
WELSH STATUTORY INSTRUMENTS

2004 No. 477

**The General Medical Services Transitional and
Consequential Provisions (Wales) Order 2004**

PART 4

CONTRACT TERMS

Additional services in default contracts

16.—(1) A default contract must require the contractor to provide in core hours to its registered patients and persons accepted by it as temporary residents all of the additional services, except those which fall within paragraph (2).

(2) An additional service falls within this paragraph if—

- (a) on 31st March 2004 (or on the date on which the default contract is signed, if earlier) the equivalent of that service is not or was not being provided to his, her or their patients by—
 - (i) the medical practitioner who has entered into the default contract; or
 - (ii) in the case of a default contract with two or more medical practitioners practising in partnership, all of those medical practitioners; and
- (b) the default contractor does not wish to provide that service to its patients under a general medical services contract which it intends to enter into after 31st March 2004 pursuant to article 3 or 5.

Additional services in general medical services contracts under article 8 or 10

17.—(1) A general medical services contract which is entered into with a person who is entitled to enter into such a contract under article 8 or 10 must, subject to any right to opt out of such services included in the contract pursuant to regulation 17 of the 2004 Regulations, provide for the contractor to provide in core hours to—

- (a) the contractor's registered patients; and
- (b) persons accepted by it as temporary residents,

such of the additional services as are equivalent to the services specified in paragraph (2), unless, prior to the signing of the contract, the Local Health Board which is a prospective party to the contract has accepted in writing a written request from the contractor that the contract should not require it to provide all or any of those additional services.

(2) The services referred to in paragraph (1) are—

- (a) the services which were specified in the notice of the vacancy published under regulation 18D of the 1992 Regulations⁽¹⁾; or
- (b) in a case in which the services required were not so specified, the services which the medical practitioner whose death or withdrawal or removal from the Local Health Board's

(1) Regulation 18D was substituted by S.I.1998/2838 and amended by S.I. 2002/554 and 2469.

medical list led to the declaration of the vacancy was providing to his or her patients immediately prior to his or her death or withdrawal or removal from the list.

Additional services in general medical services contracts entered into following a default contract

18. Where, after 31st March 2004, a Local Health Board enters into a general medical services contract pursuant to article 3 or 5 with a person or persons who, immediately before the coming into force of that general medical services contract, is or are a party to a default contract with that Local Health Board, that general medical services contract must require the contractor to provide in core hours to its registered patients and persons accepted by it as temporary residents such of the additional services as were required to be provided under the default contract, except to the extent that, prior to the signing of the general medical services contract, the Local Health Board which is a prospective party to that contract has accepted in writing a written request from the contractor that the general medical services contract should not require it to provide all or any of those additional services.

Out of hours services in default contracts

19.—(1) A default contract must require the contractor to provide the services specified in paragraph (2) throughout the out of hours period unless the contract is, at the date on which it is signed, with—

- (a) a medical practitioner who is, or was, on 31st March 2004, relieved of responsibility for providing services to his patients under paragraph 18(2) of Schedule 2 to the 1992 Regulations(2); or
- (b) a partnership in which all of the partners who are general medical practitioners are, or were on 31st March 2004, relieved of responsibility for providing services to their patients under that paragraph.

(2) The services referred to in paragraph (1) are—

- (a) services which would be essential services if provided in core hours; and
- (b) such additional services as are included in the contract pursuant to article 16.

(3) Where a default contract is with—

- (a) an individual medical practitioner who is, or was on 31st March 2004, responsible for providing services during all or part of the out of hours period to the patients of a medical practitioner who meets the requirements in paragraph (4); or
- (b) two or more individuals practising in partnership at least one of whom is, or was on 31st March 2004, a medical practitioner responsible for providing such services,

that default contract must require the contractor to continue to provide such services to the patients of the exempt contractor for as long as the default contract subsists.

(4) The requirements referred to in paragraph (3)(a) are that—

- (a) the medical practitioner was relieved of responsibility for providing services to his or her patients under paragraph 18(2) of Schedule 2 to the 1992 Regulations; and
- (b) the medical practitioner —
 - (i) has entered or intends to enter into a default or general medical services contract which does not include out of hours services pursuant to paragraph (1)(a) or regulation 30(1)(b)(i) of the 2004 Regulations,

(2) Paragraph 18(2) was amended by S.I. [2002/2469](#).

(ii) is one of two or more individuals practising in partnership who have entered or intends to enter into a default or general medical services contract which does not include out of hours services pursuant to paragraph (1)(b) or regulation 30(1)(b)(ii) of the 2004 Regulations, or

(iii) is a legal and beneficial shareholder in a company which has entered or intends to enter into a general medical services contract which does not include out of hours services pursuant to regulation 30(1)(b)(iii) of the 2004 Regulations.

(5) In this article “exempt contractor” means a contractor who is exempt from providing out of hours services pursuant to paragraph (1)(a) or (b) or regulation 30(1)(b) of the 2004 Regulations.

(6) Nothing in this article shall require a default contractor to provide out of hours services if, in the reasonable opinion of the contractor in the light of the patient’s medical condition, it would be reasonable in all the circumstances for the patient to wait for the services required until the next time at which the patient could obtain such services during core hours.

Out of hours services in general medical services contracts to patients of exempt contractors who have entered into a default contract

20.—(1) Where a general medical services contract is with—

- (a) an individual medical practitioner who is, or was on 31st March 2004, responsible for providing services during all or part of the out of hours period to the patients of a medical practitioner who meets the requirements in paragraph (2);
- (b) two or more individuals practising in partnership at least one of whom is, or was on 31st March 2004, a medical practitioner responsible for providing such services; or
- (c) a company in which one or more of the shareholders is, or was on 31st March 2004, a medical practitioner responsible for providing such services,

the general medical services contract with that contractor must require it to continue to provide such services to the patients of the exempt contractor until the happening of one of the events in paragraph (3).

(2) The requirements referred to in paragraph (1)(a) are that—

- (a) the medical practitioner was relieved of responsibility for providing services to his or her patients under paragraph 18(2) of Schedule 2 to the 1992 Regulations; and
- (b) the medical practitioner—
 - (i) has entered or intends to enter into a default contract which does not include out of hours services pursuant to article 19(1)(a), or
 - (ii) is one of two or more individuals practising in partnership who have entered or intends to enter into a default contract which does not include out of hours services pursuant to article 19(1)(b).

(3) The events referred to in paragraph (1) are—

- (a) the exempt contractor’s default contract has come to an end and not been succeeded by a general medical services contract which does not include out of hours services pursuant to regulation 30(1)(b) of the 2004 Regulations;
- (b) the general medical services contractor has opted out of the provision of out of hours services in accordance with paragraph 4 or 5 of Schedule 3 to the 2004 Regulations; or
- (c) the Local Health Board (and, if it is different, the Local Health Board with whom the exempt contractor holds its contract) has or have agreed in writing that the general medical services contractor need no longer provide some or all of those services to some or all of those patients.

(4) In this article “exempt contractor” means a contractor who is exempt from providing out of hours services pursuant to article 18(1)(a) or (b).

Modification of certain out of hours provisions in the 2004 Regulations during the existence of default contracts

21. For as long as default contracts exist—

- (a) paragraph 69(2)(a) of Schedule 6 to the 2004 Regulations (sub-contracting of out of hours services) shall be read as if the reference to a general medical services contract included a reference to a default contract; and
- (b) Schedule 7 to those Regulations (out of hours services) shall be read as if—
 - (i) the reference to a general medical services contract in paragraph 1(2) included a reference to a default contract, and
 - (ii) in paragraph 5(1)(a) after “general medical services contract” there were included “or, as the case may be, default contract”.

Modification of certain out of hours provisions in the 2004 Regulations during the existence of contractual arrangements made under article 15

22. For as long as contractual arrangements made under article 15 exist—

- (a) paragraph 69(2) of Schedule 6 to the 2004 Regulations (sub-contracting of out of hours services) shall be read as if, after paragraph (b), there were inserted—
 - “(bb) a person who is a party to contractual arrangements made under article 15 of the General Medical Services Transitional and Consequential Provisions Order 2004;”;
- (b) Schedule 7 to those Regulations (out of hours services) shall be read as if—
 - (i) in paragraph 1(2) after “general medical services contract” there were included “,or who is a party to contractual arrangements made under article 15 of the General Medical Services Transitional and Consequential Provisions Order 2004,”, and
 - (ii) in paragraph 5(1)(a) after “general medical services contract” (or, if article 20(b)(ii) applies, after “default contract”) there were included “or to be a party to contractual arrangements made under article 15 of the General Medical Services Transitional and Consequential Provisions Order 2004,”.

Effect on a general medical services contract of approval of an out of hours arrangement made by a default contractor

23.—(1) Where, under the terms of the default contract which are equivalent to Schedule 7 to the 2004 Regulations, a Local Health Board has approved an out of hours arrangement made by a default contractor with a person who holds a general medical services contract, the Local Health Board with whom that person holds his or her general medical services contract and that general medical services contractor shall be deemed to have agreed a variation of their contract which has the effect of including in it, from the date on which the out of hours arrangement commences, and for so long as that arrangement is not suspended or terminated, the services covered by that arrangement.

(2) The term of the general medical services contract which gives effect to paragraph 102(1) of Schedule 6 to the 2004 Regulations shall not apply to a variation made under paragraph (1).

(3) In this article, “out of hours arrangement” means an arrangement made under the term of the default contract which is equivalent to paragraph 1(2) of Schedule 7 to the 2004 Regulations.

Services to patients not registered with the contractor in default contracts and general medical services contracts entered into on or before 31st March 2004

- 24.—(1) Where a medical practitioner who meets the requirements in paragraph (2)—
- (a) on or before 31st March 2004, enters into—
 - (i) a default contract, or
 - (ii) a general medical services contract,whether as an individual medical practitioner or as one of two or more individuals practising in partnership; or
 - (b) is a legal and beneficial shareholder in a company which enters into a general medical services contract on or before 31st March 2004,

that contract must require the contractor to provide such of the additional services as are equivalent to those of the services listed in paragraph (2)(a) to (c), to the patients to whom the medical practitioner was providing those services on the date on which the contract was signed, except, in the case of a general medical services contract, to the extent that the contractor is not required to provide the additional service concerned to its registered patients under regulation 29 of the 2004 Regulations.

(2) The requirements referred to in paragraph (1) are that, on 31st March 2004 (or on the date on which the contract is signed, if earlier) the medical practitioner is providing, as part of general medical services under section 29 of the 1977 Act⁽³⁾, to a patient who is not recorded as being on the medical practitioner's list of patients—

- (a) child health surveillance services under regulation 28 of the 1992 Regulations⁽⁴⁾;
- (b) contraceptive services under regulation 29 of those Regulations⁽⁵⁾; or
- (c) maternity medical services under regulation 31 of those Regulations⁽⁶⁾.

(3) The services required to be provided under this article are in addition to any additional services which are required to be provided to the contractor's registered patients—

- (a) in a default contract under article 15; or
- (b) in a general medical services contract under regulation 29 of the 2004 Regulations.

(4) Nothing in this article shall prevent a contractor from subsequently terminating its responsibility for a patient not registered with the contractor under the term of its contract which gives effect to paragraph 28 of Schedule 6 to the 2004 Regulations (or the equivalent term of a default contract).

(5) A requirement in a general medical services contract to provide any additional services under this paragraph to patients not registered with the contractor shall cease on the date on which any opt out of that additional service in respect of the contractor's own registered patients commences pursuant to the terms of the general medical services contract which give effect to Schedule 3 to the 2004 Regulations.

(6) Where paragraph (5) applies, the requirement to inform patients of opt outs in the term of the general medical services contract which gives effect to paragraph 6 of Schedule 3 to the 2004 Regulations shall apply to the patients to whom services are provided pursuant to this paragraph as it applies to the contractor's own registered patients.

(3) Section 29 was amended by the Health Services Act 1980 (c. 53), section 7, the Health and Social Services and Social Security Adjudications Act 1983 (c. 41), Schedule 6, paragraph 2, the Medical Act 1983 (c. 54), Schedule 5, paragraph 16(a), the Health Authorities Act 1995 (c. 17), Schedule 1, paragraph 18, the Medical (Professional Performance) Act 1995 (c. 51), Schedule, paragraph 28(b), the National Health Service (Primary Care) Act 1997 (c. 46), Schedule 2, paragraph 8, the 2001 Act, sections 17 and 23, the 2002 Act Schedule 2, paragraph 3 and Schedule 8, paragraph 2 and S.I.s 1985/39 and 2002/3135. It is to be repealed from 1st April 2004 by section 175(2) of the 2003 Act.

(4) Regulation 28 was amended by S.I. 2002/2469.

(5) Regulation 29 was amended by S.I. 1998/682.

(6) Regulation 31 was amended by S.I. 1998/682 and 2002/2469.

Services to patients not registered with the contractor in general medical services contracts entered into following a default contract

25.—(1) Where, after 31st March 2004, a Local Health Board enters into a general medical services contract pursuant to articles 3 or 5 with a person or persons who, immediately before the coming into force of that contract, is or are a party to a default contract, that general medical services contract shall require the contractor to provide to patients who are not included on the contractor's list of patients such of the additional services as were provided to those patients under that default contract, except to the extent that the contractor is not required to provide the additional service concerned to its registered patients under article 18.

(2) The services required to be provided under this article are in addition to any additional services which are required to be provided to the contractor's registered patients under article 18.

(3) Paragraphs (4) to (6) of article 24 shall apply to additional services included in a general medical services contract pursuant to this paragraph.

Premises for the purposes of default contracts and general medical services contracts entered into on or before 31st March 2004

26.—(1) Where a medical practitioner who, on 31st March 2004, is providing general medical services under section 29 of the 1977 Act—

(a) on or before 31st March 2004, enters into—

(i) a default contract, or

(ii) a general medical services contract,

whether as an individual medical practitioner or as one of two or more individuals practising in partnership; or

(b) is a legal and beneficial shareholder in a company which enters into a general medical services contract on or before 31st March 2004,

the practice premises specified in that contract at its commencement must, unless the Local Health Board agrees otherwise in writing, be those specified in paragraph (2).

(2) The premises referred to in paragraph (1) are—

(a) in the case of a contract with an individual medical practitioner, all the premises which, on 31st March 2004 (or on the date on which the contract was signed, if earlier), were approved (whether with or without conditions) by the Local Health Board or the Assembly under paragraphs 29 or 29A of Schedule 2 to the 1992 Regulations⁽⁷⁾ in respect of that practitioner and whose approval had not been withdrawn;

(b) in the case of a contract with two or more medical practitioners practising in partnership, all the premises which, on 31st March 2004 (or on the date on which the contract was signed, if earlier), were approved (whether with or without conditions) by the Local Health Board or the Assembly under paragraph 29 or 29A of Schedule 2 to the 1992 Regulations in respect of any of those practitioners and whose approval had not been withdrawn; or

(c) in the case of a contract with a company, all the premises which, on 31st March 2004 (or on the date on which the contract was signed, if earlier), were approved (whether with or without conditions) by the Local Health Board or the Assembly under paragraph 29 or 29A of Schedule 2 to the 1992 Regulations in respect of any of the medical practitioners who are legal and beneficial shareholders in that company and whose approval had not been withdrawn.

(7) Regulation 29 was amended by S.I. 2002/554 and 2469; regulation 29A was inserted by S.I. 1995/80 and amended by S.I. 2002/554 and 2469

(3) The inclusion of any particular practice premises in a default or general medical services contract pursuant to paragraph (1) is without prejudice to the contract also including a plan in respect of those premises pursuant to regulation 18(3) of the 2004 Regulations.

Practice area for the purposes of default contracts

27. The area specified at its commencement in a default contract as the area as respects which persons resident in it will, subject to any other terms of the contract relating to patient registration, be entitled to register with the contractor or seek acceptance by it as a temporary resident must be—

- (a) in the case of a default contract with an individual medical practitioner, the area which was that practitioner's practice area on 31st March 2004 (or on the date on which the contract is signed, if earlier) for the purposes of his or her arrangements under section 29 of the 1977 Act; or
- (b) in the case of a default contract with two or more medical practitioners practising in partnership, the area which covers all of the areas which were those practitioners' practice areas on 31st March 2004 (or on the date on which the contract is signed, if earlier) for the purposes of their arrangements under section 29 of the 1977 Act.

Lists of patients for default contracts and general medical services contracts entered into on or before 31st March 2004

28.—(1) Subject to article 30(1), where a medical practitioner who, on 31st March 2004 is providing general medical services under section 29 of the 1977 Act—

- (a) on or before 31st March 2004, enters into—
 - (i) a default contract, or
 - (ii) a general medical services contract,whether as an individual medical practitioner or as one of two or more individuals practising in partnership; or
- (b) is a legal and beneficial shareholder in a company which enters into a general medical services contract on or before 31st March 2004,

the Local Health Board must include on the contractor's list of patients for the purposes of that contract the persons specified in paragraph (2).

- (2) The persons referred to in paragraph (1) are the patients who, on 31st March 2004—
 - (a) were recorded by the Local Health Board pursuant to regulation 19 of the 1992 Regulations⁽⁸⁾ as being on the list of—
 - (i) the contractor where he or she is an individual medical practitioner,
 - (ii) any of the two or more medical practitioners practising in partnership who have entered into the contract; or
 - (iii) any of the medical practitioners who are legal and beneficial shareholders in the company which has entered into the contract,unless, in the case of a general medical services contract, they live outside the practice area as specified in that contract and were not included on the medical practitioner's list of patients by virtue of an assignment under regulation 4 of the Choice Regulations⁽⁹⁾, and

⁽⁸⁾ Regulation 19 was amended by S.I. 1994/633, 1998/682 and 2002/2469.

⁽⁹⁾ Regulation 4 was amended by S.I. 1999/3179 and 2000/1708 (W.115).

- (b) had been assigned to the contractor or to any of the persons listed in paragraph (2)(a)(ii) or (iii) under regulation 4 of the Choice Regulations(10) but not yet included in the list referred to in sub-paragraph (a).

Lists of patients for general medical services contracts entered into following a default contract

29. Where, after 31st March 2004, a Local Health Board enters into a general medical services contract pursuant to article 3 or 5 with a person or persons who, immediately before the coming into force of that general medical services contract, is or are a party to a default contract, it must include on the contractor’s list of patients, for the purposes of that general medical services contract—

- (a) all the patients who, on the date immediately before the coming into force of the general medical services contract, were on the contractor’s list of patients for the purposes of the default contract; unless they live outside the practice area specified in the general medical services contract and were not included on the list of patients by virtue of an assignment under regulation 4 of the Choice Regulations or under the Default Contract; and
- (b) any patient who had been assigned to the default contractor in accordance with the terms of the default contract but not yet included in the list referred to in sub-paragraph (a).

Lists of patients for default contracts and general medical services contracts entered into following arrangements under regulation 25 of the 1992 Regulations or article 11

30.—(1) Where, on or before 31st March 2004, a Local Health Board enters into a default contract or a general medical services contract pursuant to article 3 with an individual medical practitioner for whom, immediately prior to the commencement of that contract, it had in place temporary arrangements under regulation 25(2) or (6) of the 1992 Regulations(11), it must include on the contractor’s list of patients at the start of that default, or, as the case may be, general medical services contract, all of the patients who, on the date on which the temporary arrangements came to an end were—

- (a) temporarily assigned to other medical practitioners under paragraph (14A) of regulation 25; or
- (b) included on the list of the medical practitioner for whom the temporary arrangements were in place,

apart from, in the case of a general medical services contract, any such patient who lives outside the practice area as specified in that contract and who became registered with either the medical practitioner for whom the temporary arrangements are in place, or the medical practitioner or practitioners providing the temporary arrangements otherwise than as the result of an assignment under regulation 4 of the Choice Regulations.

(2) Where, after 31st March 2004, a Local Health Board enters into a general medical services contract pursuant to article 3 with an individual medical practitioner for whom, immediately prior to the commencement of that contract, it had in place contractual arrangements under article 15, it must include on the contractor’s list of patients at the start of that general medical services contract all of the patients who were, on the date on which those contractual arrangements came to an end, on the list or lists of patients prepared and maintained by the Local Health Board for the purpose of those contractual arrangements, apart from any such patient who lives outside the practice area as specified in the general medical services contract and whose inclusion in the list of patients did not result from an assignment under regulation 4 of the Choice Regulations or under the contractual arrangements under article 15.

(10) Regulation 4 was amended by S.I. [1999/3179](#) and [2002/2469](#).

(11) Regulation 25(2) was amended by S.I. [1995/3093](#), [1998/682](#), [2001/3742](#) and [2002/2469](#); regulation 25(6) was amended by S.I. [2002/2469](#).

Status of contractor's list of patients for default contracts

31.—(1) The contractor's list of patients for the purposes of a default contract shall, for as long as that contract subsists, be open to applications from patients in accordance with the terms of the default contract, except in the circumstances specified in paragraph (2).

(2) The circumstances referred to in paragraph (1) are that—

- (a) on 31st March 2004, or on the date on which the contract is signed if earlier—
 - (i) in the case of a contract with an individual medical practitioner, that practitioner is or was exempt from the liability to have persons (other than a specified person) assigned to him or her under regulation 4(8) of the Choice Regulations⁽¹²⁾, or
 - (ii) in the case of a contract with two or more individuals practising in partnership, all those individuals are or were exempt from such liability; and
- (b) the Local Health Board has determined, in the light of the circumstances in which it granted the exemption or exemptions referred to in paragraph (a), that the contractor's list of patients should, from the commencement of the default contract, be closed to applications for inclusion in the list other than from the immediate family members of registered patients.

(3) Where a contractor's list of patients is to be closed pursuant to paragraph (2), the default contract with that contractor shall contain terms which have the same effect as paragraphs (4) and (5).

(4) The contractor's list of patients shall remain closed for as long as the contract subsists unless the contractor notifies the Local Health Board in writing of its intention to re-open the list before the end of that period and of the date on which it will re-open.

(5) A contractor which has re-opened its list under paragraph (4) shall not be entitled to close it again during the subsistence of the default contract.

Status of contractor's list of patients for general medical services contracts

32.—(1) Where a medical practitioner who, on 31st March 2004 is providing general medical services under section 29 of the 1977 Act—

- (a) on or before 31st March 2004, enters into a general medical services contract, whether as an individual medical practitioner or as one of two or more individuals practising in partnership; or
- (b) is a legal and beneficial shareholder in a company which enters into a general medical services contract on or before 31st March 2004,

the contractor's list of patients for the purposes of that contract shall, on the date on which the contract comes into force, be open to applications from patients in accordance with the term of the contract which gives effect to paragraph 15 of Schedule 6 to the 2004 Regulations except in the circumstances specified in paragraph (2).

(2) The circumstances referred to in paragraph (1) are that—

- (a) on 31st March 2004, or on the date on which the contract is signed if earlier—
 - (i) in the case of a contract with an individual medical practitioner, that practitioner is exempt from the liability to have persons (other than a specified person) assigned to him under regulation 4(8) of the Choice Regulations,
 - (ii) in the case of a contract with two or more individuals practising in partnership, all those individuals who are medical practitioners are exempt from such liability,

(12) Regulation 4(8) was amended by S.I. [2002/2469](#).

- (iii) in the case of a contract with a company, all of the medical practitioners who are legal and beneficial shareholders in that company are exempt from such liability; and
 - (b) the Local Health Board has determined, in the light of the circumstances in which it granted the exemption or exemptions referred to in paragraph (a), that the contractor's list of patients should, from the commencement of the contract, be closed to applications for inclusion in the list other than from the immediate family members of registered patients.
- (3) Where a contractor's list of patients is to be closed pursuant to paragraph (2), the general medical services contract with that contractor shall contain terms which have the same effect as paragraphs (4) and (5).
- (4) The contractor's list of patients shall remain closed for the period of 12 months from the date on which the contract comes into force unless the contractor notifies the Local Health Board in writing of its intention to re-open the list before the end of that period and of the date on which it will re-open.
- (5) A contractor which has re-opened its list under paragraph (4) shall not be entitled to close it again during the period of 12 months referred to in paragraph (4) except under the term of its general medical services contract which gives effect to paragraph 29 of Schedule 6 to the 2004 Regulations.

Dispute resolution procedures for default contracts

- 33.**—(1) Any dispute arising out of or in connection with the default contract, except matters dealt with under the complaints procedure contained in that contract, may be referred for consideration and determination to the Assembly, if —
- (a) the Local Health Board so wishes and the contractor has agreed in writing; or
 - (b) the contractor so wishes (even if the Local Health Board does not agree).
- (2) In the case of a dispute referred to the Assembly under sub-paragraph (1), the procedure to be followed is that specified in paragraphs 99(3) to (14) and 100 of Schedule 6 to the 2004 Regulations, subject to the modification that the references in paragraph 100(2) and (3) to paragraph 98(1) shall be read as references to article 30(1) of this Order.

Additional ground for termination of a general medical services contract

- 34.** Where a Local Health Board has entered into a general medical services contract—
- (a) following a default contract; or
 - (b) pursuant to an entitlement under Part 2 of this Order, after 31st March 2004 other than following a default contract,
- paragraph 111 of Schedule 6 to the 2004 Regulations shall apply to that contract as if it enabled the Local Health Board to serve notice of termination on the contractor on the grounds of a person falling within sub-paragraph (2)(d) at any time after 31st March 2004.