contractor may, by virtue of this sub-paragraph, accept an application under sub-paragraph (2)(c) if the applicant is an immediate family member of a registered patient.

(7) Where a contractor accepts an application from a person under sub-paragraph (2)(c) for inclusion in the contractor’s list of patients, the contractor—

(a) must give notice in writing to the provider of the detained estate healthcare service or to the Board of that acceptance as soon as possible; and

(b) is not required to provide primary medical services to that person until after the scheduled release date.

(8) The Board must, on receipt of a notice given under sub-paragraph (7)(a)—

(a) include the applicant in the contractor’s list of patients from the date notified to the Board by the provider of the detained estate healthcare service; and

(b) give notice in writing to the provider of the detained estate healthcare service of that acceptance.

(a) 2006 c.52; a relevant amendment to section 374 was made by section 44(3) and (4) of the Defence Reform Act 2014 (c.20).

(9) Where a contractor refuses an application made under sub-paragraph (2)(c), the contractor must give notice in writing of that refusal, and the reasons for it, to the Board before the end of the period of 14 days beginning with the date of its decision to refuse.

(10) The contractor must—

- (a) keep a written record of—
 - (i) the refusal of an application under sub-paragraph (2)(c), and
 - (ii) the reasons for that refusal; and
- (b) make such records available to the Board on request.

(11) In this paragraph—

- (a) “the detained estate healthcare service” means the healthcare service commissioned by the Board in respect of persons who are detained in prison or in other secure accommodation by virtue of regulations made under section 3B(1)(c) of the Act (Secretary of State’s power to require Board to commission services)(a); and
- (b) the scheduled release date” means the date on which the person making an application under sub-paragraph (2)(c) is due to be released from detention in prison.

Temporary residents

17.—(1) The contractor may accept a person as a temporary resident for the purposes of providing primary medical services to that person under an integrated care provider contract if the contractor is satisfied that the person is—

- (a) temporarily resident away from the person’s normal place of residence and is not being provided with primary medical services under any other arrangement in the locality where that person is temporarily residing; or
- (b) moving from place to place and not for the time being resident in any place.

(2) For the purposes of sub-paragraph (1), a person is to be regarded as temporarily resident in a place if, when that person arrives in that place, they intend to stay there for more than 24 hours but not for more than three months.

(3) Where a contractor wants to terminate its responsibility for a person accepted by it as a temporary resident before the end of —

- (a) the period of three months; or
- (b) such shorter period for which the contractor agreed to accept that person as a temporary resident,

the contractor must give notice of that fact to the person either orally or in writing and the contractor’s responsibility for providing primary medical services to that person under the contract is to cease seven days after the date on which such notice is given.

(4) Where the contractor’s responsibility for providing primary medical services under the contract to a person as a temporary resident comes to an end, the contractor must give notice in writing to the Board of its acceptance of that person as a temporary resident—

- (a) at the end of the period of three months beginning with the date on which the contractor accepted that person as a temporary resident; or
- (b) if the contractor’s responsibility for that person as a temporary resident came to an end earlier than the end of the three month period referred to in paragraph (a), at the end of that period.

(a) The regulations made by the Secretary of State under section 3B(1)(c) of the Act in relation to prisoners and other detainees are contained in regulation 10 of the National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012 (S.I. 2012/2996). Regulation 10 was amended by S.I. 2013/261 and S.I. 2014/452.

Patient preference for a particular practitioner

18.—(1) The contractor must—

- (a) give notice in writing to a person to whom it is providing primary medical services (or, in the case of a child or an adult who lacks capacity, to any person acting on that person's behalf) of the person's right to express a preference to receive services from a particular performer or class of performer of essential services during core hours either generally or in relation to any particular condition; and
- (b) record in writing any such preference expressed by or on behalf of that person.

(2) The contractor must endeavour to comply with any reasonable preference expressed under sub-paragraph (1) but need not do so if the preferred performer—

- (a) has reasonable grounds for refusing to provide services to the person who expressed the preference; or
- (b) does not routinely perform the service in question.

Removal from the list of patients who are violent

19.—(1) Where a contractor wants a person to be removed from its list of patients with immediate effect on the grounds that—

- (a) the person has committed an act of violence against any of the persons specified in sub-paragraph (3) or has behaved in such a way that any of those persons has feared for their safety; and
- (b) the contractor has reported the incident to the police, the contractor must give notice to the Board in accordance with sub-paragraph (5).

(2) Where a contractor—

- (a) accepts a person onto its list of patients; and
- (b) subsequently becomes aware that the person has previously been removed from the list of patients of another provider of primary medical services—
 - (i) because the person committed an act of violence against any of the persons specified in sub-paragraph (3) (as read with sub-paragraph (4)) or behaved in such a way that any of those persons feared for their safety; and
 - (ii) the other provider of primary medical services reported the incident to the police, the contractor may give notice to the Board in accordance with sub-paragraph (5) that it wants to have the person removed from its list of patients with immediate effect.

(3) The persons specified in this sub-paragraph are—

- (a) the contractor, where the contractor is an individual medical practitioner;
- (b) in the case of a contract with two or more persons practising in partnership, a partner in the partnership;
- (c) in the case of a contract with a company limited by shares, a person who is both a legal and beneficial owner of shares in that company;
- (d) a member of the contractor's staff;
- (e) a person engaged by the contractor to perform or assist in the performance of services under the contract; or
- (f) any other person present—
 - (i) on the contractor's practice premises, or
 - (ii) in the place where services were provided to the person under the contract.

(4) For the purposes of sub-paragraph (2), any reference to "the contractor" in sub-paragraph (3) is to be read as a reference to the other provider of primary medical services referred to in sub-paragraph (2), and sub-paragraph (3) is to be construed accordingly.

(5) Notice under sub-paragraph (1) or (2) may be given by any means but, if not in writing, must subsequently be confirmed in writing before the end of a period of seven days beginning with the date on which notice was given.

(6) The Board must acknowledge in writing receipt of a request for removal from the contractor under sub-paragraph (1) or (2).

(7) A removal requested in accordance with sub-paragraph (1) or (2) takes effect at the time at which the contractor—

- (a) makes a telephone call to the Board; or
- (b) sends or delivers the notice to the Board.

(8) Where, under this paragraph, the contractor has given notice to the Board that it wants to have a person removed from its list of patients, the contractor must inform that person of that fact unless—

- (a) it is not reasonably practicable for the contractor to do so; or
- (b) the contractor has reasonable grounds for believing that to do so would—
 - (i) be harmful to that person's physical or mental health, or
 - (ii) put the safety of any person specified in sub-paragraph (3) at risk.

(9) Where a person is removed from the contractor's list of patients under this paragraph, the Board must give that person notice in writing of that removal.

(10) The contractor must record the removal of any person from its list of patients under this paragraph and the circumstances leading to that removal in the medical records of the person removed.

Notice requirements

Notice of deaths

20.—(1) The contractor must give notice in writing to the Board of the death of a patient at any contractor's premises at which primary medical services are provided under an integrated care provider contract no later than the end of the first working day after the date on which that death occurred.

(2) The notice given under sub-paragraph (1) must include—

- (a) the patient's full name;
- (b) the patient's National Health Service number (where known);
- (c) the date and place of the patient's death;
- (d) a brief description of the circumstances (as known) surrounding the patient's death;
- (e) the name of any medical practitioner or other person treating the patient while the patient was on the contractor's premises; and
- (f) the name (where known) of any other person who was present at the time of the patient's death.

Notice requirements in respect of relevant prescribers

21.—(1) For the purposes of this regulation, "a relevant prescriber" is—

- (a) a chiropodist or podiatrist independent prescriber;
- (b) an independent nurse prescriber;
- (c) a pharmacist independent prescriber;
- (d) a physiotherapist independent prescriber; or

- (e) a supplementary prescriber.
- (2) The contractor must give notice to the Board where—
- (a) a relevant prescriber is employed or engaged by a contractor to perform functions relating to the provision of primary medical services under an integrated care provider contract which include prescribing; or
 - (b) the functions of a relevant prescriber whom the contractor already employs or has already engaged to perform primary medical services under the contract are extended to include prescribing.
- (3) The notice under sub-paragraph (2) must be given in writing to the Board before the expiry of the period of seven days beginning with the date on which—
- (a) the relevant prescriber was employed or engaged by the contractor; or
 - (b) the functions of the relevant prescriber were extended to include prescribing.
- (4) The contractor must give notice to the Board where—
- (a) the contractor ceases to employ or engage a relevant prescriber to perform functions relating to the provision of primary medical services under an integrated care provider contract which include prescribing;
 - (b) the functions of a relevant prescriber employed or engaged by the contractor to provide primary medical services under the contract are changed so that they no longer include prescribing; or
 - (c) the contractor becomes aware that a relevant prescriber whom it employs or engages to provide primary medical services under the contract has been removed or suspended from the relevant register.
- (5) The notice under sub-paragraph (4) must be given in writing to the Board before the end of the second working day after the day on which an event described in sub-paragraphs (a) to (d) occurred in relation to the relevant prescriber.
- (6) The contractor must provide the following information when it gives notice to the Board in accordance with sub-paragraph (2)—
- (a) the person's full name;
 - (b) the person's professional qualifications;
 - (c) the person's identifying number which appears in the relevant register;
 - (d) the date on which the person's entry in the relevant register was annotated to the effect that the person was qualified to order drugs, medicines and appliances for patients;
 - (e) the date on which—
 - (i) the person was employed or engaged (if applicable), or
 - (ii) the functions of the person were extended to include prescribing in relation to the provision of primary medical services for the contractor under an integrated care provider contract.
- (7) The contractor must provide the following information when it gives notice to the Board in accordance with sub-paragraph (4)—
- (a) the person's full name;
 - (b) the person's professional qualifications;
 - (c) the person's identifying number which appears in the relevant register; and
 - (d) the date on which—
 - (i) the person ceased to be employed or engaged by the contractor to provide primary medical services under an integrated care provider contract,
 - (ii) the functions of the person were changed so as to no longer include prescribing in relation to the provision of primary medical services for the contractor under the contract, or

(iii) the person was removed or suspended from the relevant register.