

## SCHEDULE 6

### OTHER CONTRACTUAL TERMS

#### PART 10

#### QUALITY

##### **Duty to participate in quality arrangements**

**121.**—(1) Subject to paragraph 122, the contractor must meaningfully participate in quality arrangements.

(2) The contractor must nominate a person who will be a Practice Quality Lead for the purpose of—

- (a) their cluster membership; and
- (b) attending meetings of the contractor’s cluster.

(3) The person nominated under sub-paragraph (2) must be a general medical practitioner who performs services under the contract.

(4) In this paragraph and paragraph 122—

“cluster” means a group of practices where each practice is represented by a Practice Quality Lead;

“Cluster Quality Lead” means a person who is a member of a cluster that is appointed by a Health Board to represent that cluster to the Health Board;

“meaningfully participate” means, as a minimum—

- (a) ensuring that all members of the contractor’s practice supply the Practice Quality Lead with any requested information (“practice quality data”);
- (b) considering practice quality data with the support and direction of the Practice Quality Lead; and
- (c) having regard to any quality improvement measures proposed by the contractor’s cluster;

“quality arrangements” means the proceedings and arrangements specified in directions given by the Scottish Ministers under section 2(5) of the Act; and

“Practice Quality Lead” means a medical practitioner nominated by a contractor to represent the contractor’s practice to the cluster.

##### **Quality arrangements**

**122.**—(1) The contractor and the contractor’s practice must comply with the quality arrangements as determined by and with the support of the Practice Quality Lead and with any further conditions relating to quality set out in directions given by Scottish Ministers under section 2(5) of the Act<sup>(1)</sup>.

(2) The Practice Quality Lead must spend a minimum of two sessions a month in pursuance of their role and regularly attend meetings of the contractor’s cluster.

(3) Where a Health Board is considering appointing a Cluster Quality Lead, that Health Board must consult a Practice Quality Lead who is a member of that cluster prior to offering an appointment.

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(1) Section 2(5) was amended by paragraph 19(1) of schedule 9 of the National Health Service and Community Care Act 1990 (c.19).

**Status:** This is the original version (as it was originally made).

(4) Where a cluster determines that a contractor is failing to meaningfully participate in quality arrangements it must arrange for the contractor to receive supportive measures that enable them to meet their duties under this paragraph and paragraph 121.