

SCHEDULE 2

AGREEMENTS TO PROVIDE ESSENTIAL SERVICES

PART 1

PROVISION OF ESSENTIAL SERVICES

Essential services

1.—(1) Subject to paragraph 2, the provider must provide the services described in sub-paragraphs (3) and (5) throughout the core hours.

(2) The services described in this paragraph are services required for the management of the provider's registered patients and temporary residents who are, or believe themselves to be—

- (a) ill, with conditions from which recovery is generally expected;
- (b) terminally ill; or
- (c) suffering from chronic disease,

delivered in the manner determined by the practice in discussion with the patient.

(3) For the purpose of sub-paragraph (2)—

- (a) “disease” means a disease included in the list of three-character categories contained in the tenth revision of the International Statistical Classification of Diseases and Related Health Problems(1);
- (b) “management” includes—
 - (i) offering consultation and, where appropriate, physical examination for the purpose of identifying the need, if any, for treatment or further investigation; and
 - (ii) the making available of such treatment or further investigation as is necessary and appropriate, including, where appropriate, the referral of the patient for other services under the Act and liaison with other health care professionals involved in the patients treatment and care.

(4) The services described in this paragraph are the provision of appropriate ongoing treatment and care to all registered patients and temporary residents taking account of their specific needs including—

- (i) the provision of advice in connection with the patient's health, including relevant health promotion advice; and
- (ii) the referral of the patient for other services under the Act.

(5) A provider must provide primary medical services required in core hours for the immediately necessary treatment of any person to whom the provider has been requested to provide treatment owing to an accident or emergency at any place in its practice area.

(6) In sub-paragraph (5), “emergency” includes any medical emergency whether or not related to services provided under the contract.

(7) A provider must provide primary medical services required in core hours for the necessary treatment of any person falling within sub-paragraph (8) who requests such treatment, for the period specified in sub-paragraph (9).

(8) A person falls within sub-paragraph (7) if the person is one—

(1) World Health Organisation, 1992 ISBN 92 4 1544 19 8 (v.I) NLM Classification WB 15.

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

- (a) whose application for inclusion in the provider's list of patients has been refused in accordance with paragraph 11 and who is not registered with another provider (by any arrangement) of essential services (or their equivalent) in the area of the Health Board;
 - (b) whose application for acceptance as a temporary resident has been refused under paragraph 11;
 - (c) who is present in the provider's practice area for less than 24 hours.
- (9) The period referred to in sub-paragraph (7) is—
- (a) in the case of sub-paragraph (8)(a), 14 days beginning with the date on which that person's application was refused or until that person has been subsequently registered elsewhere for the provision of essential services (or their equivalent), whichever occurs first;
 - (b) sub-paragraph (8)(b), 14 days beginning with the date on which that person's application was rejected or until that person has been accepted as a temporary resident elsewhere as a temporary resident, whichever occurs first; and
 - (c) sub-paragraph (8)(c), 24 hours or such shorter period as the person is present in the provider's practice area.

Essential services

2. The provider shall—
- (a) provide essential services, at such times, within core hours, as are appropriate to meet the reasonable needs of the provider's patients; and
 - (b) have in place arrangements for the provider's patients to access such services throughout the core hours in case of emergency.

Attendance at practice premises

- 3.—(1) The provider shall take steps to ensure that any patient who—
- (a) has not previously made an appointment; and
 - (b) attends at the practice premises during the normal hours for essential services,
- is provided with such services by an appropriate health care professional during that surgery period except in the circumstances specified in sub-paragraph (2).
- (2) The circumstances referred to in sub-paragraph (1) are that—
- (a) it is more appropriate for the patient to be referred elsewhere for services under the Act; or
 - (b) the patient is offered an appointment to attend again within a time which is appropriate and reasonable having regard to all the circumstances and the patient's health would not thereby be jeopardised.

Newly registered patients

- 4.—(1) Where a patient has been—
- (a) accepted on a provider's list of patients under paragraph 9; or
 - (b) assigned to that list by the Health Board,
- the provider shall, in addition to and without prejudice to its other obligations in respect of that patient under the agreement, invite the patient to participate in a consultation either at the provider's practice premises or, if a medical condition of the patient so warrants, at one of the places referred to in paragraph 2(2) of Schedule 1.

(2) An invitation under sub-paragraph (1) to be issued within 6 months of the date of acceptance of the patient on, or their assignment to, the provider's list of patients.

(3) Where a patient (or, in the case of a patient who is a child, the child's parent) agrees to participate in a consultation mentioned in sub-paragraph (1) the provider shall, in the course of that consultation make such inquiries and undertake such examinations as appear to the provider to be appropriate in all the circumstances.

Patients not seen within 3 years

5.—(1) Where a registered patient who—

- (a) has attained the age of 16 years but has not attained the age of 75 years; and
- (b) has attended neither a consultation with, nor a clinic provided by, the provider, within the preceding 3 years prior to the date of the patient's request,

requests a consultation, the provider shall, in addition and without prejudice to the providers other obligations in respect of that patient under the agreement, provide such a consultation in the course of which the provider shall make such inquiries and undertake such examinations as appear to the provider to be appropriate in all the circumstances.

Patients aged 75 years and over

6.—(1) Where a registered patient who—

- (a) has attained the age of 75 years; and
- (b) has not participated in a consultation under this paragraph within the period of 12 months prior to the date of the patient's request,

requests a consultation, the provider shall, in addition and without prejudice to the provider's other obligations in respect of that patient under the agreement, provide such a consultation in the course of which the provider shall make such inquiries and undertake such examinations as appear to it to be appropriate in all the circumstances.

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

Fees and charges for essential services

7.—(1) Where a person applies to the provider for the provision of essential services and claims to be on that provider's list of patients, but fails to produce that person's medical card on request and the provider has reasonable doubts about that person's claim, the provider shall provide any necessary treatment and shall be entitled to demand and accept a reasonable fee in accordance with sub-paragraph (2) subject to the provision for repayment contained in paragraph (3).

(2) The provider may demand and accept a reasonable fee when the provider treats a patient under sub-paragraph (1) for any treatment given, if the provider gives the patient a receipt.

(3) Where a person from whom a provider received a fee under sub-paragraph (1) applies to the Health Board for a refund within 14 days of payment of the fee (or such longer period not exceeding one month as the Health Board may allow, if it is satisfied that the failure to apply within 14 days was reasonable) and the Health Board is satisfied that the person was on the provider's list of patients when the treatment was given, the Health Board may recover the amount of the fee from the provider, by deduction from the provider's remuneration or otherwise, and shall pay that amount to the person who paid the fee.

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.