

SCHEDULE 1

Regulation 19

ADDITIONAL SERVICES

Additional services generally

1. The contractor must provide, in relation to each additional service, such facilities and equipment as are necessary to enable it properly to perform that service.

Cervical screening

2.—(1) A contractor whose contract includes the provision of cervical screening services must—

- (a) provide all the services described in sub-paragraph (2); and
- (b) make such records as are referred to in sub-paragraph (3).

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

- (a) the provision of any necessary information and advice to assist women identified by the Health Board as recommended nationally for a cervical screening test in making an informed decision as to participation in the NHS Scotland Cervical Screening Programme;
- (b) the performance of cervical screening tests on women who have agreed to participate in that Programme;
- (c) arranging for women to be informed of the results of the test; and
- (d) ensuring that test results are followed up appropriately.

(3) The records referred to in sub-paragraph (1)(b) are an accurate record of the carrying out of a cervical screening test, the result of the test and any clinical follow up requirements.

Contraceptive services

3.—(1) A contractor whose contract includes the provision of contraceptive services must make available to all its patients who request such services the services described in sub-paragraph (2).

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

- (a) the giving of advice about the full range of contraceptive methods;
- (b) where appropriate, the medical examination of patients seeking such advice;
- (c) the treatment of such patients for contraceptive purposes and the prescription of contraceptive substances and appliances (excluding the fitting and implanting of intrauterine devices and implants);
- (d) the giving of advice about emergency contraception and, where appropriate, the supplying or prescribing of emergency hormonal contraception or, where the contractor has a conscientious objection to emergency contraception, a prompt referral to another provider of primary medical services who does not have such conscientious objections;
- (e) the provision of advice and referral in cases of unplanned or unwanted pregnancy, including advice about the availability of free pregnancy testing in the practice area and, where appropriate, where the contractor has a conscientious objection to the termination of pregnancy, a prompt referral to another provider of primary medical services who does not have such conscientious objections;
- (f) the giving of initial advice about sexual health promotion and sexually transmitted infections; and
- (g) the referral as necessary for specialist sexual health services, including tests for sexually transmitted infections.

Changes to legislation: There are currently no known outstanding effects for the *The National Health Service (General Medical Services Contracts) (Scotland) Regulations 2018, SCHEDULE 1*. (See end of Document for details)

Vaccinations and immunisations

^{F1}4.

F1 Sch. 1 para. 4 omitted (18.10.2021) by virtue of [The National Health Service \(General Medical Services and Primary Medical Services Section 17C Agreements\) \(Scotland\) Amendment Regulations 2021 \(S.S.I. 2021/302\)](#), regs. 1, 6

Childhood vaccinations and immunisations

^{F2}5.

F2 Sch. 1 para. 5 omitted (18.10.2021) by virtue of [The National Health Service \(General Medical Services and Primary Medical Services Section 17C Agreements\) \(Scotland\) Amendment Regulations 2021 \(S.S.I. 2021/302\)](#), regs. 1, 6

Child health surveillance

6.—(1) A contractor whose contract includes the provision of child health surveillance services must, in respect of any child under the age of 5 for whom it has responsibility under the contract—

(a) provide all the services described in sub-paragraph (2), other than any examination so described which the parent refuses to allow the child to undergo, until the date upon which the child attains the age of 5 years; and

(b) maintain such records as are specified in sub-paragraph (3).

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

(a) the monitoring—

(i) by the consideration of any information concerning the child received by or on behalf of the contractor; and

(ii) on any occasion when the child is examined or observed by or on behalf of the contractor (whether pursuant to sub-paragraph 2(b), or otherwise),

of the health, well-being and physical, mental and social development (all of which characteristics are referred to in this paragraph as “development”) of the child while under the age of 5 years with a view to detecting any deviations from normal development; and

(b) the examination of the child at a frequency that has been agreed with the Health Board in accordance with the nationally agreed evidence based programme set out in the fourth edition of “Health for all Children”(1).

(3) The records mentioned in sub-paragraph (1)(b) are an accurate record of—

(a) the development of the child while under the age of 5 years, compiled as soon as is reasonably practicable following the first examination of that child and, where appropriate, amended following each subsequent examination mentioned in that sub-paragraph; and

(b) the responses (if any) to offers made to the child’s parent for the child to undergo any examination referred to in sub-paragraph (2)(b).

(1) David Hall and David Elliman, January 2003, Oxford University Press, ISBN 10: 01985188X, ISBN 13: 97801 98515883.

Maternity medical services

7.—(1) A contractor whose contract includes the provision of maternity medical services must provide—

- (a) to female patients who have been diagnosed as pregnant all necessary maternity medical services throughout the ante-natal period;
- (b) to female patients and their babies all necessary maternity medical services throughout the post-natal period other than neonatal checks;
- (c) all necessary maternity medical services to female patients whose pregnancy has terminated as a result of miscarriage or abortion or, where the contractor has a conscientious objection to the termination of pregnancy, prompt referral to another provider of primary medical services who does not have such conscientious objections.

(2) In this paragraph—

“ante-natal period” means the period from the start of the pregnancy to the onset of labour;

“maternity medical services” means—

- (a) in relation to female patients (other than babies) all primary medical services relating to pregnancy, excluding intra partum care; and
- (b) in relation to babies, any primary medical services necessary in their first 14 days of life; and

“post-natal period” means the period starting from the conclusion of delivery of the baby or the patient’s discharge from secondary care services, whichever is the later, and ending on the fourteenth day after the birth.

Changes to legislation:

There are currently no known outstanding effects for the The National Health Service (General Medical Services Contracts) (Scotland) Regulations 2018, SCHEDULE 1.