
STATUTORY INSTRUMENTS

2019 No. 1137

The National Health Service (General Medical Services Contracts and Personal Medical Services Agreements) (Amendment) Regulations 2019

PART 3

Amendment of the PMS Agreements Regulations

Amendment of regulation 3 of the PMS Agreements Regulations

18. In regulation 3 of the PMS Agreements Regulations (interpretation), after the definition of “primary medical services” insert—

(a) after the definition of “practice premises” insert—

““practice website” means any website through which the contractor advertises the primary medical services it provides;” and

(b) after the definition of “primary medical services” insert—

““private services” means the provision of any treatment which would amount to primary medical services if it was provided under or by virtue of a contract or agreement to which the provisions of Part 4 of the Act apply;”.

Amendment of regulation 13 of the PMS Agreements Regulations

19. In regulation 13 of the PMS Agreements Regulations (agreements: general), after paragraph (3) insert—

“(4) An agreement must specify that where the contractor proposes to provide private services in addition to primary medical services, to persons other than its patients the provision must take place—

(a) outside of the hours the contractor has agreed to provide primary medical services; and

(b) on no part of any practice premises in respect of which the Board has agreed with that contractor to make payments in relation to the costs of those premises save where the private services are those specified in regulation 18(2B).”.

Amendment of regulation 18 of the PMS Agreements Regulations

20. In regulation 18 of the PMS Agreements Regulations (fees and charges), after paragraph (2) insert—

“(2A) The contractor must not, either itself or through any other person, demand or accept from any of its patients a fee or other remuneration for its own benefit or for the benefit of another person, for the completion, in relation to the patient’s mental health, of—

(a) a mental health evidence form; or

- (b) any examination of the patient or of the patient’s medical record in order to complete the form,

the purpose of which is to assist creditors in deciding what action to take where the debtor has a mental health problem.

(2B) The contractor must not, either itself or through any other person, demand or accept from anyone who is not a patient of the contractor, a fee or other remuneration for its own benefit or for the benefit of another person, for either of the following services provided on practice premises to which regulation 13(4)(b) applies, unless those services are provided outside of core hours—

- (a) for treatment consisting of an immunisation for which the contractor receives no remuneration from the Board when provided to its patients and which is requested in connection with travel abroad; or
- (b) for prescribing or providing drugs or medicines for malaria chemoprophylaxis.”.

Amendment of regulation 48 of the PMS Agreements Regulations

21. In regulation 48 of the PMS Agreements Regulations (prescribing: general), for paragraph (2) substitute—

“(2) In regulations 49, 50 and 52 to 56, a reference to “drugs” includes contraceptive substances and a reference to “appliances” includes contraceptive appliances.”.

Insertion of new regulation 53A of the PMS Agreements Regulations

22. After regulation 53 of the PMS Agreements Regulations (repeatable prescriptions), insert—

“Electronic repeat dispensing services

53A.—(1) Subject to regulations 49, 50, 52 and 53(2)(b) to (4), where a prescriber orders a drug, medicine or appliance by means of an electronic repeatable prescription, the prescriber must issue the prescription in a format appropriate for electronic repeat dispensing services where—

- (a) it is clinically appropriate to do so for that patient on that occasion; and
- (b) the patient consents.

(2) For the purposes of paragraph (1)—

“electronic repeat dispensing services” means pharmaceutical services or local pharmaceutical services which involve the provision of drugs, medicines or appliances by a nominated dispenser in accordance with an electronic repeatable prescription which has a specified number of identical issues of drugs, medicines or appliances associated with it for dispensation over a period of time up to but not exceeding 12 months.”.

Amendment of regulation 64 of the PMS Agreements Regulations

23. In regulation 64 of the PMS Agreements Regulations (patient online services)(1)—

- (a) for paragraph (3) substitute—

“(3) A contractor must when complying with the requirements in paragraph (1)(a)—

- (a) ensure that a minimum of 25% of its appointments per day during core hours are made available for online booking, whether or not those appointments are

booked online, by telephone or in person, to include all appointments which must be made available for direct booking by NHS 111(2) in accordance with paragraph 16B of Part 2 of Schedule 2 to these Regulations(3); and

- (b) consider whether it is necessary, in order to meet the needs of its registered patients, to increase the proportion of appointments which are available for its registered patients to book online and, if so, increase that number.

(3A) In the case of appointments required to be made available for direct booking by NHS 111, in accordance with paragraph 16B of Part 2 of Schedule 2 to these Regulations, those appointments can be released to be booked by a contractor’s registered patients by any means in the two hour period within core hours prior to the appointment time, or such other period agreed pursuant to a local arrangement, if they have not been booked by NHS 111 prior to this time.”.

- (b) omit paragraph (4) and (6);

- (c) after paragraph (5) insert—

“(5A) In addition to complying with the requirements in paragraphs (1) and (5), a contractor must offer to its newly registered patients, the facility to access online all information entered onto the patient’s medical record on or after 1st October 2019 in so far as its computerised clinical systems and redaction software allows unless—

- (a) in the reasonable opinion of the contractor, access to such information would not be in the patient’s best interests because it is likely to cause serious harm to—

- (i) the patient’s physical or mental health, or
 - (ii) the physical or mental health of any other person; or

- (b) the information includes a reference to any third party who has not consented to its disclosure.”;

- (d) for paragraph (9) substitute—

“(9) In this regulation—

- (a) “local arrangement” means an arrangement between the contractor and the Board as to the timeframe within which appointments not booked by NHS 111 can be released for booking by the contractor’s registered patients; and

- (b) “newly registered patient” means a person who becomes a registered patient on or after 1st October 2019.”.

Omission of regulation 67A of the PMS Agreements Regulations

24. Omit regulation 67A(4) of the PMS Agreements Regulations (provision of information: GP access data).

Amendment of regulation 67C of the PMS Agreements Regulations

25. For the table in regulation 67C(5) of the PMS Agreements Regulations (information relating to indicators no longer in the Quality and Outcomes Framework), substitute—

(2) NHS 111 is a service available online and by telephone for urgent medical help.
(3) This provision provides that a minimum number of appointments must be available for NHS 111 staff to book directly online depending upon the number of registered patients.
(4) Inserted by [S.I. 2016/875](#).
(5) Inserted by [S.I. 2017/908](#).

“Table

Quality and Outcomes Framework – indicators no longer in the Quality and Outcomes Framework

<i>Indicator ID</i>	<i>Indicator Description</i>
Clinical domain	
CHD003	The percentage of patients with coronary heart disease whose last measured cholesterol (measured in the preceding 12 months) is 5 mmol/l or less
CKD002	The percentage of patients on the CKD register in whom the last blood pressure reading (measured in the preceding 12 months) is 140/85 mmHg or less
CKD004	The percentage of patients on the CKD register whose notes have a record of a urine albumin: creatinine ratio (or protein: creatinine ratio) test in the preceding 12 months
NM84	The percentage of patients on the CKD register with hypertension and proteinuria who are currently treated with renin-angiotensin system antagonists
CVD-PP002	The percentage of patients diagnosed with hypertension (diagnosed after or on 1st April 2009) who are given lifestyle advice in the preceding 12 months for: smoking cessation, safe alcohol consumption and healthy diet
DM005	The percentage of patients with diabetes, on the register, who have a record of an albumin: creatinine ratio test in the preceding 12 months
DMO11	The percentage of patients with diabetes, on the register, who have a record of retinal screening in the preceding 12 months
EP002	The percentage of patients 18 or over on drug treatment for epilepsy who have been seizure free for the last 12 months recorded in the preceding 12 months
EP003	The percentage of women aged 18 or over and who have not attained the age of 55 who are taking antiepileptic drugs who have a record of information and counselling about contraception, conception and pregnancy in the preceding 12 months
LD002	The percentage of patients on the learning disability register with Down’s syndrome aged 18 or over who have a record of blood TSH in the preceding 12 months
MH004	The percentage of patients aged 40 or over with schizophrenia, bipolar affective disorder and other psychoses who have a record of total cholesterol: hdl ratio in the preceding 12 months
MH005	The percentage of patients aged 40 or over with schizophrenia, bipolar affective disorder and other psychoses who have a record of blood glucose or HbA1c in the preceding 12 months
MH007	The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of alcohol consumption in the preceding 12 months
MH008	The percentage of women aged 25 or over and who have not attained the age of 65 with schizophrenia, bipolar affective disorder and other psychoses

<i>Indicator ID</i>	<i>Indicator Description</i>
	whose notes record that a cervical screening test has been performed in the preceding 5 years
PAD002	The percentage of patients with peripheral arterial disease in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less
PAD003	The percentage of patients with peripheral arterial disease in whom the last measured total cholesterol (measured in the preceding 12 months) is 5 mmol/l or less
PAD004	The percentage of patients with peripheral arterial disease with a record in the preceding 12 months that aspirin or an alternative anti-platelet is being taken
RA003	The percentage of patients with rheumatoid arthritis aged 30 or over and who have not attained the age of 85 who have had a cardiovascular risk assessment using a CVD risk assessment tool adjusted for RA in the preceding 12 months
RA004	The percentage of patients aged 50 or over and who have not attained the age of 91 with rheumatoid arthritis who have had an assessment of fracture risk using a risk assessment tool adjusted for RA in the preceding 24 months
SMOK001	The percentage of patients aged 15 or over whose notes record smoking status in the preceding 24 months
STIA005	The percentage of patients with a stroke shown to be non-haemorrhagic, or a history of TIA whose last measured total cholesterol (measured in the preceding 12 months) is 5 mmol/l or less
THY001	The contractor establishes and maintains a register of patients with hypothyroidism who are currently treated with levothyroxine
THY002	The percentage of patients with hypothyroidism, on the register, with thyroid function tests recorded in the preceding 12 months”

Insertion of new regulation 67G of the PMS Agreements Regulations

26. After regulation 67F of the PMS Agreements Regulations (information relating to overseas visitors), insert—

“Medicines and Healthcare products Regulatory Agency Central Alerting System

67G. A contractor must—

- (a) provide to the Medicines and Healthcare products Regulatory Agency (“the MHRA”)(6) on request, an electronic mail address which is registered to the contractor’s practice;
- (b) monitor that address;
- (c) if that address ceases to be registered to the practice, notify the MHRA immediately of its new electronic mail address; and

(6) The Medicines and Healthcare products Regulatory Agency is an Executive Agency of the Department of Health and Social Care.

- (d) provide to the MHRA on request, one or more mobile telephone numbers for use in the event the contractor is unable to receive electronic mail.”.

Amendment of paragraph 10 to Part 1 of Schedule 2 to the PMS Agreements Regulations

27. In paragraph 10(1)(a) of Part 1 of Schedule 2 to the PMS Agreements Regulations (duty of co-operation), after “a particular service” insert “, except in relation to one provided under the Network Contract Directed Enhanced Service Scheme which is a scheme provided for by direction 5 of the Primary Medical Services (Directed Enhanced Services) Directions 2019(7)”.

Insertion of new paragraph 10A to Part 1 of Schedule 2 to the PMS Agreements Regulations

28. After paragraph 10 to Part 1 of Schedule 2 to the PMS Agreements Regulations (duty of co-operation), insert—

“Duty of co-operation: Primary Care Networks

10A.—(1) A contractor must comply with the requirements in sub-paragraph (2) where it is—

- (a) signed up to the Network Contract Directed Enhanced Scheme (“the Scheme”); or
- (b) not signed up to the Scheme but its registered patients or temporary residents, are provided with services under the Scheme (“the services”)(8) by a contractor which is a member of a primary care network.

(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 the 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 the services;
- (c) have due regard to guidance published by the Board(9);
- (d) participate in primary care network meetings, in so far as is reasonable;
- (e) take reasonable steps to provide information to its registered patients about the services, including information on how to access the services and any changes to them; and
- (f) ensure that it has in place suitable arrangements to enable the sharing of data to support the delivery of the services, business administration and analysis activities.

(3) For the purposes of this paragraph, “primary care network” means a network of contractors and other providers of services which has been approved by the Board, serving an identified geographical area with a minimum population of 30,000 people.”.

(7) The Primary Medical Services (Directed Enhanced Services) Directions 2019 were signed on the 29th March 2019 and came into force on 1st April 2019. These directions are available at: <https://www.gov.uk/government/publications/gp-contract-directions-2019-to-2020> and hard copies may be obtained by writing to the GP Policy Team, Fourth Floor, 39 Victoria Street, London SW1H 0EU.

(8) The Network Contract Directed Enhanced Service Contract Specification is available at: <https://www.england.nhs.uk/gp/gpfv/investment/gp-contract/>. Hard copies are available from New Business Models team, NHS England, Area 2D, Skipton House, 80 London Road, London, SE1 6HL.

(9) The Board’s guidance is published at <https://www.england.nhs.uk/publication/network-contract-directed-enhanced-service-des-guidance-2019-20/>. Hard copies may be obtained by writing to New Business Models team, NHS England, Area 2D, Skipton House, 80 London Road, London, SE1 6HL.

Insertion of new paragraph 16B to Part 2 of Schedule 2 to the PMS Agreements Regulations

29. After paragraph 16A of Part 2 of Schedule 2 to the PMS Agreements Regulations (NHS e Referral Service), insert—

“Direct booking by NHS 111

16B.—(1) A contractor must ensure that as a minimum the following number of appointments during core hours for its registered patients are made available per day for direct booking by NHS 111—

- (a) one, where a contractor has 3,000 registered patients or fewer; or
- (b) one for each whole 3,000 registered patients, where a contractor has more than 3,000 registered patients.

(2) The requirements in sub-paragraphs (1) and (3) do not apply where—

- (a) the Board and the contractor have agreed to suspend the requirements for operational reasons; or
- (b) the contractor does not have access to computer systems and software which would enable it to offer the service described in sub-paragraph (1).

(3) A contractor must—

- (a) configure its computerised systems to allow direct booking by NHS 111;
- (b) monitor its booking system for appointments booked by NHS 111;
- (c) assess the Post Event Message received from NHS 111 in order to decide whether an alternative to the booked appointment should be arranged, such as a telephone call to the patient or an appointment with another healthcare professional and where appropriate, make those arrangements; and
- (d) co-operate with the Board in its oversight of direct booking by NHS 111 by providing any information relating to direct booking by NHS 111 which is reasonably required by the Board.

(4) In this paragraph, “Post Event Message” means the electronic message which is sent to a contractor at the end of a telephone call to NHS 111.”.

Amendment of the heading to Part 6 of Schedule 2 to the PMS Agreements Regulations

30. For the heading to Part 6 of Schedule 2 to the PMS Agreements Regulations (provision of information: practice leaflet), substitute—

“Provision of information: practice leaflet, use of NHS primary care logo, marketing campaigns and advertising private services”.

Insertion of new paragraphs 44A, 44B and 44C to Part 6 of Schedule 2 to the PMS Agreements Regulations

31. After paragraph 44 of Part 6 of Schedule 2 to the PMS Agreements Regulations (information to be included in practice leaflets), insert—

“Use of NHS primary care logo

44A. Where a contractor chooses to apply the NHS primary care logo to signage, stationery, leaflets, posters, its practice website or to any other form of written representation

relating to the primary care services it provides, it must have regard to guidance concerning use of the NHS primary care logo produced by the Board⁽¹⁰⁾.

Marketing campaigns

44B. The contractor must participate in a manner reasonably requested by the Board in up to 6 marketing campaigns in each financial year.

Advertising private services

44C. The contractor must not advertise the provision of private services, either itself or through any other person, whether the contractor provides the services itself or they are provided by another person, by any written or electronic means where the same are used to advertise the primary medical services it provides.”.

⁽¹⁰⁾ The Board’s guidelines are published at:<https://www.england.nhs.uk/nhsidentity/identity-guidelines/primary-care-logo/> . Hard copies can be obtained from: New Business Models team, NHS England, Area 2D, Skipton House, 80 London Road, London SE1 6HL.