

Status: Point in time view as at 01/07/2022.

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SCHEDULE 3

Other contractual terms

PART 1

Provision of services

Premises

1.—(1) The contractor must ensure that the premises used for the provision of services under the contract 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 contract in accordance with regulation 20(5) which sets out steps to be taken by the contractor to bring the premises up to the required standard.

Telephone services

2.—(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 contract; or
- (b) any other person to contact the contractor's practice in relation to services provided 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

3.—(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 under the contract; and
- (b) calls made by persons, other than patients, to the contractor's practice in relation to services provided as part of the health service.

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Attendance at practice premises

- 4.—(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

- 5.—(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 the 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.

Newly registered patients

- 6.—(1) Where a patient has been—
- (a) accepted on a contractor's list of patients; or
 - (b) assigned to that list by the Board,
- the contractor must invite the patient to participate in a consultation either at the contractor's practice premises or, if the patient's medical condition so warrants, at one of the places described in paragraph 5(2).
- (2) An invitation under sub-paragraph (1) must be issued by the contractor before the end of the period of six months beginning with the date of the acceptance of the patient on, or assignment of the patient to, the contractor's list of patients.
- (3) Where a patient (or, where appropriate, in the case of a patient who is a child, the patient's parent) agrees to participate in a consultation mentioned in sub-paragraph (1), the contractor must, during the course of that consultation, make such inquiries and undertake such examinations as appear to the contractor to be appropriate in all the circumstances.

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(4) This paragraph does not affect the contractor's other obligations under the contract in respect of the patient.

Newly registered patients – alcohol dependency screening

7.—(1) Where a patient has been—

- (a) accepted onto a contractor's list of patients; or
- (b) assigned to that list by the Board,

the contractor must, whether as part of the consultation which the contractor is required to offer the patient under paragraph 6(1) or otherwise, take action to identify any such patient over the age of 16 who is drinking alcohol at increasing or higher risk levels with a view to seeking to reduce the alcohol related risks to that patient.

(2) The contractor must comply with the requirement in sub-paragraph (1) by screening the patient using either of the two shortened versions of the World Health Organisations Alcohol Use Disorders Identification (“AUDIT”) questionnaire^{M1} which are known as—

- (a) FAST (which has four questions); or
- (b) AUDIT-C (which has three questions).

(3) Where, under paragraph (2), the contractor identifies a patient as positive using one of the shortened versions of the AUDIT questionnaire specified in sub-paragraph (2), the remaining questions of the full ten question AUDIT questionnaire are to be used by the contractor to determine increasing risk, higher risk or likely dependent drinking.

(4) Where a patient is identified as drinking at increasing or higher risk levels, the contractor must—

- (a) offer the patient appropriate advice and lifestyle counselling;
- (b) respond to any other need identified in the patient which relates to the patient's levels of drinking, including by providing additional support or treatment required for people with mental health issues; and
- (c) in any case where the patient is identified as a dependent drinker, offer the patient a referral to such specialist services as are considered clinically appropriate to meet the needs of the patient.

(5) Where a patient is identified as drinking at increasing or higher risk levels or as a dependent drinker, the contractor must ensure that the patient is—

- (a) assessed for anxiety and depression;
- (b) offered screening for anxiety and depression; and
- (c) where anxiety and depression is diagnosed, provided with any treatment or support which may be required under the contract, including referral for specialist mental health treatment.

(6) The contractor must make relevant entries, including the results of the completed questionnaire referred to in sub-paragraph (2), in the patient's record that the contractor is required to keep under regulation 67.

Marginal Citations

M1 The World Health Organisation Alcohol Use Disorders Identification Test (AUDIT) questionnaire can be accessed at http://www.who.int/substance_abuse/activities/sbi/en/. Further information about the Test, and the questionnaires themselves, is available in hard copy from NHS England, PO Box 16738, Redditch, B97 7PT.

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[^{F1}Patients living with frailty

7A.—(1) A contractor must take steps [^{F2}each year] to identify any registered patient aged 65 years and over who is living with moderate to severe frailty.

(2) The contractor must comply with the requirement in sub-paragraph (1) by using the Electronic Frailty Index or any other appropriate assessment tool.

(3) Where the contractor identifies a patient aged 65 years or over who is living with severe frailty, the contractor must—

- (a) undertake a clinical review in respect of the patient which includes—
 - (i) an annual review of the patient’s medication, and
 - (ii) where appropriate, a discussion with the patient about whether the patient has fallen in the last 12 months;
- (b) provide the patient with any other clinically appropriate interventions; and
- (c) where the patient does not have an enriched Summary Care Record, advise the patient about the benefits of having an enriched Summary Care Record and activate that record at the patient’s request.

(4) A contractor must, using codes agreed by the Board for this purpose, record in the patient’s Summary Care Record any appropriate information relating to clinical interventions provided to a patient under this paragraph.]

Textual Amendments

- F1** Sch. 3 para. 7A inserted (6.10.2017) by [The National Health Service \(General Medical Services Contracts and Personal Medical Services Agreements\) \(Amendment\) Regulations 2017 \(S.I. 2017/908\)](#), regs. 1(2), 3
- F2** Words in Sch. 3 para. 7A(1) inserted (1.10.2018) by [The National Health Service \(General Medical Services Contracts and Personal Medical Services Agreements\) \(Amendment\) Regulations 2018 \(S.I. 2018/844\)](#), regs. 1(2), 6

Accountable GP

8.—(1) A contractor must ensure that for each of its registered patients (including those patients under the age of 16) there is assigned an accountable general medical practitioner (“accountable GP”).

(2) The accountable GP must take lead responsibility for ensuring that any services which the contractor is required to provide under the contract are, to the extent that their provision is considered necessary to meet the needs of the patient, coordinated and delivered to the patient.

(3) The contractor must—

- (a) inform the patient, as soon as is reasonably practicable and in such manner as is considered appropriate by the contractor's practice, of the assignment to the patient of an accountable GP and must state the name and contact details of the accountable GP and the role and responsibilities of the accountable GP in respect of the patient;
- (b) inform the patient as soon as any circumstances arise in which the accountable GP is not able, for any significant period, to carry out the duties of an accountable GP in respect of the patient; and
- (c) where the contractor's practice considers it to be necessary, assign a replacement accountable GP to the patient and inform the patient accordingly.

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(4) The contractor must comply with the requirement in sub-paragraph (3)(a), in the case of any person who is accepted by the contractor as a registered patient on or after the date on which these Regulations come into force, within 21 days from the date on which that person is so accepted.

(5) The requirement in this paragraph does not apply to—

- (a) any patient of the contractor who is aged 75 or over, or who attains the age of 75, on or after the date on which these Regulations come into force; or
- (b) any other patient of the contractor if the contractor has been informed that the patient does not wish to have an accountable GP.

(6) Where, under sub-paragraph (3)(a), the contractor informs a patient of the assignment to the patient of an accountable GP, the patient may express a preference as to which general medical practitioner within the contractor's practice the patient would like to have as the patient's accountable GP and, where such a preference has been expressed, the contractor must make reasonable efforts to accommodate the request.

(7) Where, under sub-paragraph (5)(b), the contractor has been informed by, or in relation to, a patient that the patient does not wish to have an accountable GP, the contractor must record that fact in the patient's record that the contractor is required to keep under regulation 67.

(8) The contractor must ^{F3}... include information about the requirement to assign an accountable GP to each of its new and existing registered patients—

- (a) on the contractor's practice website [^{F4}or online practice profile]; and
- (b) in the contractor's practice leaflet.

^{F5}(9)

Textual Amendments

- F3** Words in Sch. 3 para. 8(8) omitted (1.4.2020) by virtue of [The National Health Service \(General Medical Services Contracts and Personal Medical Services Agreements\) \(Amendment\) Regulations 2020 \(S.I. 2020/226\)](#), reg. 1(2), **Sch. 1 para. 13(2)(a)(i)**
- F4** Words in Sch. 3 para. 8(8)(a) substituted (1.4.2020) by [The National Health Service \(General Medical Services Contracts and Personal Medical Services Agreements\) \(Amendment\) Regulations 2020 \(S.I. 2020/226\)](#), reg. 1(2), **Sch. 1 para. 13(2)(a)(ii)**
- F5** Sch. 3 para. 8(9) omitted (1.4.2020) by virtue of [The National Health Service \(General Medical Services Contracts and Personal Medical Services Agreements\) \(Amendment\) Regulations 2020 \(S.I. 2020/226\)](#), reg. 1(2), **Sch. 1 para. 13(2)(b)**

Patients not seen within three years

9.—(1) This paragraph applies where a registered patient who has attained the age of 16 years but has not attained the age of 75 years—

- (a) requests a consultation with the contractor; and
- (b) has not attended either a consultation with, or a clinic provided by, the contractor within the period of three years prior to the date of the request.

(2) The contractor must—

- (a) provide the patient with a consultation; and
- (b) during that consultation, make such inquiries and undertake such examinations of the patient as the contractor considers appropriate in all the circumstances.

(3) This paragraph does not affect the contractor's other obligations under the contract in respect of the patient.

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Patients aged 75 and over

10.—(1) Where a registered patient who requests a consultation—

- (a) has attained the age of 75 years; and
- (b) has not participated in a consultation within the 12 month period prior to the date of the request,

the contractor must provide such a consultation during which it must make such inquiries and undertake such examinations as it considers appropriate in all the circumstances.

(2) A consultation under sub-paragraph (1) must take place in the home of the patient where, in the reasonable opinion of the contractor, it would be inappropriate, as a result of the patient's medical condition, for the patient to attend at the practice premises.

(3) This paragraph does not affect the contractor's other obligations under the contract in respect of the patient.

Patients aged 75 and over: accountable GP

11.—(1) A contractor must ensure that for each of its registered patients aged 75 and over there is assigned an accountable general medical practitioner (“accountable GP”).

(2) The accountable GP must—

- (a) take lead responsibility for ensuring that any services which the contractor is required to provide under the contract are, to the extent that their provision is considered necessary to meet the needs of the patient, delivered to the patient;
- (b) take all reasonable steps to recognise and appropriately respond to the physical and psychological needs of the patient in a timely manner;
- (c) ensure that the patient receives a health check if, and within a reasonable period after, one has been requested; and
- (d) work co-operatively with such other health and social care professionals who may become involved in the care and treatment of the patient to ensure the delivery of a multi-disciplinary care package designed to meet the needs of the patient.

(3) The contractor must—

- (a) inform the patient, in such manner as is considered appropriate by the contractor's practice, of the assignment to the patient of an accountable GP;
- (b) provide the patient with the name and contact details of the accountable GP and information regarding the role and responsibilities of the accountable GP in respect of the patient;
- (c) inform the patient as soon as any circumstances arise in which the accountable GP is not able, for any significant period, to carry out the duties of an accountable GP in respect of the patient; and
- (d) where the contractor's practice considers it to be necessary, assign a replacement accountable GP to the patient and inform the patient accordingly.

(4) The contractor must comply with the requirement in sub-paragraph (3)(a)—

- (a) in the case of any person aged 75 or over who is accepted by the contractor as a registered patient on or after the date on which these Regulations come into force, before the end of the period of 21 days beginning with the date on which that person was so accepted; or
- (b) in the case of any person who is included in the contractor's list of patients immediately before the date on which these Regulations come into force who attains the age of 75 or

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over on or after that date, before the end of the period of 21 days after the date on which that person attained that age.

(5) In this paragraph, “health check” means a consultation undertaken by the contactor which is of the type which a contractor is required to undertake at a patient's request under paragraph 10(1).

[^{F6}NHS e-Referral Service (e-RS)]

11A.—(1) Except in the case of a contractor to which sub-paragraph (2) or (3) applies, a contractor must require the use in its practice premises of the system for electronic referrals known as the NHS e-Referral Service (“e-RS”) in respect of each referral of any of its registered patients to a first consultant-led out-patient appointment for medical services under the Act in respect of which the facility to use e-RS is available.

(2) This sub-paragraph applies to a contractor which does not yet have e-RS in place for use in the contractor’s practice premises.

(3) This sub-paragraph applies to a contractor which—

- (a) is experiencing technical or other practical difficulties which are preventing the use, or effective use, of e-RS in its practice premises; and
- (b) has notified the Board that this is the case.

(4) A contractor to which sub-paragraph (2) applies must require the use in its practice premises of alternative means of referring its registered patients to a first consultant-led out-patient appointment for medical services under the Act until such time as the contractor has e-RS in place for use in its practice premises.

(5) A contractor to which sub-paragraph (3) applies—

- (a) must ensure that a plan is agreed between the contractor’s practice and the Board for resolving the technical or other practical difficulties which are preventing the use, or effective use, of e-RS in the contractor’s practice premises; and
- (b) must require the use in its practice premises of alternative means of referring its registered patients to a first consultant-led out-patient appointment for medical services under the Act until such time as those technical or other practical difficulties have been resolved to the satisfaction of the Board.]

Textual Amendments

F6 Sch. 3 para. 11A inserted (1.10.2018) by [The National Health Service \(General Medical Services Contracts and Personal Medical Services Agreements\) \(Amendment\) Regulations 2018 \(S.I. 2018/844\)](#), regs. 1(2), 7

[^{F7}Direct booking by NHS 111 [^{F8}or via a connected service]]

11B.—(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 [^{F9}or via a service [^{F10}(“a connected service”)] approved by the Board that is or may be accessed via] 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—

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- (a) the Board has agreed to a request from the contractor 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 [^{F11}or via a connected service];
 - (b) monitor its booking system for appointments booked by NHS 111 [^{F12}or via a connected service];
 - (c) assess the Post Event Message received from NHS 111 [^{F13}or via a connected service] 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 [^{F14}or via a connected service] by providing any information relating to direct booking by NHS 111 [^{F14}or via a connected service] 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 [^{F15}or via a connected service].]
- [^{F16}(5) In order to assist in the management of a serious or potentially serious risk to human health arising as a consequence of a disease being, or in anticipation of a disease being imminently—
- (a) pandemic; and
 - (b) a serious risk or potentially a serious risk to human health,

the Board may with the agreement of the Secretary of State make an announcement to the effect that the minimum numbers of appointments mentioned in paragraph (1) are modified in the circumstances specified (which may limit the area to which the modification relates), and for the duration of the period specified, in the announcement, and where the Board does so, the minimum numbers are as so modified.]

Textual Amendments

- F7** Sch. 3 para. 11B inserted (1.10.2019) by [The National Health Service \(General Medical Services Contracts and Personal Medical Services Agreements\) \(Amendment\) Regulations 2019 \(S.I. 2019/1137\)](#), reg. 1(2), **13**
- F8** Words in Sch. 3 para. 11B heading inserted (1.10.2020) by [The National Health Service \(General Medical Services Contracts and Personal Medical Services Agreements\) \(Amendment\) \(No. 2\) Regulations 2020 \(S.I. 2020/911\)](#), reg. 1(2), **Sch. 1 para. 5(a)**
- F9** Words in Sch. 3 para. 11B(1) inserted (27.3.2020) by [The National Health Service \(Amendments Relating to the Provision of Primary Care Services During a Pandemic etc.\) Regulations 2020 \(S.I. 2020/351\)](#), reg. 1(2), **16(a)**
- F10** Words in Sch. 3 para. 11B(1) inserted (1.10.2020) by [The National Health Service \(General Medical Services Contracts and Personal Medical Services Agreements\) \(Amendment\) \(No. 2\) Regulations 2020 \(S.I. 2020/911\)](#), reg. 1(2), **Sch. 1 para. 5(b)**
- F11** Words in Sch. 3 para. 11B(3)(a) inserted (1.10.2020) by [The National Health Service \(General Medical Services Contracts and Personal Medical Services Agreements\) \(Amendment\) \(No. 2\) Regulations 2020 \(S.I. 2020/911\)](#), reg. 1(2), **Sch. 1 para. 5(c)**
- F12** Words in Sch. 3 para. 11B(3)(b) inserted (1.10.2020) by [The National Health Service \(General Medical Services Contracts and Personal Medical Services Agreements\) \(Amendment\) \(No. 2\) Regulations 2020 \(S.I. 2020/911\)](#), reg. 1(2), **Sch. 1 para. 5(c)**

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- F13** Words in Sch. 3 para. 11B(3)(c) inserted (1.10.2020) by The National Health Service (General Medical Services Contracts and Personal Medical Services Agreements) (Amendment) (No. 2) Regulations 2020 (S.I. 2020/911), reg. 1(2), **Sch. 1 para. 5(c)**
- F14** Words in Sch. 3 para. 11B(3)(d) inserted (1.10.2020) by The National Health Service (General Medical Services Contracts and Personal Medical Services Agreements) (Amendment) (No. 2) Regulations 2020 (S.I. 2020/911), reg. 1(2), **Sch. 1 para. 5(c)**
- F15** Words in Sch. 3 para. 11B(4) inserted (1.10.2020) by The National Health Service (General Medical Services Contracts and Personal Medical Services Agreements) (Amendment) (No. 2) Regulations 2020 (S.I. 2020/911), reg. 1(2), **Sch. 1 para. 5(d)**
- F16** Sch. 3 para. 11B(5) inserted (27.3.2020) by The National Health Service (Amendments Relating to the Provision of Primary Care Services During a Pandemic etc.) Regulations 2020 (S.I. 2020/351), regs. 1(2), **16(b)**

Clinical reports

12.—(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 the person with whom the patient is registered for the provision of essential services or their equivalent.

(3) This paragraph does not apply in relation to the provision of out of hours services by a contractor on or after 1st January 2005.

Storage of vaccines

13. The contractor must ensure that—

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

Infection control

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

Duty of co-operation

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

[^{F17}(a) minor surgery;]

- (b) a particular enhanced service^{F18}, 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]; or
- (c) 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, insofar as is reasonable, with any person responsible for the provision of that service or those services;

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- (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 contractor's practice, or on the next working day,
 - (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 contract does not include the provision of out of hours services to make itself available during the out of hours period.

Textual Amendments

- F17** Sch. 3 para. 15(1)(a) substituted (1.10.2021) by [The National Health Service \(General Medical Services Contracts and Personal Medical Services Agreements\) \(Amendment\) \(No. 2\) Regulations 2021 \(S.I. 2021/995\)](#), reg. 1(2), **Sch. 1 para. 26(a)** (with reg. 3)
- F18** Words in Sch. 3 para. 15(1)(b) inserted (1.10.2019) by [The National Health Service \(General Medical Services Contracts and Personal Medical Services Agreements\) \(Amendment\) Regulations 2019 \(S.I. 2019/1137\)](#), regs. 1(2), **14**

[^{F19}Duty of co-operation: Primary Care Networks

- 15A.**—(1) A contractor must comply with the requirements in sub-paragraph (2) where it is—
- (a) signed up to the Network Contract Directed Enhanced Service 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”) 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 the guidance published by the Board;
 - (d) participate in primary care network meetings, in so far as is reasonable;

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- (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^{F20}]

Textual Amendments

- F19** Sch. 3 para. 15A inserted (1.10.2019) by [The National Health Service \(General Medical Services Contracts and Personal Medical Services Agreements\) \(Amendment\) Regulations 2019 \(S.I. 2019/1137\)](#), reg. 1(2), **15**
- F20** Words in Sch. 3 para. 15A(3) omitted (1.10.2020) by virtue of [The National Health Service \(General Medical Services Contracts and Personal Medical Services Agreements\) \(Amendment\) \(No. 2\) Regulations 2020 \(S.I. 2020/911\)](#), reg. 1(2), **Sch. 1 para. 6**

Cessation of service provision: information requests

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

[^{F21}(a) minor surgery;]

(b) a particular enhanced service; or

(c) 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 a contract for the provision of such services.

Textual Amendments

- F21** Sch. 3 para. 16(a) substituted (1.10.2021) by [The National Health Service \(General Medical Services Contracts and Personal Medical Services Agreements\) \(Amendment\) \(No. 2\) Regulations 2021 \(S.I. 2021/995\)](#), reg. 1(2), **Sch. 1 para. 26(b)** (with reg. 3)

Status:

Point in time view as at 01/07/2022.

Changes to legislation:

The National Health Service (General Medical Services Contracts) Regulations 2015, PART 1 is up to date with all changes known to be in force on or before 12 September 2024. There are changes that may be brought into force at a future date. Changes that have been made appear in the content and are referenced with annotations.