
STATUTORY INSTRUMENTS

2019 No. 248

The Amendments Relating to the Provision of Integrated Care Regulations 2019

PART 9

AMENDMENT OF THE NATIONAL HEALTH SERVICE (GENERAL MEDICAL SERVICES CONTRACTS) REGULATIONS 2015

Scope of Part

28. The National Health Service (General Medical Services Contracts) Regulations 2015⁽¹⁾ are amended in accordance with this Part.

Insertion of new regulation 29A

29. After regulation 29 insert—

“Variation of contracts: integrated care provider contracts

29A. Schedule 3A has effect in relation to the variation of a contract 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 3A

30. After Schedule 3 insert—

“SCHEDULE 3A

Regulation 29A

Suspension and reactivation of general medical services contracts

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 general medical services contract

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

(1) [S.I. 2015/1862](#). 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 general medical services contract 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 contract 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 general medical services contract, the contractor is released from any obligation to provide primary medical services under that contract 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(2).

(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

(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⁾;
 - (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

(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(1) and (2) was substituted by paragraph 30 of Schedule 4 to 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 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 general medical services contract

4. A notice under paragraph 2(1) must—
- (a) state that the contractor wishes to suspend the general medical services contract 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 general medical services contract 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 general medical services contract.

Suspension of a general medical services contract: general

5.—(1) Subject to sub-paragraph (2), the suspension of a general medical services contract 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

(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 a general medical services contract 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 a general medical services contract, the contractor may not receive payments from the Board in respect of any period during which that contract 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 contract 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 contract in accordance with the terms of directions given by the Secretary of State under section 87 the Act⁽¹⁷⁾ (general medical services contracts: payments).

Notice of intention to reactivate a general medical services contract

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 contract is to take effect.

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

- (a) state that the contractor wishes to reactivate the contract 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 contract who intends to resume the provision of primary medical services under the contract; and
- (c) confirm that the contractor has agreed, as appropriate, to the reactivation of the contract.

Right to reactivate a general medical services contract

7.—(1) The Board must reactivate a contract 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 contract in accordance with the requirements of, and subject to the conditions set out in, this Schedule.

(2) The Board must only reactivate a contract under this paragraph with effect from—

- (a) the date which falls on the second anniversary of the date on which the suspension of that contract 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.

⁽¹⁷⁾ Section 87 was amended by paragraph 33 of Schedule 4 to the 2012 Act.

Reactivation of a general medical services contract: general

8.—(1) The reactivation of a contract 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 a contract 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 a contract in accordance with the conditions set out in regulations 5 and 6 at the date on which the reactivation of the contract is to take effect; and
- (b) the Board is satisfied that, during the period in which the contractor's contract 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 contract under any of the provisions of Part 8 of Schedule 3.

(4) Where the reactivation of the contractor's contract is intended to take effect on the second anniversary of the date on which the suspension of that contract 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 contract 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 contract 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 contract is intended to take effect after the second anniversary of the date on which the suspension of that contract 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 contract 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 contract is reactivated by the Board, the terms of that contract 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.

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 in respect of people who reside in the contractor's former practice area—

- (a) the Board must, subject to the conditions specified in paragraph 8(3), reactivate the contractor's contract 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 contract 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 contract 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.”.