
WELSH STATUTORY INSTRUMENTS

2010 No. 729

**The National Health Service (Primary Medical Services)
(Miscellaneous Amendments) (Wales) Regulations 2010**

PART 2

AMENDMENT OF THE GMS CONTRACTS REGULATIONS

Amendment of Schedule 6

6.—(1) Schedule 6 (other contractual terms) of the GMS Contracts Regulations is amended as follows.

(2) After paragraph 1A (telephone services), insert—

“Cost of relevant calls

1B.—(1) The contractor must not enter into, renew or extend a contract or other arrangement for telephone services unless it is satisfied that, having regard to the arrangement as a whole, persons will not pay more to make relevant calls to the practice than they would to make equivalent calls to a geographical number.

(2) Where a contractor is party to an existing contract or other arrangement for telephone services under which persons making relevant calls to the practice call a number which is not a geographical number, the contractor must comply with sub-paragraph (3).

(3) The contractor must—

- (a) before 1 April 2011, review the arrangement and consider whether, having regard to the arrangement as a whole, persons pay more to make relevant calls than they would to make equivalent calls to a geographical number; and
- (b) if the contractor so considers, take all reasonable steps, including in particular considering the matters specified in sub-paragraph (4), to ensure that, having regard to the arrangement as a whole, persons will not pay more to make relevant calls than they would to make equivalent calls to a geographical number.

(4) The matters referred to in sub-paragraph (3)(b) are—

- (a) varying the terms of the contract or arrangement;
- (b) renegotiating the terms of the contract or arrangement; and
- (c) terminating the contract or arrangement.

(5) If, despite taking all reasonable steps referred to in sub-paragraph (3)(b), it has not been possible to ensure that, having regard to the arrangement as a whole, persons will not pay more to make relevant calls to the practice than they would to make equivalent calls to a geographical number, the contractor must consider introducing a system under which if a caller asks to be called back, the contractor will do so at the contractor’s expense.

(6) In this paragraph—

- (a) “existing contract or other arrangement” means a contract or arrangement that was entered into prior to 1 April 2010 and which remains in force on 1 April 2010;
- (b) “geographical number” means a number which has a geographical area code as its prefix; and
- (c) “relevant calls” means calls—
 - (i) made by patients to the practice for any reason related to services provided under the contract, and
 - (ii) made by persons, other than patients, to the practice in relation to services provided as part of the health service.”

(3) In paragraph 20 (removal from the list at the request of the contractor), in sub-paragraph (1), for “applicant’s” substitute “patient’s”.

(4) In paragraph 72 (patient records), in sub-paragraph (4)(a), for the words from ““General Medical” to the end substitute ““General Medical Practice Computer Systems Minimum Systems Specification (MSS) Version 2.0”,”.

(5) For paragraph 78 (reports to a medical officer), substitute—

“Provision of information to a medical officer etc.

78.—(1) The contractor must, if satisfied that the patient consents—

- (a) supply in writing to any person specified in sub-paragraph (3), within such reasonable period as that person may specify, such clinical information as any of the persons mentioned in sub-paragraph (3)(a) to (d) considers relevant about a patient to whom the contractor or a person acting on behalf of the contractor has issued or has refused to issue a medical certificate; and
- (b) answer any inquiries by any person mentioned in sub-paragraph (3) about—
 - (i) a prescription form or medical certificate issued or created by, or on behalf of, the contractor, or
 - (ii) any statement which the contractor or a person acting on behalf of the contractor has made in a report.

(2) For the purposes of being satisfied that a patient consents, a contractor may rely on an assurance in writing from any person mentioned in sub-paragraph (3) that the consent of the patient has been obtained, unless the contractor has reason to believe that the patient does not consent.

(3) For the purposes of sub-paragraph (1) and (2), the persons are—

- (a) a medical officer;
- (b) a nursing officer;
- (c) an occupational therapist;
- (d) a physiotherapist; or
- (e) an officer of the Department for Work and Pensions who is acting on behalf of, and at the direction of, any person specified in paragraphs (a) to (d).

(4) In this paragraph—

- (a) “medical officer” means a medical practitioner who is—
 - (i) employed or engaged by the Department for Work and Pensions, or
 - (ii) provided by an organisation under a contract entered into with the Secretary of State for Work and Pensions;

- (b) “nursing officer” means a health care professional who is registered on the Nursing and Midwifery Register and—
 - (i) employed or engaged by the Department for Work and Pensions, or
 - (ii) provided by an organisation under a contract entered into with the Secretary of State for Work and Pensions;
 - (c) “occupational therapist” means a health care professional who is registered in the part of the register maintained by the Health Professions Council under article 5 of the Health Professions Order 2001(1) relating to occupational therapists and—
 - (i) employed or engaged by the Department for Work and Pensions, or
 - (ii) provided by an organisation under a contract entered into with the Secretary of State for Work and Pensions, and
 - (d) “physiotherapist” means a health care professional who is registered in the part of the register maintained by the Health Professions Council under article 5 of the Health Professions Order 2001 relating to physiotherapists and—
 - (i) employed or engaged by the Department for Work and Pensions, or
 - (ii) provided by an organisation under a contract entered into with the Secretary of State for Work and Pensions.”.
- (6) In paragraph 111(2)(m)(ii) (which relates to other grounds for termination by the Local Health Board), after “(powers of the Court of Session to deal with the management of charities)”, insert “or under section 34 of the Charities and Trustee Investment (Scotland) Act 2005 (powers of Court of Session)”.

(1) S.I.2002/254. A relevant amendment was made by S.I. 2009/1182.