

SCHEDULE 3

Other contractual terms

PART 8

Records, information, notifications and rights of entry

Patient records

78.—(1) The contractor must keep adequate records of its attendance on and treatment of its patients and must do so—

- (a) on forms supplied to it for the purpose by the Local Health Board, or
- (b) with the written consent of the Local Health Board, by way of computerised records,

or in a combination of those two ways.

(2) The contractor must include in the records referred to in sub-paragraph (1) clinical reports sent in accordance with paragraph 10 or from any other health care professional who has provided clinical services to a person on its list of patients.

(3) The consent of the Local Health Board required by sub-paragraph (1)(b) must not be withheld or withdrawn provided the Local Health Board is satisfied, and continues to be satisfied, that—

- (a) the GP digital services upon which the contractor proposes to keep the records meet the requirements set out in the National Framework Agreement for GP Clinical Systems and Services in Wales,
- (b) the security measures, audit and system management functions incorporated into the GP digital services are compliant with the National Framework Agreement for GP Clinical Systems and Services in Wales have been enabled, and
- (c) the contractor is aware of, and has signed an undertaking that it must have regard to the guidelines contained in “The Good Practice Guidelines for GP electronic patient records (Version 4)” published on 21 March 2011.

(4) Where the contractor’s patient records are computerised records, the contractor must, as soon as possible following a request from the Local Health Board, allow the Local Health Board to access the information recorded on the computer system on which those records are held by means of the audit function referred to in sub-paragraph (3)(b) to the extent necessary for the Local Health Board to confirm that the audit function is enabled and functioning correctly.

(5) Where a patient on the contractor’s list of patients dies, the contractor must send the complete records relating to that patient to the Local Health Board—

- (a) in a case where the contractor was informed by the Local Health Board of that patient’s death, before the end of the period of 14 days beginning with the date on which the contractor was so informed, or
- (b) in any other case, before the end of the period of 4 weeks beginning with the date on which the contractor learned of that patient’s death.

(6) Where a patient on a contractor’s list of patients has registered with another provider of primary medical services and the contractor receives a request from that provider for the complete records relating to that patient, the contractor must, as soon as possible and in any event before the end of the period of 28 days beginning with the day on which it receives the request from the provider, send to that provider the complete records (other than any part held only in paper form), via the GP2GP facility in accordance with paragraph 80 and send to the Local Health Board—

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- (a) the complete records, or any part of the records, sent via the GP2GP facility in accordance with paragraph 80 for which the contractor does not receive confirmation of safe and effective transfer via that facility, and
 - (b) any part of the records held by the contractor only in paper form.
- (7) Where a patient on a contractor's list of patients—
- (a) is removed from that list at that patient's request under paragraph 28, or by reason of the application of any of paragraphs 29 to 36, and
 - (b) the contractor has not received a request from another provider of medical services with which that patient has registered for the transfer of the complete records relating to that patient,

the contractor must send a copy of those records to the Local Health Board.

(8) Where a contractor's responsibility for a patient terminates in accordance with paragraph 37, the contractor must send any records relating to that patient that it holds to—

- (a) if known, the provider of primary medical services with which that patient is registered, or
- (b) in all other cases, the Local Health Board.

(9) For the purposes of this regulation, "GP2GP facility" has the same meaning as in sub-paragraph (2) of paragraph 80.

(10) To the extent that a patient's records are computerised records, the contractor complies with sub-paragraphs (5), (7) or (8) if it sends to the Local Health Board a copy of those records—

- (a) in written form, or
- (b) with the written consent of the Local Health Board in any other form.

(11) The consent of the Local Health Board to the transmission of information other than in written form for the purposes of sub-paragraph (10)(b) must not be withheld or withdrawn provided it is satisfied, and continues to be satisfied, with the following matters—

- (a) the contractor's proposals as to how the record is to be transmitted,
- (b) the contractor's proposals as to the format of the transmitted record,
- (c) how the contractor is to ensure that the record received by the Local Health Board is identical to that transmitted, and
- (d) how a written copy of the record can be produced by the Local Health Board.

(12) A contractor whose patient records are computerised records must not disable, or attempt to disable, either the security measures or the audit and system management functions referred to in sub-paragraph (3)(b).

(13) In this regulation, "computerised records" means records created by way of entries on a computer.

Welsh GP record

79.—(1) Subject to paragraph (2), a contractor must, in any case where there is a change to the information included in a patient's medical record, enable the automated retrieval of summary information from the Welsh GP Record (WGPR) and the NHS Wales App, when the change occurs, using approved systems provided to it by the Local Health Board.

(2) The enabling of automated retrieval of summary information from the WGPR must be for clinical use.

(3) In this regulation—

"NHS Wales App" ("*Ap GIG Cymru*") means the system managed by Digital Health and Care Wales for accessing and managing health appointments, prescriptions and personal details;

“Welsh GP Record” (“*Cofnod Meddyg Teulu Cymru*”) means the system approved by the Local Health Board for the automated retrieval, storing and displaying of patient data relating to medications, allergies, adverse reactions and, where agreed with the contractor and subject to the patient’s consent, any other data taken from the patient’s electronic record;

“summary information” (“*gwybodaeth gryno*”) means items of patient data that comprise the Welsh GP Record.

Electronic transfer of patient records between GP practices

80.—(1) A contractor must use the facility known as “GP2GP” for the safe and effective transfer of any patient records—

- (a) in a case where a new patient registers with the contractor’s practice, to the contractor’s practice from the practice of another provider of primary medical services (if any) with which the patient was previously registered, or
- (b) in a case where the contractor receives a request from another provider of primary medical services with which the patient has registered, in order to respond to that request.

(2) In this regulation, “GP2GP facility” means the facility provided by the Local Health Board to a contractor’s practice which enables the electronic health records of a registered patient which are held on the computerised clinical systems of a contractor’s practice to be electronically transferred securely and directly to another provider of primary medical services with which the patient has registered.

(3) The requirements of this paragraph do not apply in the case of a temporary resident.

Clinical correspondence: requirement for NHS number

81.—(1) A contractor must include the NHS number of a registered patient as the primary identifier in all clinical correspondence issued by the contractor which relates to that patient.

(2) The requirement in paragraph (1) does not apply where, in exceptional circumstances outside of the contractor’s control, it is not possible for the contractor to ascertain the patient’s NHS number.

(3) In this paragraph—

“clinical correspondence” (“*gohebiaeth glinigol*”) means all correspondence in writing, whether in electronic form or otherwise, between the contractor and other health service providers concerning or arising out of patient attendance and treatment at practice premises including referrals made by letter or by any other means;

“NHS number” (“*rhif GIG*”), in relation to a registered patient, means the number, consisting of ten numeric digits, which serves as the national unique identifier used for the purpose of safely, accurately and efficiently sharing information relating to that patient across the whole of the health service in Wales.

Use of fax machines

82.—(1) Where a contractor can transmit information securely and directly by electronic means other than facsimile transmission, the contractor must not—

- (a) transmit information to a relevant person by facsimile transmission, or
- (b) agree to receive any information from a relevant person by facsimile transmission.

(2) Sub-paragraph (1) does not apply to information which relates solely to a patient under a private arrangement for the provision of clinical services or treatment.

(3) In this paragraph “relevant person” means—

- (a) an NHS body,

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- (b) another health service provider,
- (c) a patient, or
- (d) a person acting on behalf of a patient.

Confidentiality of personal data: nominated person

83. The contractor must nominate a person with responsibility for practices and procedures relating to the confidentiality of personal data held by it.

Provision of information to patients

84.—(1) The contractor must—

- (a) have an online resource,
- (b) provide the information specified in Schedule 4 digitally on the practice’s online resource and ensure that a written practice leaflet containing the information specified in Schedule 4 is also available,
- (c) review the information provided in paragraphs (a) and (b) at least once every year, and
- (d) make its patients and prospective patients aware of the information contained on their practice’s online resource or how they can access this information in a written practice leaflet.

(2) The contractor must make any amendments necessary to maintain the accuracy of the information on its online resource following—

- (a) a review under sub-paragraph (1)(c),
- (b) a change to—
 - (i) the address of any of the contractor’s practice premises,
 - (ii) the contractor’s telephone number,
 - (iii) the contractor’s electronic-mail address (if made available on its online resource), or
 - (iv) any other stated means by which a patient may contact the contractor to book or amend an appointment, or to order repeat prescriptions for drugs, medicines or appliances.

Provision of information (or access to information) at the request of the Local Health Board

85.—(1) Subject to sub-paragraph (2), the contractor must, at the request of the Local Health Board, produce to the Local Health Board or to a person authorised in writing by the Local Health Board, or allow the Local Health Board or a person authorised in writing by it, to access—

- (a) any information which is reasonably required by the Local Health Board for the purposes of or in connection with the contract, and
- (b) any other information which is reasonably required in connection with the Local Health Board functions.

(2) The contractor is not required to comply with any request made in accordance with sub-paragraph (1) unless it has been made by the Local Health Board in accordance with directions relating to the provision of information by contractors given to it by the Welsh Ministers under section 12(3) of the Act.

(3) The contractor must produce the information requested, or, as the case may be, allow the Local Health Board access to that information—

- (a) by a date agreed as reasonable between the contractor and the Local Health Board, or

- (b) in the absence of such agreement, within 28 days beginning with the date the request is made.

Clinical audits and the National Data Resource

86.—(1) A contractor must record and allow Digital Health and Care Wales to access any data required by the Local Health Board for the purposes of the National Clinical Audit and Outcome Review Programme for NHS Wales in accordance with paragraph (2).

(2) The data referred to in sub-paragraph (1) must be appropriately coded by the contractor using standardised coding and uploaded onto the contractor’s computerised clinical systems in line with the requirements of guidance published by Digital Health and Care Wales for these purposes.

(3) The contractor must permit the extraction of patient level data by Digital Health and Care Wales for the purpose of undertaking clinical audits included in the National Clinical Audit and Outcome Review Programme (NCAORP) to support the management of the health and care system.

(4) Contractors must consider practice level data from national clinical audits and take relevant and proportionate action to reduce any significant and unwarranted variation that is identified.

Information relating to indicators no longer in the Quality Assurance and Improvement Framework

87.—(1) A contractor must allow the extraction from the contractor’s computerised clinical systems by the Local Health Board of the information specified in the table below (Indicators relocated from the Quality Assurance and Improvement Framework) at such intervals during each financial year as are notified to the contractor by the Local Health Board.

(2) A contractor must—

- (a) establish and maintain the registers specified in the clinical indicators listed in the column “Indicator Description” of the table below (Indicators relocated from the Quality Assurance and Improvement Framework),
- (b) where an indicator specifies a particular statistic, contemporaneously record the related data as part of chronic disease management, and
- (c) where the indicator specifies a particular requirement or activity, continually record details of the contractor’s compliance with any such requirements or activities.

Table (Indicators relocated from the Quality Assurance and Improvement Framework)

<i>Indicator ID</i>	<i>Indicator Description</i>
AF001	The contractor establishes and maintains a register of patients with atrial fibrillation
CHD001	The contractor establishes and maintains a register of patients with coronary heart disease
HF001	The contractor establishes and maintains a register of patients with heart failure
HYP001	The contractor establishes and maintains a register of patients with established hypertension
STIA001	The contractor establishes and maintains a register of patients with stroke or TIA
DM001	The contractor establishes and maintains a register of all patients aged 17 or over with diabetes mellitus, which specifies the type of diabetes where a diagnosis has been confirmed

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<i>Indicator ID</i>	<i>Indicator Description</i>
AST001	The contractor establishes and maintains a register of patients with asthma, excluding patients with asthma who have been prescribed no asthma-related drugs in the preceding 12 months
COPD001	The contractor establishes and maintains a register of patients with COPD
DEM001	The contractor establishes and maintains a register of patients diagnosed with dementia
MH001	The contractor establishes and maintains a register of patients with schizophrenia, bipolar affective disorder and other psychoses and other patients on lithium therapy
CAN001	The contractor establishes and maintains a register of all cancer patients defined as a 'register of patients with a diagnosis of cancer excluding non-melanotic skin cancers diagnosed on or after 1 April 2003'
EP001	The contractor establishes and maintains a register of patients aged 18 or over receiving drug treatment for epilepsy
LD001	The contractor establishes and maintains a register of patients with learning disabilities
OST001	The contractor establishes and maintains a register of patients— <ul style="list-style-type: none"> 1. Aged 50 or over and who have not attained the age of 75 with a record of a fragility fracture on or after 1 April 2012 and a diagnosis of osteoporosis confirmed on DXA scan, and 2. Aged 75 or over with a record of a fragility fracture on or after 1 April 2012
RA001	The contractor establishes and maintains a register of patients aged 16 or over with rheumatoid arthritis
PC001	The contractor establishes and maintains a register of all patients in need of palliative care/support irrespective of age
OB001	The contractor establishes and maintains a register of patients aged 16 or over with a BMI of 30 in the preceding 15 months.
AF006	The percentage of patient with atrial fibrillation in whom stroke risk has been assessed using CHA2DS2-VASx score risk stratification scoring system in the preceding 3 years (excluding those patients with a previous CHADS2 or CHA2DS2-VASc score of 2 or more) and a record of counselling regarding the risks and benefits of anticoagulation therapy has been made
AF007	In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anticoagulation drug therapy
DM002	The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 15 months) is 150/90 mmHg or less
DM003	The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 15 months) is 140/80 mmHg or less
DM007	The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 59 mmol/mol or less in the preceding 15 months

<i>Indicator ID</i>	<i>Indicator Description</i>
DM012	The percentage of patients with diabetes, on the register, with a record of a foot examination and risk classification; 1) low risk (normal sensation, palpable pulse), 2) increased risk (neuropathy or absent pulses), 3) high risk (neuropathy or absent pulses plus deformity or skin changes in previous ulcer) or 4) ulcerated foot within the preceding 15 months
DM014	The percentage of patients newly diagnoses with diabetes, on the register, in the preceding 1 April to 31 March who have a record of being referred to a structured education programme within 9 months after entry on to the diabetes register
COPD003	The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 15 months
MH011W	The percentage of patients with Schizophrenia, Bipolar affective disorder and other psychoses who have a record of blood pressure, BMI, smoking status and alcohol consumption in the preceding 15 months and in addition to those aged 40 or over, a record of blood glucose or HbA1c in the preceding 15 months
PC002W	The contractor has regular (at least 2 monthly) multi-disciplinary case review meetings where all patients on the palliative care register are discussed
FLU001W	The percentage of the registered population aged 65 years or more who have had influenza immunisation in the preceding 1 August to 31 March
FLU002W	The percentage of patients aged under 65 years included in (any of) the registers for CHD, COPD, Diabetes or Stroke who have had influenza immunisation in the preceding 1 August to 31 March

The Wales National Workforce Reporting System

88.—(1) The contractor must update the workforce elements of the Wales National Workforce Reporting System to include—

- (a) head count and whole-time equivalents, and
- (b) a record of all new starters and leavers.

(2) The contractor must access, review and (if necessary) update their Wales National Workforce Reporting System dashboard view at least once per month.

General Practice Escalation Tool

89. The contractor must enter their escalation submission in the General Practice Escalation Tool by 3.30pm on the last working day of each month and also on each occasion that there is a significant change in practice circumstances.

Medicines and Healthcare Products Regulatory Agency Central Alerting System

90. A contractor must—

- (a) provide to the Medicines and Healthcare Products Regulatory Agency (“the MHRA”) 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

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

Inquiries about prescriptions and referrals

91.—(1) The contractor must, subject to sub-paragraphs (2) and (3), sufficiently answer any inquiries whether they are oral or in writing from the Local Health Board concerning—

- (a) any prescription form or repeatable prescription issued by a prescriber,
- (b) the considerations by reference to which prescribers issue such forms,
- (c) the referral by or on behalf of the contractor of any patient to any other services provided under the Act, or
- (d) the considerations by which the contractor makes such referrals or provides for them to be made on its behalf.

(2) An inquiry referred to in sub-paragraph (1) may only be made for the purpose either of obtaining information to assist the Local Health Board to discharge its functions or of assisting the contractor in the discharge of its obligations under the contract.

(3) The contractor is not obliged to answer any inquiry referred to in sub-paragraph (1) unless it is made—

- (a) in the case of sub-paragraph (1)(a) or (b), by an appropriately qualified health care professional, or
 - (b) in the case of sub-paragraph (1)(c) or (d), by an appropriately qualified medical practitioner.
- (4) The appropriately qualified person referred to in paragraph (3)(a) or (b) must—
- (a) be appointed by the Local Health Board in either case to assist it in the exercise of its functions under this paragraph, and
 - (b) produce, on request, written evidence of that person’s authority from the Local Health Board to make such an inquiry on the Local Health Board’s behalf.

Provision of information to a medical officer etc.

92.—(1) The contractor must, if satisfied that the patient consents—

- (a) supply in writing to any person specified in sub-paragraph (3) (a “relevant person”), within such reasonable period as that person may specify, such clinical information as any of the persons mentioned in sub-paragraph (3)(a) to (d) considers relevant about a patient to whom the contractor or a person acting on behalf of the contractor has issued or has refused to issue a medical certificate, and
- (b) answer any inquiries by a relevant person about—
 - (i) a prescription form or medical certificate issued or created by, or on behalf of, the contractor, or
 - (ii) any statement which the contractor or a person acting on behalf of the contractor has made in a report.

(2) For the purposes of being satisfied that a patient consents, a contractor may rely on an assurance in writing from a relevant person that the consent of the patient has been obtained, unless the contractor has reason to believe that the patient does not consent.

(3) For the purposes of sub-paragraph (1) and (2), a “relevant person” is—

- (a) a medical officer,
- (b) a nursing officer,

- (c) an occupational therapist,
 - (d) a physiotherapist, or
 - (e) an officer of the Department for Work and Pensions who is acting on behalf of, and at the direction of, any person specified in paragraphs (a) to (d).
- (4) In this paragraph—
- “medical officer” (“*swyddog meddygol*”) means a medical practitioner who is—
- (a) employed or engaged by the Department for Work and Pensions, or
 - (b) provided by an organisation under a contract entered into with the Secretary of State for Work and Pensions;
- “occupational therapist” (“*therapydd galwedigaethol*”) means a health care professional who is registered in the part of the register maintained by the Health Professions Council under article 5 of the Health Professions Order 2001 (establishment and maintenance of register) relating to occupational therapists and who is—
- (a) employed or engaged by the Department for Work and Pensions, or
 - (b) provided by an organisation under a contract entered into with the Secretary of State for Work and Pensions;
- “physiotherapist” (“*ffisiotherapydd*”) means a health care professional who is registered in the part of the register maintained by the Health Professions Council under article 5 of the Health Professions Order 2001 (establishment and maintenance of register) relating to physiotherapists and who is—
- (a) employed or engaged by the Department for Work and Pensions, or
 - (b) provided by an organisation under a contract entered into with the Secretary of State for Work and Pensions.

Annual return and review

93.—(1) The contractor must submit an annual return relating to the contract to the Local Health Board which requires the same categories of information from all persons who hold contracts with that Local Health Board.

(2) The Local Health Board may request a return relating to the contract at any time during each financial year in relation to such period (not including any period covered by a previous annual return) as may be specified in the request.

- (3) The contractor must submit the completed return to the Local Health Board—
- (a) by a date agreed as reasonable between the contractor and the Local Health Board, or
 - (b) in the absence of such agreement, before the end of the period of 28 days beginning with the date on which the request was made.

(4) Following receipt of the return referred to in sub-paragraph (1), the Local Health Board must arrange with the contractor an annual review of its performance in relation to the contract.

(5) The contractor or the Local Health Board may, if desired, invite the Local Medical Committee (if any) for the area in which the contractor is providing services under the contract to participate in the annual review.

(6) The Local Health Board must prepare a draft record of the review referred to in sub-paragraph (4) for comment by the contractor and, having regard to such comments, produce a final written record of the review.

(7) The Local Health Board must send a copy of the final record of the review referred to in paragraph (6) to the contractor.

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Notifications to the Local Health Board

94.—(1) In addition to any requirements of notification elsewhere in these Regulations, the contractor must notify the Local Health Board in writing, as soon as reasonably practicable, of—

- (a) any serious incident that, in the reasonable opinion of the contractor, affects or is likely to affect the contractor's performance of its obligations under the contract;
- (b) any circumstances which give rise to the Local Health Board's right to terminate the contract under Part 11;
- (c) any appointments system which it proposes to operate and the proposed discontinuance of any such system;
- (d) any change of which the contractor is aware in the address of a registered patient;
- (e) the death of any patient of which the contractor is aware.

(2) The contractor must, unless it is impracticable for it to do so, notify the Local Health Board in writing within 28 days of any occurrence requiring a change in the information about it published by the Local Health Board in accordance with regulations made under section 41 of the Act (primary medical services).

(3) The contractor must notify the Local Health Board in writing of any person other than a registered patient or a person whom it has accepted as a temporary resident to whom it has provided the unified services described in regulation 17(7) or (9) within the period of 28 days beginning on the day that the services were provided.

Co-operation with the Local Health Board

95. The Contractor must co-operate with the Local Health Board in the discharge of any of the Local Health Board's obligations, or the obligations of the Local Health Board's accountable officers, under the Controlled Drugs (Supervision of Management and Use) (Wales) Regulations 2008(1).

Notice provisions specific to a contract with a company limited by shares

96.—(1) Where a contractor is a company limited by shares, the contractor must give notice in writing to the Local Health Board as soon as—

- (a) the contractor is aware of any proposal for—
 - (i) any share in the company to be transmitted or transferred (whether legally or beneficially) to another person, or
 - (ii) a new director or secretary of the company to be appointed,
- (b) circumstances arise which may entitle a creditor or a court to appoint a receiver, administrator or administrative receiver in respect of the company,
- (c) circumstances arise which would enable the court to make a winding up order in respect of the company,
- (d) a company resolution is passed, or a court of competent jurisdiction makes an order, that the company is to be wound up, or
- (e) the company is unable to pay its debts within the meaning of section 123 of the Insolvency Act 1986(2) (definition of inability to pay debts).

(2) A notice under sub-paragraph (1)(a) must confirm that any proposed new shareholder or, as the case may be, the personal representative of a deceased shareholder—

- (a) is either—

(1) S.I. 2008/3239 (W. 286).

(2) 1986 c. 45.

- (i) a medical practitioner, or
 - (ii) a person who satisfies the conditions specified in section 44(2)(b)(i) to (iv) of the Act (persons eligible to enter into GMS contracts), and
- (b) meets the further conditions imposed on shareholders by virtue of regulations 5 and 6.
- (3) A notice under sub-paragraph (1)(a) must confirm that any proposed new director or, as the case may be, secretary meets the conditions imposed on directors and secretaries by virtue of regulation 6.

Notice provisions specific to a contract with two or more individuals practising in partnership

97.—(1) Where a contractor is a partnership, the contractor must give notice in writing to the Local Health Board as soon as—

- (a) any partner in the partnership—
 - (i) leaves the partnership, or
 - (ii) informs the other partners in the partnership that they intend to leave the partnership, or
- (b) a new partner joins the partnership.

(2) A notice under sub-paragraph (1)(a) must confirm the date on which the partner left or proposes to leave the partnership.

(3) A notice under sub-paragraph (1)(b) must—

- (a) state the date on which the new partner joined the partnership,
- (b) confirm that the new partner is—
 - (i) a medical practitioner, or
 - (ii) a person who satisfies the conditions specified in section 44(2)(b)(i) to (iv) of the Act (persons eligible to enter into GMS contracts),
- (c) confirm that the new partner meets the conditions imposed by regulations 5 and 6, and
- (d) state whether the new partner is a general or a limited partner in the partnership.

Notification of deaths

98.—(1) The contractor must report in writing to the Local Health Board the death on its practice premises of any patient no later than the end of the first working day after the date on which the death occurred.

(2) The report must include—

- (a) the patient's full name,
- (b) the patient's National Health Service number where known,
- (c) the date and place of the patient's death,
- (d) a brief description of the circumstances, as known, surrounding the patient's death,
- (e) the name of any medical practitioner or other person treating the patient while the patient was on the contractor's practice premises, and
- (f) the name, where known, of any other person who was present at the time of the patient's death.

(3) The contractor must send a copy of the report referred to in sub-paragraph (1) to any other Local Health Board in whose area the deceased was resident at the time of the deceased's death.

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Notifications to patients following variation of the contract

99.—(1) This paragraph applies where a contract is varied in accordance with Part 11 of this Schedule and, as a result of that variation—

- (a) there is to be a change in the range of services provided to the contractor’s registered patients, or
 - (b) patients who are on the contractor’s list of patients are to be removed from that list.
- (2) Where this paragraph applies, the Local Health Board must—
- (a) give notice in writing to those patients of the variation and of its effect, and
 - (b) inform those patients of the steps that they may take to—
 - (i) obtain the services in question elsewhere, or
 - (ii) register elsewhere for the provision to them of unified services (or their equivalent).

Entry and Inspection by the Local Health Board

100.—(1) Subject to the conditions in sub-paragraph (2), the contractor must allow any persons authorised in writing by the Local Health Board to enter and inspect the contractor’s practice premises at any reasonable time.

- (2) The conditions referred to in sub-paragraph (1) are that—
- (a) reasonable notice of the intended entry has been given,
 - (b) written evidence of the authority of the person seeking entry is produced to the contractor on request, and
 - (c) entry is not made to any premises or part of the premises used as residential accommodation without the consent of the resident.

(3) The contractor or the Local Health Board or a person authorised in writing by the Local Health Board may invite the Local Medical Committee (if any) for the area in which the contractor provides services under the contract to be present at any inspection of the contractor’s practice premises which takes place under this paragraph.