
STATUTORY INSTRUMENTS

2014 No. 465

NATIONAL HEALTH SERVICE, ENGLAND

The National Health Service (General Medical Services Contracts and Personal Medical Services Agreements) Amendment Regulations 2014

<i>Made</i>	- - - -	<i>3rd March 2014</i>
<i>Laid before Parliament</i>		<i>6th March 2014</i>
<i>Coming into force</i>	- -	<i>1st April 2014</i>

The Secretary of State for Health, in exercise of the powers conferred by sections 85, 89(1), (2)(a), (c), (d), (3)(a), (4)(b) and (6), 94(1), (3)(c) and (f), (8)(a) and (9) and 272(7) and (8) of the National Health Service Act 2006⁽¹⁾, makes the following Regulations.

PART 1

General

Citation and commencement

1. (1) These Regulations may be cited as the National Health Service (General Medical Services Contracts and Personal Medical Services Agreements) Amendment Regulations 2014.

(2) They come into force on 1st April 2014.

Interpretation

2. In these Regulations—

“the General Medical Services Contracts Regulations” means the National Health Service (General Medical Services Contracts) Regulations 2004⁽²⁾; and

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

(2) S.I. 2004/291; as amended by S.I. 2004/865, 906 and 2694, S.I. 2005/893 and 3315, S.I. 2006/1501, S.I. 2007/3491, S.I. 2008/528 and 1700, S.I. 2009/309, 2205 and 2230, S.I. 2010/22, 231, 578 and 1231, S.I. 2012/970, 1479, 1909, 1916 and 2404, and S.I. 2013/363.

“the Personal Medical Services Agreements Regulations” means the National Health Service (Personal Medical Services Agreements) Regulations 2004(3).

PART 2

Amendments to the General Medical Services Contracts Regulations

Amendment of regulation 2 of the General Medical Services Contracts Regulations

3. In regulation 2(1) of the General Medical Services Contracts Regulations (interpretation), omit the definition of “Patient Choice Scheme”.

Substitution of regulation 26B of the General Medical Services Contracts Regulations

4. For regulation 26B of the General Medical Services Contracts Regulations(4) (variation of contractual terms in respect of entering into arrangements under the Patient Choice Extension Scheme)(5), substitute—

“Registered patients from outside practice area: variation of contractual terms

26B. (1) A contractor may, on or after 1st October 2014, accept onto its list of patients a person who resides outside of the area referred to in regulation 18(1)(d) (the contractor’s “practice area”).

(2) Subject to paragraphs (4) and (5), the terms of the contractor’s contract specified in paragraph (3) must be varied so as to require the contractor to provide to the person any services which the contractor is required to provide to its registered patients under the contract as if the person resided within the contractor’s practice area.

(3) The terms of the contract specified in this paragraph are—

- (a) the terms under which the contractor is to provide essential services;
- (b) the terms under which the contractor is to provide for arrangements to access services throughout core hours;
- (c) the terms under which the contractor is to provide out of hours services; and
- (d) the terms which give effect to the following provisions of Schedule 6 (other contractual terms)—
 - (i) paragraph 2(1) (attendance at practice premises),
 - (ii) paragraph 3(2)(a) (attendance outside practice premises), and
 - (iii) paragraph 17(2) (refusal of applications for inclusion in the list of patients).

(4) Where the contractor is required to provide services to a patient in accordance with arrangements made under paragraph (1), the contract must also be varied so as to include terms which have the effect of releasing the contractor and the Board from all obligations, rights and liabilities relating to the terms specified in paragraph (3) (including any right to enforce those terms) where, in the opinion of the contractor, it is not clinically appropriate or practical under those arrangements—

(3) [S.I. 2004/627](#); as amended by [S.I. 2004/1906](#) and [2694](#), [S.I. 2005/893](#), [3315](#), [3491](#), [S.I. 2006/1501](#), [S.I. 2007/3491](#), [S.I. 2008/1700](#), [S.I. 2009/309](#), [2205](#) and [2230](#), [S.I. 2010/22](#), [231](#), [234](#), [478](#), [578](#) and [1621](#), [S.I. 2012/970](#), [1479](#), [1909](#), [1916](#), [1919](#) and [2404](#), and [S.I. 2013/363](#).

(4) Regulation 26B was inserted by regulation 20 of [S.I. 2013/363](#).

(5) See the Primary Medical Services (Patient Choice Extension Scheme) Directions 2013 which were signed on 11th February 2013. These Directions cease to have effect on 1st April 2014 by virtue of the operation of direction 1(2).

- (a) to provide the services or access to services in accordance with those terms; or
- (b) to comply with those terms.

(5) The contract must also include a term which has the effect of requiring the contractor to notify a person in writing, where the contractor is minded to accept that person on its list of patients in accordance with arrangements made under paragraph (1), that the contractor is under no obligation to provide—

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

Saving in respect of the Patient Choice Extension Scheme

26C. (1) Where, before 1st April 2014—

- (a) a patient is included in a contractor's registered list of patients pursuant to arrangements entered into by the contractor and the Board under the Patient Choice Extension Scheme; and
- (b) the terms of the contractor's contract were varied pursuant to the provisions of regulation 26B as it had effect immediately before that date,

the patient may remain registered with the contractor's practice and any variation to the contractor's contract which exempts the contractor's practice from any obligations or liabilities under those arrangements continues to operate for such period as the patient remains so registered.

(2) Paragraph (6) of regulation 26B, as it had effect immediately before 1st April 2014, continues to have effect in relation to a contract where, before that date, a contractor entered into arrangements with the Board under the Patient Choice Extension Scheme.”.

Insertion of paragraph 6A into Schedule 6 to the General Medical Services Contracts Regulations

5. In Schedule 6 to the General Medical Services Contracts Regulations (other contractual terms), after paragraph 6 (patients aged 75 years and over) insert—

“Patients aged 75 and over: accountable GP

6A. (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 services which the contractor is required to provide under the 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 is considered appropriate by the practice, of the assignment to them of an accountable GP which must state the name and contact details of the accountable GP and the role and responsibilities of the accountable GP in respect of the 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 their duties towards the patient; and
 - (c) where the practice considers it to be necessary, assign a replacement accountable GP to the patient and give notice to the patient accordingly.
- (4) The contractor must comply with the requirement in sub-paragraph (3)(a)—
 - (a) in the case of any person who is included in the contractor’s list of patients immediately before 1st April 2014 and—
 - (i) is aged 75 or over on or before that date, by 30th June 2014, or
 - (ii) who attains the age of 75 after that date, within 21 days from the date on which that person attained that age; or
 - (b) in the case of any person aged 75 or over who is accepted by the contractor as a registered patient on or after 1st April 2014, within 21 days from the date on which that person is so accepted.
- (5) In this regulation, “health check” means a consultation undertaken by the contractor which is of the type which a contractor is required to undertake at a patient’s request under paragraph 6(1).

Substitution of paragraph 11 of Schedule 6 to the General Medical Services Contracts Regulations

6. In Schedule 6 to the General Medical Services Contracts Regulations (other contractual terms), for paragraph 11 (standards for out of hours services) substitute—

“Out of hours services: quality standards and monitoring

- 11.** (1) A contractor which provides out of hours services must, in the provision of those services, meet the quality requirements set out in the document entitled “National Quality Standards in the Delivery of Out of Hours Services” published on 20th July 2006⁽⁶⁾.
- (2) Where a contractor does not provide out of hours services, the contractor must—
 - (a) monitor the quality of the out of hours services which are offered or provided to its registered patients having regard to the National Quality Standards referred to in sub-paragraph (1) and record, and act appropriately in relation to, any concerns arising;
 - (b) record any patient feedback received, including any complaints;

⁽⁶⁾ The document entitled “National Quality Standards in the Delivery of Out of Hours Services” published on 20th July 2006 is available at http://www.dh.gov.uk/en/PublicationsAndStatistics/Publications/PolicyAndGuidance/DH_4137271. Copies may be obtained from the Department of Health, Richmond House, 79 Whitehall, London SW1A 2NS.

- (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 its registered patients having regard to—
 - (i) any patient feedback received, including any complaints, and
 - (ii) the quality requirements set out in the National Quality Standards referred to in sub-paragraph (1).”.

Amendment of paragraph 12 of Schedule 6 to the General Medical Services Contracts Regulations

7. In Schedule 6 to the General Medical Services Contracts Regulations (other contractual terms), for paragraph 12(2)(c) (duty of co-operation in relation to additional, enhanced and out of hours services) substitute—

- “(c) “(c) in the case of out of hours services—
 - (i) take reasonable steps to ensure that any patient who contacts the practice premises during the out of hours period is provided with information about how to obtain services during that period,
 - (ii) ensure that the clinical details of all out of hours consultations received from the out of hours provider are reviewed by a clinician within the practice on the same working day as those details are received by the practice or, exceptionally, on the next working day,
 - (iii) ensure that any information requests received from the out of hours provider in respect of any out of hours consultations are responded to by a clinician within the practice on the same day as those requests are received by the practice, or on the next working day,
 - (iv) 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
 - (v) 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.”.

Insertion of new paragraphs 74, 74A, 74B and 74C into Schedule 6 to the General Medical Services Contracts Regulations

8. In Schedule 6 to the General Medical Services Contracts Regulations (other contractual terms), after paragraph 73 (patient records) insert—

“Summary Care Record

74. (1) A contractor must, in any case where there is a change to the information included in a patient’s medical record, enable an automated upload of summary information to the Summary Care Record, at least on a daily basis, using the approved systems provided to it by the Board.

- (2) The requirement in sub-paragraph (1) does not apply to a contractor where—
 - (a) the contractor does not have access to computer systems and software which would enable it to carry out automated uploads of the summary information; and
 - (b) the contractor has, by 30th September 2014, publicised its plans to enable it to achieve that requirement by no later than 31st March 2015 by displaying a

statement of intent at the practice premises and, where the practice has a website, on the practice website.

(3) In this paragraph—

“Summary Care Record” means the system approved by the Board for the automated uploading, storing and displaying of patient data relating to 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 comprise the Summary Care Record.

Electronic transfer of patient records

74A. (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 with the contractor’s practice, to the contractor’s practice from the practice of 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) The requirement in sub-paragraph (1) does not apply to a contractor where—

(a) the contractor does not have access to computer systems and software which would enable it to use the GP2GP facility to effect the transfer of patient records to another provider of primary medical services with a patient list; and

(b) the contractor has, by 30th September 2014, publicised its plans to enable it to achieve that requirement by 31st March 2015 by displaying a statement of intent at the practice premises and, where the practice has a website, on the practice website.

(3) In this paragraph, “GP2GP facility” means the facility provided by the Board to a contractor’s practice which enables the electronic health records of a registered patient which are held on the computerised clinical systems of a contractor’s practice to be transferred securely and directly to another provider of primary medical services with which the patient has registered.

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

Clinical correspondence: requirement for NHS number

74B. (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 that patient.

(2) The requirement in sub-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 paragraph—

“clinical correspondence” means all correspondence in writing, whether in electronic form or otherwise, between the contractor and other health service providers concerning or arising out of patient attendance and treatment at practice premises including referrals made by letter or by any other means; and

“NHS number”, in relation to a registered patient, means the number, consisting of 10 numeric digits, which serves as the national unique identifier used for the purpose of safely, accurately and efficiently sharing information relating to that patient across the whole of the health service in England.

Patient online services

74C. (1) A contractor must promote and offer to its registered patients the facility for a patient—

- (a) to book, view, amend, cancel and print appointments online;
- (b) to order repeat prescriptions for drugs, medicines or appliances online; and
- (c) to 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 computerised clinical systems of the contractor’s practice using appropriate systems authorised by the Board.

(2) A contractor must promote and offer to its registered patients, in circumstances where the medical records of its patients are held on the contractor’s computerised clinical systems, the facility for a patient 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.

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

(4) The requirements in sub-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 sub-paragraph to its registered patients.

(5) The requirements in sub-paragraph (2) do not apply—

- (a) where the contractor does not have access to computer systems and software which would enable it to offer the online services described in that sub-paragraph to its registered patients; and
- (b) where the contractor has, by 30th September 2014, publicised its plans to enable it to achieve that requirement by 31st March 2015 by displaying a statement of intent at the practice premises and, where the practice has a website, on the practice website.

(6) In this paragraph “summary information” has the meaning given in paragraph 74(3).”.

PART 3

Amendments to the Personal Medical Services Agreements Regulations

Amendment of regulation 2 of the Personal Medical Services Agreements Regulations

9. In regulation 2 of the Personal Medical Services Agreements Regulations (interpretation)—
- (a) omit the definition of “Patient Choice Scheme”; and
 - (b) insert, at the appropriate place in alphabetical order, the following definitions—
 - ““practice” means the business operated by the contractor for the purpose of delivering services under the agreement;” and
 - ““practice premises” means the address specified in the agreement as one at which services are to be provided under the agreement;”.

Substitution of regulation 18B of the Personal Medical Services Agreements Regulations

10. For regulation 18B of the Personal Medical Services Agreements Regulations⁽⁷⁾ (variation of contractual terms in respect of entering into arrangements under the Patient Choice Extension Scheme), substitute—

“Registered patients from outside practice area: variation of contractual terms

18B. (1) A contractor may, on or after 1st October 2014, accept onto its list of patients a person who resides outside of the area referred to in regulation 11(1)(d) (the contractor’s “practice area”).

(2) Subject to paragraphs (4) and (5), the terms of the contractor’s agreement specified in paragraph (3) must be varied so as to require the contractor to provide to the person any services which the contractor is required to provide to its registered patients under the agreement as if the person resided within the contractor’s practice area.

- (3) The terms of the agreement specified in this paragraph are—
- (a) the terms which require the contractor to provide essential services and any other service;
 - (b) the terms which require the contractor to provide out of hours services to patients to whom it provides essential services; and
 - (c) the terms which give effect to the following provisions of Schedule 5 (other contractual terms)—
 - (i) paragraph 1 (services to registered patients),
 - (ii) paragraph 3(1) (attendance at practice premises).
 - (iii) paragraph 4(2)(a) (attendance outside practice premises), and
 - (iv) paragraph 16(2) (refusal of applications for inclusion in the list of patients).

(4) Where the contractor is required to provide services to a patient in accordance with arrangements made under paragraph (1), the agreement must also be varied so as to include terms which have the effect of releasing the contractor and the Board from all obligations, rights and liabilities relating to the terms specified in paragraph (3) (including any right to enforce those terms) where, in the opinion of the contractor, it is not clinically appropriate or practical under those arrangements—

(7) Regulation 18B was inserted by regulation 45 of [S.I. 2013/363](#).

- (a) to provide the services or access to services in accordance with those terms; or
- (b) to comply with those terms.

(5) The agreement must also include a term which has the effect of requiring the contractor to notify a person in writing, where the contractor is minded to accept that person on its list of patients in accordance with arrangements made under paragraph (1), that the contractor is under no obligation to provide—

- (a) essential services, and any other service in core hours, if, at the time 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 treatment is required, it is not clinically appropriate or practical to provide such services given the particular circumstances of the patient.

Saving in respect of the Patient Choice Extension Scheme

18C. (1) Where, before 1st April 2014—

- (a) a patient is included in a contractor’s registered list of patients pursuant to arrangements entered into by the contractor and the Board under the Patient Choice Extension Scheme; and
- (b) the terms of the contractor’s agreement were varied pursuant to the provisions of regulation 18B as it had effect immediately before that date,

the patient may remain registered with the contractor’s practice and any variation to the contractor’s agreement which exempts the contractor’s practice from obligations or liabilities under those arrangements continues to operate for such period as the patient remains so registered.

(2) Paragraph (6) of regulation 18B, as it had effect immediately before 1st April 2014, continues to have effect in relation to an agreement where, before that date, a contractor entered into arrangements with the Board under the Patient Choice Extension Scheme.”

Substitution of paragraph 9 of Schedule 5 to the Personal Medical Services Agreements Regulations

11. In Schedule 5 to the Personal Medical Services Agreements Regulations (other contractual terms), for paragraph 9 (standards for out of hours services) substitute—

“Out of hours services: quality standards and monitoring

9. (1) Sub-paragraph (2) applies to a contractor which—

- (a) provides out of hours services to the registered patients of another contractor or provider of essential services (or their equivalent); or
- (b) has contracted to provide out of hours services to patients to whom it provides essential services.

(2) The contractor must, in the provision of those services, meet the quality requirements set out in the document entitled “National Quality Standards in the Delivery of Out of Hours Services” published on 20th July 2006⁽⁸⁾.

⁽⁸⁾ The document entitled “National Quality Standards in the Delivery of Out of Hours Services” published on 20th July 2006 is available at http://www.dh.gov.uk/en/PublicationsAndStatistics/Publications/PolicyAndGuidance/DH_4137271. Copies may be obtained from the Department of Health, Richmond House, 79 Whitehall, London SW1A 2NS.

- (3) Where a contractor is a provider of essential services but does not provide out of hours services, the contractor must—
- (a) monitor the quality of the out of hours services which are offered or provided to its registered patients having regard to the National Quality Standards referred to in sub-paragraph (2) and record, and act appropriately in relation to, any concerns arising;
 - (b) record any patient feedback received including any complaints; and
 - (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 its registered patients having regard to—
 - (i) any patient feedback received, including any complaints, and
 - (ii) the quality requirements set out in the National Quality Standards referred to in sub-paragraph (2).”.

Amendment of paragraph 10 of Schedule 5 to the Personal Medical Services Agreements Regulations

12. In Schedule 5 to the Personal Medical Services Agreements Regulations (other contractual terms), in paragraph 10 (duty of co-operation), for sub-paragraph (2)(c) substitute—

- “(c) “(c) in the case of out of hours services—
- (i) take reasonable steps to ensure that any patient who contacts the practice premises during the out of hours period is provided with information about how to obtain services during that period,
 - (ii) ensure that the clinical details of all out of hours consultations received from the out of hours provider are reviewed by a clinician within the practice on the same working day as those details are received by the practice or, exceptionally, on the next working day,
 - (iii) ensure that any information requests received from the out of hours provider in respect of any out of hours consultations are responded to by a clinician within the practice on the same day as those requests are received by the practice, or on the next working day,
 - (iv) 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
 - (v) 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.”.

Insertion of new paragraph 13A into Schedule 5 to the Personal Medical Services Agreements Regulations

13. In Schedule 5 to the Personal Medical Services Agreements Regulations (other contractual terms), after paragraph 13 (list of patients) insert—

“Patients aged 75 and over: accountable GP

13A. (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 services which the contractor is required to provide under the agreement 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 is considered appropriate by the practice, of the assignment to them of an accountable GP which must state the name and contact details of the accountable GP and the role and responsibilities of the accountable GP in respect of the 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 their duties towards the patient; and
 - (c) where the practice considers it to be necessary, assign a replacement accountable GP to the patient and give notice to the patient accordingly.
- (4) The contractor must comply with the requirement in sub-paragraph (3)(a)—
 - (a) in the case of any person who is included in the contractor’s list of patients immediately before 1st April 2014 and—
 - (i) is aged 75 or over on or before that date, by 30th June 2014, or
 - (ii) who attains the age of 75 after that date, within 21 days from the date on which that person attained that age; or
 - (b) in the case of any person aged 75 or over who is accepted by the contractor as a registered patient on or after 1st April 2014, within 21 days from the date on which that person is so accepted.
- (5) In this regulation, “health check” means a consultation undertaken by the contractor in the course of which it must make such inquiries and undertake such examinations of the patient as appear to it to be appropriate in all the circumstances.”.

Insertion of new paragraphs 70A to 70D into Schedule 5 to the Personal Medical Services Agreements Regulations

14. In Schedule 5 to the Personal Medical Services Agreements Regulations (other contractual terms), after paragraph 70 (patient records) insert—

“Summary Care Record

70A. (1) A contractor which provides essential services must, in any case where there is a change to the information included in a patient’s medical record, enable the automated upload of summary information to the Summary Care Record, at least on a daily basis, using the approved systems provided to it by the Board.

(2) The requirement in sub-paragraph (1) does not apply to a contractor where—

- (a) the contractor does not have access to computer systems and software which would enable it to carry out automated uploads of the summary information; and
 - (b) the contractor has, by 30th September 2014, publicised its plans to enable it to achieve that requirement by no later than 31st March 2015 by displaying a statement of intent at the practice premises and, where the practice has a website, on the practice website.
- (3) In this paragraph—
- “Summary Care Record” means the system approved by the Board for the automated uploading, storing and displaying of patient data relating to 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 comprise the Summary Care Record.

Electronic transfer of patient records

70B. (1) A contractor which provides essential services 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 with the contractor’s practice, to the contractor’s practice 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) The requirement in sub-paragraph (1) does not apply to a contractor where—
- (a) the contractor does not have access to computer systems and software which would enable it to use the GP2GP facility to effect the transfer of patient records to another provider of primary medical services with a patient list; and
 - (b) the contractor has, by 30th September 2014, publicised its plans to enable it to achieve that requirement by 31st March 2015 by displaying a statement of intent at the practice premises and, where the practice has a website, on the practice website.

(3) In this paragraph, “GP2GP facility” means the facility provided by the Board to a contractor’s practice which enables the electronic health records of a registered patient which are held on the computerised clinical systems of the contractor’s practice to be transferred securely and directly to another provider of primary medical services with which the patient has registered.

- (4) The requirements of this paragraph do not apply in the case of a temporary resident.

Clinical correspondence: requirement for NHS number

70C. (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 that patient.

(2) The requirement in sub-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 paragraph—

“clinical correspondence” means all correspondence in writing, whether in electronic form or otherwise, between the contractor and other health service providers concerning or arising out of patient attendance and treatment at practice premises including referrals made by letter or by any other means; and

“NHS number”, in relation to a registered patient, means the number, consisting of 10 numeric digits, which serves as the national unique identifier used for the purpose of safely, efficiently and accurately sharing information relating to that patient across the whole of the health service in England.

Patient online services

70D. (1) A contractor which provides essential services must promote and offer to its registered patients the facility for a patient—

- (a) to book, view, amend, cancel and print appointments online;
- (b) to order repeat prescriptions for drugs, medicines or appliances online; and
- (c) to 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 computerised clinical systems of the contractor’s practice.

(2) A contractor must promote and offer to its registered patients, in circumstances where the medical records of its patients are held on the contractor’s computerised clinical systems, the facility for a patient 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.

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

(4) The requirements in sub-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 sub-paragraph to its registered patients.

(5) The requirements in sub-paragraph (2) do not apply—

- (a) where the contractor does not have access to computer systems and software which would enable it to offer the online services described in that sub-paragraph to its registered patients; and
- (b) where the contractor has, by 30th September 2014, publicised its plans to enable it to achieve that requirement by 31st March 2015 by displaying a statement of intent at the practice premises and, where the practice has a website, on the practice website.

(6) In this paragraph “summary information” has the meaning given in paragraph 70A(3).”.

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

Signed by authority of the Secretary of State for Health.

3rd March 2014

Earl Howe
Parliamentary Under-Secretary of State,
Department of Health

EXPLANATORY NOTE

(This note is not part of the Regulations)

These Regulations amend the National Health Service (General Medical Service Contracts) Regulations 2004 (S.I. 2004/291) (“the GMS Contracts Regulations”) and the National Health Service (Personal Medical Services Agreements) Regulations 2004 (S.I. 2004/627) (“the PMS Agreements Regulations”) which make provision in respect of the services which may be provided under a general medical services contract and a personal medical services agreement made pursuant to provision in Part 4 of the National Health Service Act 2006 (primary medical services). They apply in relation to England only.

Part 2 of the Regulations makes amendments to the GMS Contracts Regulations.

Regulation 3 omits the definition of “Patient Choice Scheme” from regulation 2 of the GMS Contracts Regulations.

Regulation 4 substitutes regulation 26B of the GMS Contracts Regulations which made provision in respect of the Patient Choice Extension Scheme. The substituted regulation 26B enables the terms of a general medical services contract to be varied to enable a contractor’s practice to provide the standard primary medical services to patients who reside outside of their usual practice area. Provision is also made to enable patients who registered with a contractor’s practice by virtue of the previous arrangements in place under the Patient Choice Extension Scheme to remain registered with that practice after the termination of those arrangements. It also continues in effect the saving provisions in paragraph (6) of the substituted regulation 26B as it was in force immediately before the coming into force of these Regulations.

Regulation 5 inserts a new paragraph 6A into Schedule 6 to the GMS Contracts Regulations which makes provision for the assignment of an accountable general medical practitioner with specified responsibilities in respect of all patients aged 75 and over.

Regulation 6 substitutes paragraph 11 of Schedule 6 to the GMS Contracts Regulations with a new provision in respect of the quality standards applicable to out of hours services. This requires the quality of any such services provided to patients to be monitored and reported on to the National Health Service Commissioning Board (“the Board”).

Regulation 7 amends the duty of co-operation in paragraph 12 of Schedule 6 to the GMS Contracts Regulations in so far as it applies to the provision of out of hours services by imposing additional requirements to promptly review the clinical details of out of hours consultations and in relation to the process for dealing with information requests received from out of hours service providers.

Regulation 8 inserts new paragraphs 74, 74A, 74B and 74C into Schedule 6 to the GMS Contracts Regulations which make miscellaneous provision for the electronic updating and transmission of patient records and for the inclusion of a patient’s NHS number as the primary identifier in all clinical correspondence relating to that patient. Provision is also made for the promotion, in specified circumstances, of certain online facilities to patients including the facility for patients to book appointments and order repeat prescriptions online and to access certain information derived from their own medical records online.

Part 3 of the Regulations makes similar amendments to corresponding provision in the PMS Agreements Regulations.

Regulation 9 omits the definition of “Patient Choice Scheme” from regulation 2 of the PMS Agreements Regulations and inserts new definitions of “practice” and “practice premises” into that regulation.

Regulation 10 substitutes regulation 18B of the PMS Agreements Regulations which made provision in respect of the Patient Choice Extension Scheme. The substituted regulation 18B enables the terms of a personal medical services agreement to be varied to enable a contractor's practice to provide the standard primary medical services to patients who reside outside of their usual practice area. Provision is also made to enable patients who registered with a contractor's practice by virtue of the previous arrangements in place under the Patient Choice Extension Scheme to remain registered with that practice after the termination of those arrangements. It also continues in effect the saving provisions in paragraph (6) of the substituted regulation 18B as it was in force immediately before the coming into force of these Regulations.

Regulation 11 substitutes paragraph 9 of Schedule 5 to the PMS Agreements Regulations with a new provision in respect of the quality standards applicable to out of hours services. This requires the quality of any such services provided to patients to be monitored and reported on to the Board.

Regulation 12 amends the duty of co-operation in paragraph 10 of Schedule 5 to the PMS Agreements Regulations in so far as it applies to the provision of out of hours services by imposing additional requirements to promptly review the clinical details of out of hours consultations and in relation to the process for dealing with information requests received from out of hours service providers.

Regulation 13 inserts a new paragraph 13A into Schedule 5 to the PMS Agreements Regulations which makes provision for the assignment by a contractor which provides essential services, within the meaning of regulation 15 of those Regulations, of an accountable general medical practitioner with specified responsibilities in respect of all patients aged 75 and over.

Regulation 14 inserts new paragraphs 70A, 70B, 70C and 70D into Schedule 5 to the PMS Agreements Regulations which make miscellaneous provision for the electronic updating and transmission of patient records and for the inclusion of a patient's NHS number as the primary identifier in all clinical correspondence relating to that patient. Provision is also made for the promotion, in specified circumstances, of certain online facilities to patients including the facility for patients to book appointments and order repeat prescriptions online and to access certain information derived from their own medical records online.