

## SCHEDULE 2

### Other required terms

## PART 1

### Provision of services

#### Services to registered patients

1. Where the agreement provides for a contractor to provide essential services, the contractor must—

- (a) provide those services, and such other services that the contractor is required to provide to its patients, at such times, within core hours, as are appropriate to meet the reasonable needs of those patients; and
- (b) have in place arrangements for the contractor's patients to access such services throughout the core hours in case of emergency.

#### Premises

2.—(1) The contractor must ensure that the premises used for the provision of services under the agreement are—

- (a) suitable for the delivery of those services; and
- (b) sufficient to meet the reasonable needs of the contractor's patients.

(2) The requirement in sub-paragraph (1) is subject to any plan included in the agreement which sets out steps to be taken by the contractor to bring the premises up to the required standard.

#### Telephone services

3.—(1) The contractor must not be a party to a contract or other arrangement under which the number for telephone services to be used by—

- (a) patients to contact the contractor's practice for a purpose related to the agreement; or
- (b) any other person to contact the contractor's practice in relation to services provided at the contractor's practice as part of the health service,

starts with the digits 087, 090 or 091 or consists of a personal number, unless the service is provided free of charge to the caller.

(2) In this paragraph, "personal number" means a telephone number which starts with 070 followed by a further eight digits.

#### Cost of relevant calls

4.—(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 have to pay more to make relevant calls to the contractor's practice than they would to make equivalent calls to a geographical number.

(2) Where it has not been possible for the contractor to take reasonable steps to ensure that persons will not pay more to make relevant calls to the contractor's 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 own expense.

(3) In this paragraph—

“geographical number” means a number which has a geographical area code as its prefix; and

“relevant calls” means—

- (a) calls made by patients to the contractor’s practice for any reason related to services provided at the contractor’s practice under the agreement; and
- (b) calls made by persons, other than patients, to the contractor’s practice in relation to services provided at the contractor’s practice as part of the health service.

#### **Attendance at practice premises**

5.—(1) The contractor must take steps to ensure that a patient who—

- (a) has not previously made an appointment; and
- (b) attends the contractor’s practice premises during the normal hours for essential services,

is provided with such services by an appropriate health care professional during that surgery period.

(2) Sub-paragraph (1) does not apply where—

- (a) it is more appropriate for the patient to be referred elsewhere for the provision of services under the Act; or
- (b) the patient is offered an appointment to attend the contractor’s practice premises again at a time which is appropriate and reasonable having regard to all the circumstances and the patient’s health would not thereby be jeopardised.

#### **Attendance outside practice premises**

6.—(1) Where the medical condition of a patient is such that, in the reasonable opinion of the contractor—

- (a) attendance on the patient is required; and
- (b) it would be inappropriate for the patient to attend the contractor’s practice premises,

the contractor must provide services to the patient at whichever of the places described in sub-paragraph (2) is, in the contractor’s judgement, the most appropriate.

(2) The places described in this sub-paragraph are—

- (a) the place recorded in the patient’s medical records as being the patient’s last home address;
- (b) such other place as the contractor has informed the patient and the Board is the place where the contractor has agreed to visit and treat the patient; or
- (c) another place in the contractor’s practice area.

(3) Nothing in this paragraph prevents the contractor from—

- (a) arranging for the referral of a patient without first seeing the patient, in any case where the patient’s medical condition makes that course of action appropriate; or
- (b) visiting the patient in circumstances where this paragraph does not place the contractor under an obligation to do so.

#### **Clinical reports**

7.—(1) Where the contractor provides clinical services, other than under a private arrangement, to a patient who is not on its list of patients, the contractor must, as soon as reasonably practicable, provide to the Board a clinical report relating to that consultation and any treatment provided to the patient.

- (2) The Board must send a report received in accordance with sub-paragraph (1) to—
- (a) to the person with whom the patient is registered for the provision of essential services (or their equivalent); or
  - (b) if the person referred to in paragraph (a) is not known to the Board, or to the Local Health Board, Health Board or Health and Social Services Board, in whose area the patient is resident.

(3) This paragraph does not apply in relation to the provision of out of hours services by a contractor which is, by virtue of regulation 22, required to comply with the quality standards or requirements referred to in that regulation.

### **Storage of vaccines**

8. The contractor must ensure that all—
- (a) vaccines are stored in accordance with the manufacturer's instructions; and
  - (b) refrigerators in which vaccines are stored have a maximum/minimum thermometer and that temperature readings are taken on all working days.

### **Infection control**

9. The contractor must ensure that it has appropriate arrangements in place for infection control and decontamination.

### **Duty of co-operation**

10.—(1) Where a contractor does not provide to its registered patients or to persons whom it has accepted as temporary residents—

- (a) a particular service; or
- (b) out of hours services, either at all or in respect of some periods or some services,

the contractor must comply with the requirements specified in sub-paragraph (2).

- (2) The requirements specified in this sub-paragraph are that the contractor must—
- (a) co-operate in so far as is reasonable with any person responsible for the provision of that service or those services;
  - (b) comply in core hours with any reasonable request for information from such a person or from the Board relating to the provision of that service or those services; and
  - (c) in the case of out of hours services—
    - (i) take reasonable steps to ensure that any patient who contacts the contractor's practice premises during the out of hours period is provided with information about how to obtain services during that period;
    - (ii) ensure that the clinical details of all out of hours consultations received from the out of hours provider are reviewed by a clinician within the contractor's practice on the same working day as those details are received by the practice or, exceptionally, on the next working day;
    - (iii) ensure that any information requests received from the out of hours provider in respect of any out of hours consultations are responded to by a clinician within the contractor's practice on the same day as those requests are received by the practice, or on the next working day;

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- (iv) take all reasonable steps to comply with any systems which the out of hours provider has in place to ensure the rapid, secure and effective transmission of patient data in respect of out of hours consultations; and
- (v) agree with the out of hours provider a system for the rapid, secure and effective transmission of information about registered patients who, due to chronic disease or terminal illness, are predicted as more likely to present themselves for treatment during the out of hours period.

(3) Nothing in this paragraph requires a contractor whose agreement does not include the provision of out of hours services to make itself available during the out of hours period.

**Cessation of service provision: information requests**

**11.** Where a contractor is to cease to be required to provide to its patients—

- (a) a particular service; or
- (b) out of hours services, either at all or in respect of some periods or some services,

the contractor must comply with any reasonable request for information relating to the provision of that service or those services made by the Board or by any person with whom the Board intends to enter into an agreement for the provision of such services.