

2017 No. 908

NATIONAL HEALTH SERVICE, ENGLAND

**The National Health Service (General Medical Services
Contracts and Personal Medical Services Agreements)
(Amendment) Regulations 2017**

<i>Made</i> - - - -	<i>11th September 2017</i>
<i>Laid before Parliament</i>	<i>13th September 2017</i>
<i>Coming into force</i> - -	<i>6th October 2017</i>

The Secretary of State, in exercise of the powers conferred by sections 85(1), 89(1), (2)(a) to (c) and (3)(a), 94(1) and (8)(a) and 272(7) and (8) of the National Health Service Act 2006^(a), makes the following Regulations.

PART 1

General

Citation, commencement and interpretation

1.—(1) These Regulations may be cited as the National Health Service (General Medical Services Contracts and Personal Medical Services Agreements) (Amendment) Regulations 2017.

(2) They come into force on 6th October 2017.

(3) In these Regulations—

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

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

PART 2

Amendment of the GMS Contracts Regulations

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

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

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

Insertion of new regulations 74B to 74F into the GMS Contracts Regulations

2. After regulation 74A of the GMS Contracts Regulations (provision of information - GP access data)(a) insert—

“National Diabetes Audit

74B.—(1) A contractor must record any data required by the Board for the purposes of the National Diabetes Audit(b) in accordance with paragraph (2).

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

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

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

74C. A contractor must allow the extraction from the contractor’s computerised clinical systems by the Health and Social Care Information Centre of the information specified in the Table relating to clinical indicators which are no longer in the Quality and Outcomes Framework(e) at such intervals during each financial year as are notified to the contractor by NHS Digital.

Table

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

<i>Indicator ID</i>	<i>Indicator Description</i>
Clinical domain	
CHD003	The percentage of patients with coronary heart disease whose last measured total cholesterol (measured in the preceding 12 months) is 5 mmol/l or less
CKD002	The percentage of patients on the CKD register in whom the last blood pressure reading (measured in the preceding 12 months) is 140/85 mmHg or less
CKD004	The percentage of patients on the CKD register whose notes

- (a) Regulation 74A was inserted by S.I. 2016/875.
- (b) The National Diabetes Audit is part of the National Health Service Commissioning Board’s (known as “NHS England”) clinical priority programme on diabetes. It measures the effectiveness of diabetes healthcare provided against clinical guidelines and quality standards issued by the National Institute for Health and Care Excellence (NICE) in England and Wales. The National Diabetes Audit monitors how many patients are meeting the NICE clinical guidance standards for diabetes care and treatment, compares how GP practices are performing compared to similar practices throughout England or to local practices, and identifies trends in the relationships between patient characteristics and their care and outcomes.
- (c) NHS Employers, which is part of the NHS Confederation, is an independent representative body of NHS workforce leaders. See section 2 of the guidance entitled “2017/18 General Medical Services (GMS) Contract” published by NHS Employers which is available at: <http://www.nhsemployers.org/gms201718>. Hard copies of this guidance may be obtained by post from NHS Employers, 2 Brewery Wharf, Kendall Street, Leeds, LS10 1JR.
- (d) The Health and Social Care Information Centre (known as NHS Digital) is a body corporate established under section 252(1) of the Health and Social Care Act 2012 (c.7).
- (e) The Quality and Outcomes Framework (QOF) is provided for in Section 4 and Annex D of the General Medical Services Statement of Financial Entitlements Direction 2013 which were signed on 27th March 2013 (as amended). Participation by contractors in the QOF is voluntary. However, contractors which participate in the QOF are required to accomplish the specified tasks or achieve the specified outcomes which are included in the QOF as “indicators” in return for payments which are measured against their achievements in respect of particular indicators. The General Medical Services Statement of Financial Entitlements 2013 is available at: <https://www.gov.uk/government/publications/nhs-primary-medical-services-directions-2013>. Hard copies may be obtained by post from the General Practice Team, Quarry House, Quarry Hill, Leeds LS2 7UE.

	have a record of a urine albumin:creatinine ratio (or protein:creatinine ratio) test in the preceding 12 months
NM84	The percentage of patients on the CKD register with hypertension and proteinuria who are currently treated with renin-angiotensin system antagonists
DEP001	The percentage of patients aged 18 or over with a new diagnosis of depression in the preceding 1st April to 31st March, who have had a bio-psychosocial assessment by the point of diagnosis. The completion of the assessment is to be recorded on the same day as the diagnosis is recorded
DM005	The percentage of patients with diabetes, on the register, who have a record of an albumin:creatinine ratio test in the preceding 12 months
DM011	The percentage of patients with diabetes, on the register, who have a record of retinal screening in the preceding 12 months
DM016	The percentage of male patients with diabetes, on the register, who have a record of erectile dysfunction with a record of advice and assessment of contributory factors and treatment options in the preceding 12 months
EP002	The percentage of patients aged 18 or over on drug treatment for epilepsy who have been seizure free for the last 12 months recorded in the preceding 12 months
EP003	The percentage of women aged 18 or over and who have not attained the age of 55 who are taking antiepileptic drugs who have a record of information and counselling about contraception, conception and pregnancy in the preceding 12 months
HYP003	The percentage of patients aged 79 or under with hypertension in whom the last blood pressure reading (measured in the preceding 9 months) is 140/90 mmHg or less
HYP004	The percentage of patients with hypertension aged 16 or over and who have not attained the age of 75 in whom there is an assessment of physical activity, using GPPAQ, in the preceding 12 months
HYP005	The percentage of patients with hypertension aged 16 or over and who have not attained the age of 75 who score 'less than active' on GPPAQ in the preceding 12 months, who also have a record of a brief intervention in the preceding 12 months
LD002	The percentage of patients on the learning disability register with Down's Syndrome aged 18 or over who have a record of blood TSH in the preceding 12 months (excluding those who are on the thyroid disease register)
MH004	The percentage of patients aged 40 or over with schizophrenia, bipolar affective disorder and other psychoses who have a record of total cholesterol:hdl ratio in the preceding 12 months
MH005	The percentage of patients aged 40 or over with schizophrenia, bipolar affective disorder and other psychoses who have a record of blood glucose or HbA1c in the preceding 12 months
MH006	The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of BMI in the preceding 12 months
PAD003	The percentage of patients with peripheral arterial disease in whom the last measured total cholesterol (measured in the preceding 12 months) is 5 mmol/l or less
RA003	The percentage of patients with rheumatoid arthritis aged 30 or over and who have not attained the age of 85 who have had a

	cardiovascular risk assessment using a CVD risk assessment tool adjusted for RA in the preceding 12 months
RA004	The percentage of patients aged 50 or over and who have not attained the age of 91 with rheumatoid arthritis who have had an assessment of fracture risk using a risk assessment tool adjusted for RA in the preceding 24 months
STIA004	The percentage of patients with stroke or TIA who have a record of total cholesterol in the preceding 12 months
STIA005	The percentage of patients with a stroke shown to be non-haemorrhagic, or a history of TIA whose last measured total cholesterol (measured in the preceding 12 months) is 5 mmol/l or less
THY001	The contractor establishes and maintains a register of patients with hypothyroidism who are currently treated with levothyroxine
THY002	The percentage of patients with hypothyroidism, on the register, with thyroid function tests recorded in the preceding 12 months
Public Health Domain	
CVD-PP002	The percentage of patients diagnosed with hypertension (diagnosed after on or after 1st April 2009) who are given lifestyle advice in the preceding 12 months for smoking cessation, safe alcohol consumption and healthy diet
CON002	The percentage of women, on the register, prescribed an oral or patch contraceptive method in the preceding 12 months who have also received information from the contractor about long acting reversible methods of contraception in the preceding 12 months
SMOK001	The percentage of patients aged 15 or over whose notes record smoking status in the preceding 24 months

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

74D.—(1) A contractor must allow the extraction by the Health and Social Care Information Centre(a) of the information(b) specified in—

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

from the record that the contractor is required to keep in respect of each registered patient under regulation 67 by such means, and at such intervals during each financial year, as are notified to the contractor by the Health and Social Care Information Centre.

(2) The information specified in this paragraph is information required in connection with the requirements under paragraph 7 of Schedule 3.

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

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

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

NHS Digital Workforce Census

74E.—(1) A contractor must record and submit any data required by the Health and Social Care Information Centre for the purposes of the NHS Digital Workforce Census(a) (known as the “Workforce Minimum Data Set”) in accordance with paragraph (2).

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

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

Information relating to overseas visitors

74F.—(1) A contractor must—

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

in the medical record that the contractor is required to keep under regulation 67 in respect of the patient.

(2) The information specified in this paragraph is—

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

(3) The information referred to in paragraph (2) must be submitted by the contractor to NHS Digital—

- (a) electronically at NHSDIGITAL-EHIC@nhs.net; or

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- (a) The NHS Digital Workforce Census is the successor to the GP Workforce Census undertaken by the Health and Social Care Information Centre (known as “NHS Digital”). In support of the commitment to provide an additional 5,000 doctors in primary care by 2020, data is collected from GP practices through the Primary Care Web Tool which is used to provide a detailed view of the General Practice workforce, including GPs and other practice staff. This information is published annually by the Health and Social Care Information Centre on its website <http://www.nhsdigital.nhs.uk>.
 - (b) NHS Employers, which is part of the NHS Confederation, is an independent representative body of NHS workforce leaders. See section 2 of the guidance entitled “2017/18 General Medical Services (GMS) Contract” published by NHS Employers which is available at: <http://www.nhsemployers.org/gms201718>. Hard copies of this guidance may be obtained by post from NHS Employers, 2 Brewery Wharf, Kendall Street, Leeds, LS10 1JR.
 - (c) The Health and Social Care Information Centre (known as NHS Digital) is a body corporate established under section 252(1) of the Health and Social Care Act 2012 (c.7).
 - (d) The Primary Care Web Tool facility is the approved webtool made available by NHS England to contractors for the purposes of submitting data online. Further information regarding the collection and recording of data by contractors for the purposes of the NHS Digital Workforce Survey is available at <http://content.digital.nhs.uk/wmDS> or may be obtained by post from NHS Digital, 1 Trevelyan Square, Boar Lane, Leeds, LS1 6AE.
 - (e) An S1 Healthcare Certificate is issued to those who are posted abroad and who pay National Insurance Contributions in the UK or to people in receipt of UK exportable benefits (for example retirement pensions). Further information is available at: https://contactcentreservices.nhsbsa.nhs.uk/selfnhsukokb/AskUs_EHIC/template.do?name=S1+form+-+what+is+this+and+how+do+I+obtain+one%253F&id=16477 or can be obtained by writing to NHS BSA, Stella House, Goldcrest Way, Newbury Riverside, Newcastle upon Tyne, NE15 8NY.
 - (f) Further information about Provisional Replacement Certificates is available at: <http://www.nhs.uk/NHSEngland/Healthcareabroad/EHIC/Pages/about-the-ehic.aspx> or can be obtained by writing to NHS England, PO Box 16738, Redditch, B97 7PT.

- (b) by post in hard copy form to EHIC, PDS NBO, NHS Digital, Smedley Hydro, Trafalgar Road, Southport, Merseyside, PR8 2HH.

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

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

Insertion of new paragraph 7A into Schedule 3 to the GMS Contracts Regulations

3. In Schedule 3 to the GMS Contracts Regulations (other required terms), after paragraph 7 (newly registered patients – alcohol dependency screening) insert—

“Patients living with frailty

7A.—(1) A contractor must take steps to identify any registered patient aged 65 years and over who is living with moderate to severe frailty.

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

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

- (a) undertake a clinical review in respect of the patient which includes—
 - (i) an annual review of the patient’s medication, and
 - (ii) where appropriate, a discussion with the patient about whether the patient has fallen in the last 12 months;
- (b) provide the patient with any other clinically appropriate interventions; and
- (c) where the patient does not have an enriched Summary Care Record^(b), advise the patient about the benefits of having an enriched Summary Care Record and activate that record at the patient’s request.

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

Insertion of new paragraph 19A into Schedule 3 to the GMS Contract Regulations

4. After paragraph 19 of Schedule 3 to the GMS Contract Regulations (inclusion in list of patients: armed forces personnel) insert—

“Inclusion in list of patients: detained persons

19A.—(1) A contractor must, if the contractor’s list of patients is open, include a person to whom sub-paragraph (2) applies (a “detained person”) in that list and paragraph 29(1)(c) does not apply in respect of a detained person who is included in the contractor’s list of patients by virtue of this paragraph.

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

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

- (2) This sub-paragraph applies to a person who—
- (a) is serving a term of imprisonment of more than two years, or more than one term of imprisonment totalling, in the aggregate, more than two years;
 - (b) is not registered as a patient with a provider of primary medical services; and
 - (c) makes an application under this paragraph in accordance with sub-paragraph (3) to be included in the contractor’s list of patients by virtue of sub-paragraph (1) or (6) before the scheduled release date.

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

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

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

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

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

- (a) must give notice in writing to the provider of the detained estate healthcare service or to the Board of that acceptance as soon as possible; and
- (b) is not required to provide primary medical services to that person until after the scheduled release date.

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

- (a) include the applicant in the contractor’s list of patients from the date notified to the Board by the provider of the detained estate healthcare service; and
- (b) give notice in writing to the provider of the detained estate healthcare service of that acceptance.

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

(10) The contractor must—

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

(11) In this paragraph—

- (a) “the detained estate healthcare service” means the healthcare service commissioned by the Board in respect of persons who are detained in prison or in other secure accommodation by virtue of regulations made under section 3B(1)(c) of the Act (Secretary of State’s power to require Board to commission services)(a); and

(a) The regulations made by the Secretary of State under section 3B(1)(c) of the Act in relation to prisoners and other detainees are contained in regulation 10 of the National Health Service Commissioning Board and Clinical Commissioning Groups

- (b) “the scheduled release date” means the date on which the person making an application under sub-paragraph (2)(c) is due to be released from detention in prison.”.

Amendment of Schedule 5 to the GMS Contracts Regulations

5. In Schedule 5 to the GMS Contracts Regulations (revocations), in the table—
- (a) omit “The Value Added Tax Order 2009 (S.I. 2009/2972)” in the left hand column (title of instrument); and
 - (b) omit “paragraph (i) of Note 2D of the inserted text” in the corresponding entry in the right hand column (extent of revocation).

PART 3

Amendment of the PMS Agreements Regulations

Insertion of new regulations 67B to 67F into the PMS Agreements Regulations

6. After regulation 67A of the PMS Agreements Regulations (provision of information – GP access data)(a) insert—

“National Diabetes Audit

67B.—(1) A contractor must record any data required by the Board for the purposes of the National Diabetes Audit(b) in accordance with paragraph (2).

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

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

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

67C. A contractor must allow the extraction from the contractor’s computerised clinical systems by the Health and Social Care Information Centre of the information specified in the Table relating to clinical indicators which are no longer in the Quality and Outcomes

(Responsibilities and Standing Rules) Regulations 2012 (S.I. 2012/2996). Regulation 10 was amended by S.I. 2013/261 and S.I. 2014/452.

- (a) Regulation 67A was inserted by S.I. 2016/875.
- (b) The National Diabetes Audit is part of the Board’s clinical priority programme on diabetes. It measures the effectiveness of diabetes healthcare provided against clinical guidelines and quality standards issued by the National Institute for Health and Care Excellence (NICE) in England and Wales. The National Diabetes Audit monitors how many patients are meeting the NICE clinical guidance standards for diabetes care and treatment, compares how GP practices are performing compared to similar practices throughout England or to local practices, and identifies trends in the relationships between patient characteristics and their care and outcomes.
- (c) NHS Employers, which is part of the NHS Confederation, is an independent representative body of NHS workforce leaders. See section 2 of the guidance entitled “2017/18 General Medical Services (GMS) Contract” published by NHS Employers which is available at: <http://www.nhsemployers.org/gms201718>. Hard copies of this guidance may be obtained by post from NHS Employers, 2 Brewery Wharf, Kendall Street, Leeds, LS10 1JR.
- (d) The Health and Social Care Information Centre (known as NHS Digital) is a body corporate established under section 252(1) of the Health and Social Care Act 2012 (c.7).

Framework(a) at such intervals during each financial year as are notified to the contractor by the Health and Social Care Information Centre.

Table

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

<i>Indicator ID</i>	<i>Indicator Description</i>
Clinical domain	
CHD003	The percentage of patients with coronary heart disease whose last measured total cholesterol (measured in the preceding 12 months) is 5 mmol/l or less
CKD002	The percentage of patients on the CKD register in whom the last blood pressure reading (measured in the preceding 12 months) is 140/85 mmHg or less
CKD004	The percentage of patients on the CKD register whose notes have a record of a urine albumin:creatinine ratio (or protein:creatinine ratio) test in the preceding 12 months
NM84	The percentage of patients on the CKD register with hypertension and proteinuria who are currently treated with renin-angiotensin system antagonists
DEP001	The percentage of patients aged 18 or over with a new diagnosis of depression in the preceding 1st April to 31st March, who have had a bio-psychosocial assessment by the point of diagnosis. The completion of the assessment is to be recorded on the same day as the diagnosis is recorded
DM005	The percentage of patients with diabetes, on the register, who have a record of an albumin:creatinine ratio test in the preceding 12 months
DM011	The percentage of patients with diabetes, on the register, who have a record of retinal screening in the preceding 12 months
DM016	The percentage of male patients with diabetes, on the register, who have a record of erectile dysfunction with a record of advice and assessment of contributory factors and treatment options in the preceding 12 months
EP002	The percentage of patients aged 18 or over on drug treatment for epilepsy who have been seizure free for the last 12 months recorded in the preceding 12 months
EP003	The percentage of women aged 18 or over and who have not attained the age of 55 who are taking antiepileptic drugs who have a record of information and counselling about contraception, conception and pregnancy in the preceding 12 months
HYP003	The percentage of patients aged 79 or under with hypertension in whom the last blood pressure reading (measured in the preceding 9 months) is 140/90 mmHg or less
HYP004	The percentage of patients with hypertension aged 16 or over and who have not attained the age of 75 in whom there is an

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

	assessment of physical activity, using GPPAQ, in the preceding 12 months
HYP005	The percentage of patients with hypertension aged 16 or over and who have not attained the age of 75 who score 'less than active' on GPPAQ in the preceding 12 months, who also have a record of a brief intervention in the preceding 12 months
LD002	The percentage of patients on the learning disability register with Down's Syndrome aged 18 or over who have a record of blood TSH in the preceding 12 months (excluding those who are on the thyroid disease register)
MH004	The percentage of patients aged 40 or over with schizophrenia, bipolar affective disorder and other psychoses who have a record of total cholesterol:hdl ratio in the preceding 12 months
MH005	The percentage of patients aged 40 or over with schizophrenia, bipolar affective disorder and other psychoses who have a record of blood glucose or HbA1c in the preceding 12 months
MH006	The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of BMI in the preceding 12 months
PAD003	The percentage of patients with peripheral arterial disease in whom the last measured total cholesterol (measured in the preceding 12 months) is 5 mmol/l or less
RA003	The percentage of patients with rheumatoid arthritis aged 30 or over and who have not attained the age of 85 who have had a cardiovascular risk assessment using a CVD risk assessment tool adjusted for RA in the preceding 12 months
RA004	The percentage of patients aged 50 or over and who have not attained the age of 91 with rheumatoid arthritis who have had an assessment of fracture risk using a risk assessment tool adjusted for RA in the preceding 24 months
STIA004	The percentage of patients with stroke or TIA who have a record of total cholesterol in the preceding 12 months
STIA005	The percentage of patients with a stroke shown to be non-haemorrhagic, or a history of TIA whose last measured total cholesterol (measured in the preceding 12 months) is 5 mmol/l or less
THY001	The contractor establishes and maintains a register of patients with hypothyroidism who are currently treated with levothyroxine
THY002	The percentage of patients with hypothyroidism, on the register, with thyroid function tests recorded in the preceding 12 months
Public Health Domain	
CVD-PP002	The percentage of patients diagnosed with hypertension (diagnosed after on or after 1st April 2009) who are given lifestyle advice in the preceding 12 months for smoking cessation, safe alcohol consumption and healthy diet
CON002	The percentage of women, on the register, prescribed an oral or patch contraceptive method in the preceding 12 months who have also received information from the contractor about long acting reversible methods of contraception in the preceding 12 months
SMOK001	The percentage of patients aged 15 or over whose notes record smoking status in the preceding 24 months

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

67D.—(1) A contractor must allow the extraction by the Health and Social Care Information Centre(a) of the information(b) specified in—

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

from the record that the contractor is required to keep in respect of each registered patient under regulation 60 by such means, and at such intervals during each financial year, as are notified to the contractor by the Health and Social Care Information Centre.

(2) The information specified in this paragraph is information required in connection with the requirements under paragraph 14 of Schedule 2.

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

NHS Digital Workforce Census

67E.—(1) A contractor must record and submit any data required by the Health and Social Care Information Centre for the purposes of the NHS Digital Workforce Census(c) (known as the “Workforce Minimum Data Set”) in accordance with paragraph (2).

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

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

Information relating to overseas visitors

67F.—(1) A contractor must—

- (a) record the information specified in paragraph (2) relating to overseas visitors, where that information has been provided to it by a newly registered patient on a form supplied to the contractor by the Board for this purpose; and

-
- (a) The Health and Social Care Information Centre (known as NHS Digital) is a body corporate established under section 252(1) of the Health and Social Care Act 2012 (c.7).
 - (b) See in relation to the information which a contractor is required to allow the extraction of under this provision the document entitled “Technical Requirements for GMS Contract Changes” which is published by NHS Employers. Section 4 of this document contains requirements in respect of the coded data which a contractor is required under the contract to include in a patient’s medical records in relation to alcohol dependency screening and dementia interventions. This document is available at: <http://www.nhsemployers.org/gms201718>. Hard copies of this guidance may be obtained by post from NHS Employers, 2 Brewery Wharf, Kendall Street, Leeds, LS10 1JR.
 - (c) The NHS Digital Workforce Census is the successor to the GP Workforce Census and is undertaken by the Health and Social Care Information Centre (known as NHS Digital). In support of the commitment to provide an additional 5,000 doctors in primary care by 2020, data is collected from GP practices through the Primary Care Web Tool which is used to provide a detailed view of the General Practice workforce, including GPs and other practice staff. This information is published annually by NHS Digital on its website <http://www.nhsdigital.nhs.uk>.
 - (d) NHS Employers, which is part of the NHS Confederation, is an independent representative body of NHS workforce leaders. See section 2 of the guidance entitled “2017/18 General Medical Services (GMS) Contract” published by NHS Employers which is available at: <http://www.nhsemployers.org/gms201718>. Hard copies of this guidance may be obtained by post from NHS Employers, 2 Brewery Wharf, Kendall Street, Leeds, LS10 1JR
 - (e) The Primary Care Web Tool facility is the approved webtool made available by NHS England to contractors for the purposes of submitting data online. Further information about the NHS Digital Workforce Survey is available at <http://content.digital.nhs.uk/wMDS> or may be obtained by post from NHS Digital, 1 Trevelyan Square, Boar Lane, Leeds, LS1 6AE.

(b) where applicable in the case of a patient, record the fact that the patient is the holder of a European Health Insurance Card or S1 Healthcare Certificate^(a) which has not been issued to or in respect of the patient by the United Kingdom, in the medical record that the contractor is required to keep under regulation 60 in respect of the patient.

(2) The information specified in this paragraph is—

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

(3) The information referred to in paragraph (2) must be submitted by the contractor to NHS Digital—

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

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

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

Insertion of new paragraph 14A into Schedule 2 to the PMS Agreements Regulations

7. In Schedule 2 to the PMS Agreements Regulations (other required terms), after paragraph 14 (newly registered patients – alcohol dependency screening) insert—

“Patients living with frailty

14A.—(1) A contractor must take steps to identify any registered patient aged 65 years and over who is living with moderate to severe frailty.

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

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

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

(a) An S1 Healthcare Certificate is issued to those who are posted abroad and who pay National Insurance Contributions in the UK or to people in receipt of UK exportable benefits (for example retirement pensions). Further information is available at: https://contactcentreservices.nhsbsa.nhs.uk/selfnhsukokb/AskUs_EHIC/template.do?name=S1+form+-+what+is+this+and+how+do+I+obtain+one%253F&id=16477 or can be obtained by writing to NHS BSA, Stella House, Goldcrest Way, Newbury Riverside, Newcastle upon Tyne, NE15 8NY.

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

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

- (b) provide the patient with any other clinically appropriate interventions; and
- (c) where the patient does not have an enriched Summary Care Record^(a), advise the patient about the benefits of having an enriched Summary Care Record and activate that record at the patient's request.

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

Insertion of new paragraph 18A into Schedule 2 to the PMS Agreements Regulations

8. After paragraph 18 of Schedule 2 to the PMS Agreements Regulations (inclusion in list of patients – armed forces personnel) insert—

“Inclusion in list of patients: detained persons

18A.—(1) A contractor must, if the contractor's list of patients is open, include a person to whom sub-paragraph (2) applies (a “detained person”) in that list and paragraph 28(1)(b) does not apply in respect of a detained person who is included in the contractor's list of patients by virtue of this paragraph.

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

- (a) is serving a term of imprisonment of more than two years, or more than one term of imprisonment totalling, in the aggregate, more than two years;
- (b) is not registered as a patient with a provider of primary medical services; and
- (c) makes an application under this paragraph in accordance with sub-paragraph (3) to be included in the contractor's list of patients by virtue of sub-paragraph (1) or (6) before the scheduled release date.

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

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

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

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

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

- (a) must give notice in writing to the provider of the detained estate healthcare service or to the Board of that acceptance as soon as possible; and
- (b) is not required to provide primary medical services to that person until after the scheduled release date.

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

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

- (a) include the applicant in the contractor’s list of patients from the date notified to the Board by the provider of the detained estate healthcare service; and
- (b) give notice in writing to the provider of the detained estate healthcare service of that acceptance.

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

(10) The contractor must—

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

(11) In this paragraph—

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

Amendment of Schedule 4 to the PMS Agreements Regulations

9. In Schedule 4 to the PMS Agreements Regulations (revocations), in the table—

- (a) omit “The Value Added Tax Drugs and Medicines Order 2009 (S.I. 2009/2972)” in the left hand column (title of instrument); and
- (b) omit “Paragraph (4) of Note 2D of the inserted text” in the corresponding entry in the right hand column (extent of revocation).

Signed by authority of the Secretary of State for Health.

Stephen Brine
Parliamentary Under-Secretary of State,
Department of Health

11th September 2017

EXPLANATORY NOTE

(This note is not part of the Regulations)

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

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

Part 4 of the National Health Service Act 2006 (primary medical services). They apply to England only.

Part 2 of the Regulations amends the GMS Contracts Regulations.

Regulation 2 inserts new regulations 74B to 74F which make provision for recording or allowing the extraction of specified data by GP practices. New regulation 74B requires GP practices to record and upload information required for the purposes of the National Diabetes Audit to NHS Digital. New regulation 74C requires GP practices to allow the extraction by the Health and Social Care Information Centre (“NHS Digital”) of specified data that was formerly required under the Quality and Outcomes Framework. New regulation 74D requires GP practices to allow the extraction by NHS Digital of data relating to dementia diagnosis and treatment and alcohol related risk reduction from a patient’s medical records. New Regulation 74E requires GP practices to record and submit data required by NHS Digital for the purposes of the NHS Digital Workforce Census. New regulation 74F requires GP practices to record and submit to NHS Digital and the Department of Work and Pensions specified information about newly registered patients who are overseas visitors on forms approved by the National Health Service Commissioning Board for this purpose.

Regulation 3 inserts a new paragraph 7A into Schedule 3 which requires GP practices to identify patients aged 65 and over who are living with moderate to severe frailty, to offer patients living with severe frailty a clinical review (including a review of their medication) and to inquire about whether those patients have fallen in the last twelve months. The review is to be recorded on the patient’s enriched Summary Care Record if the patient has one. Where a patient does not have an enriched Summary Care Record, GP practices are required to advise the patient about the benefits of having such a record and to activate that record at the patient’s request.

Regulation 4 inserts a new paragraph 19A into Schedule 3 which makes provision for specified detained persons who are coming towards the end of a term of imprisonment to make an advance application to register with a GP practice prior to their release from detention in order to ensure that such persons continue to have access to GP services.

Regulation 5 removes an entry from the table in Schedule 5 which was included in error.

Part 3 of the Regulations makes amendments to the PMS Agreements Regulations which are similar in nature to those made to the GMS Contracts Regulations by regulations 2 to 5 in Part 1.

Regulation 6 inserts new regulations 67B to 67F which makes similar provision to new regulations 74B to 74F of the GMS Contracts Regulations.

Regulation 7 inserts a new paragraph 14A into Schedule 2 which makes similar provision in respect of patients aged 65 years and over who are living with moderate to severe frailty to that made in new paragraph 7A of Schedule 3 to the GMS Contracts Regulations.

Regulation 8 inserts a new paragraph 18A into Schedule 2 which makes similar provision to that made by new paragraph 19A of Schedule 3 to the GMS Contract Regulations for specified detained persons who are close to their scheduled release date to make an advance application to register with a GP practice.

Regulation 9 removes an entry from the table in Schedule 4 which was included in error.

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