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## STATUTORY INSTRUMENTS

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# 2020 No. 911

## NATIONAL HEALTH SERVICE, ENGLAND

### The National Health Service (General Medical Services Contracts and Personal Medical Services Agreements) (Amendment) (No. 2) Regulations 2020

<i>Made</i>	- - - -	<i>26th August 2020</i>
<i>Laid before Parliament</i>		<i>27th August 2020</i>
<i>Coming into force</i>	- -	<i>1st October 2020</i>

The Secretary of State for Health and Social Care makes the following Regulations in exercise of the powers conferred by sections 85(1), 89(1),(2)(a),(c) and (f) and (3), 94(1) and (8), and 272(7) and (8) of the National Health Service Act 2006(1).

#### **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) (No. 2) Regulations 2020.

(2) These Regulations come into force on 1st October 2020.

(3) In these Regulations—

“the GMS Contracts Regulations” means the National Health Service (General Medical Services Contracts) Regulations 2015(2);

“the PMS Agreements Regulations” means the National Health Service (Personal Medical Services Agreements) Regulations 2015(3).

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- (1) [2006 c. 41](#). Section 89 of the National Health Service Act 2006 (“the 2006 Act”) was amended by sections 28(1) and 202(2) of, and paragraph 34(1) of Schedule 4 to, the Health and Social Care Act [2012 \(c. 7\)](#) (“the 2012 Act”). Section 94 was amended by section 28(2) of, and paragraph 38 of Schedule 4 to, the 2012 Act, and paragraph 52(1)(b) and (2) of Schedule 9 to the Crime and Courts Act 2013.(c.22). The powers exercised in making these Regulations are exercisable by the Secretary of State only in relation to England, by virtue of section 271(1) of the 2006 Act. For the meaning of “prescribed” and “regulations”, see section 275(1) of the 2006 Act.
- (2) [S.I. 2015/1862](#), as amended by [S.Is 2016/211](#), [481](#), [696](#), [875](#) and [1077](#), [2017/908](#), [2018/844](#) and [1114](#), [2019/248](#), [593](#), [776](#), [1094](#) and [1137](#) and [2020/226](#), [267](#) and [351](#).
- (3) [S.I. 2015/1879](#), as amended by [S.I. 2016/211](#), [481](#), [696](#), [875](#) and [1077](#), [2017/908](#), [2018/844](#) and [1114](#), [2019/248](#), [593](#), [776](#), [1094](#) and [1137](#) and [2020/226](#), [267](#) and [351](#).

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**Amendment of the GMS Contracts Regulations**

2. Schedule 1 contains amendments to the GMS Contracts Regulations.

**Amendment of the PMS Agreements Regulations**

3. Schedule 2 contains amendments to the PMS Agreements Regulations.

Signed by the authority of the Secretary of State for Health and Social Care

26th August 2020

*Jo Churchill*  
Parliamentary Under-Secretary of State,  
Department of Health and Social Care

## SCHEDULE 1

Regulation 2

### Amendments to the GMS Contracts Regulations

#### General

1. The GMS Contracts Regulations are amended as follows.

#### Amendment of regulation 3A

2. In regulation 3A(1) (variation of core hours while a disease is or in anticipation of a disease being imminently pandemic etc.)(4) for “the Board may with the agreement of the Secretary of State make an announcement” substitute, “the Board with the agreement of the Secretary of State has made an announcement”.

#### Amendment of regulation 74E

3. In regulation 74E (NHS Digital Workforce Census)(5)—
  - (a) for the heading, substitute “NHS Digital Workforce Collection”;
  - (b) in paragraph (1) for “NHS Digital Workforce Census”, substitute “NHS Digital Workforce Collection”; and
  - (c) for paragraph (2) substitute—

“(2) The data referred to in paragraph (1) must be appropriately coded by the contractor in line with agreed standards set out in guidance published by the Health and Social Care Information Centre(6), and must be submitted to the Centre using the data entry module on the National Workforce Reporting System(7), which is a facility provided by the Health and Social Care Information Centre to the contractor for this purpose.”.

#### New regulation 74H

4. After regulation 74G (Medicines and Healthcare products Regulatory Agency Central Alerting System)(8), insert—

#### “Collection of data relating to appointments in general practice

**74H.**—(1) A contractor must participate in the collection of anonymised data relating to appointments for its registered patients (“practice appointments data”) in accordance with the “GP Appointments Data Collection in Support of Winter Pressures”(9) referred to in the Health and Social Care Information Centre (Establishment of Information Systems for NHS

(4) Inserted by [S.I. 2020/351](#).

(5) Inserted by [S.I. 2017/908](#).

(6) The Health and Social Care Information Centre (known as NHS Digital) is a body corporate established under section 252(1) of the Health and Social Care Act 2012 (c.7).

(7) The National Workforce Reporting System is the approved web tool made available by the Health and Social Care Information Centre to contractors for the purposes of submitting data online. Further information regarding the collection and recording of data by contractors for the purposes of the NHS Digital Workforce Survey is available at: [http://bit.ly/NWRS\\_Webpage](http://bit.ly/NWRS_Webpage), or may be obtained by post from NHS Digital, 1 Trevelyan Square, Boar Lane, Leeds, West Yorkshire LS1 6AE.

(8) Inserted by [S.I. 2019/1137](#).

(9) Originally introduced in support of winter pressures and still referred to that way. NHS Digital: <https://digital.nhs.uk/about-nhs-digital/corporate-information-and-documents/directions-and-data-provision-notice/data-provision-notice-dpns/gp-appointments-data-collection-in-support-of-winter-pressures-version-2>. Hard copies can be obtained by post from NHS Digital, 1 Trevelyan Square, Boar Lane, Leeds S1 6AE.

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Services: General Practice Appointments Data Collection in Support of Winter Pressures) Directions 2017<sup>(10)</sup>.

(2) The contractor must ensure that all practice appointments data relating to the provision of primary medical services under its contract is recorded within the appointment book in accordance with the guidance<sup>(11)</sup>.

(3) The contractor must ensure that the practice appointments data is uploaded onto its computerised clinical systems and available for collection by the Health and Social Care Information Centre at such intervals during each financial year as notified to the contractor by the Centre.

(4) For the purposes of this regulation, “appointment book” means a capability provided by the contractor’s computerised clinical systems and software supplier which supports the administration, scheduling, resourcing and reporting of appointments.”.

### **Amendment of paragraph 11B of Part 1 of Schedule 3**

5. In paragraph 11B<sup>(12)</sup> of Part 1 of Schedule 3 (direct booking by NHS 111)—
- (a) in its heading, after “NHS 111” insert “or via a connected service”;
  - (b) in sub-paragraph (1), after “or via a service” insert “(“a connected service”);”;
  - (c) in sub-paragraph (3)(a), (b), (c) and (d) (twice), after “NHS 111” insert “or via a connected service”; and
  - (d) in sub-paragraph (4), after “NHS 111” insert “or to a connected service”.

### **Amendment of paragraph 15A of Part 1 of Schedule 3**

6. In paragraph 15A(3) of Part 1 of Schedule 3 (duty of co-operation: Primary Care Networks) omit “with a minimum population of 30,000 people”.

### **Amendment of paragraph 17 to Part 2 of Schedule 3**

7. For paragraph 17 of Part 2 of Schedule 3 (list of patients), substitute—

“17.—(1) The Board must prepare and keep up to date a list of the patients who have been—

- (a) accepted by the contractor for inclusion in the contractor’s list of patients under paragraph 18 and who have not been subsequently removed from that list under paragraphs 23 to 31; and
- (b) assigned by the Board to the Contractor’s list of patients under—
  - (i) paragraph 39(1)(a), or
  - (ii) paragraph 39(1)(b) (by virtue of a determination of the assessment panel under paragraph 41(8) which has not subsequently been overturned by a determination of the Secretary of State under paragraph 42 or by a court).

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<sup>(10)</sup> The Health and Social Care Information Centre (Establishment of Information Systems for NHS Services: General Practice Appointments Data Collection in Support of Winter Pressures) Directions 2017, which were signed on 15th September 2017, are made under section 254 of the Health and Social Care Act 2012 (c.7). See: <https://digital.nhs.uk/about-nhs-digital/corporate-information-and-documents/directions-and-data-provision-notices/data-provision-notices-dpns/gp-appointments-data-collection-in-support-of-winter-pressures-version-2>, or may be obtained by post from NHS Digital, 1 Trevelyan Square, Boar Lane, Leeds LS1 6AE.

<sup>(11)</sup> The guidance, entitled “More accurate General Practice data” can be found at: <https://www.england.nhs.uk/publication/more-accurate-general-practice-appointment-data-guidance/> or hard copies can be obtained by post from Primary Care Strategy and NHS Contracts Group, NHS England, Area 2D, Skipton House, 80 London Road, London SE1 6HL

<sup>(12)</sup> Inserted by S.I. 2019/1137 and amended by S.I. 2020/351.

- (2) The contractor must, upon receipt of a reasonable written request from the Board—
- (a) take appropriate steps as soon as is reasonably practicable, to correct and update patient data held on the practice’s computerised clinical systems, and where necessary register or deregister patients to ensure that the patient list is accurate; and
  - (b) provide information relating to its list of patients as soon as is reasonably practicable and, in any event, no later than 30 days from the date on which the request was received by the contractor, in order to assist the Board in the exercise of its duties under paragraph (1), contacting patients where reasonably necessary to confirm that their patient data is correct.”.

**Amendment of paragraph 24 to Part 2 of Schedule 3**

8. In paragraph 24 of Part 2 of Schedule 3 (removal from the list at the request of the contractor), omit paragraph (a) of sub-paragraph (4).

**Amendment of paragraph 25 to Part 2 of Schedule 3**

9. In paragraph 25 of Part 2 of Schedule 3 (removal from the list of patients who are violent)—
- (a) in sub-paragraph (1A), for “Where a contractor” substitute “Subject to sub-paragraph (1B), where a contractor”;
  - (b) after sub-paragraph (1A), insert—
    - “(1B) A contractor must not give notice to the Board pursuant to sub-paragraph (1A), where—
    - (a) a person mentioned in paragraph (1A) was allocated to a Violent Patient Scheme set up in accordance with direction 8 of the Primary Medical Services (Directed Enhanced Services) Directions 2020(13) to receive primary medical services under that scheme, and
    - (b) the provider of the Scheme discharged that person because they were not considered to pose a risk of violence, or
    - (c) that person successfully appealed their allocation to a Violent Patient Scheme.”.

**Amendment of paragraph 27 to Part 2 of Schedule 3**

10. In paragraph 27(1) of Part 2 of Schedule 3 (removal from the list of patients who have moved), after “where the Board is satisfied”, insert “, or is notified by the contractor,”.

**Amendment of paragraph 38 to Part 4 of Schedule 3**

11. In paragraph 38 of Part 4 of Schedule 3 (application of this Part), substitute—
- “38.—(1) This Part applies in respect of the assignment by the Board of—
- (a) a person as a new patient to a contractor’s list of patients where that person—
    - (i) has been refused inclusion in a contractor’s list of patients or has not been accepted as a temporary resident by a contractor, and

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(13) The Primary Medical Services (Directed Enhanced Services) Directions 2020 which were signed on 31st March 2020. These directions are available at [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/877304/des-directions-2020.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877304/des-directions-2020.pdf) or hard copies can be obtained by writing to the GP Policy Team, Fourth Floor, 39 Victoria Street, London SW1H 0EU.

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- (ii) would like to be included in the list of patients of a contractor in whose CCG area that person resides; or
  - (b) any person who is part of a list dispersal resulting from the closure of a practice where that person—
    - (i) has not registered with another contractor, and
    - (ii) would like to be included in the list of patients of a contractor in whose CCG area that person resides; or
  - (c) any person who is part of a list dispersal resulting from the closure of a practice where that person has not registered with another contractor and the Board has been unable to contact that person.
- (2) In this paragraph, “list dispersal” means the allocation of patients from a contractor’s list of patients by the Board following termination of the contract or during the period set out in the notice of termination or agreement to terminate.”.

### **Insertion of new paragraph 40A to Part 4 of Schedule 3**

12. After paragraph 40 of Part 4 of Schedule 3 (factors relevant to assignments), insert—

#### **“Assignment of patients from outside practice area**

**40A.** Where the Board has assigned a person to a contractor’s list of patients in accordance with this Part, and that person resides outside a contractor’s practice area, regulation 30(4), (5) and (6) (variation of contracts: registered patients from outside practice area) are to apply as if the contractor had accepted that patient onto its list of patients in accordance with regulation 30(1) unless a contractor chooses to include that person in its list of patients for its practice area on assignment by the Board.”.

### **Amendment of paragraph 44 to Part 5 of Schedule 3**

13. In paragraph 44 of Part 5 of Schedule 3 (sub-contracting of clinical matters)—

- (a) in sub-paragraph (9) for “A sub-contract”, substitute, “Subject to sub-paragraph (9A), a sub-contract”; and
- (b) after sub-paragraph (9), insert—

“(9A) A sub-contract entered into by the contractor may allow the sub-contractor to sub-contract clinical services the contractor has agreed to provide under the Network Contract Directed Enhanced Service Scheme, pursuant to direction 4 of the Primary Medical Services (Directed Enhanced Services) Directions 2020<sup>(14)</sup>, provided the contractor obtains the written approval of the Board prior to the sub-contractor sub-contracting those services.

### **Amendment of paragraph 67 to Part 8 of Schedule 3**

14. In paragraph 67(3) of Part 8 of Schedule 3 (other grounds for termination by the Board)—

- (a) after paragraph (u)(iii), omit “or”;
- (b) at the end of paragraph (v) for “to deal with the matter.”, substitute “to deal with the matter; or”; and

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<sup>(14)</sup> The Primary Medical Services (Directed Enhanced Services) (No. 2) Directions 2020, which were signed on 3rd September 2020. These directions are available at [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/914724/the-primary-medical-services-directed-enhanced-services-no-2-directions-2020.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/914724/the-primary-medical-services-directed-enhanced-services-no-2-directions-2020.pdf) or hard copies can be obtained by writing to the GP Team, Fourth Floor, 39 Victoria Street, London SW1H 0EU.”;

(c) after paragraph (v), insert—

“(w) the contractor’s registration with the Care Quality Commission(15) has been cancelled in accordance with section 17(1) of the Health and Social Care Act 2008(16), and that cancellation is the final decision of the Commission, or, where an appeal has been launched, is the outcome of that appeal.”.

## SCHEDULE 2

Regulation 3

### Amendments to the PMS Agreements Regulations

#### General

1. The PMS Agreements Regulations are amended as follows.

#### Amendment of regulation 3A

2. In regulation 3A(1) (variation of core hours while a disease is or in anticipation of a disease being imminently pandemic etc.)(17) for “the Board may with the agreement of the Secretary of State make an announcement” substitute, “the Board with the agreement of the Secretary of State has made an announcement”.

#### Amendment of regulation 67E

3. In regulation 67E (NHS Digital Workforce Census)(18)—

- (a) for the heading substitute “NHS Digital Workforce Collection”;
- (b) in paragraph (1) for “NHS Digital Workforce Census”, substitute “NHS Workforce Collection”;
- (c) for paragraph (2) substitute—

“(2) The data referred to in paragraph (1) must be appropriately coded by the contractor in line with agreed standards set out in guidance published by the Health and Social Care Information Centre(19), and must be submitted to the Health and Social Care Centre using the data entry module on the National Workforce Reporting System(20), which is a facility provided by the Centre to the contractor for this purpose.”.

#### New regulation 67H

4. After regulation 67G (Medicines and Healthcare products Regulatory Agency Central Alerting System)(21), insert—

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(15) The Care Quality Commission is a body corporate established by section 1 of the Health and Social Care Act 2008 (c.14).

(16) The Health and Social Care Act 2008 (c. 14). Section 17 has been amended by 2018/195 .

(17) Inserted by S.I. 2020/351.

(18) Inserted by S.I. 2017/908.

(19) The Health and Social Care Information Centre (known as NHS Digital) is a body corporate established under section 252(1) of the Health and Social Care Act 2012 (c.7).

(20) The National Workforce Reporting System is the approved web tool made available by the Health and Social Care Information Centre to contractors for the purposes of submitting data online. Further information regarding the collection and recording of data by contractors for the purposes of the NHS Digital Workforce Survey is available at: [http://bit.ly/NWRS\\_Webpage](http://bit.ly/NWRS_Webpage), or may be obtained by post from NHS Digital, 1 Trevelyan Square, Boar Lane, Leeds, West Yorkshire LS1 6AE.

(21) Inserted by S.I. 2019/1137.

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### “Collection of data relating to appointments in general practice

**67H.**—(1) A contractor must participate in the collection of anonymised data relating to appointments for its registered patients (“GP practice data”) in accordance with the “GP Appointments Data Collection in Support of Winter Pressures”(22) referred to in the Health and Social Care Information Centre (Establishment of Information Systems for NHS Services: General Practice Appointments Data Collection in Support of Winter Pressures) Directions 2017(23).

(2) The contractor must ensure that all GP practice data relating to the provision of primary medical services under its contract is recorded within the appointment book in accordance with the guidance(24).

(3) The contractor must ensure that the GP practice data is uploaded onto its computerised clinical systems and available for collection by the Health and Social Care Information Centre(25) at such intervals during each financial year as notified to the contractor by the Health and Social Care Centre.

(4) For the purposes of this regulation, “appointment book” means a capability provided by the contractor’s computerised clinical systems and software supplier which supports the administration, scheduling, resourcing and reporting of appointments.”.

### Amendment of paragraph 10A of Part 1 of Schedule 2

5. In paragraph 10A(3) of Part 1 of Schedule 2 (duty of co-operation: Primary Care Networks) omit “with a minimum population of 30,000 people”.

### Amendment of paragraph 13 to Part 2 of Schedule 2

6. For paragraph 13 of Part 2 of Schedule 2 (list of patients), substitute—

“13.—(1) The Board must prepare and keep up to date a list of the patients who have been—

- (a) accepted by the contractor for inclusion in the contractor’s list of patients under paragraph 17 and who have not been subsequently removed from that list under paragraphs 22 to 30; and
- (b) assigned by the Board to the Contractor’s list of patients under—
  - (i) paragraph 38(1)(a), or
  - (ii) paragraph 38(1)(b) (by virtue of a determination of the assessment panel under paragraph 40(8) which has not subsequently been overturned by a determination of the Secretary of State under paragraph 41 or by a court).

(2) The contractor must, upon receipt of a reasonable written request by the Board—

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- (22) Originally introduced in support of winter pressures and still referred to that way. NHS Digital: <https://digital.nhs.uk/about-nhs-digital/corporate-information-and-documents/directions-and-data-provision-notices/data-provision-notices-dpns/gp-appointments-data-collection-in-support-of-winter-pressures-version-2>. Hard copies can be obtained by post from NHS Digital, 1 Trevelyan Square, Boar Lane, Leeds LS1 6AE.
  - (23) The Health and Social Care Information Centre (Establishment of Information Systems for NHS Services: General Practice Appointments Data Collection in Support of Winter Pressures) Directions 2017, which were signed on 15th September 2017, are made under section 254 of the Health and Social Care Act 2012 (c.7). See: <https://digital.nhs.uk/about-nhs-digital/corporate-information-and-documents/directions-and-data-provision-notices/data-provision-notices-dpns/gp-appointments-data-collection-in-support-of-winter-pressures-version-2>, or hard copies may be obtained by post from NHS Digital, 1 Trevelyan Square, Boar Lane, Leeds, West Yorkshire LS1 6AE.
  - (24) The guidance entitled “More accurate General Practice appointment data” can be found at: <https://www.england.nhs.uk/publication/more-accurate-general-practice-appointment-data-guidance/> or hard copies can be obtained by post from Primary Care Strategy and NHS Contracts Group, NHS England, Area 2D, Skipton House, 80 London Road, London SE1 6HL.
  - (25) The Health and Social Care Information Centre (known as NHS Digital) is a body corporate established under section 252(1) of the Health and Social Care Act 2012 (c.7).



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- (a) take appropriate steps as soon as is reasonably practicable to correct and update patient data held on the practice's computerised clinical systems, and where necessary register or deregister patients to ensure that the patient list is accurate; and
- (b) provide information relating to its list of patients as soon as is reasonably practicable and, in any event, no later than 30 days from the date on which the request was received by the contractor, in order to assist the Board in the exercise of its duties under paragraph (1), contacting patients where reasonably necessary to confirm that their patient data is correct.”.

#### **Amendment of paragraph 16B of Part 2 of Schedule 2**

7. In paragraph 16B of Part 2 of Schedule 2 (direct booking by NHS 111)(26)—
- (a) in its heading, after “NHS 111” insert “or via a connected service”;
  - (b) in sub-paragraph (1), after “or via a service” insert “(“a connected service”);”;
  - (c) in sub-paragraph (3)(a), (b), (c) and (d) (twice), after “NHS 111” insert “or via a connected service”; and
  - (d) in sub-paragraph (4), after “NHS 111” insert “or to a connected service”.

#### **Amendment of paragraph 23 to Part 2 of Schedule 2**

8. In paragraph 23 of Part 2 of Schedule 2 (removal from the list at the request of the contractor), omit paragraph (a) of sub-paragraph (4).

#### **Amendment of paragraph 24 to Part 2 of Schedule 2**

9. In paragraph 24 of Part 2 of Schedule 2 (removal from the list of patients who are violent)—
- (a) in sub-paragraph (1A), for “Where a contractor” substitute “Subject to sub-paragraph (1B), where a contractor”;
  - (b) after sub-paragraph (1A), insert—

“(1B) A contractor must not give notice to the Board pursuant to sub-paragraph (1A), where—

    - (a) a person mentioned in paragraph (1A) was allocated to a Violent Patient Scheme set up in accordance with direction 8 of the Primary Medical Services (Directed Enhanced Services) Directions 2020(27) to receive primary medical services under that scheme; and
    - (b) the provider of the Scheme discharged that person because they were not considered to pose a risk of violence, or
    - (c) that person successfully appealed their allocation to a Violent Patient Scheme.”.

#### **Amendment of paragraph 26 to Part 2 of Schedule 2**

10. In paragraph 26(1) of Part 2 of Schedule 2 (removal from the list of patients who have moved), after “where the Board is satisfied”, insert “, or is notified by the contractor”.

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(26) Paragraph 16B was amended by [S.I. 2020/351](#).

(27) The Primary Medical Services (Directed Enhanced Services) (No. 2) Directions 2020, which were signed on 3rd September 2020. These directions are available at [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/914724/the-primary-medical-services-directed-enhanced-services-no-2-directions-2020.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/914724/the-primary-medical-services-directed-enhanced-services-no-2-directions-2020.pdf) or hard copies can be obtained by writing to the GP Team, Fourth Floor, 39 Victoria Street, London SW1H 0EU.

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### **Amendment of paragraph 37 to Part 4 of Schedule 2**

11. In paragraph 37 of Part 4 of Schedule 2 (application of this Part), substitute—

“37.—(1) This Part applies in respect of the assignment by the Board of—

- (a) a person as a new patient to a contractor’s list of patients where that person—
  - (i) has been refused inclusion in a contractor’s list of patients or has not been accepted as a temporary resident by a contractor, and
  - (ii) would like to be included in the list of a contractor in whose CCG area that person resides;
- (b) any person who is part of a list dispersal resulting from the closure of a practice where that person—
  - (i) has not registered with another contractor, and
  - (ii) would like to be included in the list of patients of a contractor in whose CCG area that person resides;
- (c) any person who is part of a list dispersal resulting from the closure of a practice where that person has not registered with another contractor and the Board has been unable to contact that person.

(2) In this paragraph, “list dispersal” means the allocation of patients from a contractor’s list of patients by the Board following termination of the contract or during the period set out in the notice of termination or agreement to terminate.”

### **Amendment of paragraph 39 to Part 4 of Schedule 2**

12. After paragraph 39 of Part 4 of Schedule 2 (factors relevant to assignments), insert—

#### **“Assignment of patients from outside practice area**

**39A.** Where the Board has assigned a person to a contractor’s list of patients in accordance with this Part, and that person resides outside a contractor’s practice area, regulation 25(4), (5) and (6) (variation of contracts: registered patients from outside practice area) are to apply as if the contractor had accepted that patient onto its list of patients in accordance with regulation 25(1), unless a contractor chooses to include that person in its list of patients for its practice area on assignment by the Board.”

### **Amendment of paragraph 43 to Part 5 of Schedule 2**

13. In paragraph 43 of Part 5 of Schedule 2 (sub-contracting of clinical matters)—

- (a) in sub-paragraph (4) for “A contractor,”, substitute, “Subject to sub-paragraph (4A), a contractor”; and
- (b) after sub-paragraph (4), insert—

“(4A) A sub-contract entered into by a contractor may allow the sub-contractor to sub-contract clinical services the contractor has agreed to provide under the Network Contract Directed Enhanced Service Scheme, pursuant to direction 4 of the Primary Medical Services (Directed Enhanced Services) Directions 2020(28), provided the contractor has

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(28) The Primary Medical Services (Directed Enhanced Services) (No. 2) Directions 2020, which were signed on 3rd September 2020. These directions are available at [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/914724/the-primary-medical-services-directed-enhanced-services-no-2-directions-2020.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/914724/the-primary-medical-services-directed-enhanced-services-no-2-directions-2020.pdf) or hard copies can be obtained by writing to the GP Team, Fourth Floor, 39 Victoria Street, London SW1H 0EU.

obtained the written approval of the Board prior to the sub-contractor sub-contracting those services.”.

#### **Amendment of paragraph 58 to Part 8 of Schedule 2**

- 14.** In paragraph 58(4) of Part 8 of Schedule 2 (other grounds for termination by the Board)—
- (a) after paragraph (s)(iii), omit “or”;
  - (b) at the end of paragraph (t) for “providing services under the agreement.”, substitute “providing services under the agreement; or”; and
  - (c) after paragraph (t), insert—
    - “(u) the contractor’s registration with the Care Quality Commission<sup>(29)</sup> has been cancelled in accordance with section 17(1) of the Health and Social Care Act 2008<sup>(30)</sup>, and that cancellation is the final decision of the Commission, or, where an appeal has been launched, is the outcome of that appeal.”.

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#### **EXPLANATORY NOTE**

*(This note is not part of the Regulations)*

These Regulations amend the National Health Service (General Medical Services Contracts) Regulations 2015 (S.I. 2015/1862) (“the GMS Contracts Regulations”) and the National Health Service (Personal Medical Services Agreements) Regulations 2015 (S.I. 2015/1879) (“the PMS Agreements Regulations”) which make provision in respect of services provided under a general medical services contract and a personal medical services agreement made pursuant to Part 4 of the National Health Service Act 2006 (c. 41). They apply to England only.

The GMS Contracts Regulations and the PMS Agreements Regulations are amended so as to:

- (a) amend regulation 3A(1) of both the GMS Contracts Regulations and the PMS Agreements Regulations to correct a drafting error in the National Health Service (Amendments Relating to the Provision of Primary Care Services During a Pandemic etc.) Regulations 2020 (S.I.2020/351) so that the wording concerning the making of an announcement in relation to a pandemic is consistent with the drafting of other changes made by this instrument and intended to have the same effect.
- (b) amend regulation 74E and regulation 67E (NHS Digital Workforce Census) of the GMS Contracts Regulations and PMS Agreements Regulations, respectively, to update the guidance published by the Health and Social Care Information Centre (also known as NHS Digital) that will apply in relation to the data that must be recorded by contractors and submitted to the Centre for the purposes of the NHS Digital workforce collection.
- (c) introduce a new requirement, regulation 74H and regulation 67H (collection of data relating to appointments in general practice) of the GMS Contracts Regulations and PMS Agreements Regulations, respectively, for participation by contractors in the collection of data held by practices relating to all appointments for the provision of primary medical services.

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<sup>(29)</sup> The Care Quality Commission is a body corporate established by section 1 of the Health and Social Care Act 2008 (c.14).

<sup>(30)</sup> The Health and Social Care Act 2008 (c. 14). Section 17 has been amended by S.I. 2018/195.

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- (d) amend paragraph 11B of Part 1 of Schedule 3 and paragraph 16B of Part 2 to Schedule 2 of the GMS Contracts Regulations and PMS Agreements Regulations, respectively, to correct a drafting error in the National Health Service (Amendments Relating to the Provision of Primary Care Services During a Pandemic etc.) Regulations 2020 (S.I. 2020/351) so that obligations of the contractor in relation to direct booking by NHS 111 apply equally where the service used is one approved by the Board and which is or may be accessed via NHS 111.
- (e) amend paragraph 15A of Part 1 of Schedule 3 and paragraph 10A of Part 1 of Schedule 3 to the GMS Contracts Regulations and the PMS Agreements Regulations, respectively, to alter the definition of “primary care network” to reflect that a primary care network might be approved with a minimum population of less than 30,000 people.
- (f) amend paragraph 17 of Part 2 of Schedule 3 and paragraph 13 of Part 2 of Schedule 2 (list of patients) of the GMS Contracts Regulations and PMS Agreements Regulations, respectively, to require contractors to comply with requests for information and update their patient lists, to facilitate the Board in fulfilling its obligations to prepare and keep up to date, a list of the contractor’s patients.
- (g) amend paragraph 24 of Part 2 of Schedule 3 and paragraph 23 of Part 2 of Schedule 2 (removal from the list at the request of the contractor) of the GMS Contracts Regulations and PMS Agreements Regulations, respectively, to clarify the circumstances in which a contractor can request the removal of a patient from its list by the Board, where a patient has moved out of its catchment area as such patients are to be dealt with under paragraph 27 of Part 2 of Schedule 3 and paragraph 26 of Part 2 of Schedule 2 (removal from the list of patients who have moved) of the GMS Contracts Regulations and PMS Agreements Regulations, respectively.
- (h) amend paragraph 25 of Part 2 of Schedule 3 and paragraph 24 of Part 2 of Schedule 2 (removal from the list of patients who are violent) of the GMS Contracts Regulations and the PMS Agreements Regulations, respectively, to prevent a contractor deregistering a patient previously removed from another contractor’s list because of violence, where that patient has participated in a violent patient scheme and has been discharged and hence eligible to register with a contractor to receive primary medical services or where that patient has successfully appealed allocation to a violent patient scheme.
- (i) amend paragraph 38 of Part 4 of Schedule 3 and paragraph 37 of Part 4 of Schedule 2 (application of this Part: assignment of patients to lists) of the GMS Contracts Regulations and PMS Agreements Regulations, respectively, to amend the circumstances in which the Board can assign a new patient to a practice (where that person has been refused inclusion in a contractor’s list or accepted as a temporary patient) to include a practice in whose clinical commissioning group area the person resides.
- (j) insert a new paragraph 40A of Part 4 of Schedule 3 and a new paragraph 39A of Part 4 of Schedule 2 (assignment of out of area patients) of the GMS Contracts Regulations and PMS Agreements Regulations, respectively, to allow the provisions for out of area registration under regulation 30 (variation of contract: registered patients from outside practice area) to apply to a new patient who has been assigned to a practice by the Board in circumstances where that patient resides outside of a contractor’s practice area but within the clinical commissioning group area of which it is a member, and the contractor elects to accept that patient as an out of area patient.
- (k) amend paragraph 44 of Part 5 of Schedule 3 and paragraph 43 of Part 5 of Schedule 2 (sub-contracting of clinical matters) of the GMS Contracts Regulations and PMS Agreements Regulations, respectively, to provide an exception to the prohibition on a sub-contract permitting the sub-contracting of clinical services to provide that services provided under

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the Network Contract Directed Enhanced Service Scheme may be sub-contracted by the sub-contractor provided the Board agrees.

- (1) amend paragraph 67 of Part 8 of Schedule 3 and paragraph 58 of Part 8 of Schedule 2 (other grounds for termination by the Board) of the GMS Contracts Regulations and the PMS Agreements Regulations, respectively, to add to the grounds for which the Board may give notice in writing to the contractor to terminate the contract to include where the contractor's registration with the Care Quality Commission has been cancelled.

A full Impact Assessment has not been produced for this instrument as no, or no significant impact, on the private, voluntary or public sector is foreseen.