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STATUTORY INSTRUMENTS

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**2019 No. 248**

The Amendments Relating to the Provision  
of Integrated Care Regulations 2019

PART 10

AMENDMENT OF THE NATIONAL HEALTH SERVICE (PERSONAL  
MEDICAL SERVICES AGREEMENTS) REGULATIONS 2015

**Scope of Part**

31. The National Health Service (Personal Medical Services Agreements) Regulations 2015<sup>(1)</sup> are amended in accordance with this Part.

**Insertion of new regulation 24A**

32. After regulation 24 insert—

**“Variation of agreements: integrated care provider contracts**

24A. Schedule 2A has effect in relation to the variation of an agreement in circumstances where the contractor wishes to perform or provide primary medical services under an integrated care provider contract as described in paragraph 3 of that Schedule.”.

**Insertion of new Schedule 2A**

33. After Schedule 2 insert—

“SCHEDULE 2A

Regulation 24A

Suspension and reactivation of personal medical services agreements

**Interpretation**

1. In this Schedule—

“integrated care provider” means a person, other than a person specified in paragraph 3(3), who is party to an integrated care provider contract;

“integrated care provider contract” has the meaning given in paragraph 3.

**Right to suspend a personal medical services agreement**

2.—(1) Where a contractor wishes to perform or provide primary medical services under an integrated care provider contract, the contractor must give notice in writing to the Board of that

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(1) S.I. 2015/1879. Relevant amending instruments are S.I. 2016/211, 696, 875 and 1077, 2017/908 and 2018/844 and 1114.

intention in accordance with paragraph 4 and the Board must agree to suspend the operation of the contractor's agreement in accordance with the requirements of, and subject to the conditions set out in, this Schedule.

- (2) The Board must not suspend the contractor's agreement until—
- (a) the contractor has informed the Board of the date on which the contractor intends to begin performing or, as the case may be, providing primary medical services under an integrated care provider contract; and
  - (b) the Board has given notice in writing to each person on the contractor's list of registered patients that—
    - (i) the contractor intends to perform or, as the case may be, provide primary medical services under an integrated care provider contract with effect from that date, and
    - (ii) the person will be transferred on to the list of registered service users of the integrated care provider on that date unless the person decides to register with another provider of primary medical services before that date.

(3) Where the Board suspends the operation of a contractor's agreement under sub-paragraph (1), the contractor is released from any obligation to provide primary medical services under that agreement to the contractor's list of registered patients from the date on which that suspension takes effect.

### **Integrated care provider contracts**

**3.—**(1) For the purposes of this Schedule, an “integrated care provider contract” is a contract entered into on or after 1st April 2019 which satisfies the following sub-paragraphs.

- (2) An integrated care provider contract must be between—
- (a) one or more of the persons specified in sub-paragraph (3); and
  - (b) a person who is a provider of services specified in sub-paragraph (5).
- (3) The persons specified in this sub-paragraph are—
- (a) the Board;
  - (b) one or more CCGs; or
  - (c) one or more local authorities in England.
- (4) An integrated care provider contract must—
- (a) relate to the provision of two or more of the services specified in sub-paragraph (5); and
  - (b) not be a contract to which sub-paragraph (6) applies.
- (5) The services specified in this sub-paragraph are—
- (a) primary medical services;
  - (b) secondary care services;
  - (c) public health services; and
  - (d) adult social care services,

and include such services where they are provided under arrangements entered into by an NHS body or a local authority in England by virtue of section 75 of the Act<sup>(2)</sup>.

(6) This sub-paragraph applies to a contract for the provision of primary medical services to which directions given by the Secretary of State under section 98A of the Act (exercise of

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(2) See regulation 4 of [S.I. 2000/617](#). Regulation 4 was amended by [S.I. 2003/629](#) and [2012/3094](#). See also section 275(1) of the Act for the meaning given to “NHS body”.

functions) relating to the provision of alternative provider medical services under section 83(2) of the Act apply(3).

(7) In this paragraph—

“adult social care services” means services provided pursuant to the exercise of the adult social services functions of a local authority in England;

“adult social services functions” means social services functions within the meaning of section 1A of the Local Authority and Social Services Act 1970(4) so far as relating to persons aged 18 or over, excluding any function to which Chapter 4 of Part 8 of the Education and Inspections Act 2006(5) applies;

“primary medical services” means services which the Board considers it appropriate to secure the provision of under section 83(2) of the 2006 Act(6) (primary medical services);

“public health functions” means—

(a) the public health functions of the Secretary of State under the following provisions of the Act—

(i) section 2A (Secretary of State’s duty as to protection of public health)(7);

(ii) section 2B (functions of local authorities and Secretary of State as to improvement of public health)(8); or

(iii) paragraphs 8 and 12 of Schedule 1 (further provision about the Secretary of State and services under the Act)(9);

(b) the public health functions of a local authority in England under the following provisions of the Act, and any regulations made under these provisions—

(i) section 2B (functions of local authorities and Secretary of State as to improvement of public health);

(ii) section 111 (dental public health)(10); or

(iii) paragraphs 1 to 7B or 13 of Schedule 1 (further provision about the Secretary of State and services under this Act)(11);

(c) the public health functions of the Secretary of State that a local authority in England is required to exercise by virtue of regulations made under section 6C(1) (regulations as to the exercise by local authorities of certain public health functions)(12) of the Act; or

(d) the public health functions of the Secretary of State where they are exercised by the Board, a CCG or a local authority in England where those bodies are acting pursuant

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(3) Section 98A of the National Health Service Act 2006 (c.41) (“the 2006 Act”) was inserted by section 49(1) of the Health and Social Care Act 2012 (c.7) (“the 2012 Act”). The relevant Directions given by the Secretary of State under section 98A are the Alternative Provider Medical Services Directions 2016 which were signed on 3rd October 2016 and amended on 18th October 2017. They relate to the provision of primary medical services under section 83(2) of the 2006 Act under an Alternative Provider Medical Services Contract. These Directions are available at: <https://www.gov.uk/government/publications/nhs-primary-medical-services-directions-2013>. Hard copies may be requested by post from the General Practice Team, Quarry House, Quarry Hill, Leeds, LS2 7UE.

(4) 1970 c.42.

(5) 2006 c.40.

(6) Section 83(2) was substituted by section 30(2) of the 2012 Act.

(7) Section 2A was inserted by section 11 of the 2012 Act and amended by section 116(1) of the Energy Act 2013 (c.22).

(8) Section 2B was inserted by section 12 of the 2012 Act.

(9) Paragraph 12 of Schedule 1 was amended by section 17(12) of the 2012 Act.

(10) Section 111 was amended by section 29(2) of the 2012 Act.

(11) Paragraph 1 of Schedule 1 was amended by section 17(3) of the 2012 Act. Paragraph 2 of Schedule 1 was amended by section 17(4) of that Act. Paragraph 3 of Schedule 1 was amended by paragraph 6 of Schedule 14 to the Health and Social Care Act 2008 (c.14) (“the 2008 Act”). Paragraph 4 of Schedule 1 was amended by section 17(5) of the 2012 Act. Paragraphs 7A and 7B of Schedule 1 were inserted by section 143(1) of the 2008 Act and were amended respectively by section 17(7) and (8) of the 2012 Act.

(12) Section 6C was inserted by section 18(1) of the 2012 Act.

to arrangements made under section 7A (exercise of the Secretary of State’s public health functions)(**13**) of the Act;

“public health services” are services which are provided pursuant to the exercise of public health functions;

“secondary care services” means—

- (a) such services, accommodation or facilities as a CCG considers it appropriate to make arrangements for the provision of under or by virtue of section 3 (duties of clinical commissioning groups as to commissioning of health services)(**14**) or 3A (power of clinical commissioning groups to commission certain health services)(**15**) of the Act; or
  - (b) such services or facilities as the Board is required by the Secretary of State to arrange by virtue of regulations made under section 3B (power to require Board to commission certain health services)(**16**) of the Act.
- (8) For the purposes of this paragraph, any of the following is a local authority in England—
- (a) a county council;
  - (b) a county borough council;
  - (c) a district council;
  - (d) a London borough council;
  - (e) the Common Council of the City of London;
  - (f) the Council of the Isles of Scilly.

#### **Notice of intention to suspend a personal medical services agreement**

4. A notice under paragraph 2(1) must—
- (a) state that the contractor wishes to suspend the agreement and specify the date on which the contractor would like the proposed suspension to take effect which must be a date which—
    - (i) falls at least one month after the date on which the notice was given, and
    - (ii) immediately precedes the date on which the contractor intends to begin performing or, as the case may be, providing primary medical services under the relevant integrated care provider contract;
  - (b) give the name of each person who is a party to the agreement who intends to perform or, as the case may be, provide primary medical services under an integrated care provider contract; and
  - (c) confirm that the contractor has agreed, as appropriate, to the suspension of the agreement.

#### **Suspension of a personal medical services agreement: general**

5.—(1) Subject to sub-paragraph (2), the suspension of an agreement is effective for a minimum period of two years beginning with the date on which that suspension takes effect which must be—

- (a) the date specified in the notice given under paragraph 2(1); or

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(13) Section 7A was inserted by section 22 of the 2012 Act.

(14) Section 3 was amended by section 13 of the 2012 Act.

(15) Section 3A was inserted by section 14 of the 2012 Act.

(16) Section 3B was inserted by section 15 of the 2012 Act.

(b) such later date as the Board may approve in the circumstances of a particular case.

(2) The suspension of an agreement is effective for a period of less than two years beginning with the date on which that suspension takes effect under sub-paragraph (1) only in a case where the relevant integrated care provider contract terminates or expires or is varied as described in paragraph 9(1) before the end of that period.

(3) Where the Board suspends an agreement, the contractor may not receive payments from the Board in respect of any period during which that agreement is suspended.

(4) The Board must, before the end of the period of—

(a) three months beginning with the date on which the suspension of the agreement takes effect; or

(b) such longer period as may be agreed between the Board and the contractor in the circumstances of a particular case,

pay the contractor any outstanding payments owed to the contractor in respect of the provision of primary medical services by the contractor under the agreement in accordance with the payment terms of that agreement.

(5) A contractor may not exercise the right to a general medical services contract which exists under regulation 32 in relation to a suspended agreement during any period in respect of which that agreement is suspended.

#### **Notice of intention to reactivate a personal medical services agreement**

6.—(1) A notice under paragraph 7(1) must be given to the Board by the contractor at least six months before the date on which the proposed reactivation of the agreement is to take effect.

(2) A notice under paragraph 7(1) must—

(a) state that the contractor wishes to reactivate the agreement and specify the date on which the contractor would like the proposed reactivation to take effect which must be a date which—

(i) falls at least six months after the date on which the notice was given, and

(ii) immediately follows the date on which the contractor intends to cease performing or, as the case may be, providing primary medical services under the relevant integrated care provider contract;

(b) give the name of each person who is a party to the agreement who intends to resume the provision of primary medical services under the agreement;

(c) confirm that the contractor has agreed, as appropriate, to the reactivation of the agreement; and

(d) if the contractor wishes to reactivate the agreement as a general medical services contract, state that this is the case and confirm that the parties to the agreement have agreed, as appropriate, to the reactivation of the agreement as a general medical services contract.

#### **Right to reactivate a personal medical services agreement**

7.—(1) The Board must reactivate an agreement under this paragraph where the contractor has given notice in writing to the Board in accordance with paragraph 6 of the intention to reactivate the agreement in accordance with, and subject to the conditions set out in, this Schedule.

(2) The Board must only reactivate an agreement under this paragraph with effect from—

(a) the date which falls on the second anniversary of the date on which the suspension of that agreement took effect; or

(b) subsequently, on a date which falls every two years after the date specified in paragraph (a) during the duration of the integrated care provider contract.

(3) The Board must not reactivate an agreement which is of time limited duration where that agreement is to cease to have effect on a date which falls earlier than any of the dates specified in sub-paragraph (2)(a) or (b).

(4) Subject to paragraph 8(7), the Board may reactivate a suspended agreement as a general medical services contract where, in respect of that agreement, the right to a general medical services contract under regulation 32 exists.

**Reactivation of a personal medical services agreement: general**

8.—(1) The reactivation of an agreement is effective on the date which falls immediately after the date on which the contractor ceases performing or, as the case may be, providing primary medical services under an integrated care provider contract which must be—

- (a) the date specified in the notice given under paragraph 7(1); or
- (b) such later date as the Board may approve in the circumstances of a particular case.

(2) The Board must not reactivate an agreement unless the conditions specified in sub-paragraph (3) are met.

(3) The conditions specified in this sub-paragraph are that—

- (a) the contractor remains eligible to hold an agreement in accordance with the conditions set out in regulation 5 at the date on which the reactivation of the agreement is to take effect; and
- (b) the Board is satisfied that, during the period in which the contractor’s agreement was suspended, the contractor has not acted or failed to act in a manner that gives rise to the Board’s right to terminate the agreement under any of the provisions of Part 8 of Schedule 2.

(4) Where the reactivation of the contractor’s agreement is intended to take effect on the second anniversary of the date on which the suspension of that agreement took effect, the Board must notify in writing each person who resides in the contractor’s former practice area and who was on the list of registered service users of the integrated care provider that—

- (a) the contractor intends to resume the provision of primary medical services under the agreement in respect of people who reside in the contractor’s former practice area from the date specified in the notice; and
- (b) if the person was on the contractor’s list of registered patients immediately prior to the date on which the suspension of the contractor’s agreement took effect, the person will transfer onto the contractor’s list of registered patients from the date specified in the notice unless the person decides to remain registered with the integrated care provider or registers with another provider of primary medical services before that date.

(5) Where the reactivation of the contractor’s agreement is intended to take effect after the second anniversary of the date on which the suspension of that agreement took effect, the Board must notify in writing each person who resides in the contractor’s former practice area and who was on the list of registered service users of the integrated care provider that—

- (a) the contractor intends to resume the provision of primary medical services under the agreement in respect of people who reside in the contractor’s former practice area from the date specified in the notice; and
- (b) the person will remain on the list of registered service users of the integrated care provider from the date specified in the notice unless the person decides to register with the contractor or with another provider of primary medical services before that date.

(6) Where a suspended agreement is reactivated by the Board, the terms of that agreement which are to apply are those terms which are effective at the date on which the reactivation takes effect, subject to any variation of those terms which may be agreed between the contractor and the Board, including in respect of the right to a general medical services contract under regulation 32.

(7) The Board must not reactivate a suspended agreement as a general medical services contract unless—

- (a) the parties to that agreement have agreed, as appropriate, to the reactivation of that agreement as a general medical services contract; and
- (b) the Board is satisfied that—
  - (i) during the period in which the contractor’s agreement was suspended, the contractor has not acted or failed to act in a manner that gives rise to the Board’s right to terminate the agreement under any of the provisions of Part 8 of Schedule 2; and
  - (ii) the parties to that agreement are eligible to hold a general medical services contract in accordance with the conditions set out in regulations 5 and 6 of the General Medical Services Contracts Regulations at the date on which the reactivation of the agreement as a general medical services contract is to take effect.

**Termination, expiry or variation of an integrated care provider contract**

9.—(1) Where, at any time, an integrated care provider contract terminates or expires or is varied so that it no longer requires the integrated care provider to provide primary medical services to people who reside in a contractor’s former practice area—

- (a) the Board must, subject to the conditions specified in paragraph 8(3), reactivate the contractor’s agreement with effect from the date which falls immediately after the date on which the integrated care provider contract terminated or, as the case may be, expired or was varied; and
- (b) the contractor must, with effect from that date, resume the provision of primary medical services under the agreement to people who reside in the contractor’s former practice area.

(2) Where an integrated care provider contract terminates or expires or is varied as described in sub-paragraph (1), the Board must notify in writing each person who resides in the contractor’s former practice area and who was on the list of registered service users of the integrated care provider immediately before the date on which the integrated care provider contract terminated or, as the case may be, expired or was varied that—

- (a) the contractor has resumed providing primary medical services under the agreement from a specified date in respect of people who reside in the contractor’s former practice area; and
- (b) the person will transfer onto the contractor’s list of registered patients from the date specified unless the person decides to register with another provider of primary medical services before that date.”