
STATUTORY INSTRUMENTS

2019 No. 248

**NATIONAL HEALTH SERVICE, ENGLAND
SOCIAL CARE, ENGLAND
HEALTH CARE AND ASSOCIATED
PROFESSIONS, ENGLAND**

The Amendments Relating to the Provision
of Integrated Care Regulations 2019

Made - - - - *13th February 2019*
Laid before Parliament *13th February 2019*
Coming into force - - *1st April 2019*

The Secretary of State makes the following Regulations in exercise of the powers conferred by sections 45A(1) and (3) and 45B(1) and (3)(a) to (c) of the Medical Act 1983⁽¹⁾, sections 113(1), (3) and (4), 114(1) and (2), 115(1), (2), (4) and (5) and 195(1) and (2) of the Health and Social Care (Community Health and Standards) Act 2003⁽²⁾, sections 6E(1), (4) and (5), 89(1) and (2)(d), 91(1) and (3)(b) and (c), 94(1) and (3)(f), 172, 183 and 272(7) and (8) of the National Health Service Act 2006⁽³⁾ and sections 83(1)(a), (2) and (3)(b) and 304(9) and (10) of the Health and Social Care Act 2012⁽⁴⁾.

In relation to Part 7, in accordance with section 83(4) to (7) of the Health and Social Care Act 2012, the Secretary of State has given notice to Monitor, the National Health Service Commissioning Board, and the Care Quality Commission and its Healthwatch England committee and published that notice.

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- (1) [1983 c.54](#). Sections 45A and 45B were inserted by section 119 of the Health and Social Care Act 2008 ([c.14](#)) (“the 2008 Act”). See section 45F for the meaning given to “prescribed”. Under that section, the “appropriate authority” means, in relation to England, the Secretary of State.
- (2) [2003 c.43](#). Section 113(3) was amended by paragraph 45 of Schedule 5 and Part 1 of Schedule 15 to the 2008 Act. Section 114(1) was amended by paragraph 243 of Schedule 1 to the National Health Service (Consequential Provisions) Act 2006 ([c.43](#)). Section 114(2) was amended by paragraph 46 of Schedule 5 and Part 1 of Schedule 15 to the 2008 Act and by [S.I. 2016/413](#). Section 115(1) was amended by [S.I. 2016/413](#).
- (3) [2006 c.41](#). Section 6E was inserted by section 20(1) of the Health and Social Care Act 2012 ([c.7](#)). Section 89 was amended by paragraph 34 of Schedule 4 to that Act. Section 91 was amended by paragraph 35 of Schedule 4 to that Act. Section 94 was amended by paragraph 38 of Schedule 4 to that Act. See section 275(1) for the meaning given to “prescribed” and “regulations”. The powers exercised in making the relevant provisions of these Regulations are exercisable by the Secretary of State in relation to England only by virtue of section 271(1).
- (4) [2012 c.7](#). See section 150(1) for the meaning given to “prescribed”

PART 1

PRELIMINARY

Citation, commencement, extent and application

1.—(1) These Regulations may be cited as the Amendments Relating to the Provision of Integrated Care Regulations 2019 and come into force on 1st April 2019.

(2) Except in relation to Part 4, the extent of the amendments made by these Regulations is the same as for the instruments which they amend.

(3) The application of these Regulations is England only.

PART 2

AMENDMENT OF THE NATIONAL HEALTH SERVICE (TRAVEL EXPENSES AND REMISSION OF CHARGES) REGULATIONS 2003

Scope of Part

2. The National Health Service (Travel Expenses and Remission of Charges) Regulations 2003⁽⁵⁾ are amended in accordance with this Part.

Amendment of regulation 2

3. In regulation 2 (interpretation), at the appropriate places insert—

““arranger of ICP services” means a party to an integrated care provider contract as mentioned in paragraph 3(3) of Schedule 3A to the General Medical Services Contracts Regulations⁽⁶⁾”;

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

““integrated care provider” means a person who has entered into an integrated care provider contract with an arranger of ICP services for the provision of health care in England”;

““integrated care provider contract” has the meaning given in Schedule 3A to the General Medical Services Contracts Regulations”;

““integrated care sub-contractor” means a person who has entered into contractual arrangements with an integrated care provider for the provision of health care in England on behalf of that provider in performance of an integrated care provider contract”.

Amendment of regulation 3

4.—(1) Regulation 3 (NHS travel expenses) is amended as follows.

(2) In paragraph (1), in sub-paragraph (b), after “local authority” insert “or pursuant to an integrated care provider contract”.

(3) In paragraph (1A)—

(a) after “services under the 2006 Act” insert “(including sub-contracted services)”;

(5) S.I. 2003/2382. Relevant amending instruments are S.I. 2004/663, 696 and 936, 2005/26, 578 and 2114, 2006/562, 675, 1065 and 2171, 2007/1975 and 2590, 2008/571, 1697, 1700 and 2868, 2009/411 and 1599, 2010/620 and 1727, 2011/1587, 2012/1650, 2013/458, 475 and 1600, 2014/545, 2015/570, 643, 993 and 1776, 2016/1045 and 2018/48.

(6) S.I. 2015/1862. Relevant amending instruments are S.I. 2016/211, 696, 875 and 1077, 2017/908 and 2018/844 and 1114.

- (b) in sub-paragraph (c), for “not provided during the same visit” substitute “in a case where the services are not provided by an integrated care provider or an integrated care sub-contractor, the services are not provided during the same visit”.
- (4) In paragraph (2), after “local authority” insert “or pursuant to an integrated care provider contract”.
- (5) In paragraph (6), for “where the health service body or local authority” substitute “where the health service body, local authority or arranger of ICP services”.

Amendment of regulation 10

5.—(1) Regulation 10 (payment of NHS travel expenses) is amended as follows.

(2) In paragraph (1), after “paragraphs” insert “(1A) to (1C) and”.

(3) After paragraph (1) insert—

“(1A) Subject to paragraphs (3) to (5), where a person is entitled in accordance with regulation 5 or 6 to a payment in respect of NHS travel expenses, the person may make an application in accordance with paragraph (1B), in relation to services that are provided by—

- (a) an integrated care provider; or
- (b) an integrated care sub-contractor.

(1B) An application under paragraph (1A) may be made—

- (a) where the services are provided by an integrated care provider that is an NHS trust or an NHS foundation trust or by an integrated care sub-contractor providing services on behalf of an NHS trust or an NHS foundation trust, to that NHS trust or NHS foundation trust;
- (b) where the services are provided by a local authority, or the arranger of ICP services is a local authority, to the relevant CCG;
- (c) where the arranger of ICP services is the Board, to the Board; or
- (d) where the arranger of ICP services is a CCG, to that CCG.

(1C) Where an application has been made under paragraph (1B) to an NHS trust, an NHS foundation trust, the Board, a CCG, or the relevant CCG, that NHS trust, that NHS foundation trust, the Board, the CCG or the relevant CCG, as the case may be, may calculate the actual amount payable and make the payment.”.

(4) In paragraph (3)—

- (a) at the end of sub-paragraph (a) omit “or”;
- (b) at the end of sub-paragraph (b) insert “; or”, and
- (c) after sub-paragraph (b), insert—

“(c) where the arrangements referred to in regulation 3(1)(b) were made by an arranger of ICP services, an integrated care provider or an integrated care sub-contractor—

- (i) where the services were arranged by an NHS trust or an NHS foundation trust or by an integrated care sub-contractor providing services on behalf of an NHS trust or an NHS foundation trust, that NHS trust or NHS foundation trust;
- (ii) where the services were arranged by a local authority, or the arranger of ICP services is a local authority, the relevant CCG;
- (iii) where the arranger of ICP services is the Board, the Board; or
- (iv) where the arranger of ICP services is a CCG, that CCG.”.

(5) In paragraph (4), after “the health service body” insert “, arranger of ICP services, integrated care provider or integrated care sub-contractor.”.

Amendment of regulation 12

6.—(1) Regulation 12 (repayments) is amended as follows.

(2) Paragraph (1) is amended in accordance with paragraphs (3) and (4).

(3) In sub-paragraph (a)—

(a) in paragraph (i)—

(i) for “by an NHS trust or an NHS foundation trust,” substitute “by an NHS trust, an NHS foundation trust, an integrated care provider or an integrated care sub-contractor”;

(ii) for “in writing the NHS trust or the NHS foundation trust” substitute “in writing the body that made the charge”;

(b) in paragraph (ia), for “the health service body which arranged” substitute “the health service body or the arranger of ICP services which arranged”;

(4) After sub-paragraph (a) insert—

“(aa) in a case falling within regulation 3(1)(a) where the services are provided by an integrated care provider or an integrated care sub-contractor—

(i) where the provider of the services is an NHS trust or an NHS foundation trust, notify in writing that NHS trust or NHS foundation trust,

(ii) where the provider of the services or the arranger of ICP services is a local authority, notify in writing the relevant CCG, or

(iii) where the arranger of ICP services is the Board or a CCG, notify in writing the Board or that CCG.”.

(5) In sub-paragraph (b)—

(a) at the end of paragraph (i), omit “or”;

(b) at the end of paragraph (ii) insert “or”;

(c) after paragraph (ii) insert—

“(iii) where the arrangements referred to in regulation 3(1)(b) were made by an arranger of ICP services, an integrated care provider or an integrated care sub-contractor—

(aa) where the services were arranged by an NHS trust or an NHS foundation trust or by an integrated care sub-contractor providing services on behalf of an NHS trust or an NHS foundation trust, that NHS trust or NHS foundation trust,

(bb) where the services were arranged by a local authority or the arranger of ICP services is a local authority, the relevant CCG,

(cc) where the arranger of ICP services is the Board, the Board, or

(dd) where the arranger of ICP services is a CCG, that CCG.”.

(6) In paragraph (2), for “a relevant CCG or other health service body” substitute “a relevant CCG, other health service body, an integrated care provider, an integrated care sub-contractor or an arranger of ICP services”.

(7) In paragraph (3), after “as the health service body” insert “or the arranger of ICP services”.

Amendment of regulation 14

7.—(1) Regulation 14 (payment and repayment of NHS foreign travel expenses) is amended as follows.

(2) In paragraph (1), after “the health service body” insert “or the arranger of ICP services”.

(3) In paragraph (1A), after “pursuant to arrangements under the 2006 Act by a local authority” insert “(including as an arranger of ICP services)”.

(4) In paragraph (2)(a), after “the health service body” insert “or the arranger of ICP services”.

PART 3

AMENDMENT OF THE LOCAL AUTHORITY SOCIAL SERVICES AND NATIONAL HEALTH SERVICE COMPLAINTS (ENGLAND) REGULATIONS 2009

Scope of Part

8. The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009(7) are amended in accordance with this Part.

Amendment of regulation 2

9.—(1) Regulation 2(1) (interpretation) is amended as follows.

(2) At the appropriate places insert—

““adult social care services” has the meaning given in paragraph 3(7) of Schedule 3A to the General Medical Services Contracts Regulations;”;

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

““independent sub-contractor” means a person or body, not being an NHS body, who has entered into arrangements with an independent provider for the provision of health care in England on behalf of that provider pursuant to arrangements between that provider and an NHS body;”;

““integrated care provider” means a person or body, other than a person specified in paragraph 3(3) of Schedule 3A to the General Medical Services Contracts Regulations, who is party to an integrated care provider contract with one or more clinical commissioning groups or the National Health Service Commissioning Board;”;

““integrated care provider contract” has the meaning given in Schedule 3A to the General Medical Services Contracts Regulations;”;

““integrated care sub-contractor” means a person or body, not being an NHS body, who has entered into arrangements with an integrated care provider for the provision of health care in England on behalf of that provider in performance of an integrated care provider contract with one or more clinical commissioning groups or the National Health Service Commissioning Board;”.

(3) In the definition of “independent provider”, in paragraph (b), for “or primary care provider” substitute “, a primary care provider or an integrated care provider”.

(4) In the definition of “responsible body”, for “or independent provider” substitute “, independent provider, independent sub-contractor, integrated care provider or integrated care sub-contractor”.

Amendment of regulation 6

10.—(1) Regulation 6 (duty to handle complaints) is amended as follows.

(2) After paragraph (1) insert—

“(1ZA) This regulation also applies, subject to paragraph (1ZB), to a complaint made on or after 1st April 2019 in accordance with these Regulations to—

- (a) an independent sub-contractor about the provision of services by it on behalf of an independent provider pursuant to arrangements between the provider and an NHS body;
- (b) an integrated care provider about the provision of services by it under an integrated care provider contract with one or more clinical commissioning groups or the National Health Service Commissioning Board; or
- (c) an integrated care sub-contractor about the provision of services by it on behalf of an integrated care provider in so far as those services are provided in performance of an integrated care provider contract with one or more clinical commissioning groups or the National Health Service Commissioning Board.

(1ZB) Sub-paragraphs (b) and (c) of paragraph (1ZA) do not apply to a complaint about the provision of adult social care services.”

(3) In paragraph (1A), for sub-paragraph (b) substitute—

“(b) the complaint relates to the provision of services pursuant to those arrangements.”

Amendment of regulation 7

11.—(1) Regulation 7 (complaints about the provision of health services) is amended as follows.

(2) After paragraph (1) insert—

“(1A) This regulation also applies to a complaint which is—

- (a) made to a clinical commissioning group or the National Health Service Commissioning Board in accordance with these Regulations on or after 1st April 2019;
- (b) subject to paragraph (1B), about the services provided by—
 - (i) an independent sub-contractor on behalf of an independent provider pursuant to arrangements between that provider and the group or Board;
 - (ii) an integrated care provider under an integrated care provider contract with the group or Board; or
 - (iii) an integrated care sub-contractor on behalf of an integrated care provider in so far as those services are provided in performance of an integrated care provider contract with the group or Board; and
- (c) not specified in regulation 8(1).

(1B) paragraphs (ii) and (iii) of sub-paragraph (b) of paragraph (1A) do not apply to a complaint about adult social care services.”

(3) In paragraph (2), after “regulation” insert “, except in paragraph (1A)”.

(4) In paragraphs (3) to (5), after “provider”, wherever that word occurs, insert “or other responsible body to which the complaint relates”.

(5) After paragraph (5) insert—

“(6) For the purposes of paragraphs (3) to (5), a complaint relates to a responsible body if it relates to the provision of services by that body as referred to in paragraph (1A)(b).”.

Amendment of regulation 18

12.—(1) Regulation 18 (annual reports) is amended as follows.

(2) In paragraph (4)—

- (a) in sub-paragraph (b), for “or an independent provider” substitute “, an independent provider, an independent sub-contractor, an integrated care provider or an integrated care sub-contractor”;
- (b) after “services” insert “, other than adult social care services,”;
- (c) for “or the National Health Service Commissioning Board” substitute “, the National Health Service Commissioning Board, an independent provider or an integrated care provider”.

(3) In paragraph (5), for the words from “the clinical commissioning group” to the end substitute

—
“—

- (a) the clinical commissioning group;
- (b) the National Health Service Commissioning Board;
- (c) in the case of services provided by an independent sub-contractor, the independent provider; or
- (d) in the case of services provided by an integrated care sub-contractor, the integrated care provider,

which arranged for the provision of the services by the responsible body.”.

PART 4

AMENDMENT OF THE MEDICAL PROFESSION (RESPONSIBLE OFFICERS) REGULATIONS 2010

Scope of Part

13. The Medical Profession (Responsible Officers) Regulations 2010⁽⁸⁾ are amended in accordance with this Part.

Amendment of regulation 1

14. In regulation 1 (interpretation), in paragraph (2), at the appropriate places insert—

““the 2006 Act” means the National Health Service Act 2006⁽⁹⁾”;

““integrated care provider” means a person, other than a person specified in regulation 1A(3), who is party to an integrated care provider contract”;

““integrated care provider contract” has the meaning given in regulation 1A”;

““primary medical services” has the meaning given in regulation 1A(7)”.

⁽⁸⁾ S.I. 2010/2841. Relevant amending instruments are S.I. 2013/391 and 2018/378.

⁽⁹⁾ 2006 c.41.

Insertion of regulation 1A

15. After regulation 1 insert—

“Integrated care provider contracts

1A.—(1) For the purposes of these Regulations, an integrated care provider contract is a contract entered into on or after 1st April 2019 which satisfies the following paragraphs.

- (2) An integrated care provider contract must be between—
- (a) one or more of the persons specified in paragraph (3); and
 - (b) a person who is a provider of services specified in paragraph (5).
- (3) The persons specified in this paragraph are—
- (a) the Board;
 - (b) one or more CCGs; or
 - (c) one or more local authorities in England.
- (4) An integrated care provider contract must—
- (a) relate to the provision of two or more services specified in paragraph (5); and
 - (b) not be a contract to which paragraph (6) applies.
- (5) The services specified in this paragraph are—
- (a) primary medical services;
 - (b) secondary care services;
 - (c) public health services; and
 - (d) adult social care services,

and include such services where they are provided under arrangements entered into by an NHS body or a local authority in England by virtue of section 75 of the 2006 Act⁽¹⁰⁾.

(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 2006 Act (exercise of functions) relating to the provision of alternative provider medical services under section 83(2) of the 2006 Act apply⁽¹¹⁾.

(7) In this regulation—

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

“adult social services functions” means social services functions within the meaning of section 1A of the Local Authority and Social Services Act 1970⁽¹²⁾ 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⁽¹³⁾ applies;

⁽¹⁰⁾ See regulation 4 of [S.I. 2000/617](#). Regulation 4 was amended by [S.I. 2003/629](#), [2012/3094](#) and [2015/1940](#). See also section 275(1) of the 2006 Act for the meaning given to “NHS body”.

⁽¹¹⁾ Section 98A of the National Health Service Act 2006 ([c.41](#)) (“the 2006 Act”) was inserted by section 49(1) of the Health and Social Care Act 2012 ([c.7](#)) (“the 2012 Act”). The relevant Directions given by the Secretary of State under section 98A are the Alternative Provider Medical Services Directions 2016 which were signed on 3rd October 2016 and amended on 18th October 2017. They relate to the provision of primary medical services under section 83(2) of the 2006 Act under an Alternative Provider Medical Services 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.

⁽¹²⁾ [1970 c.42](#).

⁽¹³⁾ [2006 c.40](#).

“CCG” means a clinical commissioning group established by section 14D of the 2006 Act⁽¹⁴⁾;

“primary medical services” means services which the Board considers appropriate to secure the provision of under section 83(2) of the 2006 Act (primary medical services)⁽¹⁵⁾;

“public health functions” means—

- (a) the public health functions of the Secretary of State under the following provisions of the 2006 Act—
 - (i) section 2A (Secretary of State’s duty as to protection of public health)⁽¹⁶⁾;
 - (ii) section 2B (functions of local authorities and Secretary of State as to improvement of public health)⁽¹⁷⁾;
 - (iii) paragraph 8 and 12 of Schedule 1 (further provision about the Secretary of State and services under this Act)⁽¹⁸⁾;
- (b) the public health functions of a local authority in England under the following provisions of the 2006 Act, and any regulations made under these provisions—
 - (i) section 2B (functions of local authorities and Secretary of State as to improvement of public health);
 - (ii) section 111 (dental public health)⁽¹⁹⁾;
 - (iii) paragraphs 1 to 7B or 13 of Schedule 1 (further provision about the Secretary of State and services under this Act)⁽²⁰⁾;
- (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) (regulations as to the exercise by local authorities of certain public health functions)⁽²¹⁾ of the 2006 Act; 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 (exercise of the Secretary of Health’s public health functions)⁽²²⁾ of the 2006 Act;

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

“secondary care services” means—

- (a) such services, accommodation or facilities as a CCG considers it appropriate to make arrangements for the provision of under or by virtue of section 3 (duties of clinical commissioning groups as to commissioning of health services)⁽²³⁾

⁽¹⁴⁾ Section 14D was inserted by section 25(1) of the 2012 Act.

⁽¹⁵⁾ Section 83(1) and (2) was substituted by paragraph 30 of Schedule 4 to the 2012 Act.

⁽¹⁶⁾ Section 2A was inserted by section 11 of the 2012 Act and amended by section 116(1) of the Energy Act 2013 (c.22).

⁽¹⁷⁾ Section 2B was inserted by section 12 of the 2012 Act.

⁽¹⁸⁾ Paragraph 12 of Schedule 1 was amended by section 17(12) of the 2012 Act.

⁽¹⁹⁾ Section 111 was amended by section 29(2) of the 2012 Act.

⁽²⁰⁾ Paragraph 1 of Schedule 1 was amended by section 17(3) of the 2012 Act. Paragraph 2 of Schedule 1 was amended by section 17(4) of that Act. Paragraph 3 of Schedule 1 was amended by paragraph 6 of Schedule 14 to the Health and Social Care Act 2008 (c.14) (“the 2008 Act”). Paragraph 4 of Schedule 1 was amended by section 17(5) of the 2012 Act. Paragraphs 7A and 7B of Schedule 1 were inserted by section 143(1) of the 2008 Act and were amended respectively by section 17(7) and (8) of the 2012 Act.

⁽²¹⁾ Section 6C was inserted by section 18(1) of the 2012 Act.

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

⁽²³⁾ Section 3 was amended by section 13 of the 2012 Act.

or 3A (power of clinical commissioning groups to commission certain health services)(**24**) of the 2006 Act; 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)(**25**) of the 2006 Act.

(8) For the purposes of this regulation, any of the following is a local authority in England

- (a) a county council;
- (b) a county borough council;
- (c) a district council;
- (d) a London borough council;
- (e) the Common Council of the City of London;
- (f) the Council of the Isles of Scilly.”.

Amendment of regulation 3

16. In regulation 3 (application and extent) after paragraph (2) insert—

“(3) In so far as these Regulations are amended by Part 4 of the Amendments Relating to the Provision of Integrated Care Regulations 2019—

- (a) they extend to England and Wales; and
- (b) they apply in relation to England only.”.

Amendment of regulation 10

17. In regulation 10 (connection between designated bodies and medical practitioners), after paragraph (1)(a) insert—

- “(aa) where none of the preceding sub-paragraphs apply, the designated body is an integrated care provider where the medical practitioner—
- (i) is employed by an integrated care provider to provide primary medical services; or
 - (ii) provides health services under the 2006 Act (which are not primary medical services) for or on behalf of an integrated care provider or is engaged by such a provider to provide such services;”.

Amendment of the Schedule

18. In the Schedule (designated bodies), after paragraph 2 insert—

“**2A.** Integrated care providers.”.

(24) Section 3A was inserted by section 14 of the 2012 Act.

(25) Section 3B was inserted by section 15 of the 2012 Act.

PART 5

AMENDMENT OF THE NATIONAL HEALTH SERVICE COMMISSIONING BOARD AND CLINICAL COMMISSIONING GROUPS (RESPONSIBILITIES AND STANDING RULES) REGULATIONS 2012

Amendment of regulation 2

19. In regulation 2(1) (interpretation) of the National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012⁽²⁶⁾—

(1) At the appropriate places insert—

““integrated care provider contract” has the meaning given in paragraph 3 of Schedule 3A to the National Health Service (General Medical Services Contracts) Regulations 2015⁽²⁷⁾”;

(2) In the definition of “commissioning contract”, at the end insert “and includes an integrated care provider contract”.

(3) In the definition of “primary care contract”, at the end insert “, but does not include an integrated care provider contract”.

PART 6

AMENDMENT OF THE NATIONAL HEALTH SERVICE (PERFORMERS LISTS) (ENGLAND) REGULATIONS 2013

Scope of Part

20. The National Health Service (Performers Lists) (England) Regulations 2013⁽²⁸⁾ are amended in accordance with this Part.

Amendment of regulation 23

21. In regulation 23 (interpretation)—

(a) at the appropriate places insert—

““APMS contract” means an arrangement under section 83(2)⁽²⁹⁾ of the 2006 Act (primary medical services) for the provision of primary medical services, including in circumstances where those contractual arrangements are part of wider contractual arrangements for the provision of NHS services other than integrated care provider contracts”;

““general medical services contract” has the meaning given in section 84(2) of the 2006 Act;”

““integrated care provider contract” has the meaning given in Schedule 3A to the National Health Service (General Medical Services Contracts) Regulations 2015;”;

⁽²⁶⁾ S.I. 2012/2996. Amendments have been made which are not relevant to these Regulations.

⁽²⁷⁾ S.I. 2015/1862. Relevant amending instruments are S.I. 2016/211, 696, 875 and 1077, 2017/908 and 2018/844 and 1114.

⁽²⁸⁾ S.I. 2013/335. Relevant amending instruments are S.I. 2017/960 and 2018/378.

⁽²⁹⁾ Section 83(1) and (2) was substituted by paragraph 30 of Schedule 4 to the 2012 Act.

““primary medical services” means medical services provided under or pursuant to a contract or an agreement to which Part 4 of the 2006 Act (medical services) applies;”;

- (b) in the definition of “scheme”, in paragraph (b), omit “within the meaning of section 84(2) of the 2006 Act”.

Amendment of regulation 25

22. In regulation 25 (contents of the medical performers list), for paragraphs (d) and (e) substitute

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- “(d) confirmation of whether the medical practitioner is a contractor in relation to a general medical services contract or provides primary medical services under, or pursuant to, section 92 arrangements;
- (e) confirmation of whether the medical practitioner provides primary medical services under, or pursuant to, an APMS contract or an integrated care provider contract;”.

Amendment of regulation 26

23. In regulation 26 (application for inclusion in the medical performers list), in paragraph (2), after sub-paragraph (f) insert—

- “(fa) confirm whether the medical practitioner provides primary medical services under, or pursuant to, an APMS contract or an integrated care provider contract;”.

PART 7

AMENDMENT OF THE NATIONAL HEALTH SERVICE (LICENCE EXEMPTIONS, ETC.) REGULATIONS 2013

Scope of Part

24. For regulation 8 (exemption from the requirement to hold a licence: applicable turnover) of the National Health Service (Licence Exemptions, etc.) Regulations 2013⁽³⁰⁾ substitute—

“Exemption from the requirement to hold a licence: applicable turnover

8.—(1) A provider is exempt from the requirement to hold a licence if the applicable turnover of that provider in relation to any twelve month period mentioned in paragraph (2) is reasonably expected to be less than £10 million and—

- (a) the provider no longer holds a contract which was taken into account for the purposes of assessing their applicable turnover and which resulted in the provider being required to hold a licence; or
- (b) the provider does hold such a contract, but more than twelve months have elapsed since the provider was last required to hold a licence by virtue of that contract contributing to the provider’s assessment that their applicable turnover is £10 million or more.

(2) For the purposes of paragraph (1), a provider must estimate their applicable turnover

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⁽³⁰⁾ S.I. 2013/2677. The only relevant amending instrument is S.I. 2015/190.

- (a) for the twelve month period beginning on the day on which the provider starts providing health care services for the purposes of the NHS; and
 - (b) subsequently, for every twelve month period beginning at the end of each month following the month in which the provider started providing health care services for the purposes of the NHS.
- (3) A provider must notify Monitor as soon as reasonably practicable after the provider becomes aware that any of the criteria specified in paragraph (1), which if they applied would exempt the provider from the requirement to hold a licence, have ceased to apply in relation to that provider.
- (4) The exemption granted to a provider under paragraph (1) is withdrawn from whichever is the earlier of—
- (a) the end of the period of 60 days beginning on the date on which the provider becomes aware that it has ceased to meet any of the criteria specified in that paragraph; or
 - (b) the date on which Monitor issues a licence to the provider under section 87(3) of the 2012 Act (grant or refusal of a licence).
- (5) In this regulation, “provider” means a provider of health care services for the purposes of the NHS⁽³¹⁾.”.

PART 8

AMENDMENT OF THE NATIONAL HEALTH SERVICE (CHARGES FOR DRUGS AND APPLIANCES) REGULATIONS 2015

Scope of Part

25. The National Health Service (Charges for Drugs and Appliances) Regulations 2015⁽³²⁾ are amended in accordance with this Part.

Amendment of regulation 2

26.—(1) Regulation 2 (interpretation) is amended as follows.

(2) At the appropriate places insert—

““integrated care provider contract” has the meaning given in Schedule 3A to the National Health Service (General Medical Services Contracts) Regulations 2015;”;

““section 83(2) contractor” means a person that provides primary medical services under contractual arrangements under section 83(2) of the 2006 Act (primary medical services), including in circumstances where those contractual arrangements are part of wider contractual arrangements for the provision of NHS services, and “section 83(2) contract” is to be construed accordingly;”.

(3) Omit the definition of “APMS contractor”.

(4) In the definition of “out of hours services” for “APMS” substitute “section 83(2)”.

(5) In the definition of “provider of NHS services”, after paragraph (a) insert the following paragraph—

⁽³¹⁾ See section 64(3), (4) and (5) of the 2012 Act for the meaning of “health care”, “the NHS” and the provision of health care services for the purposes of the NHS.

⁽³²⁾ *S.I. 2015/570*. Relevant amending instruments are *S.I. 2015/1879*, *2016/325*, *696* and *1077*, *2017/408* and *457*, and *2018/48*, *201* and *1114*.

“(aa) a person responsible for providing services under an integrated care provider contract;”.

- (6) In the definition of “provider of out of hours services”—
- (a) in sub-paragraph (a), for “an APMS” substitute “a section 83(2)” and for “its APMS” substitute “its section 83(2)”;
 - (b) in sub-paragraph (c), for “APMS” substitute “section 83(2)”.

Amendment of regulation 4

- 27.—(1) Regulation 4 (supply of drugs and appliances by doctors) is amended as follows.
- (2) In paragraph (5), for “APMS” substitute “section 83(2)”.
 - (3) In paragraph (7), for “an APMS” substitute “a section 83(2)”.

PART 9

AMENDMENT OF THE NATIONAL HEALTH SERVICE (GENERAL MEDICAL SERVICES CONTRACTS) REGULATIONS 2015

Scope of Part

28. The National Health Service (General Medical Services Contracts) Regulations 2015(33) are amended in accordance with this Part.

Insertion of new regulation 29A

29. After regulation 29 insert—

“Variation of contracts: integrated care provider contracts

29A. Schedule 3A has effect in relation to the variation of a contract in circumstances where the contractor wishes to perform or provide primary medical services under an integrated care provider contract as described in paragraph 3 of that Schedule.”.

Insertion of new Schedule 3A

30. After Schedule 3 insert—

“SCHEDULE 3A

Regulation 29A

Suspension and reactivation of general medical services contracts

Interpretation

1. In this Schedule—

“integrated care provider” means a person, other than a person specified in paragraph 3(3), who is party to an integrated care provider contract;

“integrated care provider contract” has the meaning given in paragraph 3.

Right to suspend a general medical services contract

2.—(1) Where a contractor wishes to perform or provide primary medical services under an integrated care provider contract, the contractor must give notice in writing to the Board of that intention in accordance with paragraph 4 and the Board must agree to suspend the operation of the contractor's general medical services contract in accordance with the requirements of, and subject to the conditions set out in, this Schedule.

- (2) The Board must not suspend the contractor's contract until—
- (a) the contractor has informed the Board of the date on which the contractor intends to begin performing or, as the case may be, providing primary medical services under an integrated care provider contract; and
 - (b) the Board has given notice in writing to each person on the contractor's list of registered patients that—
 - (i) the contractor intends to perform or, as the case may be, provide primary medical services under an integrated care provider contract with effect from that date; and
 - (ii) the person will be transferred on to the list of registered service users of the integrated care provider on that date unless the person decides to register with another provider of primary medical services before that date.

(3) Where the Board suspends the operation of a contractor's general medical services contract, the contractor is released from any obligation to provide primary medical services under that contract to the contractor's list of registered patients from the date on which that suspension takes effect.

Integrated care provider contracts

3.—(1) For the purposes of this Schedule, an "integrated care provider contract" is a contract entered into on or after 1st April 2019 which satisfies the following sub-paragraphs.

- (2) An integrated care provider contract must be between—
- (a) one or more of the persons specified in sub-paragraph (3); and
 - (b) a person who is a provider of services specified in sub-paragraph (5).
- (3) The persons specified in this sub-paragraph are—
- (a) the Board;
 - (b) one or more CCGs; or
 - (c) one or more local authorities in England.
- (4) An integrated care provider contract must—
- (a) relate to the provision of two or more of the services specified in sub-paragraph (5); and
 - (b) not be a contract to which sub-paragraph (6) applies.
- (5) The services specified in this sub-paragraph are—
- (a) primary medical services;
 - (b) secondary care services;
 - (c) public health services; and
 - (d) adult social care services,

and include such services where they are provided under arrangements entered into by an NHS body or a local authority in England by virtue of section 75 of the Act⁽³⁴⁾.

(6) This sub-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 apply⁽³⁵⁾.

(7) In this paragraph—

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

“adult social services functions” means social services functions within the meaning of section 1A of the Local Authority and Social Services Act 1970⁽³⁶⁾ 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⁽³⁷⁾ applies;

“primary medical services” means services which the Board considers it appropriate to secure the provision of under section 83(2) of the 2006 Act⁽³⁸⁾ (primary medical services);

“public health functions” means—

(a) the public health functions of the Secretary of State under the following provisions of the Act—

- (i) section 2A (Secretary of State’s duty as to protection of public health)⁽³⁹⁾;
- (ii) section 2B (functions of local authorities and Secretary of State as to improvement of public health)⁽⁴⁰⁾;
- (iii) paragraphs 8 and 12 of Schedule 1 (further provision about the Secretary of State and services under the Act)⁽⁴¹⁾;

(b) the public health functions of a local authority in England under the following provisions of the Act, and any regulations made under these provisions—

- (i) section 2B (functions of local authorities and Secretary of State as to improvement of public health);
- (ii) section 111 (dental public health)⁽⁴²⁾; or
- (iii) paragraphs 1 to 7B or 13 of Schedule 1 (further provision about the Secretary of State and services under this Act)⁽⁴³⁾;

⁽³⁴⁾ See regulation 4 of [S.I. 2000/617](#). Regulation 4 was amended by [S.I. 2003/629](#) and [2012/3094](#). See also section 275(1) of the Act for the meaning given to “NHS body”.

⁽³⁵⁾ Section 98A of the National Health Service Act 2006 ([c.41](#)) (“the 2006 Act”) was inserted by section 49(1) of the Health and Social Care Act 2012 ([c.7](#)) (“the 2012 Act”). The relevant Directions given by the Secretary of State under section 98A are the Alternative Provider Medical Services Directions 2016 which were signed on 3rd October 2016 and amended on 18th October 2017. They relate to the provision of primary medical services under section 83(2) of the 2006 Act under an Alternative Provider Medical Services 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.

⁽³⁶⁾ [1970 c.42](#).

⁽³⁷⁾ [2006 c. 40](#).

⁽³⁸⁾ Section 83(1) and (2) was substituted by paragraph 30 of Schedule 4 to the 2012 Act.

⁽³⁹⁾ Section 2A was inserted by section 11 of the 2012 Act and amended by section 116(1) of the Energy Act 2013 ([c.22](#)).

⁽⁴⁰⁾ Section 2B was inserted by section 12 of the 2012 Act.

⁽⁴¹⁾ Paragraph 12 of Schedule 1 was amended by section 17(12) of the 2012 Act.

⁽⁴²⁾ Section 111 was amended by section 29(2) of the 2012 Act.

⁽⁴³⁾ Paragraph 1 of Schedule 1 was amended by section 17(3) of the 2012 Act. Paragraph 2 of Schedule 1 was amended by section 17(4) of that Act. Paragraph 3 of Schedule 1 was amended by paragraph 6 of Schedule 14 to the Health and Social Care Act 2008 ([c.14](#)) (“the 2008 Act”). Paragraph 4 of Schedule 1 was amended by section 17(5) of the 2012 Act. Paragraphs 7A and 7B of Schedule 1 were inserted by section 143(1) of the 2008 Act and amended respectively by section 17(7) and (8) of the 2012 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) (regulations as to the exercise by local authorities of certain public health functions)(44) of the Act; 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 (exercise of the Secretary of State's public health functions)(45) of the Act;

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

“secondary care services” means—

- (a) such services, accommodation or facilities as a CCG considers it appropriate to make arrangements for the provision of under or by virtue of section 3 (duties of clinical commissioning groups as to commissioning of health services)(46) or 3A (power of clinical commissioning groups to commission certain health services)(47) of the Act; 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)(48) of the Act.
- (8) For the purposes of this paragraph, any of the following is a local authority in England—
- (a) a county council;
 - (b) a county borough council;
 - (c) a district council;
 - (d) a London borough council;
 - (e) the Common Council of the City of London;
 - (f) the Council of the Isles of Scilly.

Notice of intention to suspend a general medical services contract

4. A notice under paragraph 2(1) must—
- (a) state that the contractor wishes to suspend the general medical services contract and specify the date on which the contractor would like the proposed suspension to take effect which must be a date which—
 - (i) falls at least one month after the date on which the notice was given, and
 - (ii) immediately precedes the date on which the contractor intends to begin performing or, as the case may be, providing primary medical services under the relevant integrated care provider contract;
 - (b) give the name of each person who is a party to the general medical services contract who intends to perform or, as the case may be, provide primary medical services under an integrated care provider contract; and
 - (c) confirm that the contractor has agreed, as appropriate, to the suspension of the general medical services contract.

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

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

(46) Section 3 was amended by section 13 of the 2012 Act.

(47) Section 3A was inserted by section 14 of the 2012 Act.

(48) Section 3B was inserted by section 15 of the 2012 Act.

Suspension of a general medical services contract: general

5.—(1) Subject to sub-paragraph (2), the suspension of a general medical services contract is effective for a minimum period of two years beginning with the date on which that suspension takes effect which must be—

- (a) the date specified in the notice given under paragraph 2(1); or
- (b) such later date as the Board may approve in the circumstances of a particular case.

(2) The suspension of a general medical services contract is effective for a period of less than two years beginning with the date on which that suspension takes effect under sub-paragraph (1) only in a case where the relevant integrated care provider contract terminates or expires or is varied as described in paragraph 9(1) before the end of that period.

(3) Where the Board suspends a general medical services contract, the contractor may not receive payments from the Board in respect of any period during which that contract is suspended.

(4) The Board must, before the end of the period of—

- (a) three months beginning with the date on which the suspension of the contract takes effect; or
- (b) such longer period as may be agreed between the Board and the contractor in the circumstances of a particular case,

pay the contractor any outstanding payments owed to the contractor in respect of the provision of primary medical services by the contractor under the contract in accordance with the terms of directions given by the Secretary of State under section 87 the Act⁽⁴⁹⁾ (general medical services contracts: payments).

Notice of intention to reactivate a general medical services contract

6.—(1) A notice under paragraph 7(1) must be given to the Board by the contractor at least six months before the date on which the proposed reactivation of the contract is to take effect.

(2) A notice under paragraph 7(1) must—

- (a) state that the contractor wishes to reactivate the contract and specify the date on which the contractor would like the proposed reactivation to take effect which must be a date which—
 - (i) falls at least six months after the date on which the notice was given, and
 - (ii) immediately follows the date on which the contractor intends to cease performing, or as the case may be, providing primary medical services under the relevant integrated care provider contract;
- (b) give the name of each person who is a party to the contract who intends to resume the provision of primary medical services under the contract; and
- (c) confirm that the contractor has agreed, as appropriate, to the reactivation of the contract.

Right to reactivate a general medical services contract

7.—(1) The Board must reactivate a contract under this paragraph where the contractor has given notice in writing to the Board in accordance with paragraph 6 of the intention to reactivate the contract in accordance with the requirements of, and subject to the conditions set out in, this Schedule.

(2) The Board must only reactivate a contract under this paragraph with effect from—

⁽⁴⁹⁾ Section 87 was amended by paragraph 33 of Schedule 4 to the 2012 Act.

- (a) the date which falls on the second anniversary of the date on which the suspension of that contract took effect; or
- (b) subsequently, on a date which falls every two years after the date specified in paragraph (a) during the duration of the integrated care provider contract.

Reactivation of a general medical services contract: general

8.—(1) The reactivation of a contract is effective on the date which falls immediately after the date on which the contractor ceases performing or, as the case may be, providing primary medical services under an integrated care provider contract which must be—

- (a) the date specified in the notice given under paragraph 7(1); or
- (b) such later date as the Board may approve in the circumstances of a particular case.

(2) The Board must not reactivate a contract unless the conditions specified in sub-paragraph (3) are met.

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

- (a) the contractor remains eligible to hold a contract in accordance with the conditions set out in regulations 5 and 6 at the date on which the reactivation of the contract is to take effect; and
- (b) the Board is satisfied that, during the period in which the contractor's contract was suspended, the contractor has not acted or failed to act in a manner that gives rise to the Board's right to terminate the contract under any of the provisions of Part 8 of Schedule 3.

(4) Where the reactivation of the contractor's contract is intended to take effect on the second anniversary of the date on which the suspension of that contract took effect, the Board must notify in writing each person who resides in the contractor's former practice area and who was on the list of registered service users of the integrated care provider that—

- (a) the contractor intends to resume the provision of primary medical services under the contract in respect of people who reside in the contractor's former practice area from the date specified in the notice; and
- (b) if the person was on the contractor's list of registered patients immediately prior to the date on which the suspension of the contractor's contract took effect, the person will transfer onto the contractor's list of registered patients from the date specified in the notice unless the person decides to remain registered with the integrated care provider or registers with another provider of primary medical services before that date.

(5) Where the reactivation of the contractor's contract is intended to take effect after the second anniversary of the date on which the suspension of that contract took effect, the Board must notify in writing each person who resides in the contractor's former practice area and who was on the list of registered service users of the integrated care provider that—

- (a) the contractor intends to resume the provision of primary medical services under the contract in respect of people who reside in the contractor's former practice area from the date specified in the notice; and
- (b) the person will remain on the list of registered service users of the integrated care provider from the date specified in the notice unless the person decides to register with the contractor or with another provider of primary medical services before that date.

(6) Where a contract is reactivated by the Board, the terms of that contract which are to apply are those terms which are effective at the date on which the reactivation takes effect subject to any variation of those terms which may be agreed between the contractor and the Board.

Termination, expiry or variation of an integrated care provider contract

9.—(1) Where, at any time, an integrated care provider contract terminates or expires or is varied so that it no longer requires the integrated care provider to provide primary medical services in respect of people who reside in the contractor’s former practice area—

- (a) the Board must, subject to the conditions specified in paragraph 8(3), reactivate the contractor’s contract with effect from the date which falls immediately after the date on which the integrated care provider contract terminated or, as the case may be, expired or was varied; and
- (b) the contractor must, with effect from that date, resume the provision of primary medical services under the contract to people who reside in the contractor’s former practice area.

(2) Where an integrated care provider contract terminates or expires or is varied as described in sub-paragraph (1), the Board must notify in writing each person who resides in the contractor’s former practice area and who was on the list of registered service users of the integrated care provider immediately before the date on which the integrated care provider contract terminated or, as the case may be, expired or was varied that—

- (a) the contractor has resumed providing primary medical services under the contract from a specified date in respect of people who reside in the contractor’s former practice area; and
- (b) the person will transfer onto the contractor’s list of registered patients from the date specified unless the person decides to register with another provider of primary medical services before that date.”.

PART 10

AMENDMENT OF THE NATIONAL HEALTH SERVICE (PERSONAL MEDICAL SERVICES AGREEMENTS) REGULATIONS 2015

Scope of Part

31. The National Health Service (Personal Medical Services Agreements) Regulations 2015⁽⁵⁰⁾ are amended in accordance with this Part.

Insertion of new regulation 24A

32. After regulation 24 insert—

“Variation of agreements: integrated care provider contracts

24A. Schedule 2A has effect in relation to the variation of an agreement in circumstances where the contractor wishes to perform or provide primary medical services under an integrated care provider contract as described in paragraph 3 of that Schedule.”.

Insertion of new Schedule 2A

33. After Schedule 2 insert—

(50) S.I. 2015/1879. Relevant amending instruments are S.I. 2016/211, 696, 875 and 1077, 2017/908 and 2018/844 and 1114.

“SCHEDULE 2A

Regulation 24A

Suspension and reactivation of personal medical services agreements

Interpretation

1. In this Schedule—

“integrated care provider” means a person, other than a person specified in paragraph 3(3), who is party to an integrated care provider contract;

“integrated care provider contract” has the meaning given in paragraph 3.

Right to suspend a personal medical services agreement

2.—(1) Where a contractor wishes to perform or provide primary medical services under an integrated care provider contract, the contractor must give notice in writing to the Board of that intention in accordance with paragraph 4 and the Board must agree to suspend the operation of the contractor’s agreement in accordance with the requirements of, and subject to the conditions set out in, this Schedule.

(2) The Board must not suspend the contractor’s agreement until—

(a) the contractor has informed the Board of the date on which the contractor intends to begin performing or, as the case may be, providing primary medical services under an integrated care provider contract; and

(b) the Board has given notice in writing to each person on the contractor’s list of registered patients that—

(i) the contractor intends to perform or, as the case may be, provide primary medical services under an integrated care provider contract with effect from that date, and

(ii) the person will be transferred on to the list of registered service users of the integrated care provider on that date unless the person decides to register with another provider of primary medical services before that date.

(3) Where the Board suspends the operation of a contractor’s agreement under sub-paragraph (1), the contractor is released from any obligation to provide primary medical services under that agreement to the contractor’s list of registered patients from the date on which that suspension takes effect.

Integrated care provider contracts

3.—(1) For the purposes of this Schedule, an “integrated care provider contract” is a contract entered into on or after 1st April 2019 which satisfies the following sub-paragraphs.

(2) An integrated care provider contract must be between—

(a) one or more of the persons specified in sub-paragraph (3); and

(b) a person who is a provider of services specified in sub-paragraph (5).

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

(a) the Board;

(b) one or more CCGs; or

(c) one or more local authorities in England.

(4) An integrated care provider contract must—

(a) relate to the provision of two or more of the services specified in sub-paragraph (5); and

- (b) not be a contract to which sub-paragraph (6) applies.
- (5) The services specified in this sub-paragraph are—
 - (a) primary medical services;
 - (b) secondary care services;
 - (c) public health services; and
 - (d) adult social care services,

and include such services where they are provided under arrangements entered into by an NHS body or a local authority in England by virtue of section 75 of the Act⁽⁵¹⁾.

(6) This sub-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 apply⁽⁵²⁾.

- (7) In this paragraph—

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

“adult social services functions” means social services functions within the meaning of section 1A of the Local Authority and Social Services Act 1970⁽⁵³⁾ 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⁽⁵⁴⁾ applies;

“primary medical services” means services which the Board considers it appropriate to secure the provision of under section 83(2) of the 2006 Act⁽⁵⁵⁾ (primary medical services);

“public health functions” means—

- (a) the public health functions of the Secretary of State under the following provisions of the Act—
 - (i) section 2A (Secretary of State’s duty as to protection of public health)⁽⁵⁶⁾;
 - (ii) section 2B (functions of local authorities and Secretary of State as to improvement of public health)⁽⁵⁷⁾; or
 - (iii) paragraphs 8 and 12 of Schedule 1 (further provision about the Secretary of State and services under the Act)⁽⁵⁸⁾;
- (b) the public health functions of a local authority in England under the following provisions of the Act, and any regulations made under these provisions—
 - (i) section 2B (functions of local authorities and Secretary of State as to improvement of public health);

⁽⁵¹⁾ See regulation 4 of S.I. 2000/617. Regulation 4 was amended by S.I. 2003/629 and 2012/3094. See also section 275(1) of the Act for the meaning given to “NHS body”.

⁽⁵²⁾ Section 98A of the National Health Service Act 2006 (c.41) (“the 2006 Act”) was inserted by section 49(1) of the Health and Social Care Act 2012 (c.7) (“the 2012 Act”). The relevant Directions given by the Secretary of State under section 98A are the Alternative Provider Medical Services Directions 2016 which were signed on 3rd October 2016 and amended on 18th October 2017. They relate to the provision of primary medical services under section 83(2) of the 2006 Act under an Alternative Provider Medical Services 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.

⁽⁵³⁾ 1970 c.42.

⁽⁵⁴⁾ 2006 c.40.

⁽⁵⁵⁾ Section 83(2) was substituted by section 30(2) of the 2012 Act.

⁽⁵⁶⁾ Section 2A was inserted by section 11 of the 2012 Act and amended by section 116(1) of the Energy Act 2013 (c.22).

⁽⁵⁷⁾ Section 2B was inserted by section 12 of the 2012 Act.

⁽⁵⁸⁾ Paragraph 12 of Schedule 1 was amended by section 17(12) of the 2012 Act.

- (ii) section 111 (dental public health)(**59**); or
- (iii) paragraphs 1 to 7B or 13 of Schedule 1 (further provision about the Secretary of State and services under this Act)(**60**);
- (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) (regulations as to the exercise by local authorities of certain public health functions)(**61**) of the Act; 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 (exercise of the Secretary of State's public health functions)(**62**) of the Act;

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

“secondary care services” means—

- (a) such services, accommodation or facilities as a CCG considers it appropriate to make arrangements for the provision of under or by virtue of section 3 (duties of clinical commissioning groups as to commissioning of health services)(**63**) or 3A (power of clinical commissioning groups to commission certain health services)(**64**) of the Act; 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)(**65**) of the Act.
- (8) For the purposes of this paragraph, any of the following is a local authority in England—
- (a) a county council;
 - (b) a county borough council;
 - (c) a district council;
 - (d) a London borough council;
 - (e) the Common Council of the City of London;
 - (f) the Council of the Isles of Scilly.

Notice of intention to suspend a personal medical services agreement

4. A notice under paragraph 2(1) must—
- (a) state that the contractor wishes to suspend the agreement and specify the date on which the contractor would like the proposed suspension to take effect which must be a date which—
 - (i) falls at least one month after the date on which the notice was given, and

(59) Section 111 was amended by section 29(2) of the 2012 Act.

(60) Paragraph 1 of Schedule 1 was amended by section 17(3) of the 2012 Act. Paragraph 2 of Schedule 1 was amended by section 17(4) of that Act. Paragraph 3 of Schedule 1 was amended by paragraph 6 of Schedule 14 to the Health and Social Care Act 2008 (c.14) (“the 2008 Act”). Paragraph 4 of Schedule 1 was amended by section 17(5) of the 2012 Act. Paragraphs 7A and 7B of Schedule 1 were inserted by section 143(1) of the 2008 Act and were amended respectively by section 17(7) and (8) of the 2012 Act.

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

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

(63) Section 3 was amended by section 13 of the 2012 Act.

(64) Section 3A was inserted by section 14 of the 2012 Act.

(65) Section 3B was inserted by section 15 of the 2012 Act.

- (ii) immediately precedes the date on which the contractor intends to begin performing or, as the case may be, providing primary medical services under the relevant integrated care provider contract;
- (b) give the name of each person who is a party to the agreement who intends to perform or, as the case may be, provide primary medical services under an integrated care provider contract; and
- (c) confirm that the contractor has agreed, as appropriate, to the suspension of the agreement.

Suspension of a personal medical services agreement: general

5.—(1) Subject to sub-paragraph (2), the suspension of an agreement is effective for a minimum period of two years beginning with the date on which that suspension takes effect which must be—

- (a) the date specified in the notice given under paragraph 2(1); or
- (b) such later date as the Board may approve in the circumstances of a particular case.

(2) The suspension of an agreement is effective for a period of less than two years beginning with the date on which that suspension takes effect under sub-paragraph (1) only in a case where the relevant integrated care provider contract terminates or expires or is varied as described in paragraph 9(1) before the end of that period.

(3) Where the Board suspends an agreement, the contractor may not receive payments from the Board in respect of any period during which that agreement is suspended.

(4) The Board must, before the end of the period of—

- (a) three months beginning with the date on which the suspension of the agreement takes effect; or
- (b) such longer period as may be agreed between the Board and the contractor in the circumstances of a particular case,

pay the contractor any outstanding payments owed to the contractor in respect of the provision of primary medical services by the contractor under the agreement in accordance with the payment terms of that agreement.

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

Notice of intention to reactivate a personal medical services agreement

6.—(1) A notice under paragraph 7(1) must be given to the Board by the contractor at least six months before the date on which the proposed reactivation of the agreement is to take effect.

(2) A notice under paragraph 7(1) must—

- (a) state that the contractor wishes to reactivate the agreement and specify the date on which the contractor would like the proposed reactivation to take effect which must be a date which—
 - (i) falls at least six months after the date on which the notice was given, and
 - (ii) immediately follows the date on which the contractor intends to cease performing or, as the case may be, providing primary medical services under the relevant integrated care provider contract;

- (b) give the name of each person who is a party to the agreement who intends to resume the provision of primary medical services under the agreement;
- (c) confirm that the contractor has agreed, as appropriate, to the reactivation of the agreement; and
- (d) if the contractor wishes to reactivate the agreement as a general medical services contract, state that this is the case and confirm that the parties to the agreement have agreed, as appropriate, to the reactivation of the agreement as a general medical services contract.

Right to reactivate a personal medical services agreement

7.—(1) The Board must reactivate an agreement under this paragraph where the contractor has given notice in writing to the Board in accordance with paragraph 6 of the intention to reactivate the agreement in accordance with, and subject to the conditions set out in, this Schedule.

- (2) The Board must only reactivate an agreement under this paragraph with effect from—
 - (a) the date which falls on the second anniversary of the date on which the suspension of that agreement took effect; or
 - (b) subsequently, on a date which falls every two years after the date specified in paragraph (a) during the duration of the integrated care provider contract.

(3) The Board must not reactivate an agreement which is of time limited duration where that agreement is to cease to have effect on a date which falls earlier than any of the dates specified in sub-paragraph (2)(a) or (b).

(4) Subject to paragraph 8(7), the Board may reactivate a suspended agreement as a general medical services contract where, in respect of that agreement, the right to a general medical services contract under regulation 32 exists.

Reactivation of a personal medical services agreement: general

8.—(1) The reactivation of an agreement is effective on the date which falls immediately after the date on which the contractor ceases performing or, as the case may be, providing primary medical services under an integrated care provider contract which must be—

- (a) the date specified in the notice given under paragraph 7(1); or
- (b) such later date as the Board may approve in the circumstances of a particular case.

(2) The Board must not reactivate an agreement unless the conditions specified in sub-paragraph (3) are met.

- (3) The conditions specified in this sub-paragraph are that—
 - (a) the contractor remains eligible to hold an agreement in accordance with the conditions set out in regulation 5 at the date on which the reactivation of the agreement is to take effect; and
 - (b) the Board is satisfied that, during the period in which the contractor's agreement was suspended, the contractor has not acted or failed to act in a manner that gives rise to the Board's right to terminate the agreement under any of the provisions of Part 8 of Schedule 2.

(4) Where the reactivation of the contractor's agreement is intended to take effect on the second anniversary of the date on which the suspension of that agreement took effect, the Board must notify in writing each person who resides in the contractor's former practice area and who was on the list of registered service users of the integrated care provider that—

- (a) the contractor intends to resume the provision of primary medical services under the agreement in respect of people who reside in the contractor's former practice area from the date specified in the notice; and
 - (b) if the person was on the contractor's list of registered patients immediately prior to the date on which the suspension of the contractor's agreement took effect, the person will transfer onto the contractor's list of registered patients from the date specified in the notice unless the person decides to remain registered with the integrated care provider or registers with another provider of primary medical services before that date.
- (5) Where the reactivation of the contractor's agreement is intended to take effect after the second anniversary of the date on which the suspension of that agreement took effect, the Board must notify in writing each person who resides in the contractor's former practice area and who was on the list of registered service users of the integrated care provider that—
- (a) the contractor intends to resume the provision of primary medical services under the agreement in respect of people who reside in the contractor's former practice area from the date specified in the notice; and
 - (b) the person will remain on the list of registered service users of the integrated care provider from the date specified in the notice unless the person decides to register with the contractor or with another provider of primary medical services before that date.
- (6) Where a suspended agreement is reactivated by the Board, the terms of that agreement which are to apply are those terms which are effective at the date on which the reactivation takes effect, subject to any variation of those terms which may be agreed between the contractor and the Board, including in respect of the right to a general medical services contract under regulation 32.
- (7) The Board must not reactivate a suspended agreement as a general medical services contract unless—
- (a) the parties to that agreement have agreed, as appropriate, to the reactivation of that agreement as a general medical services contract; and
 - (b) the Board is satisfied that—
 - (i) during the period in which the contractor's agreement was suspended, the contractor has not acted or failed to act in a manner that gives rise to the Board's right to terminate the agreement under any of the provisions of Part 8 of Schedule 2; and
 - (ii) the parties to that agreement are eligible to hold a general medical services contract in accordance with the conditions set out in regulations 5 and 6 of the General Medical Services Contracts Regulations at the date on which the reactivation of the agreement as a general medical services contract is to take effect.

Termination, expiry or variation of an integrated care provider contract

9.—(1) Where, at any time, an integrated care provider contract terminates or expires or is varied so that it no longer requires the integrated care provider to provide primary medical services to people who reside in a contractor's former practice area—

- (a) the Board must, subject to the conditions specified in paragraph 8(3), reactivate the contractor's agreement with effect from the date which falls immediately after the date on which the integrated care provider contract terminated or, as the case may be, expired or was varied; and
- (b) the contractor must, with effect from that date, resume the provision of primary medical services under the agreement to people who reside in the contractor's former practice area.

(2) Where an integrated care provider contract terminates or expires or is varied as described in sub-paragraph (1), the Board must notify in writing each person who resides in the contractor's former practice area and who was on the list of registered service users of the integrated care provider immediately before the date on which the integrated care provider contract terminated or, as the case may be, expired or was varied that—

- (a) the contractor has resumed providing primary medical services under the agreement from a specified date in respect of people who reside in the contractor's former practice area; and
- (b) the person will transfer onto the contractor's list of registered patients from the date specified unless the person decides to register with another provider of primary medical services before that date.”.

PART 11

TRANSITIONAL PROVISION

Transitional provision

34. Where, immediately before 1st April 2019, a complaint falls to be handled under regulation 6(1A) of the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009⁽⁶⁶⁾, those Regulations continue to have effect in relation to that complaint as if regulation 10(3) had not been made.

Signed by the authority of the Secretary of State for Health and Social Care.

13th February 2019

Stephen Hammond
Minister of State,
Department of Health and Social Care

⁽⁶⁶⁾ S.I. 2009/309. Relevant amending instruments are S.I. 2009/1768 and 2013/235.

EXPLANATORY NOTE

(This note is not part of the Regulations)

These Regulations amend secondary legislation relating to the National Health Service, and the regulation of the medical professions in consequence of the implementation of integrated care provider (“ICP”) contracts. ICP contracts will be a single contract, through which general practice, wider NHS and, in some cases, local authority services can be commissioned from a lead provider organisation, responsible for delivering integrated care.

Part 2 amends the National Health Service (Travel Expenses and Remission of Charges) Regulations 2003 (S.I. 2003/2382). The amendments maintain the position that the travel expenses and the remission of certain charges are not available in the context of primary medical services. But the amendments also ensure that the existing entitlements to travel expenses and remission of charges are available in relation to an ICP contracts. A clarificatory amendment is also made in relation to sub-contracting.

Part 3 amends the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 (S.I. 2009/309). The amendments ensure that requirements relating to the handling of complaints about health service provision apply to a greater range of persons and bodies in order to reflect new models of health service provision under an ICP contract. The amendments also ensure that requirements relating to the handling of complaints by local authorities about health or social care provision apply in a broader range of circumstances.

Part 4 amends the Medical Profession (Responsible Officers) Regulations 2010 (S.I. 2010/2841). The amendments insert a new definition of “integrated care provider” which is consequential on the changes made to designated bodies in the Schedule to those Regulations. Further definitions are also added to reflect the introduction of ICP contracts. Part 4 also inserts a new provision that enables an ICP to be the designated body for medical practitioners who are employed by it or provide to it health services other than primary medical services, under or pursuant to an ICP contract.

Part 5 amends the National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012 (S.I. 2012/2996) (“the Standing Rules”). The amendments insert a new definition of “integrated care provider contract”, amend the definition of “commissioning contract” so that it includes such a contract, and excludes such a contract from the definition of “primary care contract”. These amendments ensure that the Standing Rules allow for commissioning of ICP contracts.

Part 6 amends the National Health Service (Performers Lists) (England) Regulations (S.I. 2013/335). The amendments insert definitions of an “APMS contract”, “integrated care provider contract” and “primary medical services” into those Regulations to include the new contractual arrangements for the delivery of primary medical services under an ICP contract. This enables medical practitioners performing services under these contracts to be on the medical performers’ list.

Part 7 amends the National Health Service (Licence Exemptions, etc.) Regulations 2013 (S.I. 2013/2677). The amendments amend the applicable turnover exemption in those Regulations by prescribing a new prospective assessment of applicable turnover. Providers of NHS health care services must estimate their prospective applicable turnover on the date they started providing NHS services, and every month thereafter, for the purpose of determining whether their applicable turnover is reasonably expected to be less than the £10 million exemption threshold in those Regulations. The new test requires providers that estimate that their applicable turnover will be less than the £10 million threshold to consider if any contracts they still hold previously required them to be licensed.

Part 8 amends the National Health Service (Charges for Drugs and Appliances) Regulations 2015 (S.I. 2015/570). The amendments clarify that primary medical services provided under section 83(2) of the National Health Service Act 2006, which were formerly only provided under arrangements between Alternative Medical Services Providers and the National Health Service Commissioning Board, may now be commissioned under ICP contracts. However, the underlying position of the circumstances in which prescription charges are levied, or exemptions from charging may be obtained, is unaltered.

Parts 9 and 10 amend respectively the National Health Service (General Medical Services Contracts) Regulations 2015 (S.I. 2015/1862) and the National Health Service (Personal Medical Services Agreements) Regulations 2015 (S.I. 2015/1879). These two sets of Regulations make provision in respect of the services provided under a general medical services (“GMS”) contract and a personal medical services (“PMS”) agreement made pursuant to Part 4 of the National Health Service Act 2006. The amendments make provision for a GP practice which holds a GMS contract or a PMS agreement to suspend the obligation to provide primary medical services under that contract or agreement, so that such services may be provided by that GP practice under an ICP contract. Provision is also made for a suspended GMS contract or PMS agreement to be reactivated at specified intervals and where specified conditions are met.

Part 11 makes transitional provision to ensure that where a complaint under the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 (S.I. 2009/309) has started before this instrument commences, the complaint will proceed under those regulations as if this instrument had not been made.

A full impact assessment has not been produced for this instrument as no, or no significant, impact on the private, voluntary or public sector is foreseen.