

EXPLANATORY MEMORANDUM TO
THE NATIONAL HEALTH SERVICE (GENERAL MEDICAL SERVICES
CONTRACTS AND PERSONAL MEDICAL SERVICES AGREEMENTS)
AMENDMENT REGULATIONS 2014

2014 No. 465

1. This explanatory memorandum has been prepared by The Department of Health and is laid before Parliament by Command of Her Majesty.
2. **Purpose of the instrument**
 - 2.1 This Instrument amends the following sets of Regulations relating to the provision of primary medical services:-
 - i. The National Health Service (General Medical Services Contracts) Regulations 2004 (SI 2004/291) (GMS Contracts Regulations) which set out the framework for General Medical Services (GMS) contracts.
 - ii. The National Health Service (Personal Medical Services Agreements) Regulations 2004 (SI 2004/627) (PMS Agreements Regulations) which set out the framework for Personal Medical Services (PMS) agreements.
 - 2.2 The amendments implement the agreement between the National Health Service Commissioning Board (the Board) and the British Medical Association (BMA) on changes to primary medical care contracts from 1 April 2014.
3. **Matters of special interest to the Joint Committee on Statutory Instruments**
 - 3.1 None
4. **Legislative Context**
 - 4.1 Part 4 of the National Health Service Act 2006 (the 2006 Act) currently requires the Board to secure the provision of primary medical services in England. It makes provision for regulations to be made to govern the terms of primary medical services contracts.
 - 4.2 Agreement was reached between NHS Employers, on behalf of the Board, and the General Practitioners' Committee of the BMA on changes to be made to primary care contracts from 1 April 2014.
 - 4.3 This instrument amends the GMS Contracts Regulations and the PMS Agreements Regulations which contain the mandatory contractual terms that must be contained in primary medical services contracts and

agreements made between the Board and primary medical services contractors.

5. Territorial Extent and Application

5.1 This Instrument applies to England only.

6. European Convention on Human Rights

As the Instrument is subject to negative resolution procedure and does not amend primary legislation, no statement is required.

7. Policy background

- What is being done and why

The ability for patients to register with a practice in whose area they do not reside

7.1 Government has given a commitment to increasing patient choice when looking to register with a general medical practitioner (GP). This follows on from the Patient Choice pilot scheme which ran from April 2012 to March 2013. From 1 October 2014, arrangements will allow patients to register with a GP in whose catchment area they do not live, subject to the agreement of that GP, while relieving the GP's practice of its contractual obligations to provide home visits to the patient.

7.2 In these circumstances, it is the responsibility of the Board to ensure that patients registering with a GP practice away from their home area can receive primary medical services when they are not within the area in which their GP is required to provide primary medical services.

The requirement for a named GP for those aged 75 and over

7.3 As part of the commitment to more personalised care for more patients with long term conditions, all patients aged 75 and over will have a named accountable GP. The named accountable GP will take lead responsibility for care provided to the patient under the contract and for working with other health and social care professionals involved in the care and treatment of the patient.

Monitoring of the quality of services provided out of hours

7.4 GP practices are able to opt out of the contractual obligation to provide out of hours primary medical services to their patients. Where they do so, it is the responsibility of the Board to ensure that patients still have access to primary medical services during the out of hours period. This responsibility is delegated, by the Board, to Clinical Commissioning Groups.

7.5 In order to improve the quality of out of hours services, and to ensure the involvement of contractors in this, there will be a new contractual requirement for GP practices who have opted out of providing out of hours services to their registered patients to monitor the quality of those services

provided to their patients and report any concerns to the Board (or as directed by the Board to the delegated commissioner of out of hours services).

7.6 The regulations also introduce a process for dealing with information requests from out of hours providers.

A requirement to include specified information into the Summary Care Record

7.7 The regulations provide for the automated upload of a summary of patient information, relating to medications, allergies and adverse reactions for example, to the patient's Summary Care Record which may then be accessed by the patient.

A requirement to use GP2GP to allow effective transfer of patient records

7.8 The "GP2GP" IT programme allows patient records to be transferred electronically and more quickly than the transfer of paper records. From 1 April 2014, contractors are required to use the GP2GP facility for the safe and efficient transferral of patient records from one GP practice to another GP practice where a patient changes the GP practice with which they are registered.

The requirement to use the NHS number in all clinical correspondence

7.9 When writing to other health care providers about the care and treatment provided to a patient, GP practices are required to include the NHS number as the primary identifier of a patient in all clinical correspondence relating to the patient between the GP practice and other health service providers unless, in exceptional circumstances, this cannot be ascertained.

The introduction of patient online services

7.10 The regulations introduce requirements to promote and offer to patients the facility to book appointments online, order repeat prescriptions online and to allow patients to view and print a list of those drugs, medicines etc. that they have on repeat prescription.

- Consolidation

7.11 The Department of Health proposes to consolidate the GMS Contract Regulations and the PMS Agreement Regulations 2014 by 1 April 2015.

8. Consultation outcome

8.1 The Department of Health has consulted the BMA, the Royal College of Nurses, the National Association of Primary Care, NHS Alliance, the Family Doctors' Association and the the Board on the proposed changes to the regulations.

8.2 It is usual practice to consult the BMA on any proposed changes to the GMS contract regulations. However, the Department widened the group of

bodies consulted to those who may represent personal medical service contractors or who represent those involved in the commissioning or provision of primary medical services.

8.3 The BMA have commented on the draft regulations. The Department responded to the comments received and made appropriate changes to the Regulations – although none of the comments received were particularly contentious.

9. Guidance

9.1 As holders of the contract, the Board propose to issue guidance to their areas teams on implementing the contractual changes.

10. Impact

10.1 There is no impact on business, charities or voluntary bodies.

10.2 There is no negative impact on the public sector.

10.3 An equality impact assessment has been prepared.

10.4 Due regard has been given to the Secretary of State's duty of autonomy and duty to have regard to health inequalities.

10.5 In carrying out its functions under section 83 of the 2006 Act, the Board reached agreement with the British Medical Association on changes to the GP contract arrangements. The regulations provide for the terms of the agreement to be reflected in GP contracts including those made under section 92 of the 2006 Act.

11. Regulating small business

11.1 GP practices are exempt from the Small Firm Impact Test as they are considered as part of the public sector due to their provision of primary medical services for the NHS. Public sector organisations are exempt from this test.

12. Monitoring & review

12.1 Monitoring of GMS and PMS contracts is the responsibility of the Board. However the Secretary of State has responsibility for the terms of contracts contained in regulations and for the consolidation of those regulations.

13. Contact

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