STATUTORY INSTRUMENTS

2015 No. 196

NATIONAL HEALTH SERVICE, ENGLAND

The National Health Service (General Medical Services Contracts and Personal Medical Services Agreements) (Amendment) Regulations 2015

Made - - - -	*10th February 2015*
Laid before Parliament	*17th February 2015*
Coming into force - -	*1st April 2015*

The Secretary of State, in exercise of the powers conferred by sections 85, 89(1), (2)(a), (c), (d), and (h), (3)(a) and (c) and (6), 90(1), (2) (a) and (3), 94(1), (3)(f) and (g), (7), (8)(c) and (9) and 272(7) and (8) of the National Health Service Act 2006(**1**), makes the following Regulations.

PART 1

General

Citation, commencement and interpretation

1.—(1) These Regulations may be cited as the National Health Service (General Medical Services Contracts and Personal Medical Services Agreements) (Amendment) Regulations 2015.

(2) They come into force on 1st April 2015.

(3) In these Regulations—

"the GMS Contracts Regulations" means the National Health Service (General Medical Services Contracts) Regulations 2004(**2**); and

(**1**) 2006.c.41. The National Health Service Act 2006 ("the Act") was amended by the Health and Social Care Act 2012 (c.7) and relevant amendments to section 89 were made by section 202(2) and paragraph 34 of Schedule 4, and to section 94 by paragraph 38 of Schedule 4. *See* section 275(1) of the Act for the meaning given to "prescribed" and "regulations". The powers exercised in making these Regulations are exercisable by the Secretary of State in relation to England only, by virtue of section 271(1) of the Act.

(**2**) S.I. 2004/291; as amended by S.I. 2004/865, 906 and 2694, S.I. 2005/893 and 3315, S.I. 2006/501, S.I. 2007/3491, S.I. 2008/1700, S.I. 2009/309, 2205 and 2230, S.I. 2010/22, 231 and 578, S.I. 2012/970, 1479, 1909, 1916 and 2404, S.I. 2013/363 and S.I. 2014/465, 1887 and 2721.

"the PMS Agreements Regulations" means the National Health Service (Personal Medical Services Agreements) Regulations 2004(**3**).

PART 2

Amendment of the GMS Contracts Regulations

Amendment of regulation 2 of the GMS Contracts Regulations

2. In regulation 2(1) of the GMS Contracts Regulations(**4**) (interpretation), after the definition of "approved medical practice" insert—

""armed forces of the Crown" means the forces that are "regular forces" or "reserve forces" within the meaning given in section 374 of the Armed Forces Act 2006(**5**) (definitions applying for the purposes of the whole Act);".

Amendment of regulation 10 of the GMS Contracts Regulations

3. In regulation 10 of the GMS Contracts Regulations(**6**) (health service body status), for paragraph (7)(b) substitute—

"(b) paragraph (5), where it or the Board—

(i) has referred any matter to the NHS dispute resolution procedure before it ceases to be a health service body, or

(ii) refers any matter to the NHS dispute resolution procedure, in accordance with paragraph 100(1) of Schedule 6, after it ceases to be a health service body,

the contractor is to continue to be regarded as a health service body (and accordingly the contract is to continue to be regarded as an NHS contract) for the purposes of the consideration and determination of the dispute;".

Insertion of new regulation 24A into the GMS Contracts Regulations

4. After regulation 24 of the GMS Contracts Regulations(**7**) (fees and charges), insert—

"**Patient participation**

24A.—(1) The contractor must establish and maintain a group known as a "Patient Participation Group" comprising of some of its registered patients for the purposes of—

(a) obtaining the views of patients who have attended the contractor's practice about the services delivered by the contractor; and

(b) enabling the contractor to obtain feedback from its registered patients about those services.

(2) The contractor is not required to establish a Patient Participation Group if such a group has already been established by the contractor pursuant to any directions about

(**3**) S.I. 2004/627; as amended by S.I. 2004/906 and 2694, S.I. 2005/893, 3315, 3491, S.I. 2006/501, S.I. 2007/3491, S.I. 2008/1700, S.I. 2009/309, 2205 and 2230, S.I. 2010/22, 231, 234, 478, 578 and 1621, S.I. 2012/970, 1479, 1909, 1916 and 2404, S.I. 2013/363 and S.I. 2014/465, 1887 and 2721.
(**4**) There are no relevant amendments to regulation 2(1).
(**5**) 2006 c.52; a relevant amendment to section 374 was made by section 44(3) and (4) of the Defence Reform Act 2014 (c.20).
(**6**) Regulation 10 was amended by S.I. 2013/363.
(**7**) Regulation 24 was amended by S.I. 2013/363.

enhanced services which were given by the Secretary of State under section 98A of the 2006 Act(**8**) before 1st April 2015.

(3) The contractor must make reasonable efforts during each financial year to review the membership of its Patient Participation Group in order to ensure that the Group is representative of its registered patients.

(4) The contractor must—

(a) engage with its Patient Participation Group, at such frequent intervals throughout each financial year as the contractor must agree with that group, with a view to obtaining feedback from the contractor's registered patients, in an appropriate and accessible manner which is designed to encourage patient participation, about the services delivered by the contractor; and

(b) review any feedback received about the services delivered by the contractor, whether pursuant to sub-paragraph (a) or otherwise, with its Patient Participation Group with a view to agreeing with that group the improvements (if any) which are to be made to those services.

(5) The contractor must make reasonable efforts to implement such improvements to the services delivered by the contractor as are agreed between the contractor and its Patient Participation Group.

(6) In this regulation "financial year" means the 12 month period beginning on 1st April each year and ending on 31st March the following year.".

Amendment of regulation 26B of the GMS Contracts Regulations

5. In regulation 26B of the GMS Contracts Regulations(**9**) (registered patients from outside practice area: variation of contract terms), after paragraph (3) insert—

"(3A) Where, under paragraph (1), a contractor accepts onto its list of patients a person who resides outside of the contractor's practice area and the contractor subsequently considers that it is not clinically appropriate or practical to continue to provide that patient with services in accordance with the terms specified in paragraph (3), or to comply with those terms, the contract must be varied so as to include a term which has the effect of modifying the application of paragraph 20 of Schedule 6 (which relates to the removal of a patient from the list at the contractor's request) in relation to that patient so that—

(a) in sub-paragraph (1), the reference to the patient's disability or medical condition is removed; and

(b) sub-paragraph (4) applies as if, after paragraph (a), there were inserted the following paragraph—

"(aa) the reason for the removal is that the contractor considers that it is not clinically appropriate or practical to continue to provide services under the contract to the patient which do not include the provision of such services at the patient's home address;";".

Insertion of new paragraph 4A into Schedule 6 to the GMS Contracts Regulations

6. In Schedule 6 to the GMS Contracts Regulations (other contractual terms), after paragraph 4(**10**) (newly registered patients) insert—

(**8**) Section 98A of the 2006 Act was inserted by section 49(1) of the Health and Social Care Act 2012 (c.7).
(**9**) Regulation 26B was inserted by S.I. 2013/363 and was substituted by S.I. 2015/465.
(**10**) Paragraph 4 of Schedule 6 was amended by S.I. 2013/363.

"**Newly registered patients – alcohol dependency screening**

4A.—(1) Where, under paragraph 4, a patient has been—

(a) accepted onto the 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 that patient under paragraph 4(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 health risks to that patient.

(2) The contractor must comply with the requirement in sub-paragraph (1) by screening the patient using either one of the two shortened versions of the World Health Organisation Alcohol Use Disorders Identification ("AUDIT") questionnaire (**11**) which are known as—

(a) FAST (which has four questions); or

(b) AUDIT-C (which has three questions).

(3) Where, under sub-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 any 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 or depression; and

(c) where anxiety or 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 paragraph 73.".

Insertion of new paragraph 4B into Schedule 6 to the GMS Contracts Regulations

7. In Schedule 6 to the GMS Contracts Regulations (other contractual terms), immediately after new paragraph 4A (newly registered patients – alcohol dependency screening) as inserted by regulation 4, insert—

(**11**) 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.

"**Accountable GP**

4B.—(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 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 practice considers it to be necessary, assign a replacement accountable GP to the patient and give notice to the patient accordingly.

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

(a) by 30th June 2015, in the case of any person who is included in the contractor's list of patients immediately before 1st April 2015; or

(b) in the case of any person who is accepted by the contractor as a registered patient on or after 1st April 2015, within 21 days from the date on which that patient 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 1st April 2015; 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 them 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 paragraph 73.

(8) The contractor must, by no later than 31st March 2016, 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 (if it has one); and

(b) in the contractor's practice leaflet.