

2003 No. 2824

NATIONAL HEALTH SERVICE, ENGLAND

The National Health Service (Improved Access, Quality Information Preparation and Violent Patients Schemes) (England) Regulations 2003

Made - - - - - *6th November 2003*
Laid before Parliament *10th November 2003*
Coming into force - - *1st December 2003*

The Secretary of State for Health, in exercise of the powers conferred on him by sections 15(1)(b) and (1ZA), 17 and 17A(3) of the National Health Service Act 1977(a), and of all other powers enabling him in that behalf, hereby makes the following Regulations:

Citation, commencement, application and interpretation

1.—(1) These Regulations may be cited as the National Health Service (Improved Access, Quality Information Preparation and Violent Patients Schemes) (England) Regulations 2003 and shall come into force on 1st December 2003.

(2) These Regulations apply in relation to England only.

(3) In these Regulations—

“the 1977 Act” means the National Health Service Act 1977;

“general practitioner” means a medical practitioner whose name is included in—

- (a) the medical list of a Primary Care Trust;
- (b) a supplementary list prepared under section 43D of the 1977 Act (supplementary lists) of persons approved by a Primary Care Trust for the purposes of assisting in the provision of general medical services; or
- (c) a services list prepared under regulation 3 of the National Health Service (Personal Medical Services) (Services List) and the (General Medical Services Supplementary List) and the (General Medical Services) Amendment Regulations 2003(b);

“GMS practice” means a practice whose members perform general medical services and which comprises—

(a) 1997 c. 49. Section 15(1) of the 1977 Act has been amended by: the Health and Social Security Act 1984 (c. 48), section 5(2); the National Health Service and Community Care Act 1990 (c. 19) (“the 1990 Act”), section 12(1); the Health Authorities Act 1995 (c. 17), Schedule 1, paragraph 6; and the National Health Service Reform and Health Care Professions Act 2002 (c. 17) (“the 2002 Act”), Schedule 2, paragraph 2(2). Section 15(1ZA) of the 1977 Act was inserted by the National Health Service (Primary Care) Act 1997 (c. 46), Schedule 2, paragraph 4(2), and was amended by the 2002 Act, Schedule 3, paragraph 11. Section 17 of the 1977 Act is as substituted by the Health Act 1999 (c. 8) (“the 1999 Act”), section 12(1), and thereafter amended by the Health and Social Care Act 2001 (c. 15), Schedule 5, paragraph 5(3), and the 2002 Act, Schedule 1, paragraph 7. Section 17A of the 1977 Act is as substituted by the 2002 Act, section 3(3). See section 28(1) of the 1977 Act, as amended by section 26(2)(g) and (i) of the 1990 Act, for definitions of “prescribed” and “regulations” that are relevant to the powers being exercised in the making of these Regulations. As regards Wales, the functions of the Secretary of State under the 1977 Act were transferred to the National Assembly for Wales by virtue of article 2 of, and the entry for the 1977 Act in Schedule 1 to, the National Assembly for Wales (Transfer of Functions) Order 1999 (S.I. 1999/672), as amended by section 66(5) of the 1999 Act and as read with section 40(1) of the 2002 Act.

(b) S.I. 2003/2644.

- (a) a single medical practitioner who is on the medical list of a Primary Care Trust and who practises other than in partnership with other medical practitioners; or
- (b) two or more medical practitioners, each of whom is on the medical list of a Primary Care Trust, who practise in partnership with each other;

“health care professional” means a person who is a member of a profession regulated by a body mentioned in section 25(3) of the National Health Service Reform and Health Care Professions Act 2002(a); and

“PMS practice” means a provider of personal medical services other than a Primary Care Trust.

Additional functions of Primary Care Trusts in relation to general medical services

2. For the purposes of section 15(1)(b) of the 1977 Act (which, as respects England, relates to the duties of Primary Care Trusts in relation to family health services), the following are prescribed functions of each Primary Care Trust, that is to say the establishment, operation and, as appropriate, revision of the following schemes for their area—

- (a) an Improved Access Scheme, the underlying purpose of which is to ensure that all patients in their area who are registered with a member of a GMS practice will, on request, be able to see face-to-face, by the end of—
 - (i) the first normal working day after the day on which the request was made, a health care professional who works with a general practitioner, and
 - (ii) the second normal working day after the day on which the request was made, a general practitioner;
- (b) a Quality Information Preparation Scheme, the underlying purpose of which is to summarise and improve the quality of medical records held by GMS practices in their area; and
- (c) a Violent Patients Scheme, the underlying purpose of which is to ensure that there are sufficient arrangements in place to provide general medical services to patients that have been subject to immediate removal from a patient list of a GMS practice in their area because of an act or threat of violence.

Additional functions of Strategic Health Authorities in relation to personal medical services

3. For the purposes of section 15(1ZA) of the 1977 Act (which, as respects England, relates to the duties of Strategic Health Authorities in relation to family health services), the following are prescribed functions of each Strategic Health Authority, that is to say the establishment, operation and, as appropriate, revision of the following schemes for their area—

- (a) an Improved Access Scheme, the underlying purpose of which is to ensure that all patients in their area who are registered with a PMS practice or a member of a PMS practice will, on request, be able to see face-to-face, by the end of—
 - (i) the first normal working day after the day on which the request was made, a health care professional who works with a general practitioner, and
 - (ii) the second normal working day after the day on which the request was made, a general practitioner;
- (b) a Quality Information Preparation Scheme, the underlying purpose of which is to summarise and improve the quality of medical records held by PMS practices in their area; and
- (c) a Violent Patients Scheme, the underlying purpose of which is to ensure that there are sufficient arrangements in place to provide personal medical services to patients who have been subject to immediate removal from a patient list of a PMS practice in their area because of an act or threat of violence.

Distribution of functions of Strategic Health Authorities to Primary Care Trusts

- 4. The Secretary of State hereby directs Strategic Health Authorities that—
 - (a) the functions prescribed for them under regulation 3 above are to be exercisable by Primary Care Trusts; and

(a) 2002 c. 17.

- (b) they are to direct Primary Care Trusts any part of whose area falls within their area to exercise those functions.

Single schemes in respect of GMS and PMS practices

- 5. Where a Primary Care Trust has a duty to establish—
 - (a) Improved Access Schemes in respect of both GMS and PMS practices, the Secretary of State hereby directs the Primary Care Trust to establish, operate and revise the Schemes as a single scheme;
 - (b) Quality Information Preparation Schemes in respect of both GMS and PMS practices, the Secretary of State hereby directs the Primary Care Trust to establish, operate and revise the Schemes as a single scheme; and
 - (c) Violent Patients Schemes in respect of both GMS and PMS practices, the Secretary of State hereby directs the Primary Care Trust to establish, operate and revise the Schemes as a single scheme.

Signed by authority of the Secretary of State for Health

6th November 2003

John Hutton
Minister of State,
Department of Health

EXPLANATORY NOTE

(This note is not part of the Regulations)

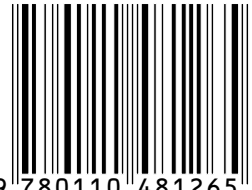
These Regulations give Primary Care Trusts in England additional functions, which relate to the establishment, maintenance and, as appropriate revision of schemes relating to: improved access for patients to general practitioners or other health care professionals working with them; summarising and improving the quality of medical records held by general practitioners; and the provision of general or personal medical services to violent or potentially violent patients.

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