

**2004 No. 865**

**NATIONAL HEALTH SERVICE, ENGLAND**

**The General Medical Services and Personal Medical Services  
Transitional and Consequential Provisions Order 2004**

*Made* - - - - - *22nd March 2004*

*Laid before Parliament* *23rd March 2004*

*Coming into force* - - - *1st April 2004*

**ARRANGEMENT OF ARTICLES**

**PART 1  
GENERAL**

1. Citation, commencement, application and interpretation

**PART 2**

**TRANSITIONAL PROVISIONS RELATING TO GENERAL MEDICAL SERVICES**

2. Application and interpretation of this Part
3. Applications for inclusion in lists of patients
4. Acceptance of applications for inclusion in lists of patients
5. Removal from the list of patients at the request of the patient
6. Removal from the list of patients at the request of the relevant medical practitioner
7. Removals from the list of patients who are violent
8. Removals from the list of patients who have moved
9. Removals not reflected in the list of patients on 31st March 2004
10. Applications for acceptance as a temporary resident
11. Acceptance of temporary residents
12. Termination of responsibility for temporary residents
13. Provision of immediately necessary treatment
14. Newly registered patients
15. Appointments system
16. Qualifications of performers
17. Independent nurse prescribers and supplementary prescribers
18. Repeatable prescribing services
19. Patient records
20. Rights of entry

21. Refusal of approval of premises under paragraphs 29 and 29A of Schedule 2 to the 1992 Regulations
22. Withdrawal of approval of premises under paragraph 29A of Schedule 2 to the 1992 Regulations
23. Investigation of outstanding complaints
24. Complaints relating to general medical services made after 31st March 2004
25. Reports to a medical officer
26. Inquiries about prescriptions and referrals
27. Notification of deaths
28. Arrangements with organisations providing deputy doctors
29. Notification of sub-contracts under general medical services contracts
30. Practice leaflet
31. Medical examination of medical practitioners
32. Patients not seen within three years
33. Patients aged 75 years and over
34. Arrangements for GP Registrars
35. Refund of fees paid under paragraph 38(f) of Schedule 2 to the 1992 Regulations
36. Annual reports
37. Determination of question whether a substance is a drug
38. Entry on to medical performers list of persons approved under regulation 18A or 18B of the 1992 Regulations
39. Outstanding appeals against refusal of approval under regulation 18A or 18B of the 1992 Regulations
40. Permission for use of facilities in private practice under section 72 of the 1977 Act
41. Recovery of overpayments
42. Continuation of pre-contract disputes relating to general medical services contracts

### PART 3

#### TRANSITIONAL PROVISIONS FOR GENERAL MEDICAL SERVICES CONTRACTS WHICH FOLLOW DEFAULT CONTRACTS

43. Application and interpretation of this Part
44. Carry over of approvals, applications, notices etc.
45. Newly registered patients
46. Temporary residents
47. Provision of immediately necessary treatment
48. Removals from the list of patients
49. Requirement to provide dispensing services
50. Sub-contracting
51. Complaints
52. Refund of fees
53. Annual returns and reviews
54. Carry-over of disputes between default and general medical services contracts
55. Grounds for termination of the general medical services contract
56. Notifications to patients affected by differences between the terms of a default and a general medical services contract

PART 4  
TRANSITIONAL PROVISIONS RELATING TO PERSONAL MEDICAL SERVICES

57. Definitions
58. Existing pilot schemes
59. Variation of transitional agreements
60. Interpretation of transitional agreements
61. Modification of the Implementation Directions for the purposes of transitional agreements
62. Modification of the 1992 Regulations for the purposes of transitional agreements
63. Modification of the Choice Regulations for the purposes of transitional agreements
64. Assignment of patients: transitional agreements
65. Representations against a requirement to assign: transitional agreements
66. Variation and termination of transitional agreements
67. Termination of transitional agreements varied under article 59
68. Health service body status
69. Dispute resolution

PART 5  
TRANSITIONAL PROVISIONS RELATING TO THE CHOICE REGULATIONS

70. Assignment of patients
71. Representations against assignments

PART 6  
TRANSITIONAL, TRANSITORY AND SAVING PROVISIONS RELATING TO OUT OF HOURS  
ARRANGEMENTS AND SERVICES

72. Interpretation of this Part
73. Terms of general medical services contracts, default contracts and personal medical services agreements
74. Applications for approval of out of hours arrangements under general medical services contracts and default contracts
75. Applications for approval of out of hours arrangements under personal medical services agreements
76. Approvals of out of hours arrangements under general medical services contracts and default contracts
77. Approvals of out of hours arrangements under personal medical services agreements
78. Suspension of approvals and of out of hours arrangements under general medical services contracts, default contracts and personal medical services agreements
79. Refusal of approval of out of hours arrangements under general medical services contracts and default contracts
80. Refusal of approval of out of hours arrangements under personal medical services agreements
81. Review of approval of out of hours arrangements under general medical services contracts and default contracts
82. Review of approval of out of hours arrangements under general medical services contracts which follow default contracts
83. Review of out of hours arrangements under personal medical services agreements
84. Withdrawal of approval of out of hours arrangements under general medical services contracts and default contracts

85. Withdrawal of approval of out of hours arrangements under personal medical services agreements
86. Appeal against immediate withdrawal of approval of out of hours arrangements under general medical services contracts and default contracts
87. References to the NHS dispute resolution procedure in general medical services contracts which follow default contracts
88. Carry over of disputes relating to out of hours arrangements between default contracts and general medical services contracts
89. Appeal against immediate withdrawal of approval of out of hours arrangements under personal medical services agreements
90. Saving and transitory provision in relation to regulations 1 to 11 of the Out of Hours Regulations
91. Sub-contracting of out of hours services under general medical services contracts
92. Out of hours services to patients not registered with general medical services contractors or default contractors
93. Application of regulation 30 of the 2004 Regulations to general medical services contracts entered into under Part 2 of the Transitional Order

## PART 7

### TRANSITIONAL ARRANGEMENTS: THE NATIONAL HEALTH SERVICE (SERVICE COMMITTEES AND TRIBUNAL) REGULATIONS 1992

94. Interpretation
95. Cases where no decision has been made before the relevant date as to whether disciplinary action should be taken (regulation 4 of the Service Committees Regulations)
96. Referrals to investigating discipline committees before the relevant date (regulation 5 of the Service Committees Regulations)
97. Determination of a Primary Care Trust or the Secretary of State made before the relevant date (regulations 8, 9, 10 and 11 of the Service Committees Regulations)
98. Determination of a Primary Care Trust made on or after the relevant date (regulation 8 of the Service Committees Regulations)
99. Appeals to the Secretary of State against determinations of Primary Care Trusts (regulations 9, 10 and 11 of the Service Committees Regulations)
100. Excessive prescribing (regulation 15 of the Service Committees Regulations)
101. Investigation of certification (regulation 16 of the Service Committees Regulations)
102. Investigation of record keeping (regulation 17 of the Service Committees Regulations)
103. Decision as to treatment for which fees may be charged by doctors (regulation 18 of the Service Committees Regulations)
104. Functions of Local Medical Committees

## PART 8

### MISCELLANEOUS

105. Details to be included on prescription forms etc.
106. Transitional provision in cases where preferential treatment on transferring to medical lists was given
107. Continuing validity of forms
108. Transitory interpretation of references in enactments to primary medical services
109. Transitory interpretation of references to general medical services contracts

PART 9  
SAVINGS, MODIFICATIONS, AMENDMENTS AND REVOCATIONS

110. Meaning of suitable experience
111. Savings of certain provisions of the Medical Act 1983
112. Saving of section 279 of the Trade Union and Labour Relations (Consolidation) Act 1992
113. Saving of sections 2A and 6(5) of the Health Service Commissioners Act 1993
114. Transitional provision in relation to the National Health Service (Injury Benefits) Regulations 1995
115. Transitory modification of section 18 of the 1990 Act
116. Modification of section 115 of the Police Act 1997
117. Transitory modification of the Vocational Training for General Medical Practice (European Requirements) Regulations 1994
118. Transitory modification of the National Health Service (Vocational Training for General Medical Practice) Regulations 1997
119. Minor and consequential amendments
120. Revocations

SCHEDULES

- Schedule 1      Minor and consequential amendments  
Schedule 2      Revocations

The Secretary of State for Health, in exercise of the powers conferred upon him by sections 176, 195(1), 200 and 201 of the Health and Social Care (Community Health and Standards) Act 2003(a) and of all other powers enabling him in that behalf, hereby makes the following Order:

PART 1  
GENERAL

**Citation, commencement, application and interpretation**

1.—(1) This Order may be cited as the General Medical Services and Personal Medical Services Transitional and Consequential Provisions Order 2004 and shall come into force on 1st April 2004.

(2) Parts 1 to 8 of this Order, article 120 and Schedule 2 apply only in relation to England.

(3) The savings, modifications and amendments of enactments made by articles 110 to 119 and Schedule 1 have no application to Wales but, subject to that, and save as specifically provided in relation to articles 116 and 117 and paragraphs 19 and 20 of Schedule 1, the extent of those provisions is the same as that of the enactment saved, modified or amended.

(4) In this Order—

“the 1990 Act” means the National Health Service and Community Care Act 1990(b);

“the 1992 Regulations” means the National Health Service (General Medical Services) Regulations 1992(c);

“the 2003 Act” means the Health and Social Care (Community Health and Standards) Act 2003;

---

(a) 2003 c.43. The powers in sections 176, 195(1), 200 and 201 are conferred on the appropriate authority. See section 176(6), 200(2) and 201(2) which provide that, in relation to England, the appropriate authority is the Secretary of State.  
(b) 1990 c.19.  
(c) S.I. 1992/635.

“the 2003 Order” means the General and Specialist Medical Practice (Education, Training and Qualifications) Order 2003(a);

“the 2004 Regulations” means the National Health Service (General Medical Services Contracts) Regulations 2004(b);

“accredited service provider” has the same meaning as in the Out of Hours Regulations;

“additional services” has the same meaning as in the 2004 Regulations;

“bank holiday” means any day that is specified or proclaimed as a bank holiday pursuant to section 1 of the Banking and Financial Dealings Act 1971(c);

“the Choice Regulations” means the National Health Service (Choice of Medical Practitioner) Regulations 1998(d);

“contractor” has, unless the context otherwise requires, the meaning given in article 57;

“core hours” means the period beginning at 8am and ending at 6.30pm on any day from Monday to Friday except Good Friday, Christmas Day or bank holidays;

“default contract” means a contract under article 13 of the Transitional Order and “default contractor” shall, except in Part 3, where it has the meaning given in article 43(3), be construed accordingly;

“essential services” means the services described in regulation 15(3), (5), (6) and (8) of the 2004 Regulations;

“FHSAA” means the Family Health Services Appeal Authority constituted under section 49S of the 1977 Act(e);

“general medical services contract” means a contract under section 28Q of the 1977 Act(f) and “general medical services contractor” shall, except in Part 3, where it has the meaning given in article 43(3), be construed accordingly;

“list of patients” means—

- (a) in relation to a person providing general medical services under section 29 of the 1977 Act(g), the list of patients of a medical practitioner prepared by the Primary Care Trust under regulation 19 of the 1992 Regulations;
- (b) in relation to a general medical services contractor or a default contractor, the list prepared and maintained by the Primary Care Trust under the term of a general medical services contract which gives effect to paragraph 14 of Schedule 6 to the 2004 Regulations or under the equivalent term of a default contract; and
- (c) in relation to a person providing services under an agreement for primary medical services made (or, pursuant to article 58, deemed to be made) under section 28C of the 1977 Act(h)—
  - (i) the list prepared and maintained by the Primary Care Trust under the term of that agreement which gives effect to paragraph 13 of Schedule 5 to the Personal Medical Services Agreements Regulations, or

---

(a) S.I. 2003/1250.

(b) S.I. 2004/291.

(c) 1971 c.80.

(d) S.I. 1998/668 as amended by S.I. 1999/3179 and 2002/2469.

(e) Section 49S was inserted into the 1977 Act by section 27(1) of the Health and Social Care Act 2001 (c.15) (“the 2001 Act”).

(f) Section 28Q was inserted into the 1977 Act by section 175(1) of the Health and Social Care (Community Health and Standards) Act 2003 (c.43) (“the 2003 Act”).

(g) Section 29 was amended by the Health Services Act 1980 (c.53), section 7, the Health and Social Services and Social Security Adjudications Act 1983 (c.41), Schedule 6, paragraph 2, the Medical Act 1983 (c.54), Schedule 5, paragraph 16(a), the Health Authorities Act 1995 (c.17) (“the 1995 Act”), Schedule 1, paragraph 18, the Medical (Professional Performance) Act 1995 (c.51), Schedule, paragraph 28(b), the National Health Service (Primary Care) Act 1997 (c.46), Schedule 2, paragraph 8, the 2001 Act, sections 17 and 23, the National Health Service Reform and Health Care Professions Act 2002 (c.17) (“the 2002 Act”), Schedule 2, paragraph 3 and Schedule 8, paragraph 2 and S.I. 1985/39 and 2002/3135. It is to be repealed from 1st April by section 175(2) of the 2003 Act.

(h) Section 28C was inserted into the Act by the National Health Service (Primary Care) Act 1997 (c.46), section 21(1) and amended by the Health Act 1999 (c.8) (“the 1999 Act”), Schedule 4, paragraph 15, the 2001 Act, Schedule 5, paragraph 11(4), the 2002 Act, Schedule 3, paragraph 7(2) and the 2003 Act, Schedule 11, paragraph 14.

- (ii) the doctor’s or pooled list required to be kept under the terms of any directions made by the Secretary of State under section 17 of the 1977 Act(a) in relation to patient lists for transitional agreements;

“Local Medical Committee” means—

- (a) until 1st April 2004, a committee recognised under section 44 of the 1977 Act (b);
- (b) from that date, a committee recognised under section 45A of that Act(c);

“medical list” means the list of medical practitioners undertaking to provide general medical services for persons in its area kept by a Primary Care Trust under regulations made under section 29(2)(a) of the 1977 Act(d);

“medical performers list” means a list of medical practitioners prepared and published pursuant to regulation 3(1) of the Performers Lists Regulations;

“the NHS dispute resolution procedure” means, except in Part 4, the procedure for resolution of disputes specified in paragraphs 101 and 102 of Schedule 6 to the 2004 Regulations;

“out of hours period”, unless the context otherwise requires, has the same meaning as in regulation 2(1) of the 2004 Regulations;

“Out of Hours Regulations” means the National Health Service (Out of Hours Medical Services) and National Health Service (General Medical Services) Amendment Regulations 2002(e);

“Performers Lists Regulations” means the National Health Service (Performers Lists) Regulations 2004(f);

“personal medical services agreement” means an agreement made under section 28C of the 1977 Act;

“the Personal Medical Services Agreements Regulations” means the National Health Service (Personal Medical Services Agreements) Regulations 2004(g);

“pilot scheme” means an agreement made under Part 1 of the National Health Service (Primary Care) Act 1997(h);

“pilot scheme provider” means a person who is providing services under a pilot scheme;

“PMS contractor” means—

- (a) a contractor as defined in regulation 2 of the Personal Medical Services Agreements Regulations; or
- (b) in relation to a transitional agreement, a contractor as defined in article 57;

“practice premises”, in relation to a person providing services under section 29 of the 1977 Act, has the same meaning as in regulation 2(1) of the 1992 Regulations and, in relation to a general medical services contractor or a default contractor, has the same meaning as in regulation 2(1) of the 2004 Regulations;

“registered patient” means—

- (a) a person who is recorded by the Primary Care Trust as being on the list of patients of a default contractor or a general medical services contractor, or
- (b) a person whom a default contractor or a general medical services contractor has accepted for inclusion on its list of patients, whether or not notification of that acceptance has been received by the Primary Care Trust and who has not been notified by the Primary Care Trust as having ceased to be on that list;

---

(a) Section 17 was substituted by the 1999 Act, section 12(1) and amended by the 2001 Act, Schedule 5, paragraph 5(3) and the 2002 Act, Schedule 1, paragraph 7.

(b) Section 44 was amended by the Health and Social Security Act 1984 (c.48), section 24 and Schedule 8, Part 1, the National Health Service and Community Care Act 1990 (c.19), section 12(4), the 1995 Act, Schedule 1, paragraph 32(a), the 1999 Act, section 11, the 2001 Act, section 43(6) and Schedule 5, paragraph 5(7), the 2002 Act, section 5 and S.I. 2002/2861 and was repealed, in relation to Local Medical Committees, by the 2003 Act, Schedule 11, paragraph 21.

(c) Section 45A was inserted into the 1977 Act by paragraph 23 of Schedule 11 to the 2003 Act.

(d) Section 29(2)(a) was substituted by the 2002 Act, Schedule 2, paragraph 3(3)(a).

(e) S.I. 2002/2548, as amended by S.I. 2003/26.

(f) S.I. 2004/585.

(g) S.I. 2004/627.

(h) 1997 c.46.

“temporary resident” means a person accepted by a general medical services contractor or a default contractor as a temporary resident under the term of its general medical services contract which gives effect to paragraph 16 of Schedule 6 to the 2004 Regulations (or under the equivalent term of its default contract) and for whom the contractor’s responsibility has not been terminated in accordance with the terms of the general medical services contract or default contract;

“transitional agreement” means an agreement which is deemed under article 58 to have been made under section 28C of the 1977 Act and which has not been varied in accordance with article 59;

“the Transitional Order” means the General Medical Services Transitional and Consequential Provisions Order 2004(a).

## PART 2

### TRANSITIONAL PROVISIONS RELATING TO GENERAL MEDICAL SERVICES

#### Application and interpretation of this Part

##### 2.—(1) In this Part—

- (a) articles 3 to 31 apply to a default contract or a general medical services contract entered into on or before 31st March 2004 with—
  - (i) an individual medical practitioner who has entered into the general medical services contract pursuant to an entitlement under article 3 of the Transitional Order or the default contract pursuant to article 13 of that Order,
  - (ii) two or more individuals practising in partnership who have entered into the general medical services contract pursuant to an entitlement under article 5 of that Order or the default contract pursuant to article 13 of that Order, or
  - (iii) a company in which one or more of the legal and beneficial shareholders is, or are, on the date on which the general medical services contract is signed, providing services under section 29 of the 1977 Act;
- (b) articles 32 and 33 apply to the contracts specified in sub-paragraph (a) and to a general medical services contract which takes effect immediately after a default contract with the same parties ceases to have effect; and
- (c) article 34 applies to all general medical services contracts and default contracts entered into before 1st April 2005.

(2) Unless it is entered into with a person to whom the particular article does not apply, a general medical services contract or a default contract which falls within paragraph (1) shall include, or be deemed to include, terms which have the effect specified in articles 3 to 34.

##### (3) In this Part—

“relevant medical practitioner” means a medical practitioner who—

- (a) on 31st March 2004, or on the date on which a default contract or a general medical services contract is entered into, if earlier, is providing services under section 29 of the 1977 Act; and
- (b) on or before 31st March 2004—
  - (i) has entered into a default contract or a general medical services contract as an individual medical practitioner or as one of two or more individuals practising in partnership, or
  - (ii) is a legal and beneficial shareholder in a company which has entered into a general medical services contract;

“succeeding contractor” means the default contractor which is a party to the default contract or the general medical services contractor which is a party to the general medical services contract which—

---

(a) S.I. 2004/433.



- (a) a relevant medical practitioner has entered into either as an individual medical practitioner or as one of two or more individuals practising in partnership; or
- (b) has been entered into by a company in which a relevant medical practitioner is a legal and beneficial shareholder.

### **Applications for inclusion in lists of patients**

3. Where, on or before 31st March 2004, a person had applied to a relevant medical practitioner for inclusion in his list of patients pursuant to regulation 2 or 3(1) of the Choice Regulations but on 31st March 2004 that application had not yet been determined, the application shall, on 1st April 2004, be regarded as if it had been made to the succeeding contractor under—

- (a) the term of its general medical services contract which gives effect to paragraph 15 of Schedule 6 to the 2004 Regulations; or
- (b) the equivalent term of its default contract.

### **Acceptance of applications for inclusion in lists of patients**

4.—(1) Where, on or before 31st March 2004, a relevant medical practitioner had agreed to accept a person on his list of patients pursuant to paragraph 6 of Schedule 2 to the 1992 Regulations(a) but on 31st March 2004 he had not yet sent the signed medical card or the application to the Primary Care Trust in accordance with sub-paragraph (3) of that paragraph, that acceptance shall be regarded on 1st April 2004 as an acceptance by the succeeding contractor and notification of that acceptance shall be sent by the succeeding contractor to the Primary Care Trust in accordance with—

- (a) the term of its general medical services contract which gives effect to paragraph 15(5) of Schedule 6 to the 2004 Regulations; or
- (b) the equivalent term of its default contract.

(2) In paragraph (1), “medical card” has the same meaning as in regulation 2(1) of the 2004 Regulations.

### **Removal from the list of patients at the request of the patient**

5. Where, on or before 31st March 2004, a Primary Care Trust had received notice from a patient under regulation 23(1)(a) of the 1992 Regulations(b) that he wished to be removed from a relevant medical practitioner’s list of patients but on 31st March 2004 that removal had not yet taken effect in accordance with regulation 23(1)(b) of those Regulations, the removal shall take effect as a removal from the list of patients of the succeeding contractor as if it were a removal pursuant to a request received by the Primary Care Trust in accordance with—

- (a) the term of the succeeding contractor’s general medical services contract which gives effect to paragraph 19 of Schedule 6 to the 2004 Regulations, subject to the modification that the reference to the period of 14 days in the term which gives effect to paragraph 19(3)(b) shall be read as a reference to the period of 14 days after the date on which the request made under regulation 23(1)(a) of the 1992 Regulations was received by the Primary Care Trust; or
- (b) the equivalent term of its default contract subject to a modification to the same effect.

### **Removal from the list of patients at the request of the relevant medical practitioner**

6.—(1) Where, on or before 31st March 2004, a relevant medical practitioner had notified the Primary Care Trust that he wished to have a patient removed from his list of patients in accordance with paragraph 9 of Schedule 2 to the 1992 Regulations(c) but that removal had, on 31st March 2004, not yet taken effect, paragraph (2) shall apply.

---

(a) Paragraph 6 was amended by S.I. 1998/682 and 2002/2469.

(b) Regulation 23(1) was amended by S.I. 2002/2469.

(c) Paragraph 9 was amended by S.I. 1994/633, 1998/682 and 2002/2469.

(2) Except where paragraph (3) applies, the removal shall take effect as a removal from the list of patients of the succeeding contractor under—

- (a) the term of its general medical services contract which gives effect to paragraph 20(8) of Schedule 6 to the 2004 Regulations, subject to the modification that the reference in that term to the eighth day after the Primary Care Trust receives the notice shall be read as a reference to the eighth day after the Primary Care Trust received the notice sent under paragraph 9 of Schedule 2 to the 1992 Regulations; or
- (b) the equivalent term of its default contract, subject to a modification to the same effect.

(3) Where, on or before 31st March 2004, the Primary Care Trust had been—

- (a) informed by the relevant medical practitioner under paragraph 9(2) of Schedule 2 to the 1992 Regulations that he was treating the patient at intervals of less than seven days but had not yet been notified by him that the patient no longer needed such treatment; or
- (b) notified by the relevant medical practitioner under that paragraph that the person no longer needed treatment at intervals of less than seven days,

paragraph (4) shall apply.

(4) In a case which falls within paragraph (3), the removal shall take effect as a removal from the list of patients of the succeeding contractor on—

- (a) the date on which the Primary Care Trust receives notification of the registration of the person with another provider of essential services (or their equivalent);
- (b) the eighth day after the Primary Care Trust received notice from the relevant medical practitioner that the person no longer needed treatment at intervals of less than seven days; or
- (c) the eighth day after the Primary Care Trust receives notice from the succeeding contractor that the patient no longer needs treatment at intervals of less than seven days,

whichever is the sooner.

### **Removals from the list of patients who are violent**

7.—(1) This article applies where, on or before 31st March 2004, a person had been removed from a relevant medical practitioner's list of patients with immediate effect pursuant to paragraph 9A of Schedule 2 to the 1992 Regulations(a) but—

- (a) confirmation in writing had not yet been given to the Primary Care Trust under paragraph 9A(2);
- (b) reasonable steps had not yet been taken by the relevant medical practitioner under paragraph 9A(4) to inform the person whose name had been removed; or
- (c) written notice of the removal had not yet been given to the person by the Primary Care Trust under regulation 19(6B) of the 1992 Regulations(b).

(2) In a case to which paragraph (1)(a) applies written confirmation of the request for removal shall be given to the Primary Care Trust by the succeeding contractor within 7 days from the date on which notification was given under paragraph 9A(1).

(3) In a case to which paragraph (1)(b) applies, reasonable steps shall be taken by the succeeding contractor to inform the patient of the request for removal.

(4) In a case to which paragraph (1)(c) applies, the Primary Care Trust shall send written notice of the removal to the patient.

### **Removals from the list of patients who have moved**

8.—(1) Where, on or before 31st March 2004, a Primary Care Trust had informed a patient and a relevant medical practitioner, in accordance with regulation 23(2) of the 1992 Regulations(c), that the medical

---

(a) Paragraph 9A was inserted by S.I. 1994/633 and amended by S.I. 2002/2469.

(b) Paragraph (6B) was inserted into regulation 19 by S.I. 1994/633 and amended by S.I. 1998/682 and 2002/2469.

(c) Regulation 23(2) was amended by S.I. 1997/730, 2001/3742 and 2002/2469.

practitioner was no longer obliged to visit and treat him but the 30 days referred to in that regulation had not yet expired, that information shall be regarded as if it had been given under—

- (a) the term of the succeeding contractor's general medical services contract which gives effect to paragraph 23 of Schedule 6 to the 2004 Regulations, subject to the modification that the reference to the period of 30 days in the term which gives effect to paragraph 23(1)(c) shall be read as a reference to 30 days from the date of the information given by the Primary Care Trust under regulation 23(2) of the 1992 Regulations; or
- (b) the equivalent term of its default contract subject to a modification to the same effect.

(2) Where, on or before 31st March 2004, a Primary Care Trust had given a relevant medical practitioner notice in writing, in accordance with regulation 23(4) of the 1992 Regulations(a), that it intended to remove a person from the practitioner's list of patients but the six months referred to in that regulation had not yet expired, that notice shall be regarded as if it had been given to the succeeding contractor under—

- (a) the term of its general medical services contract which gives effect to paragraph 24 of Schedule 6 to the 2004 Regulations, subject to the modification that the reference to the period of six months in the term which gives effect to paragraph 24(a) shall be read as a reference to six months from the date of the notice given by the Primary Care Trust under regulation 23(4) of the 1992 Regulations; or
- (b) the equivalent term of its default contract subject to a modification to the same effect.

#### **Removals not reflected in the list of patients on 31st March 2004**

9.—(1) This article applies where—

- (a) on or before 31st March 2004, the removal of a patient from a relevant medical practitioner's list of patients had taken effect under the 1992 Regulations; and
- (b) the Primary Care Trust had not, on 31st March 2004, reflected that removal in the list of patients of that medical practitioner which it maintained under regulation 19 of the 1992 Regulations.

(2) In a case to which this article applies, the Primary Care Trust shall—

- (a) remove the patient from the succeeding contractor's list of patients as soon as reasonably practicable after 1st April 2004; and
- (b) if notification of the removal was required to be given to the medical practitioner or the patient under the provision of the 1992 Regulations relevant to the removal and had not been given on or before 31st March 2004, notify the succeeding contractor and the patient of the removal.

#### **Applications for acceptance as a temporary resident**

10. Where, on or before 31st March 2004, a person had applied to a relevant medical practitioner for acceptance as a temporary resident under regulation 7 of the Choice Regulations but on 31st March 2004 that application had not yet been determined, the application shall be regarded as if it had been made to the succeeding contractor and shall be dealt with in accordance with—

- (a) the term of its general medical services contract which gives effect to paragraphs 16 and 17 of Schedule 6 to the 2004 Regulations; or
- (b) the equivalent terms of its default contract.

#### **Acceptance of temporary residents**

11.—(1) This article applies where—

- (a) on or before 31st March 2004, a relevant medical practitioner had accepted a person as a temporary resident under paragraph 7(b) of Schedule 2 to the 1992 Regulations(b); and

---

(a) Regulation 23(4) was amended by S.I. 2001/3742 and 2002/2469.

(b) Paragraph 7 was amended by S.I. 1998/682.

- (b) on 31st March 2004, his responsibility for that patient had not yet been terminated under paragraphs 9 and 10 of that Schedule(a) or the period for which the person was accepted as a temporary resident had not yet come to an end.

(2) In a case to which this article applies, the person shall, on 1st April 2004, be treated as if he had been accepted as a temporary resident by the succeeding contractor under—

- (a) the term of its general medical services contract which gives effect to paragraph 16 of Schedule 6 to the 2004 Regulations, subject to the modification that reference to a period of three months in that term shall be read as a reference to a period of three months starting with the date on which the person was accepted as a temporary resident by the relevant medical practitioner under paragraph 7 of Schedule 2 to the 1992 Regulations; or
- (b) the equivalent term of its default contract subject to a modification to the same effect.

### **Termination of responsibility for temporary residents**

12. Where, on or before 31st March 2004, a relevant medical practitioner had informed the Primary Care Trust in writing in accordance with paragraph 10 of Schedule 2 to the 1992 Regulations that he wished to terminate his responsibility for a temporary resident but, on 31st March 2004, that responsibility had not yet terminated under paragraph 9 of that Schedule, the responsibility of the succeeding contractor for that temporary resident shall terminate seven days after the date on which the information under paragraph 10 of Schedule 2 to the 1992 Regulations was given to the Primary Care Trust by the relevant medical practitioner.

### **Provision of immediately necessary treatment**

13. Where, on 31st March 2004, a relevant medical practitioner was responsible for providing immediately necessary treatment to any person under paragraph 4(4) of Schedule 2 to the 1992 Regulations(b), the succeeding contractor shall continue to be responsible for providing such treatment to that person for the period for which the relevant medical practitioner would have been responsible if that paragraph had not been revoked.

### **Newly registered patients**

14.—(1) This article applies where, on 31st March 2004, a patient specified in paragraph (2)—

- (a) was entitled to be invited to participate in a consultation under paragraph 14(5) of Schedule 2 to the 1992 Regulations(c); and
- (b) had not been given such an invitation.

(2) The patient referred to in paragraph (1) is a patient—

- (a) who, on or before 31st March 2004—
  - (i) had applied for inclusion in a relevant medical practitioner's list of patients under regulation 2 or 3 of the Choice Regulations(d) and whose application had been accepted, or
  - (ii) had been assigned to a relevant medical practitioner's list under regulation 4 of the Choice Regulations; and
- (b) in respect of whom a Primary Care Trust had not granted deferment of the obligation to invite him to participate in a consultation under paragraph 14 of Schedule 2 to the 1992 Regulations.

(3) A patient to whom this article applies shall, on 1st April 2004, be regarded as a patient who falls within—

- (a) the term of the succeeding contractor's general medical services contract which gives effect to paragraph 4 of Schedule 6 to the 2004 Regulations; or
- (b) the equivalent term of its default contract.

---

(a) Paragraph 9 was amended by S.I. 1994/633, 1998/682 and 2002/2469; paragraph 10 was amended by S.I. 2002/2469.

(b) Paragraph 4(4) was substituted by S.I. 1994/633 and amended by S.I. 1998/682.

(c) Paragraph 14 was amended by S.I. 1998/682 and 2002/2469.

(d) Regulation 3 was amended by S.I. 2002/2469.

### **Appointments system**

15. Where, on or before 31st March 2004, a relevant medical practitioner had notified a Primary Care Trust under paragraph 31 of Schedule 2 to the 1992 Regulations—

- (a) that he intended to operate an appointments system; or
- (b) of any proposal to discontinue such a system,

that notice shall be regarded as a notice given by the succeeding contractor to the Primary Care Trust for the purposes of the term of the general medical services contract which gives effect to paragraph 82(c) of Schedule 6 to the 2004 Regulations or the equivalent term of the default contract.

### **Qualifications of performers**

16.—(1) Where, on 1st April 2004, a succeeding contractor continues to employ or engage a person who on 31st March 2004 was employed or engaged in accordance with the requirements of Schedule 2 to the 1992 Regulations by the relevant medical practitioner in relation to whom it is a succeeding contractor, paragraphs (2) and (3) shall apply.

(2) The requirements to make checks contained in the terms of the general medical services contract which give effect to paragraphs 57(1)(b) and 58(1) of Schedule 6 to the 2004 Regulations, or in the equivalent terms of the default contract—

- (a) in a case where equivalent checks have previously been carried out in respect of that person by the relevant medical practitioner, shall not apply; or
- (b) in any other case, shall apply subject to the modification that the checks may be carried out at any time up to 30th June 2004.

(3) The requirement to obtain references in the term of the general medical services contract which gives effect to paragraph 59 of Schedule 6 to the 2004 Regulations, or in the equivalent term of the default contract, shall not apply if such references have been obtained, checked and found to be satisfactory by the relevant medical practitioner by whom the health care professional was employed or engaged on 31st March 2004.

### **Independent nurse prescribers and supplementary prescribers**

17.—(1) Where, on or before 31st March 2004, a relevant medical practitioner had notified the Primary Care Trust of any matters relating to an independent nurse prescriber or a supplementary prescriber under paragraph 28A of Schedule 2 to the 1992 Regulations(a), the succeeding contractor shall not be required to notify the Primary Care Trust of those same matters under—

- (a) the term of its general medical services contract which gives effect to paragraph 65 of Schedule 6 to the 2004 Regulations; or
- (b) the equivalent term of its default contract.

(2) In paragraph (1), “independent nurse prescriber” and “supplementary prescriber” have the same meaning as in paragraph 1 of Schedule 2 to the 1992 Regulations(b).

### **Repeatable prescribing services**

18.—(1) Where, on 31st March 2004, a relevant medical practitioner met the requirements for providing repeatable prescribing services in regulation 33A of the 1992 Regulations(c) and had, on or before that date, notified the Primary Care Trust of his intention to provide such services in accordance with that paragraph, that notification shall be regarded, on 1st April 2004, as a notification given by the succeeding contractor under—

- (a) the term of its general medical services contract which gives effect to paragraph 40 of Schedule 6 to the 2004 Regulations; or

---

(a) Paragraph 28A was inserted by S.I. 1999/326 and amended by S.I. 2002/2469 and 2003/699.

(b) These definitions were inserted into paragraph 1 by S.I. 2003/699.

(c) Regulation 33A was inserted by S.I. 2003/1084.

(b) the equivalent term of its default contract.

(2) For the purposes of a notification regarded as given under sub-paragraph (1), the date on which the succeeding contractor intends to begin to provide repeatable prescribing services included in the notification shall be deemed to be 1st April 2004.

(3) In this paragraph, “repeatable prescribing services” in relation to a relevant medical practitioner has the same meaning as in regulation 2(1) of the 1992 Regulations(a) and in relation to a general medical services contractor or a default contractor has the same meaning as in regulation 2(1) of the 2004 Regulations.

### **Patient records**

**19.**—(1) Where, on 31st March 2004, a relevant medical practitioner had the written consent of the Primary Care Trust to the keeping of computerised records under paragraph 36 of Schedule 2 to the 1992 Regulations(b) and that consent had not been withdrawn, that consent shall be regarded as written consent to the succeeding contractor for the purposes of—

- (a) the term of its general medical services contract which gives effect to paragraph 73 of Schedule 6 to the 2004 Regulations; or
- (b) the equivalent term of the default contract.

(2) Where—

- (a) on or before 31st March 2004, a Primary Care Trust had requested a relevant medical practitioner to send it the records relating to a patient under paragraph 36(6) of Schedule 2 to the 1992 Regulations; and
- (b) on 31st March 2004 that request had not yet been complied with,

the records requested shall be sent by the succeeding contractor to the Primary Care Trust as soon as possible.

(3) Where, on or before 31st March 2004, a relevant medical practitioner had been informed of the death of a patient on its list by the Primary Care Trust or had otherwise learned of the death of such a patient but on 31st March 2004 had not yet sent that patient’s records to the Primary Care Trust in accordance with paragraph 36(6)(b) of Schedule 2 to the 1992 Regulations, those records shall be sent to the Primary Care Trust by the succeeding contractor—

- (a) in a case in which the relevant medical practitioner was informed of the death by the Primary Care Trust, within 14 days of the date on which he was so informed; or
- (b) in any other case, within one month of the date on which the relevant medical practitioner learned of the death.

### **Rights of entry**

**20.**—(1) Where, on or before 31st March 2004, a relevant medical practitioner had received a written request for inspection of his practice premises under paragraph 27(b) of Schedule 2 to the 1992 Regulations(c) but, on 31st March 2004, no inspection had yet taken place pursuant to that request, the request shall, on 1st April 2004, be regarded as notice of an intended entry to the succeeding contractor under—

- (a) the term of its general medical services contract which gives effect to paragraph 89 of Schedule 6 to the 2004 Regulations; or
- (b) the equivalent term of its default contract.

(2) In determining whether reasonable notice was given of any entry to the practice premises following a notice referred to in paragraph (1), regard shall be had to the date on which the request under paragraph 27(b) of Schedule 2 to the 1992 Regulations was made.

---

(a) The definition of “repeatable prescribing services” was inserted into regulation 2(1) of the 1992 Regulations by S.I. 2003/1084.  
(b) Paragraph 36 was substituted by S.I. 2000/2383 and amended by S.I. 2002/2469.  
(c) Paragraph 27(b) was amended by S.I. 2002/2469.

### **Refusal of approval of premises under paragraphs 29 and 29A of Schedule 2 to the 1992 Regulations**

**21.**—(1) Where, on or before 31st March 2004, a Primary Care Trust had notified a relevant medical practitioner under paragraph 29(12) of Schedule 2 to the 1992 Regulations<sup>(a)</sup> of its refusal of an application made under—

- (a) paragraphs 29(1) or (17) of that Schedule in relation to any place at which he was to be available; or
- (b) paragraphs 29A(1) or (6) of that Schedule<sup>(b)</sup> in relation to the treatment of patients other than at his practice premises,

paragraphs (2) and (3) shall apply.

(2) Where, on 31st March 2004, the time for appealing against the refusal specified in paragraph 29(13) of Schedule 2 to the 1992 Regulations had not expired and no appeal had yet been made, the time for appealing shall continue as if paragraph 29 and, if applicable, paragraph 29A of that Schedule had not been revoked.

(3) Where—

- (a) on 31st March 2004, the relevant medical practitioner had appealed in writing against that refusal under paragraph 29(13) of Schedule 2 to the 1992 Regulations but the appeal had not been determined or withdrawn; or
- (b) after 31st March 2004, an appeal is made pursuant to paragraph (2),

that appeal shall be dealt with, or continue to be dealt with, as if paragraph 29 and, if applicable, paragraph 29A of that Schedule had not been revoked.

(4) Where an appeal dealt with under paragraph (3) is successful, the Primary Care Trust shall agree to a variation of the contract which it holds with the succeeding contractor which has the effect of adding to the list of practice premises under that contract the premises approved as a result of the appeal.

(5) A variation agreed by the Primary Care Trust pursuant to paragraph (4) shall have effect—

- (a) from a date no later than 28 days after the date on which the outcome of the appeal was notified to the relevant medical practitioner; and
- (b) only if it is in writing and signed by or on behalf of the Primary Care Trust and the succeeding contractor.

### **Withdrawal of approval of premises under paragraph 29A of Schedule 2 to the 1992 Regulations**

**22.**—(1) Where—

- (a) on or before 31st March 2004, a Primary Care Trust had notified a relevant medical practitioner of withdrawal of its approval of premises under paragraph 29A(10) of Schedule 2 to the 1992 Regulations; and
- (b) on 31st March 2004, the time for appealing specified in sub-paragraph (11) of that paragraph had not expired and no appeal had yet been made,

the time for appealing shall continue as if paragraph 29A of Schedule 2 to the 1992 Regulations had not been revoked.

(2) Where—

- (a) on or before 31st March 2004, the relevant medical practitioner had appealed in writing against a withdrawal of approval under paragraph 29A(11) of Schedule 2 to the 1992 Regulations but the appeal had not been determined or withdrawn; or
- (b) after 31st March 2004, an appeal is made pursuant to paragraph (1),

that appeal shall be dealt with, or continue to be dealt with, as if paragraph 29 and, if applicable, paragraph 29A of Schedule 2 to the 1992 Regulations were still in force.

(3) Where an appeal dealt with under paragraph (2) is successful, the Primary Care Trust shall agree to a variation of the contract which it holds with the succeeding contractor which has the effect of adding to the list of practice premises under that contract the premises approved as a result of the appeal.

---

<sup>(a)</sup> Paragraph 29 was amended by S.I. 2001/3742 and 2002/554 and 2469.

<sup>(b)</sup> Paragraph 29A was inserted by S.I. 1995/80 and amended by S.I. 2001/3742 and 2002/554 and 2469.

- (4) A variation agreed by the Primary Care Trust pursuant to paragraph (3) shall have effect—
- (a) from a date no later than 28 days after the date on which the outcome of the appeal was notified to the relevant medical practitioner; and
  - (b) only if it is in writing and signed by or on behalf of the Primary Care Trust and the succeeding contractor.

### **Investigation of outstanding complaints**

23.—(1) Where, on 31st March 2004—

- (a) a complaint had been made under paragraph 47A of Schedule 2 to the 1992 Regulations<sup>(a)</sup> by or on behalf of a patient or former patient of a relevant medical practitioner; and
- (b) the investigation of that complaint under the practice based complaints procedure required to be established under paragraph 47A had not concluded,

that complaint must, from 1st April 2004, be investigated, or in an appropriate case continue to be investigated, by the succeeding contractor as if paragraph 47A had not been revoked.

(2) Where, on 31st March 2004—

- (a) a complaint had been made under paragraph 47A of Schedule 2 to the 1992 Regulations by or on behalf of a patient or former patient of a medical practitioner to whom there is no succeeding contractor; and
- (b) the investigation of that complaint under the practice based complaints procedure required to be established under paragraph 47A had not concluded,

that complaint must be investigated by one of the persons specified in paragraph (3) as if paragraph 47A had not been revoked.

(3) The persons referred to in paragraph (2) are—

- (a) the person or persons who was or were the former partner or partners of the medical practitioner on whose list of patients the complainant was included, if he or they meet the requirements in paragraph (4);
- (b) if the person or persons specified in paragraph (a) satisfy the Primary Care Trust on whose medical list their former partner was included for the purposes of providing general medical services to the complainant that, having regard to the nature of the complaint, it would not be appropriate for the complaint to be investigated by him or them, that Primary Care Trust; or
- (c) in any other case, the Primary Care Trust on whose medical list the medical practitioner was included for the purposes of providing general medical services to the complainant.

(4) The requirements referred to in paragraph (3) are that the former partner or partners—

- (a) has or have entered into a default contract or a general medical services contract, as an individual medical practitioner or as one of two or more individuals practising in partnership, with the Primary Care Trust on whose medical list their former partner was included for the purposes of providing general medical services to the complainant; or
- (b) is a legal and beneficial shareholder or are legal and beneficial shareholders in a company which has entered into a general medical services contract with that Primary Care Trust.

(5) Where, under paragraph (3), a complaint made by or on behalf of a patient or former patient would fall to be investigated, or continue to be investigated, by more than one general medical services contractor or default contractor, the contractors concerned shall—

- (a) enter into discussions as to which of them would be the most appropriate person to deal with the complaint; and
- (b) if they are unable to reach agreement, refer the matter to the Primary Care Trust on whose medical list their former partner was included for the purposes of providing general medical services to the complainant and that Primary Care Trust shall investigate the complaint itself.

---

(a) Paragraph 47A was inserted by S.I. 1996/702.



(6) Where, under this article, a complaint falls to be investigated by a Primary Care Trust the investigation shall be carried out in accordance with the directions dated 29th June 1998 on dealing with complaints about family health services practitioners given by the Secretary of State under section 17 of the 1977 Act(a).

#### **Complaints relating to general medical services made after 31st March 2004**

**24.** The complaints procedure established and operated by a succeeding contractor under—

- (a) the term of its general medical services contract which gives effect to paragraph 92 of Schedule 6 to the 2004 Regulations; or
- (b) the equivalent term of the default contract,

shall apply to any complaint which a patient or former patient of the relevant medical practitioner to whom it is a succeeding contractor could have made (but did not make) on or before 31st March 2004 under paragraph 47A of Schedule 2 to the 1992 Regulations as it applies to complaints made by a patient or former patient of the succeeding contractor in relation to any matter reasonably connected with the provision of services under the contract.

#### **Reports to a medical officer**

**25.—**(1) Where, on or before 31st March 2004, a relevant medical practitioner had received a request for information or an inquiry from a medical officer (or an officer of the Department for Work and Pensions on his behalf or at his direction) under paragraph 48 of Schedule 2 to the 1992 Regulations(b) but, on 31st March 2004, he had not yet responded to that request or inquiry, the succeeding contractor shall respond as if the request or inquiry had been made under—

- (a) the term of its general medical services contract which gives effect to paragraph 80 of Schedule 6 to the 2004 Regulations; or
- (b) the equivalent term of its default contract.

(2) In this article, “medical officer” means a medical practitioner who is—

- (a) employed or engaged by the Department for Work and Pensions; or
- (b) provided by an organisation in pursuance of a contract entered into with the Secretary of State for Work and Pensions.

#### **Inquiries about prescriptions and referrals**

**26.** Where, on or before 31st March 2004, a relevant medical practitioner had received an inquiry about prescriptions or referrals from a Primary Care Trust under paragraph 49 of Schedule 2 to the 1992 Regulations(c) but had not yet responded to that inquiry, the succeeding contractor shall respond as if the inquiry had been made under—

- (a) the term of its general medical services contract which gives effect to paragraph 79 of Schedule 6 to the 2004 Regulations; or
- (b) the equivalent term of its default contract.

#### **Notification of deaths**

**27.** Where, on 31st March 2004, there was an outstanding requirement to report the death of a person on the practice premises of a relevant medical practitioner to the Primary Care Trust in accordance with paragraph 36C of Schedule 2 to the 1992 Regulations(d), the death shall be reported on 1st April 2004 by the succeeding contractor in accordance with—

---

(a) Directions to Health Authorities on dealing with complaints about family health service practitioners and providers of personal medical services, 28<sup>th</sup> June 1998. A copy of these directions can be obtained by writing to the Department of Health, P.O. Box 777, London SE1 6XH.

(b) Paragraph 48 was substituted by S.I. 1998/682.

(c) Paragraph 49 was amended by S.I. 2002/2469 and 2003/1084.

(d) Paragraph 36C was inserted by S.I. 2003/2644.

- (a) the term of its general medical services contract which gives effect to paragraph 87 of Schedule 6 to the 2004 Regulations; or
- (b) the equivalent term of its default contract.

### **Arrangements with organisations providing deputy doctors**

**28.**—(1) Where—

- (a) on 31st March 2004—
  - (i) a Primary Care Trust had, on or before that date, issued a remedial notice to a relevant medical practitioner under paragraph 21A(7) of Schedule 2 to the 1992 Regulations<sup>(a)</sup>; and
  - (ii) the date specified in the notice as the one before which remedial action should be taken had not yet been reached; and
- (b) on 1st April 2004, the arrangements covered by the remedial notice are continuing in the form of a sub-contract with the succeeding contractor,

the remedial notice issued under paragraph 21A(7) of Schedule 2 to the 1992 Regulations shall be regarded as a remedial notice served in the same terms on the succeeding contractor on 1st April 2004 under the term of its general medical services contract which gives effect to paragraph 115(1) of Schedule 6 to the 2004 Regulations (or under the equivalent term of its default contract).

(2) A remedial notice deemed to have been served on the succeeding contractor pursuant to paragraph (1) shall not count as a remedial notice for the purposes of the term of the general medical services contract which gives effect to paragraph 115(6) of Schedule 6 to the 2004 Regulations (or for the purposes of the equivalent term of the default contract).

(3) In this article, “remedial notice” means, in relation to a notice issued before 1st April 2004, a notice issued under paragraph 21A(7) of Schedule 2 to the 1992 Regulations and, in relation to a notice issued after that date, a notice served under the term of the general medical services contract which gives effect to paragraph 115(1) of Schedule 6 to the 2004 Regulations (or under the equivalent term of the default contract).

### **Notification of sub-contracts under general medical services contracts**

**29.**—(1) Where—

- (a) on 31st March 2004, a relevant medical practitioner had in place—
  - (i) arrangements for the engagement of a deputy of which he had informed the Primary Care Trust under paragraph 21(1) of Schedule 2 to the 1992 Regulations<sup>(b)</sup>, or
  - (ii) arrangements he had made with an organisation providing deputy doctors of which he had notified the Primary Care Trust under paragraph 21A(3) of that Schedule and in relation to which the Primary Care Trust had not served a notice under paragraph 21A(10) of that Schedule; and
- (b) the succeeding general medical services contractor wishes to continue those arrangements after 31st March 2004 in the form of a sub-contract to which paragraph 69 of Schedule 6 to the 2004 Regulations applies,

any requirement for the succeeding contractor to notify the Primary Care Trust of its intention to enter into that sub-contract contained in the term of its general medical services contract which gives effect to paragraph 69(1)(b) of Schedule 6 to the 2004 Regulations shall not apply, unless the date of termination of the arrangements is extended beyond the date which applied to them on 31st March 2004 or there is a material variation in the nature of those arrangements.

(2) In this article—

“deputy” has the meaning given in paragraph 1 of Schedule 2 to the 1992 Regulations; and

“organisation providing deputy doctors” has the same meaning as in paragraph 21A(1) of that Schedule.

---

<sup>(a)</sup> Paragraph 21A was inserted by S.I. 2003/26.

<sup>(b)</sup> Paragraph 21(1) was amended by S.I. 2001/3742 and 2002/2469.

## **Practice leaflet**

**30.**—(1) This article applies where a relevant medical practitioner had compiled a practice leaflet which met the requirements of paragraph 47 of Schedule 2 to the 1992 Regulations<sup>(a)</sup> and that leaflet was, on 31st March 2004, available to patients on his list.

(2) In the circumstances to which this article applies, the practice leaflet made available to patients by—

- (a) the succeeding contractor; or
- (b) a general medical services contractor who enters into a general medical services contract before 31st July 2004 which takes effect immediately after its default contract with the same Primary Care Trust ceases to have effect,

need not, until 1st August 2004, include all the information specified in the term of the general medical services contract which gives effect to Schedule 10 to the 2004 Regulations (or in the equivalent term of the default contract) provided that, from the date of commencement of the contract until the practice leaflet does so comply, the general medical services contractor or the default contractor makes available to patients in written form the information specified in paragraph (3).

(3) The information referred to in paragraph (2) is—

- (a) the services available under the general medical services contract or the default contract;
- (b) the opening hours of the practice premises and the method of obtaining access to services throughout the core hours;
- (c) the arrangements for services in the out of hours period (whether or not provided by the general medical services contractor or the default contractor) and how the patient may contact such services; and
- (d) if the services in sub-paragraph (c) are not provided by the general medical services contractor or the default contractor, the fact that the Primary Care Trust which is a party to the general medical services contract or the default contract is responsible for commissioning the services and the name, address and telephone number of that Primary Care Trust.

(4) In this article, “practice leaflet”—

- (a) in relation to the period before 1st April 2004, has the meaning given in paragraph 47 of Schedule 2 to the 1992 Regulations; and
- (b) in relation to the period from 1st April 2004, has the meaning given in regulation 2(1) of the 2004 Regulations.

## **Medical examination of medical practitioners**

**31.** Where, on or before 31st March 2004—

- (a) a Primary Care Trust had required a relevant medical practitioner to be medically examined under regulation 25(5) of the 1992 Regulations; and
- (b) that medical examination had not yet taken place,

the requirement shall, on 1st April 2004, unless the Primary Care Trust notifies him otherwise in writing, be regarded as a request made to that medical practitioner for him to be medically examined on the grounds that he is incapable of adequately providing services under the succeeding contract and arrangements for the medical examination shall, with the consent of the medical practitioner, continue to be made by the Local Medical Committee for the area of the Primary Care Trust which is a party to the succeeding contract, pursuant to the function conferred on that committee by regulation 27 of the 2004 Regulations.

## **Patients not seen within three years**

**32.** The term of a general medical services contract which gives effect to paragraph 5 of Schedule 6 to the 2004 Regulations (or the equivalent term of a default contract) shall be read as if the reference to a

---

(a) Paragraph 47 was amended by S.I. 2001/3742 and 2002/2469.

consultation or clinic provided by the general medical services contractor (or the default contractor) included a reference to a consultation or clinic provided by—

- (a) the relevant medical practitioner in relation to whom it is a succeeding contractor; or
- (b) in the case of a general medical services contract which takes effect immediately after a default contract between the same parties ceases to have effect, the contractor who held that default contract.

### **Patients aged 75 years and over**

**33.** The term of a general medical services contract which gives effect to paragraph 6 of Schedule 6 to the 2004 Regulations (or the equivalent term of a default contract) shall be read as if the reference to participating in a consultation under that term included a reference to participating in a consultation under—

- (a) paragraph 16 of Schedule 2 to the 1992 Regulations; or
- (b) in the case of a general medical services contract which takes effect immediately after a default contract between the same parties ceases to have effect, under the term of the default contract which was equivalent to paragraph 6 of Schedule 6 to the 2004 Regulations.

### **Arrangements for GP Registrars**

**34.—**(1) Where, before 1st April 2005, a general medical services contractor or a default contractor employs a GP Registrar for the purpose of being trained by a GP Trainer, the requirement for the general medical services contractor or the default contractor to have the agreement of the Secretary of State to that employment in—

- (a) the term of the general medical services contract which gives effect to paragraph 64 of Schedule 6 to the 2004 Regulations; or
- (b) the equivalent term of the default contract,

shall not apply.

(2) In this article, “GP Registrar” and “GP Trainer” have the same meaning as in regulation 2(1) of the 2004 Regulations.

### **Refund of fees paid under paragraph 38(f) of Schedule 2 to the 1992 Regulations**

**35.** Where, on 31st March 2004, a patient had paid a fee to a medical practitioner under paragraph 38(f) of Schedule 2 to the 1992 Regulations but—

- (a) the period for applying for a refund of that fee under paragraph 39(1) of that Schedule<sup>(a)</sup> had not yet expired; or
- (b) an application for refund of the fee had been made but not yet determined,

the period for applying for a refund and the powers of the Primary Care Trust in dealing with any application for a refund shall continue as if paragraph 39(1) of that Schedule had not been revoked.

### **Annual reports**

**36.** Notwithstanding the revocation of the 1992 Regulations, any medical practitioner to whom paragraph 50 of Schedule 2 to those Regulations (annual reports)<sup>(b)</sup> applied shall, by 30th June 2004, provide, either individually or as a member of a partnership, to the Primary Care Trust on whose medical list he appeared on 31st March 2004, an annual report in respect of the period of 12 months ending on 31st March 2004 which includes—

- (a) the number of complaints received in accordance with paragraph 47A of Schedule 2 to the 1992 Regulations<sup>(c)</sup>; and

---

<sup>(a)</sup> Paragraph 39(1) was amended by S.I. 2001/3742 and 2002/2469.

<sup>(b)</sup> Paragraph 50 was amended by S.I. 1993/540, 1997/730 and 2002/2469.

<sup>(c)</sup> Paragraph 47A was inserted by S.I. 1996/702 and amended by S.I. 2002/2469.

- (b) if the Primary Care Trust, having considered whether the information is available to it from another source and having consulted the Local Medical Committee, so requests, the information specified in paragraph 3 of Schedule 13 to those Regulations(a).

#### **Determination of question whether a substance is a drug**

**37.**—(1) Where, on 31st March 2004, a Primary Care Trust had, under regulation 36(7) of the 1992 Regulations(b), informed a medical practitioner of its decision that a substance ordered by him was not a drug but—

- (a) the medical practitioner had not given notice of appeal under paragraph (8) of that regulation; and  
(b) the time for appealing in that paragraph had not yet expired,

the time for appealing shall continue as if regulation 36 of the 1992 Regulations were still in force.

(2) Where—

- (a) on 31st March 2004, a medical practitioner had given notice of appeal against a decision of a Primary Care Trust under regulation 36 of the 1992 Regulations but that appeal had not been determined or withdrawn; or  
(b) a medical practitioner has given notice of such an appeal after 31st March 2004, pursuant to paragraph (1),

that appeal shall continue to be dealt with as if regulation 36 of the 1992 Regulations were still in force.

#### **Entry on to medical performers list of persons approved under regulation 18A or 18B of the 1992 Regulations**

**38.** Where a Primary Care Trust—

- (a) had, on 31st March 2004, approved a medical practitioner under regulation 18A or 18B of the 1992 Regulations(c) but had not yet entered his name on its medical list in accordance with regulation 18F(1) of those Regulations(d); and  
(b) intends to enter into a default contract or general medical services contract with two or more individuals practising in partnership one of whom is the person so approved,

it shall add that person's name to its medical performers list unless he is already on the medical performers list of another Primary Care Trust and is not withdrawing from that list.

#### **Outstanding appeals against refusal of approval under regulation 18A or 18B of the 1992 Regulations**

**39.**—(1) Where, on 31st March 2004—

- (a) a Primary Care Trust had refused to approve a medical practitioner under regulation 18A or 18B of the 1992 Regulations; and  
(b) he had a right of appeal under regulation 18G or 18GG of the 1992 Regulations(e) and the time for appealing had not yet expired,

the time for appealing shall continue as if those regulations had not been revoked.

(2) Where a medical practitioner whose nomination a Primary Care Trust had refused to approve under regulation 18A or 18B of the 1992 Regulations—

- (a) had, on or before 31st March 2004, given notice of appeal to the FHSAA under regulation 18G or 18GG of the 1992 Regulations but that appeal had not yet been determined or withdrawn; or  
(b) has given notice of such an appeal after 31st March 2004 pursuant to paragraph (1),

---

(a) Schedule 13 was substituted by S.I. 1993/540.  
(b) Regulation 36(7) was amended by S.I. 2001/3742 and 2002/2469 and 2861.  
(c) Regulations 18A and 18B were substituted by S.I. 1998/2838 and amended by S.I. 2002/554 and 2469.  
(d) Regulation 18F(1) was substituted by S.I. 1998/2838 and amended by S.I. 2001/3742 and 2002/554 and 2469.  
(e) Regulation 18G was substituted by S.I. 1998/2838 and amended by S.I. 2001/3742 and 2002/554 and 2469; regulation 18GG was inserted by S.I. 2001/3742 and amended by S.I. 2002/2469.

that appeal shall continue to be dealt with as if regulation 18G or, as the case may be, 18GG of the 1992 Regulations had not been revoked.

(3) Where—

- (a) following an appeal dealt with under paragraph (2), the FHSAA determines that the nomination of the medical practitioner should have been approved by the Primary Care Trust; and
- (b) a default contractor or a general medical services contractor notifies the Primary Care Trust that the person concerned is to join it as a partner,

the Primary Care Trust shall add that person's name to its medical performers list unless he is already on the medical performers list of another Primary Care Trust and is not withdrawing from that list.

### **Permission for use of facilities in private practice under section 72 of the 1977 Act**

40. Where, on 31st March 2004, a relevant medical practitioner had the permission of the Secretary of State under section 72 of the 1977 Act (permission for use of facilities in private practice), that permission shall be regarded, from 1st April 2004, as permission granted under that section to the succeeding contractor.

### **Recovery of overpayments**

41.—(1) Where, on or before 31st March 2004, a medical practitioner had admitted an overpayment drawn to its attention by a Primary Care Trust under regulation 35(2) of the 1992 Regulations(a) (claims and overpayments) but the overpayment, or any part of it, had not been recovered, the amount overpaid, or any part of it not recovered before 31st March 2004, shall, notwithstanding the repeal of the 1992 Regulations, continue to be recoverable by that Primary Care Trust and shall be treated as a debt owed by that medical practitioner to that Primary Care Trust.

(2) Notwithstanding the repeal of the 1992 Regulations, where a Primary Care Trust considers that a payment has been made to a medical practitioner under the Statement of Fees and Allowances when it was not due and has not drawn that alleged overpayment to the attention of the medical practitioner on or before 31st March 2004, the Primary Care Trust may draw that overpayment to the attention of the medical practitioner and—

- (a) where the overpayment is admitted by him, the Primary Care Trust may recover the amount overpaid from him as a civil debt; and
- (b) where the overpayment is not admitted by him, the arrangements for appeals set out in paragraph 80 of the Statement of Fees and Allowances shall apply.

(3) In this article “Statement of Fees and Allowances” means the statement determined and published by the Secretary of State under regulation 34 of the 1992 Regulations(b), as that statement had effect on 31st March 2004.

### **Continuation of pre-contract disputes relating to general medical services contracts**

42.—(1) Where, on or before 31st March 2004—

- (a) a prospective party to a general medical services contract had referred a pre-contract dispute to the Secretary of State to consider and determine under section 4(4) of the 1990 Act or under regulation 9 of the 2004 Regulations; and
- (b) that party entered into the general medical services contract whose terms were subject to dispute before that dispute had been determined or withdrawn,

the dispute shall, notwithstanding that the parties to the dispute have entered into a general medical services contract, continue to be dealt with under the procedure specified in regulation 9(2) of the 2004 Regulations.

(2) In the case of a dispute dealt with pursuant to paragraph (1), the determination—

- (a) may require the parties to agree an amendment or variation to the general medical services contract; and

---

(a) Regulation 35(2) was amended by S.I. 1996/702, 2002/2469 and 2003/2644.

(b) Regulation 34 was amended by S.I. 1993/540, 1997/2468, 2000/601 and 2002/2469.

- (b) shall be binding upon the parties to that contract.

## PART 3

### TRANSITIONAL PROVISIONS FOR GENERAL MEDICAL SERVICES CONTRACTS WHICH FOLLOW DEFAULT CONTRACTS

#### **Application and interpretation of this Part**

43.—(1) This Part applies where a person who holds a default contract with a Primary Care Trust enters into a general medical services contract with that Primary Care Trust which takes effect immediately after its default contract ceases to have effect.

(2) In a case to which this Part applies, the general medical services contract shall, unless it is entered into with a person to whom the particular article does not apply, include, or be deemed to include, terms which have the effect specified in articles 44 to 55.

(3) In this Part—

“default contractor” means a person (or persons) who holds (or hold) a default contract with a Primary Care Trust and who has (or have) entered into a general medical services contract with that Primary Care Trust which takes effect immediately after the default contract ceases to have effect and “default contract” shall be interpreted accordingly;

“general medical services contractor” means the person or persons who holds (or hold) the general medical services contract entered into by the default contractor and “general medical services contract” shall be construed accordingly.

#### **Carry over of approvals, applications, notices etc.**

44.—(1) Subject to paragraph (3), in a case to which this Part applies—

- (a) any approval, authorisation or consent given by the Primary Care Trust for the purposes of the default contract and still in force on the date on which that default contract ceases to have effect, shall be deemed to be an approval, authorisation or consent for the purposes of the general medical services contract on the date on which that general medical services contract takes effect and any such approval, authorisation or consent shall be on the same terms and subject to the same conditions (if any) as applied to the approval, authorisation or consent given under the default contract;
- (b) any application made to the Primary Care Trust by the default contractor under its default contract, and which has not been dealt with or determined on or before the date on which the default contract ceases to have effect, shall be deemed to be an application made by the general medical services contractor under its general medical services contract and any time specified in the general medical services contract for dealing with any such application shall be deemed to run from the date on which the application was made under the default contract;
- (c) any application or request made by a patient to the default contractor under its default contract and which has not been dealt with or determined on or before the date on which the default contract ceases to have effect, shall be deemed to be an application or request made by the patient to the general medical services contractor under its general medical services contract and any time specified in the general medical services contract in relation to that application or request shall be deemed to run from the date on which the application or request was made under the default contract;
- (d) any notice given to or served on the default contractor under its default contract by the Primary Care Trust which—
  - (i) requires it to provide or cease providing services, or
  - (ii) withdraws, suspends or varies an approval previously given to it by the Primary Care Trust,from a date which is after the date on which the default contract ceases to have effect, shall be deemed to be a notice served on the general medical services contractor under its general medical

services contract which takes effect on the date on which it would have taken effect had the default contract continued in force and any time specified in the general medical services contract for referring the matter to the NHS dispute resolution procedure shall be deemed to run from the date on which the notice was given to or served on the default contractor;

- (e) subject to paragraph (2), any notification or information given to the Primary Care Trust or a patient by the default contractor under its default contract shall be deemed to be a notification or information given by the general medical services contractor under the equivalent term of its general medical services contract on the date on which the general medical services contract takes effect and any reference in the relevant term of the general medical services contract to the date on which the event referred to in the notification shall take effect shall be read as a reference to the date on which that event would have taken effect had the default contract remained in force;
- (f) any report, notification or information (other than a notification required to be given under the term of the default contract equivalent to paragraph 86 of Schedule 6 to the 2004 Regulations) which, on the date on which the default contract ceased to have effect, was required to be given to any person by the default contractor under its default contract but had not been so given, shall be given by the general medical services contractor as if it was required to be given under the general medical services contract, subject to the modification that the timescale for giving any such report, notification or information shall be that which would have applied to the default contractor had the default contract remained in force;
- (g) any notifications or acknowledgements required to be given by the Primary Care Trust to a default contractor under its default contract on the date on which it ceases to have effect but which had not been so given shall be given by the Primary Care Trust to the general medical services contractor as if it is was required under the terms of the general medical services contract;
- (h) any notifications required to be given by the Primary Care Trust under a default contract to a patient on the default contractor's list of patients on the date on which the default contract ceases to have effect but which had not been so given, shall be given to that patient by the Primary Care Trust—
  - (i) if the patient is included in the list of patients of the general medical services contractor, as if the notification were required to be given under the general medical services contract, or
  - (ii) in any other case, as soon as possible after the default contract ceases to have effect;
- (i) any request or inquiry made to the default contractor under the default contract but which has not been complied with on or before the date on which the default contract ceases to have effect, shall be complied with by the general medical services contractor as if it was a request or inquiry made under the equivalent term of the general medical services contract and any time specified in the general medical services contract for responding to any such request shall be deemed to run from the date on which the request was made to the default contractor;
- (j) any preference expressed by a patient under the default contract to receive services from a particular performer or class of performer under that default contract and which he has not withdrawn on or before the date on which the default contract ceases to have effect shall, with effect from the date on which the general medical services contract takes effect, be regarded, for the purposes of that general medical services contract, as a preference expressed under the term of that contract which gives effect to paragraph 18 of Schedule 6 to the 2004 Regulations;
- (k) any checks which the default contractor has made under the terms of its default contract which are equivalent to paragraphs 57 to 59 of Schedule 6 to the 2004 Regulations or steps which it has taken to satisfy itself under the terms of that contract equivalent to paragraphs 58(1)(b), 60 or 69(1) of that Schedule shall be regarded as checks made or steps taken by the general medical services contractor under the terms of its general medical services contract which give effect to those paragraphs;
- (l) any records relating to a patient which are required to be sent to the Primary Care Trust by the default contractor under the term of its default contract which is equivalent to paragraph 73(6) of Schedule 6 to the 2004 Regulations but which have not been sent on or before the date on which the default contract ceases to have effect, shall be sent to the Primary Care Trust by the general medical services contractor by the date on which the default contractor would have been required to send them had its default contract not ceased to have effect;



- (m) the reference to a warning given by the general medical services contractor in the term of the general medical services contract which gives effect to paragraph 20(3) of Schedule 6 to the 2004 Regulations shall be deemed to include a reference to a warning given by the default contractor.

(2) Where—

- (a) pursuant to paragraph (1)(e), a notification is deemed to have been given by a general medical services contractor under the term of its contract which gives effect to paragraph 69(1) of Schedule 6 to the 2004 Regulations on the date on which the general medical services contract takes effect; and
- (b) the notification under the equivalent provision of the default contract was given more than 28 days before the date on which the default contract ceased to have effect,

the right of the Primary Care Trust under the term of the general medical services contract which gives effect to paragraph 69 of Schedule 6 to the 2004 Regulations to object to the sub-contract covered by that notification shall not apply.

(3) Paragraph (1) does not apply to any action taken or required to be taken by either party to a default contract under—

- (a) the dispute resolution procedure;
- (b) the provisions relating to variation of the contract; or
- (c) the provisions relating to termination of the contract,

contained in the default contract.

### **Newly registered patients**

**45.**—(1) Where a patient of a default contractor—

- (a) was, immediately before the default contract ceased to have effect, entitled to be invited to participate in a consultation under the term of the default contract equivalent to paragraph 4 of Schedule 6 to the 2004 Regulations; and
- (b) had not been given such an invitation,

that patient shall be regarded as a patient of the general medical services contractor who, on the date on which the general medical services contract takes effect, falls within the term of the general medical services contract which gives effect to paragraph 4 of Schedule 6 to the 2004 Regulations.

(2) In the case of a patient to whom paragraph (1) applies, the reference to a period of six months in the term of the general medical services contract which gives effect to paragraph 4(2) of Schedule 6 to the 2004 Regulations shall be read as if it was a reference to six months from the date of the patient's acceptance on or assignment to the default contractor's list.

### **Temporary residents**

**46.** Where, on the date on which the default contract ceases to have effect—

- (a) a default contractor has accepted a person as a temporary resident under the term of its default contract equivalent to paragraph 16 of Schedule 6 to the 2004 Regulations; and
- (b) its responsibility for that patient has not yet been terminated under that term,

the person shall be treated as if he had been accepted as a temporary resident by the general medical services contractor under the term of its general medical services contract which gives effect to paragraph 16 of Schedule 6 to the 2004 Regulations, subject to the modification that the reference to a period of three months in that term shall be read as a reference to a period of three months starting with the date on which the person was accepted as a temporary resident by the default contractor.

### **Provision of immediately necessary treatment**

**47.** Where, on the date on which the default contract ceases to have effect, a default contractor is responsible for providing immediately necessary treatment to any person under the term of the default contract equivalent to regulation 15 of the 2004 Regulations, the general medical services contractor shall

continue to be responsible for providing such treatment to that person for the period for which the default contractor would have been responsible if the default contract had remained in force.

### **Removals from the list of patients**

**48.**—(1) Where, on the date on which the default contract ceases to have effect, a Primary Care Trust has received a request from a patient to be removed from a default contractor’s list of patients but that removal has not yet taken effect under the term of the default contract equivalent to paragraph 19(3) of Schedule 6 to the 2004 Regulations, that removal shall take effect as a removal from the list of patients of the general medical services contractor on the date on which it would have taken effect had the default contract remained in force.

(2) Where, on the date on which the default contract ceases to have effect, a Primary Care Trust has informed a default contractor and one of its registered patients of the matters required under the term of the default contract equivalent to paragraph 23 of Schedule 6 to the 2004 Regulations but the 30 days referred to in that term has not expired, the information shall be regarded as if it had been given under the term of the general medical services contract which gives effect to paragraph 23 of Schedule 6 to the 2004 Regulations subject to the modification that the reference in that term to 30 days shall be read as a reference to 30 days from the date of the advice given to the patient by the default contractor.

(3) Where, on the date on which the default contract ceases to have effect, a Primary Care Trust has given notice in writing to a default contractor in accordance with the term of its contract which is equivalent to paragraph 24 of Schedule 6 to the 2004 Regulations but the six months referred to in that term has not expired, the notice shall be regarded as if it had been given under the term of the general medical services contract which gives effect to paragraph 24 of Schedule 6 to the 2004 Regulations subject to the modification that the reference in that term to six months shall be read as a reference to six months commencing with the date of the notice to the default contractor.

### **Requirement to provide dispensing services**

**49.**—(1) Where, on the date on which the default contract ceases to have effect—

- (a) a default contractor has received a request from a patient to provide dispensing services under the term of its default contract equivalent to paragraph 47(5) of Schedule 6 to the 2004 Regulations;
- (b) 30 or more days have elapsed since the date on which the patient made his request; and
- (c) the default contractor has not applied to the Primary Care Trust for the right to provide dispensing services to that patient,

the Primary Care Trust may give notice to the general medical services contractor under the term of its general medical services contract which gives effect to paragraph 47(5) of Schedule 6 to the 2004 Regulations as if the request had been made by the patient to the general medical services contractor on the date on which it was made to the default contractor.

(2) Where the Primary Care Trust has given notice to the default contractor under its default contract that it requires it to provide dispensing services to a patient from a date before the date on which the default contract ceases to have effect, that notice shall be regarded as a notice served on the general medical services contractor under the term of its general medical services contract which gives effect to paragraph 47(5) of Schedule 6 to the 2004 Regulations requiring it to provide dispensing services to the patient from the date on which the general medical services contract takes effect.

(3) In this article “dispensing services” has the same meaning as in regulation 2(1) of the 2004 Regulations.

### **Sub-contracting**

**50.**—(1) Where—

- (a) on the date on which the default contract ceases to have effect, the default contractor has in place a sub-contract, other than a contract for services with a health care professional for the provision by that professional personally of clinical services, which is in accordance with the terms of the default contract; and

- (b) the general medical services contractor wishes to continue that sub-contract for the period for which it would have continued had the default contract remained in force,

the term of the general medical services contract which gives effect to paragraph 69(1)(b) of Schedule 6 to the 2004 Regulations shall not apply to that sub-contract unless it is extended beyond the date referred to in sub-paragraph (b) or there is a material variation in its terms.

- (2) In this article, “health care professional” has the same meaning as in section 28M of the 1977 Act(a).

## Complaints

**51.**—(1) Where—

- (a) a complaint—

- (i) has been made to a default contractor under the complaints procedure established in accordance with the term of the default contract equivalent to paragraph 92 of Schedule 6 to the 2004 Regulations, or

- (ii) falls to be investigated by a default contractor pursuant to articles 23 or 24; and

- (b) on the date on which the default contract ceases to have effect the investigation of that complaint has not been concluded,

the complaint shall be investigated or, in an appropriate case, continue to be investigated, by the general medical services contractor under the complaints procedure established in accordance with the term of its general medical services contract which gives effect to paragraph 92 of Schedule 6 to the 2004 Regulations.

(2) In a case to which this Part applies, any references in the terms of the general medical services contract which give effect to paragraphs 92 to 96 and 98 of Schedule 6 to the 2004 Regulations to—

- (a) services provided by or received from the general medical services contractor;
- (b) a patient or former patient of the general medical services contractor; or
- (c) complaints made to the general medical services contractor,

shall be read as if they included a reference to services provided by or received from the default contractor, to the patient or former patient of the default contractor or to complaints made to the default contractor.

## Refund of fees

**52.**—(1) Where, on the date on which a default contract ceases to have effect, a patient has paid a fee to the default contractor under the term of its default contract equivalent to regulation 24(3) of the 2004 Regulations but—

- (a) the period in that term for applying for refund of the fee has not yet expired; or
- (b) an application for refund of the fee has been made but not yet determined,

the fee shall be regarded as if it had been paid to the general medical services contractor under its general medical services contract and the term of the general medical services contract which gives effect to regulation 24(4) of the 2004 Regulations shall apply subject to the modifications specified in paragraph (2).

(2) The modifications referred to in paragraph (1) are that—

- (a) references to the date on which the fee was paid shall be read as references to the date on which the fee was paid to the default contractor; and
- (b) the reference to the general medical services contractor’s list of patients shall be read as a reference to the list of patients of the default contractor.

## Annual returns and reviews

**53.**—(1) Where, in a case to which this Part applies, the periods or part of the periods covered by the default contract and the general medical services contract fall in the same financial year—

---

(a) Section 28M was inserted into the 1977 Act by section 172(1) of the Health and Social Care (Community Health and Standards) Act 2003 (c.43).

- (a) notwithstanding the term of the general medical services contract which gives effect to paragraph 81 of Schedule 6 to the 2004 Regulations, the Primary Care Trust shall not require an annual return from the general medical services contractor if a return covering all or part of the same financial year has been requested from the default contractor; and
- (b) any annual return submitted by the general medical services contractor for a financial year in which it also held a default contract shall provide the required information in relation to the default contract as well as in relation to the general medical services contract.

(2) In this article, “financial year” means the twelve months ending with 31st March.

#### **Carry-over of disputes between default and general medical services contracts**

**54.**—(1) Where—

- (a) on or before the date on which a default contract ceases to have effect, a default contractor has referred a dispute arising out of or in connection with the default contract, other than one to which article 88 applies, to be determined in accordance with the NHS dispute resolution procedure; and
- (b) on the date on which the default contract ceases to have effect, that dispute has not been determined or withdrawn,

the adjudicator shall, in determining the dispute, consider the relevance of his determination to the general medical services contract which took effect immediately after the default contract ceased to have effect and, if he considers that his determination is relevant to that general medical services contract, he shall determine the dispute as if it were a dispute referred to him by the general medical services contractor under the NHS dispute resolution procedure contained in the general medical services contract.

(2) In this article, “adjudicator” means the Secretary of State or a person or persons appointed by the Secretary of State under section 4(5) of the 1990 Act or paragraph 101(5) of Schedule 6 to the 2004 Regulations.

#### **Grounds for termination of the general medical services contract**

**55.** Where, on or before the date on which the default contract ceases to have effect—

- (a) circumstances arise which would entitle the Primary Care Trust on or before that date to terminate the default contract under the term of the default contract equivalent to paragraph 113 of Schedule 6 to the 2004 Regulations; and
- (b) the Primary Care Trust has not terminated the default contract on those grounds,

those circumstances shall, for the purposes of the term of the general medical services contract which gives effect to paragraph 113 of Schedule 6 to the 2004 Regulations, be regarded as if they had arisen during the existence of the general medical services contract.

#### **Notifications to patients affected by differences between the terms of a default and a general medical services contract**

**56.** Where, in a case to which this Part applies—

- (a) the range of services provided to the registered patients of the general medical services contractor is to be different from that provided by the default contractor; or
- (b) patients who were on the default contractor’s list of patients are not to be included on the list of patients of the general medical services contractor as a result of a change in the practice area,

the Primary Care Trust shall notify those patients in writing of the change and inform them of the steps they can take to obtain elsewhere the services in question or, as the case may be, register elsewhere for the provision of essential services (or their equivalent).

## PART 4

### TRANSITIONAL PROVISIONS RELATING TO PERSONAL MEDICAL SERVICES

#### Definitions

57. In this Part—

“the 1997 Act” means the National Health Service (Primary Care) Act 1997(a);

“contractor” means—

- (a) where a Primary Care Trust is not providing services under a transitional agreement, a person, other than the Primary Care Trust, who is a party to a transitional agreement, or
- (b) where a Primary Care Trust is providing services under a transitional agreement, that Primary Care Trust;

“the Implementation Directions” means the Primary Care Trusts and Strategic Health Authorities Implementation of Pilot Schemes (Personal Medical Services) Directions 2003 dated 10<sup>th</sup> November 2003(b);

“the NHS dispute resolution procedure” means the procedure for resolution of disputes specified in paragraphs 95 and 96 of Schedule 5 to the Personal Medical Services Agreements Regulations;

“personal medical services” means medical services of a kind that could have been provided by a general medical practitioner in accordance with arrangements made under Part 2 of the 1977 Act prior to 1st April 2004;

“pilot scheme agreement” means an agreement which constitutes or agreements which together constitute a pilot scheme under Part 1 of the 1997 Act under which personal medical services are provided;

“relevant body” means—

- (a) where a contractor is a party to a transitional agreement with a Primary Care Trust, that Primary Care Trust, and
- (b) where a contractor is a party to a transitional agreement with a Strategic Health Authority, that Strategic Health Authority;

“Services List Regulations” mean the National Health Service (Personal Medical Services) (Services List) and the (General Medical Services Supplementary List) and (General Medical Services) Amendment Regulations 2003(c).

#### Existing pilot schemes

58. Any pilot scheme under which personal medical services were being provided on 31st March 2004 shall, on the coming into force of section 178(1) of the 2003 Act (abolition of pilot schemes) in relation to personal medical services, be deemed to have been made under section 28C of the 1977 Act(d) and accordingly shall not cease to have effect merely because of the repeal of Part 1 of the 1997 Act in relation to personal medical services.

#### Variation of transitional agreements

59.—(1) The parties to a transitional agreement shall as soon as is reasonably practicable after 1st April 2004 enter into discussions with each other with a view to agreeing variations to the transitional agreement

---

(a) 1997 c.46.

(b) These directions are available on the Department of Health’s website at [www.dh.gov.uk](http://www.dh.gov.uk) or a copy can be obtained by writing to the Department of Health, P.O. Box 777, London SE1 6XH.

(c) S.I. 2003/2644.

(d) Section 28C was inserted into the Act by the National Health Service (Primary Care) Act 1997 (c.46), section 21(1) and amended by the Health Act 1999 (c.8), Schedule 4, paragraph 15, the Health and Social Care Act 2001 (c.15), Schedule 5, paragraph 11(4), the National Health Service Reform and Health Care Professions Act 2002 (c.17), Schedule 3, paragraph 7(2) and the Health and Social Care (Community Health and Standards) Act 2003 (c.43), Schedule 11, paragraph 14.

that will ensure that the terms of the transitional agreement comply with the Personal Medical Services Agreements Regulations.

(2) Subject to paragraph (3), no variation shall have effect unless it is in writing and signed by or on behalf of the contractor and the relevant body.

(3) If the parties to the transitional agreement have not agreed variations to the transitional agreement by 30th September 2004, the relevant body shall vary the transitional agreement without the consent of the contractor so that the terms of the transitional agreement comply with the Personal Medical Services Agreements Regulations.

(4) Where paragraph (3) applies, the relevant body shall notify the contractor in writing of the wording of the proposed variations and the date upon which the variations are to take effect.

(5) The date that the proposed variation is to take effect shall not be less than 14 days after the date on which the notice under paragraph (4) is served on the contractor.

(6) The parties to a transitional agreement may not agree (whether under this article or otherwise) any variation to the transitional agreement that would be contrary to the Personal Medical Services Agreements Regulations.

### **Interpretation of transitional agreements**

**60.—(1) Until—**

- (a) the parties to a transitional agreement vary the transitional agreement in accordance with article 59(1) and the variations have effect; or
- (b) the relevant body varies a transitional agreement in accordance with article 59(3) and the variations have effect,

a transitional agreement shall be interpreted in accordance with this article.

(2) Any reference in a transitional agreement to—

- (a) the Implementation Directions shall be a reference to those Directions as they had effect on 31st March 2004 as modified by article 61;
- (b) the 1992 Regulations shall be a reference to those Regulations as they had effect on 31st March 2004 as modified by article 62;
- (c) the Statement of Fees and Allowances made under regulation 34 of the 2002 Regulations shall be a reference to that Statement as it had effect on 31st March 2004;
- (d) the Choice Regulations shall be a reference to those Regulations as they had effect on 31st March 2004 as modified by article 63, except as specified in paragraph (3);
- (e) the National Health Service (Pilot Schemes: Miscellaneous Provisions and Consequential Amendments) Regulations 1998(a) shall be a reference to those Regulations as they had effect on 31st March 2004;
- (f) section 2(2)(a), (b), (c), (e) or (f) of the 1997 Act shall be a reference to section 28D(1)(a), (b), (ba), (bb), (bc), (d) or (f) of the 1977 Act;
- (g) section 8 of the 1997 Act shall be a reference to article 66;
- (h) personal medical services shall be a reference to medical services of a kind that could have been provided by a general medical practitioner in accordance with arrangements made under Part 2 of the 1977 Act prior to 1st April 2004;
- (i) pilot schemes or pilot scheme agreements shall be a reference to transitional agreements;
- (j) a services list, medical list or supplementary list shall be a reference to a medical performers list;
- (k) regulation 6(3)(d) of the Services List Regulations or regulation 18E(1)(e) of, and Part 3 of Schedule 3 to, the 1992 Regulations shall be a reference to regulation 6(3)(d) of the Performers Lists Regulations;

---

(a) S.I. 1998/646, as amended by S.I. 2002/543 and 2469.

(l) a Local Medical Committee shall be a reference to a committee recognised under section 45A of the 1977 Act; and

(m) out of hours arrangements shall be a reference to out of hours arrangements within the meaning given to that expression by article 72.

(3) In relation to the assignment of a patient to a medical practitioner in accordance with regulation 5 of the Choice Regulations, any reference in a transitional agreement to regulation 4(2)(b) of those Regulations shall be deemed to be a reference to article 64(1).

(4) In the case of a transitional agreement falling within paragraph (5), the transitional agreement shall be interpreted as if it had been varied to include terms having the effect specified in Schedule 4 to the Personal Medical Services Agreements Regulations (opt outs of out of hours services).

(5) A transitional agreement falls within this paragraph where the contractor has contracted to provide out of hours services only to patients to which it is required to provide the equivalent of general medical services (within the meaning of section 29(1A) of the 1977 Act<sup>(a)</sup> prior to its repeal) under the agreement.

(6) The transitional agreement shall be interpreted as if it had been varied to include a term or terms having the effect specified in paragraph 105 of Schedule 5 to the Personal Medical Services Agreements Regulations (termination by the relevant body on fitness grounds), subject to the modification that the reference in that term to a person falling within the cases specified in paragraph 105(3) during the existence of the agreement shall be read as if it referred to a person so falling on or after 1st April 2004.

(7) Where a transitional agreement includes the provision of services in the out of hours period within the meaning of paragraph 1(1) of Schedule 6 to the Personal Medical Services Agreements Regulations, the transitional agreement shall be interpreted as if it had been varied to include terms having the effect specified in Schedule 6 to those Regulations (out of hours transitional provisions), subject to the modification that the references to the NHS dispute resolution procedure in paragraphs 2(5), 3(6) and (7) and 5(5) of that Schedule shall, in the case of transitional agreements to which the NHS dispute resolution procedure does not apply, be deemed to include a reference to the dispute resolution procedure under the transitional agreement.

(8) For the purposes of paragraph (7), it shall be assumed that the out of hours services provided by the contractor under the transitional agreement to patients to which it is required to provide the equivalent of general medical services (within the meaning of section 29(1A) of the 1977 Act prior to its repeal) are provided by the contractor pursuant to regulation 20 of the Personal Medical Services Agreements Regulations (out of hours services).

### **Modification of the Implementation Directions for the purposes of transitional agreements**

**61.**—(1) The modifications referred to in article 60(2)(a) are as follows.

(2) As if any reference to—

(a) the 1992 Regulations were a reference to those Regulations as they had effect on 31st March 2004 as modified by article 62; and

(b) the Choice Regulations were a reference to those Regulations as they had effect on 31st March 2004 as modified by article 63.

(3) As if for Schedule 5 to the Implementation Directions there were substituted Schedule 9 to the Personal Medical Services Agreements Regulations (PCTs specified for the purposes of repeatable prescribing), and accordingly as if any reference in those directions to Schedule 5 to those Directions were a reference to Schedule 9 to those Regulations.

(4) As if any reference to personal medical services were a reference to medical services of a kind that could have been provided by a general medical practitioner in accordance with arrangements made under Part 2 of the 1977 Act prior to 1st April 2004.

(5) As if any reference to pilot schemes or pilot scheme agreements were a reference to transitional agreements.

---

<sup>(a)</sup> Subsection (1A) was substituted by S.I. 1985/39.

(6) As if any reference to a services list, medical list or supplementary list were to a medical performers list.

(7) As if any reference to regulation 6(3)(d) of the Services List Regulations or regulation 18E(1)(e) of, and Part 3 of Schedule 3 to, the 1992 Regulations were a reference to regulation 6(3)(d) of the Performers Lists Regulations.

(8) As if in direction 9, the words “under regulation 4(2)(b) of those Regulations” were omitted.

(9) As if any reference to out of hours arrangements were to out of hours arrangements within the meaning given to that expression by article 72.

### **Modification of the 1992 Regulations for the purposes of transitional agreements**

**62.**—(1) The modification referred to in article 60(2)(b) is as follows.

(2) Any reference to Schedule 10 or, as the case may be Schedule 11, to the 1992 Regulations shall be a reference to Schedule 1 (in the case of Schedule 10) or 2 (in the case of Schedule 11) to the National Health Service (General Medical Services Contracts) (Prescription of Drugs etc.) Regulations 2004(a).

### **Modification of the Choice Regulations for the purposes of transitional agreements**

**63.**—(1) The modifications referred to in article 60(2)(d) are as follows.

(2) As if in regulation 1 a new paragraph (4) were added at the end as follows—

“(4) In these Regulations “contractor” and “transitional agreement” shall have the meanings given to them in Part 4 of the General Medical Services and Personal Medical Services Transitional and Consequential Provisions Order 2004.”.

(3) As if in regulation 2(1) there were substituted—

“(1) Any person who wishes to receive primary medical services under a transitional agreement may choose the doctor from whom he is to receive those services being a doctor who is primarily responsible for the performance of personal medical services under the transitional agreement, subject to the consent of that doctor.”.

(4) As if in regulation 5—

(a) paragraph (1) were substituted as follows—

“(1) Where a contractor is required to assign a patient to a doctor who performs personal medical services in connection with a transitional agreement to which the contractor is a party, the contractor shall assign the applicant to a doctor within the period of two days beginning on the day on which it received notice of the requirement to assign and shall, upon making that assignment, notify—

- (a) the Primary Care Trust of the name of the doctor to whom the patient has been assigned; and
- (b) the doctor of the assignment,

and the Primary Care Trust shall, on receipt of the notification under sub-paragraph (a) notify the patient of the doctor to whom he has been assigned.”;

(b) references to—

- (i) the pilot scheme provider were to the contractor,
- (ii) the applicant were to the patient, and
- (iii) the pilot scheme were to the transitional agreement; and

(c) paragraphs (3), (5) and (6) were omitted.

(5) As if in regulation 7, the reference to a pilot scheme were to a transitional agreement.

---

(a) S.I. 2004/629.



### **Assignment of patients: transitional agreements**

**64.**—(1) A Primary Care Trust may require a contractor to assign a patient to a medical practitioner who performs personal medical services in connection with a transitional agreement to which the contractor is a party.

(2) Where a Primary Care Trust is considering requiring a contractor to assign a patient to a medical practitioner under paragraph (1), it shall have regard to—

- (a) the wishes and circumstances of the patient to be assigned;
- (b) the distance between the patient's place of residence and the contractor's practice premises;
- (c) whether, during the six months ending on the date on which the application for assignment is received by the Primary Care Trust, the patient's name has been removed from the list of patients of any provider of essential services (or their equivalent) in the area of the Primary Care Trust under paragraph 19 of Schedule 5 to the Personal Medical Services Agreements Regulations (or other equivalent provision);
- (d) whether the patient's name has been removed from the list of patients of any provider of essential services (or their equivalent) under paragraph 20 of Schedule 5 to the Personal Medical Services Agreements Regulations (or other equivalent provision);
- (e) such other matters as the Primary Care Trust considers relevant.

(3) Where a contractor is unable to comply, in accordance with this article or regulation 5 of the Choice Regulations (as modified by article 63) with a requirement to assign a patient to a medical practitioner, and the Primary Care Trust is satisfied, after due enquiry, that the person concerned still wishes to be assigned to a provider of essential services (or their equivalent), the Primary Care Trust shall as soon as practicable assign, or require the assignment of, that person to another provider of essential services (or their equivalent) or medical practitioner in accordance with any relevant agreement, contract or enactment.

(4) A medical practitioner to whom a patient is assigned under this article or regulation 5 of the Choice Regulations (as modified by article 63) shall not be required to provide child health surveillance services, contraceptive services, maternity medical services or minor surgery services for that patient unless he is obliged to provide those services to him in connection with a transitional agreement.

(5) Where a contractor has requested the Primary Care Trust to remove a patient from a medical practitioner's list or a pooled list under a provision equivalent to paragraph 20 of Schedule 5 to the Personal Medical Services Agreements Regulations, the Primary Care Trust shall take all reasonable steps to assign, or require the assignment of, the patient to another provider of essential services (or their equivalent) or medical practitioner before the end of the working day after the day on which the Primary Care Trust receives notification from the contractor.

(6) In paragraph (5)—

“a medical practitioner's list” means a list of a medical practitioner's patients kept by a Primary Care Trust in respect of a medical practitioner performing personal medical services under a transitional agreement, in accordance with directions made under section 17 of the 1977 Act; and

“a pooled list” means a list of persons who have been accepted by a contractor for the provision of personal medical services under a transitional agreement, and whose names are not included in a medical practitioner's list.

### **Representations against a requirement to assign: transitional agreements**

**65.**—(1) A contractor who has been required under article 64(1) to assign a person to a medical practitioner may, within the period of seven days beginning with the day on which that assignment is made, make representations in writing to the Primary Care Trust against the requirement to assign, but shall remain responsible for providing personal medical services for the person to whom the requirement relates, pending notification of the confirmation or revision of the assignment by the Primary Care Trust.

(2) Where representations are made to it against a requirement to assign, a Primary Care Trust shall, subject to paragraph (4), promptly review the decision to require assignment and shall either confirm or revise it, but no person who participated in making the decision to require assignment shall participate in a review of that decision.

(3) Where representations are made against a decision to require assignment, the Primary Care Trust shall, before confirming or revising that decision, give the contractor the opportunity of an oral hearing in support of those representations.

(4) The Primary Care Trust shall, within the period of seven days beginning with the day on which it confirms or revises a decision under paragraph (3), notify the contractor accordingly and the provisions of this article and article 64 shall apply to any requirement to assign under a revised decision.

### **Variation and termination of transitional agreements**

**66.**—(1) The Secretary of State may by directions require a transitional agreement to be varied by the relevant body in accordance with the directions.

(2) If the Secretary of State is satisfied that a transitional agreement is (for any reason) unsatisfactory, he may give directions to the relevant body requiring it to bring the transitional agreement to an end in accordance with the terms of the directions.

### **Termination of transitional agreements varied under article 59**

**67.** Where a transitional agreement has been varied under article 59 to include a term which gives effect to paragraph 105 of Schedule 5 to the Personal Medical Services Agreements Regulations (termination by the relevant body on fitness grounds), the reference in that term to a person falling within the cases specified in paragraph 105(3) during the existence of the agreement shall be read as if it referred to a person so falling on or after 1st April 2004.

### **Health service body status**

**68.**—(1) A contractor (other than one falling within paragraph (2)) which was, on 31st March 2004 a health service body pursuant to the National Health Service (Pilot Schemes – Health Service Bodies) Regulations 1997(a) (“the 1997 Regulations”) shall be regarded as such a body after that date and regulation 9 of the Personal Medical Services Agreements Regulations shall apply as if health service body status had been conferred on that contractor under that regulation.

(2) A contractor falls within this paragraph if it was a health service body only for the purpose of regulation 3(4) of the 1997 Regulations (being a party to an existing NHS contract).

(3) A contractor falling within paragraph (2) shall continue to be a health service body for the purpose of being a party to an NHS contract entered into on a date before that on which it ceased to be a pilot scheme health service body until the termination of that NHS contract.

(4) Paragraph (3) shall also apply to a provider of personal medical services under a pilot scheme whose agreement terminated before 1st April 2004.

### **Dispute resolution**

**69.**—(1) Any dispute relating to a pilot scheme that has been referred to the Secretary of State under section 4 of the 1990 Act(b) (NHS contracts) and which has not been determined on or before 31st March 2004 shall continue to be dealt with in accordance with the National Health Service Contracts (Dispute Resolution) Regulations 1996(c).

(2) Where a direction as to payment is made (whether before or after 31st March 2004) under section 4(7) of the 1990 Act against, or in favour of, a provider of services under a transitional agreement or a pilot scheme, the direction is enforceable in a county court (if the court so orders) as if it were a judgement or order of that court.

---

(a) S.I. 1997/2929.

(b) Section 4 of the National Health Service and Community Care Act 1990 was amended by the Health Authorities Act 1995 (c.17), Schedule 1, paragraph 68, the Health Act 1999 (c.8), Schedule 4, paragraph 76 and Schedule 5, the National Health Service Reform and Health Care Professions Act 2002 (c.17), Schedule 1, paragraph 40 and Schedule 5, paragraph 31, the Health (Wales) Act 2003 (c.4), Schedule 3, paragraph 6 and S.I. 1991/195.

(c) S.I. 1996/623.

## PART 5

### TRANSITIONAL PROVISIONS RELATING TO THE CHOICE REGULATIONS

#### Assignment of patients

70. Where, on 31st March 2004, a person had applied to a Primary Care Trust for assignment to a medical practitioner under regulation 4 of the Choice Regulations<sup>(a)</sup> but that application had not yet been determined, the Primary Care Trust shall—

- (a) require a contractor to assign the person to a medical practitioner who performs personal medical services under a transitional agreement in accordance with article 64(1);
- (b) assign the patient in accordance with the terms of the contract, to—
  - (i) a default contractor,
  - (ii) a general medical services contractor, or
  - (iii) a person who is a party to a personal medical services agreement; or
- (c) otherwise make arrangements for the applicant to be provided with essential services (or their equivalent) in the area of the Primary Care Trust.

#### Representations against assignments

71.—(1) Where, on 31st March 2004, a Primary Care Trust had assigned a patient to a relevant medical practitioner under regulation 4 of the Choice Regulations but the seven days for him to make representations against that assignment in regulation 6(1) of those Regulations had not yet expired, the succeeding contractor shall be entitled to make representations to the Primary Care Trust in writing against that assignment within the period of seven days beginning on the day on which the relevant medical practitioner received notice of the assignment under regulation 4 of the Choice Regulations, as if regulation 6 of the Choice Regulations were still in force.

(2) Where, on 31st March 2004, a Primary Care Trust had required a pilot scheme provider to assign a patient under regulation 4(2)(b) of the Choice Regulations but the seven days for him to make representations against that requirement to assign in regulation 6(2) of those Regulations had not yet expired, the PMS contractor who is a party to the personal medical services agreement which has succeeded the pilot scheme shall be entitled to make representations to the Primary Care Trust in writing against that requirement to assign within the period of seven days beginning on the day on which the pilot scheme provider received notice of the requirement under regulation 4 of the Choice Regulations, as if regulation 6 of the Choice Regulations were still in force.

(3) Where representations are made to a Primary Care Trust under paragraph (1) or (2), the Primary Care Trust shall deal with those representations in accordance with regulation 6 of the Choice Regulations as if those Regulations were still in force and shall, on or before 30th April 2004, either confirm or revise its decision to assign the patient.

(4) In this article, “relevant medical practitioner” and “succeeding contractor” have the meaning given in article 2(3).

## PART 6

### TRANSITIONAL, TRANSITORY AND SAVING PROVISIONS RELATING TO OUT OF HOURS ARRANGEMENTS AND SERVICES

#### Interpretation of this Part

72. In this Part—

---

(a) Regulation 4 was amended by S.I. 1999/3179 and 2002/2469.

“agreement” means, unless the context otherwise requires, an agreement for primary medical services made under section 28C of the 1977 Act;

“out of hours arrangement” means—

(a) in relation to the period before 1st April 2004, an arrangement under—

- (i) paragraph 18A(2) of Schedule 2 to the 1992 Regulations<sup>(a)</sup>, or
- (ii) regulation 3 of the PMS Out of Hours Regulations; and

(b) in relation to the period from 1st April 2004, means an arrangement under—

- (i) the term of a general medical services contract which gives effect to paragraph 1(2) of Schedule 7 to the 2004 Regulations (or the equivalent term of a default contract), or
- (ii) the term of an agreement which gives effect to paragraph 1(2) or (3) of Schedule 6 to the Personal Medical Services Agreements Regulations;

“out of hours services” means services required to be provided in all or part of the out of hours period which—

(a) would be essential services if provided in core hours; or

(b) are included—

- (i) in a default contract as additional services funded under article 36(2) of the Transitional Order, or
- (ii) in a general medical services contract as additional services funded under the global sum;

“PMS Out of Hours Regulations” means the National Health Service (Out of Hours Provision of Personal Medical Services and Miscellaneous Amendments) (England) Regulations 2003<sup>(b)</sup>;

“relevant body”—

(a) in relation to the period before 1st April 2004, has the same meaning as in regulation 2(1) of the PMS Out of Hours Regulations; and

(b) in relation to the period from 1st April 2004, has the same meaning as in regulation 2 of the Personal Medical Services Agreements Regulations.

### **Terms of general medical services contracts, default contracts and personal medical services agreements**

73. Unless the contract or agreement is of a type or nature to which a particular article does not apply—

- (a) a general medical services contract shall include or be deemed to include terms which have the effect specified in articles 74, 76, 78, 79, 81, 82, 84, 86, 87, 88, 91 and 92;
- (b) a default contract shall include or be deemed to include terms which have the effect specified in articles 74, 76, 78, 79, 81, 84, 86 and 92;
- (c) an agreement shall include or be deemed to include terms which have the effect specified in articles 75, 77, 78, 80, 83, 85 and 89.

### **Applications for approval of out of hours arrangements under general medical services contracts and default contracts**

74.—(1) Where, on or before 31st March 2004, a medical practitioner had applied to the Primary Care Trust for approval of an out of hours arrangement under paragraph 18A(7) of Schedule 2 to the 1992 Regulations<sup>(c)</sup> but that application had not yet been determined, it shall, if the medical practitioner meets the requirements in paragraph (2), be treated, on 1st April 2004, as if it were an application made by the general medical services contractor under the term of its contract which gives effect to paragraph 2 of Schedule 7 to the 2004 Regulations (or by the default contractor under the equivalent term of its default contract) subject

---

(a) Paragraph 18A was inserted by S.I. 1996/702 and paragraph (2) was substituted, in relation to England, by S.I. 2002/2548 and amended by S.I. 2003/26.

(b) S.I. 2003/26.

(c) Paragraph 18A(7) (as inserted by S.I. 1996/702) was amended by S.I. 2001/3742 and 2002/2469, 2548 and 3135.

to the modification that the period of 28 days referred to in the term giving effect to paragraph 2(2) of Schedule 7 (or in the equivalent term of the default contract) shall be treated as beginning with the day on which the Primary Care Trust received the application under paragraph 18A(7) of Schedule 2 to the 1992 Regulations.

- (2) The requirements referred to in paragraph (1) are that the medical practitioner—
- (a) has entered as an individual medical practitioner into a general medical services contract or a default contract;
  - (b) is one of two or more individuals practising in partnership who have entered into such a contract; or
  - (c) is a legal and beneficial shareholder in a company which has entered into a general medical services contract.
- (3) In any application which falls within paragraph (1)—
- (a) any references to the patients of the medical practitioner shall be deemed to be references to the patients of the general medical services contractor or the default contractor;
  - (b) any references to the whole of the out of hours period shall be deemed to be references to—
    - (i) the period beginning at 6.30pm on any day from Monday to Thursday and ending at 8am on the following day,
    - (ii) the period between 6.30pm on Friday and 8am the following Monday, and
    - (iii) Good Friday, Christmas Day and bank holidays;
  - (c) in any reference to part of the out of hours period—
    - (i) any reference to 7pm on Monday to Friday shall be deemed to be a reference to 6.30pm, and
    - (ii) any reference to 1pm on Saturday shall be deemed to be a reference to 6.30pm on Friday; and
  - (d) any references to a particular transferee doctor shall be deemed to be references to—
    - (i) that person as a general medical services contractor, a default contractor or a party to contractual arrangements made under article 15 of the Transitional Order,
    - (ii) that person and any other medical practitioner with whom he is practising in partnership who have entered into a general medical services contract or a default contract or are a party to contractual arrangements made under article 15 of the Transitional Order, or
    - (iii) the company in which he is a legal and beneficial shareholder and which has entered into a general medical services contract.

#### **Applications for approval of out of hours arrangements under personal medical services agreements**

**75.**—(1) Where, on or before 31st March 2004, a pilot scheme provider had applied to a relevant body for approval of an out of hours arrangement under regulation 4 of the PMS Out of Hours Regulations but that application had not yet been determined, it shall, if the pilot scheme provider has become a PMS contractor, be treated, on 1st April 2004, as if it were an application made by the PMS contractor under—

- (a) the term of its agreement which gives effect to paragraph 2 of Schedule 6 to the Personal Medical Services Agreements Regulations; or
- (b) the equivalent term deemed to be included in its transitional agreement pursuant to article 60(7),

subject to the modification that the period of 28 days referred to in the term (or deemed term) giving effect to paragraph 2(2) of Schedule 6 to the Personal Medical Services Agreements Regulations shall be treated as beginning with the day on which the relevant body received the application under regulation 4 of the PMS Out of Hours Regulations.

(2) In any application which falls within paragraph (1) any references to the patients of the pilot scheme provider shall be deemed to be references to the patients of the PMS contractor.

#### **Approvals of out of hours arrangements under general medical services contracts and default contracts**

**76.**—(1) Where, on 31st March 2004—

- (a) a medical practitioner had approval from a Primary Care Trust of an out of hours arrangement; and
- (b) that approval—
  - (i) does not relate to an accredited service provider whose approval has been withdrawn under regulation 8 of the Out of Hours Regulations, or
  - (ii) had not been withdrawn under paragraph 18B or 18C of Schedule 2 to the 1992 Regulations and the withdrawal taken effect,

that approval shall, if the medical practitioner meets the requirements in article 74(2), be treated from 1st April 2004 as if it were an approval granted to the general medical services contractor by the Primary Care Trust pursuant to the term of its contract which gives effect to paragraph 2 of Schedule 7 to the 2004 Regulations (or to the default contractor under the equivalent term of its default contract), except in the circumstances specified in paragraph (2).

(2) The circumstances referred to in paragraph (1) are that the approval under paragraph 18A of Schedule 2 to the 1992 Regulations related to an arrangement with a transferee doctor as defined in paragraph 18A(1)(c) of Schedule 2 to the 1992 Regulations and that doctor—

- (a) has not entered as an individual medical practitioner into a general medical services contract, or a default contract, which includes the provision of out of hours services;
- (b) is not one of two or more individuals practising in partnership who have entered into such a contract;
- (c) is not a legal and beneficial shareholder in a company which has entered into such a general medical services contract; or
- (d) is not a party to contractual arrangements under article 15 of the Transitional Order which include the provision of out of hours services.

(3) The terms of an approval granted pursuant to paragraph (1) shall be the same as those of the approval granted under paragraph 18A of Schedule 2 to the 1992 Regulations except that—

- (a) any references to the patients of the medical practitioner shall be deemed to be references to the patients of the general medical services contractor or the default contractor;
- (b) any references to the whole of the out of hours period shall be deemed to be references to—
  - (i) the period beginning at 6.30pm on any day from Monday to Thursday and ending at 8am on the following day,
  - (ii) the period between 6.30pm on Friday and 8am the following Monday, and
  - (iii) Good Friday, Christmas Day and bank holidays;
- (c) in any reference to part of the out of hours period—
  - (i) any reference to 7pm on Monday to Friday shall be deemed to be a reference to 6.30pm, and
  - (ii) any reference to 1pm on Saturday shall be deemed to be a reference to 6.30pm on Friday; and
- (d) any references to a particular transferee doctor shall be deemed to be references to—
  - (i) that person as a general medical services contractor, a default contractor or a party to contractual arrangements made under article 15 of the Transitional Order,
  - (ii) that person and any other medical practitioner with whom he is practising in partnership who have entered into a general medical services contract or a default contract or are a party to contractual arrangements made under article 15 of the Transitional Order, or
  - (iii) the company in which he is a legal and beneficial shareholder and which has entered into a general medical services contract.

### **Approvals of out of hours arrangements under personal medical services agreements**

77.—(1) Where, on 31st March 2004—

- (a) a pilot scheme provider had approval from a relevant body of an out of hours arrangement under regulation 4 of the PMS Out of Hours Regulations; and
- (b) that approval—

- (i) does not relate to an accredited service provider whose approval had been withdrawn under regulation 8 of the Out of Hours Regulations, or
- (ii) had not been withdrawn under regulation 5 or 6 of the PMS Out of Hours Regulations and the withdrawal taken effect,

that approval shall, if the pilot scheme provider has become a PMS contractor, be treated from 1st April 2004 as if it were an approval granted to the PMS contractor by the relevant body pursuant to the term of its agreement which gives effect to paragraph 2 of Schedule 6 to the Personal Medical Services Agreements Regulations or the equivalent term deemed to be included in its transitional agreement pursuant to article 60(7).

(2) The terms of an approval granted pursuant to paragraph (1) shall be the same as those of the approval granted under regulation 4 of the PMS Out of Hours Regulations except that any references to the patients of the pilot scheme provider shall be deemed to be references to the patients of the PMS contractor.

**Suspension of approvals and of out of hours arrangements under general medical services contracts, default contracts and personal medical services agreements**

**78.**—(1) Where an approval which falls within article 76 or 77 relates to an accredited service provider whose approval has been suspended under regulation 9 of the Out of Hours Regulations, that approval, and any out of hours arrangement made pursuant to that approval, shall be treated, from 1st April 2004, as being suspended under—

- (a) the terms of the relevant general medical services contract which give effect to paragraphs 5 and 7 of Schedule 7 to the 2004 Regulations (or the equivalent term of the default contract); or
- (b) the terms of the relevant agreement which give effect to paragraphs 4 and 6(1) of Schedule 6 to Personal Medical Services Agreements Regulations or the equivalent terms deemed to be included in the relevant transitional agreement under article 60(7).

(2) Where, on 31st March 2004, an arrangement made by a Primary Care Trust with an accredited service provider under regulation 3(1) of the PMS Out of Hours Regulations is suspended following suspension of the approval of the accredited service provider under regulation 9 of the Out of Hours Regulations, that arrangement shall be treated, from 1st April 2004, as being suspended under—

- (a) the term of the Primary Care Trust's agreement which gives effect to paragraph 6(3) of Schedule 6 to the Personal Medical Services Agreements Regulations; or
- (b) the equivalent term deemed to be included in its transitional agreement pursuant to article 60(7).

**Refusal of approval of out of hours arrangements under general medical services contracts and default contracts**

**79.**—(1) Where—

- (a) on or before 31st March 2004, a Primary Care Trust had notified a medical practitioner under paragraph 18A(10) of Schedule 2 to the 1992 Regulations that it had refused approval of an out of hours arrangement; and
- (b) on or before 1st April 2004, that medical practitioner—
  - (i) has entered as an individual medical practitioner into a general medical services contract, or a default contract, which requires the provision of out of hours services,
  - (ii) is one of two or more individuals practising in partnership who have entered into such a contract, or
  - (iii) is a legal and beneficial shareholder in a company which has entered into such a general medical services contract,

paragraphs (2) and (3) shall apply.

(2) In a case where the time for appealing under paragraph 18A(11) of Schedule 2 to the 1992 Regulations had not expired on or before 31st March 2004, that refusal shall be treated as if it were a refusal under the term of the general medical services contract referred to in paragraph (1)(b) which gives effect to paragraph 2 of Schedule 7 to the 2004 Regulations (or under the equivalent term of the default contract), subject to the

modification that the 30 days referred to in the term of the general medical services contract giving effect to paragraph 2(5) of that Schedule (or in the equivalent term of the default contract) shall be treated as beginning with the day on which the Primary Care Trust's notification under paragraph 18A(10) was sent.

(3) In a case where, on 31st March 2004, an appeal had been made under paragraph 18A(11) of Schedule 2 to the 1992 Regulations but not yet been determined or withdrawn, that appeal shall, except in the circumstances specified in paragraph (4), continue to be dealt with as if paragraph 18A had not been revoked and, if the appeal is successful, the approval of the arrangement shall be treated as an approval given under the term of the general medical services contract referred to in paragraph (1)(b) which gives effect to paragraph 2 of Schedule 7 to the 2004 Regulations (or under the equivalent term of the relevant default contract).

(4) The circumstances referred to in paragraph (3) are that the appeal related to an arrangement with a transferee doctor as defined in paragraph 18A(1)(c) of Schedule 2 to the 1992 Regulations and that doctor—

- (a) has not entered as an individual medical practitioner into a general medical services contract, or a default contract, which includes the provision of out of hours services;
- (b) is not one of two or more individuals practising in partnership who have entered into such a contract;
- (c) is not a legal and beneficial shareholder in a company which has entered into such a general medical services contract; or
- (d) is not a party to contractual arrangements under article 15 of the Transitional Order which include the provision of out of hours services.

(5) For the purposes of a dispute pursuant to paragraph (2) or an appeal dealt with pursuant to paragraph (3), the application which is the subject of the dispute or appeal shall be read as if—

- (a) any references to the patients of the medical practitioner were references to the patients of the general medical services contractor or the default contractor;
- (b) any references to the whole of the out of hours period were references to—
  - (i) the period beginning at 6.30pm on any day from Monday to Thursday and ending at 8am on the following day,
  - (ii) the period between 6.30pm on Friday and 8am the following Monday, and
  - (iii) Good Friday, Christmas Day and bank holidays;
- (c) in any reference to part of the out of hours period—
  - (i) any reference to 7pm on Monday to Friday were a reference to 6.30pm, and
  - (ii) any reference to 1pm on Saturday were a reference to 6.30pm on Friday; and
- (d) any references to a particular transferee doctor were references to—
  - (i) that person as a general medical services contractor, a default contractor or a party to contractual arrangements made under article 15 of the Transitional Order,
  - (ii) that person and any other medical practitioner with whom he is practising in partnership who have entered in to a general medical services contract or a default contract or are a party to contractual arrangements made under article 15 of the Transitional Order, or
  - (iii) the company in which he is a legal and beneficial shareholder and which has entered into a general medical services contract.

### **Refusal of approval of out of hours arrangements under personal medical services agreements**

**80.**—(1) Where—

- (a) on or before 31st March 2004, a relevant body had notified a pilot scheme provider under regulation 4(4) of the PMS Out of Hours Regulations that it had refused approval of an out of hours arrangement; and
- (b) on 1st April 2004, that pilot scheme provider has become a PMS contractor,

paragraphs (2) and (3) shall apply.



(2) In a case where the time for appealing under regulation 4(5) of the PMS Out of Hours Regulations had not expired on or before 31st March 2004, that refusal shall be treated as if it were a refusal under—

- (a) the term of the agreement to which the former pilot scheme provider is a party which gives effect to paragraph 2 of Schedule 6 to the Personal Medical Services Agreements Regulations; or
- (b) the equivalent term deemed to be included in that person's transitional agreement pursuant to article 60(7),

subject to the modification that the 30 days referred to in the term (or deemed term) of the agreement giving effect to paragraph 2(5) of that Schedule shall be treated as beginning with the day on which the relevant body's notification under regulation 4(4) was sent.

(3) In a case where, on 31st March 2004, an appeal had been made under regulation 4(5) of the PMS Out of Hours Regulations but not yet been determined or withdrawn, that appeal shall continue to be dealt with as if regulation 4 had not been revoked and, if the appeal is successful, the approval of the arrangement shall be treated as an approval given under the term of the agreement to which the pilot scheme provider is a party which gives effect to paragraph 2 of Schedule 6 to the Personal Medical Services Agreements Regulations.

(4) For the purposes of a dispute pursuant to paragraph (2) or an appeal dealt with pursuant to paragraph (3), the application which is the subject of the dispute or appeal shall be read as if any references to the patients of the pilot scheme provider were references to the patients of the PMS contractor.

#### **Review of approval of out of hours arrangements under general medical services contracts and default contracts**

**81.—(1) Where—**

- (a) an approval of an out of hours arrangement granted under paragraph 18A of Schedule 2 to the 1992 Regulations is to be treated, pursuant to article 76, as an approval granted under the term of a general medical services contract which gives effect to paragraph 2 of Schedule 7 to the 2004 Regulations (or under the equivalent term of a default contract); and
- (b) on or before 31st March 2004, the Primary Care Trust had commenced a review of its approval of that arrangement under paragraph 18B of Schedule 2 to the 1992 Regulations but had not yet made its determination,

that review shall continue as if it were a review under the term of the general medical services contract which gives effect to paragraph 4 of Schedule 7 to the 2004 Regulations (or under the equivalent term of the default contract), subject to the modification that the 30 days referred to in the term giving effect to paragraph 4(2) of that Schedule (or in the equivalent term of the default contract) shall be treated as beginning with the day on which the Primary Care Trust sent its notice under paragraph 18B(1) of Schedule 2 to the 1992 Regulations.

#### **Review of approval of out of hours arrangements under general medical services contracts which follow default contracts**

**82.—(1) Where—**

- (a) an approval of an out of hours arrangement granted under a default contract is to be treated, pursuant to article 44, as an approval granted under the term of a general medical services contract which gives effect to paragraph 2 of Schedule 7 to the 2004 Regulations; and
- (b) on or before the date on which the default contract ceases to have effect, the Primary Care Trust has commenced a review of its approval of that arrangement under the term of the default contract which is equivalent to paragraph 4 of Schedule 7 to the 2004 Regulations but has not yet made its determination,

that review shall continue as if it were a review under the term of the general medical services contract which gives effect to paragraph 4 of Schedule 7 to the 2004 Regulations, subject to the modification that the 30 days referred to in the term giving effect to paragraph 4(2) of that Schedule shall be treated as beginning with the day on which the Primary Care Trust sent its notice under the equivalent term of the default contract.

## **Review of out of hours arrangements under personal medical services agreements**

**83.—**(1) Where—

- (a) an approval of an out of hours arrangement granted under regulation 4 of the PMS Out of Hours Regulations is to be treated, pursuant to article 77, as an approval granted to the PMS contractor by the relevant body pursuant to the term (or deemed term) of its agreement which gives effect to paragraph 2 of Schedule 6 to the Personal Medical Services Agreements Regulations; and
- (b) on or before 31st March 2004, the relevant body had commenced a review of its approval of that arrangement under regulation 5 of the PMS Out of Hours Regulations but had not yet made its determination,

that review shall continue as if it were a review under the term of the agreement which gives effect to paragraph 3 of Schedule 6 to the Personal Medical Services Agreements Regulations or the equivalent term deemed to be included in the transitional agreement pursuant to article 60(7), subject to the modification that the 30 days referred to in the term (or deemed term) giving effect to paragraph 3(2) of that Schedule shall be treated as beginning with the day on which the relevant body sent its notice under regulation 5 of the PMS Out of Hours Regulations.

## **Withdrawal of approval of out of hours arrangements under general medical services contracts and default contracts**

**84.—**(1) Where—

- (a) an approval of an out of hours arrangement granted under paragraph 18A of Schedule 2 to the 1992 Regulations is to be treated, pursuant to article 76, as an approval granted under the term of a general medical services contract which gives effect to paragraph 2 of Schedule 7 to the 2004 Regulations (or under the equivalent term of a default contract); and
- (b) on or before 31st March 2004, a Primary Care Trust had notified a medical practitioner of its withdrawal of approval of that arrangement under paragraph 18B of Schedule 2 to the 1992 Regulations but that withdrawal had not yet taken effect,

paragraphs (2) to (4) shall apply.

(2) In a case where, on 31st March 2004—

- (a) the time for appealing under paragraph 18B(6) of Schedule 2 to the 1992 Regulations had expired without any appeal being made; or
- (b) an appeal had been made under that paragraph but had been determined or withdrawn before the end of the period of two months beginning with the date on which the notice of withdrawal was sent by the Primary Care Trust under paragraph 18B(4) of that Schedule,

the withdrawal shall take effect as a withdrawal of approval under the term of the general medical services contract which gives effect to paragraph 4 of Schedule 7 to the 2004 Regulations (or under the equivalent term of the default contract) on the date on which it would have taken effect had paragraph 18B(7) of Schedule 2 to the 1992 Regulations not been revoked.

(3) In a case where the time for appealing under paragraph 18B(6) of Schedule 2 to the 1992 Regulations had not expired on or before 31st March 2004, the notice of determination of withdrawal shall be deemed to be a notice of determination of withdrawal of approval on notice under the term of the general medical services contract which gives effect to paragraph 4 of Schedule 7 to the 2004 Regulations (or under the equivalent term of the default contract), subject to the modifications that—

- (a) the 30 days referred to in the term of the general medical services contract giving effect to paragraph 4(8) (or in the equivalent term of the default contract) shall be treated as beginning with the day on which the Primary Care Trust sent the notice under paragraph 18B; and
- (b) the date referred to in the term of the general medical services contract giving effect to paragraph 4(9)(a) (or in the equivalent term of the default contract) shall be treated as being the date on which the Primary Care Trust sent the notice under paragraph 18B.

(4) In a case where, on 31st March 2004, an appeal had already been made under paragraph 18B(6) of Schedule 2 to the 1992 Regulations but not yet been determined or withdrawn, the appeal shall continue to be dealt with as if paragraphs 18A and 18B of that Schedule had not been revoked and, if the appeal is

dismissed, the withdrawal of approval shall take effect as a withdrawal of approval under the term of the general medical services contract which gives effect to paragraph 4 of Schedule 7 to the 2004 Regulations (or under the equivalent term of the default contract) on the date on which the general medical services contractor or the default contractor received notice of the dismissal of the appeal.

#### **Withdrawal of approval of out of hours arrangements under personal medical services agreements**

**85.**—(1) Where—

- (a) an approval of an out of hours arrangement granted under regulation 4 of the PMS Out of Hours Regulations is to be treated, pursuant to article 77, as an approval granted to the PMS contractor by the relevant body under—
  - (i) the term of its agreement which gives effect to paragraph 2 of Schedule 6 to the Personal Medical Services Agreements Regulations, or
  - (ii) the equivalent term deemed to be included in its transitional agreement pursuant to article 60(7); and
- (b) on or before 31st March 2004, a relevant body had notified a pilot scheme provider of its withdrawal of approval of that arrangement under regulation 5 of the PMS Out of Hours Regulations but that withdrawal had not yet taken effect,

paragraphs (2) to (4) shall apply.

(2) In a case where, on 31st March 2004—

- (a) the time for appealing under regulation 5(4) of the PMS Out of Hours Regulations had expired without any appeal being made; or
- (b) an appeal had been made under that regulation but had been determined or withdrawn before the end of the period of two months after the date on which the notice of withdrawal was sent by the Primary Care Trust under regulation 5(3) of those Regulations,

the withdrawal shall take effect as a withdrawal of approval under the term of the agreement which gives effect to paragraph 3 of Schedule 6 to the Personal Medical Services Agreements Regulations, or under the equivalent term deemed to be included in the transitional agreement pursuant to article 60(7), on the date on which it would have taken effect had regulation 5(5) of the PMS Out of Hours Regulations not been revoked.

(3) In a case where the time for appealing under regulation 5(4) of the PMS Out of Hours Regulations had not expired on or before 31st March 2004, the notice of determination of withdrawal shall be deemed to be a notice of determination of withdrawal of approval on notice under the term of the agreement which gives effect to paragraph 3 of Schedule 6 to the Personal Medical Services Agreements Regulations, or under the equivalent term deemed to be included in the transitional agreement pursuant to article 60(7), subject to the modifications that—

- (a) the 30 days referred to in the term (or deemed term) of the agreement giving effect to paragraph 3(6) shall be treated as beginning with the day on which the relevant body sent the notice under regulation 5(4); and
- (b) the date referred to in the term (or deemed term) of the agreement giving effect to paragraph 3(7)(a) shall be treated as being the date on which the relevant body sent the notice under regulation 5(4).

(4) In a case where, on 31st March 2004, an appeal had already been made under regulation 5(4) of the PMS Out of Hours Regulations but not yet been determined or withdrawn, the appeal shall continue to be dealt with as if regulation 5 of those Regulations had not been revoked and, if the appeal is dismissed, the withdrawal of approval shall take effect as a withdrawal of approval under—

- (a) the term of the agreement which gives effect to paragraph 2 of Schedule 6 to the Personal Medical Services Agreements Regulations; or
- (b) the equivalent term deemed to be included in the transitional agreement pursuant to article 60(7),

on the date on which the PMS contractor received notice of the dismissal of the appeal.

## **Appeal against immediate withdrawal of approval of out of hours arrangements under general medical services contracts and default contracts**

**86.—(1) Where—**

- (a) on or before 31st March 2004, a Primary Care Trust had notified a medical practitioner of its immediate withdrawal of approval of an out of hours arrangement under paragraph 18C of Schedule 2 to the 1992 Regulations; and
- (b) on or before 1st April 2004, that medical practitioner—
  - (i) has entered as an individual medical practitioner into a general medical services contract, or a default contract, which requires the provision of out of hours services,
  - (ii) is one of two or more individuals practising in partnership who have entered into such a contract, or
  - (iii) is a legal and beneficial shareholder in a company which has entered into such a general medical services contract,

paragraphs (2) and (3) shall apply.

(2) In a case where the time for appealing under paragraph 18C(4) had not expired on or before 31st March 2004, that withdrawal shall be treated as if it were a withdrawal of approval under the term of the general medical services contract which gives effect to paragraph 6(1)(c) of Schedule 7 to the 2004 Regulations (or under the equivalent term of a default contract) subject to the modification that the 30 days referred to in the term giving effect to paragraph 6(5) of that Schedule (or in the equivalent term of the default contract) shall be treated as beginning with the day on which the Primary Care Trust's notification under paragraph 18C(2) of Schedule 2 to the 1992 Regulations was sent.

(3) In a case where, on 31st March 2004, an appeal had already been made under paragraph 18C(4) but not yet been determined or withdrawn, that appeal shall, except in the circumstances specified in paragraph (4), continue to be dealt with as if paragraphs 18A and 18C of Schedule 2 to the 1992 Regulations had not been revoked and, if the appeal is successful, the approval of the arrangement shall be treated as an approval given under the term of the general medical services contract which gives effect to paragraph 2 of Schedule 7 to the 2004 Regulations (or under the equivalent term of the default contract).

(4) The circumstances referred to in paragraph (3) are that the appeal related to an arrangement with a transferee doctor as defined in paragraph 18A(1)(c) of Schedule 2 to the 1992 Regulations and that doctor—

- (a) has not entered as an individual medical practitioner into a general medical services contract, or a default contract, which includes the provision of out of hours services;
- (b) is not one of two or more individuals practising in partnership who have entered into such a contract;
- (c) is not a legal and beneficial shareholder in a company which has entered into such a general medical services contract; or
- (d) is not a party to contractual arrangements under article 15 of the Transitional Order which include the provision of out of hours services.

(5) The terms of an approval granted pursuant to paragraph (2) or (3) shall be the same as those of the approval previously granted under paragraph 18A of Schedule 2 to the 1992 Regulations except that—

- (a) any references to the patients of the medical practitioner shall be amended to be references to the patients of the general medical services contractor or the default contractor;
- (b) any references to the whole of the out of hours period shall be amended to be references to—
  - (i) the period beginning at 6.30pm on any day from Monday to Thursday and ending at 8am on the following day,
  - (ii) the period between 6.30pm on Friday and 8am the following Monday, and
  - (iii) Good Friday, Christmas Day and bank holidays;
- (c) in any reference to part of the out of hours period—
  - (i) any reference to 7pm on Monday to Friday shall be amended to be a reference to 6.30pm, and
  - (ii) any reference to 1pm on Saturday shall be amended to be a reference to 6.30pm on Friday; and

- (d) any references to a particular transferee doctor shall be amended to be references to—
  - (i) that person as a general medical services contractor, a default contractor or a party to contractual arrangements made under article 15 of the Transitional Order,
  - (ii) that person and any other medical practitioner with whom he is practising in partnership who have entered into a general medical services contract or a default contract or are a party to contractual arrangements made under article 15 of the Transitional Order, or
  - (iii) the company in which he is a legal and beneficial shareholder and which has entered into a general medical services contract.

**References to the NHS dispute resolution procedure in general medical services contracts which follow default contracts**

**87. Where—**

- (a) on or before the date on which a default contract ceases to have effect, a default contractor has received notice of—
  - (i) the refusal of an application for approval of an out of hours arrangement under the term of its contract equivalent to paragraph 2(4) of Schedule 7 to the 2004 Regulations,
  - (ii) a determination of a Primary Care Trust under the term of its contract equivalent to paragraph 4(6) of Schedule 7 to the 2004 Regulations which gives notice of immediate withdrawal of approval, or
  - (iii) immediate withdrawal of approval under the term of its contract equivalent to paragraph 6(1)(c) of that Schedule;
- (b) on the date on which the default contract ceases to have effect—
  - (i) the 30 days for referring that matter in accordance with the NHS dispute resolution procedure has not expired, and
  - (ii) no referral under that procedure has yet been made; and
- (c) the default contractor has entered into a general medical services contract which takes effect immediately after the default contract ceases to have effect,

the refusal or notice shall be treated, for the purposes of referring the matter in accordance with the NHS dispute resolution procedure contained in the general medical services contract, as if it were a refusal or notice of withdrawal given under the equivalent terms of the general medical services contract and the general medical services contractor may refer the matter in accordance with that dispute resolution procedure before the end of the period of 30 days beginning with the day on which the Primary Care Trust sent the notice of refusal, determination, or, as the case may be, withdrawal, to the default contractor.

**Carry over of disputes relating to out of hours arrangements between default contracts and general medical services contracts**

**88.—(1) Where—**

- (a) on or before the date on which a default contract ceases to have effect, a default contractor has referred a dispute to be determined in accordance with the NHS dispute resolution procedure under the terms of its default contract equivalent to paragraph 2(5), 4(8) or 6(5) of Schedule 7 to the 2004 Regulations;
- (b) on the date on which the default contract ceases to have effect, that dispute has not been determined or withdrawn; and
- (c) the default contractor has entered into a general medical services contract which takes effect immediately after the default contract ceases to have effect,

paragraph (2) shall apply.

(2) The dispute shall continue to be dealt with as if it were a dispute referred under the NHS dispute resolution procedure contained in the general medical services contract relating to—

- (a) a refusal of an application under the term of the general medical services contract giving effect to paragraph 2 of Schedule 7 to the 2004 Regulations;
- (b) a determination of the Primary Care Trust under the term of the general medical services contract giving effect to paragraph 4 of that Schedule; or
- (c) an immediate withdrawal of approval under the term of the general medical services contract giving effect to paragraph 6 of that Schedule.

**Appeal against immediate withdrawal of approval of out of hours arrangements under personal medical services agreements**

**89.**—(1) Where—

- (a) on 31st March 2004, a relevant body had notified a pilot scheme provider of its immediate withdrawal of approval of an out of hours arrangement under regulation 6 of the PMS Out of Hours Regulations; and
- (b) on 1st April 2004, that pilot scheme provider has become a PMS contractor,

paragraphs (2) and (3) shall apply.

(2) In a case where the time for appealing under regulation 6(2) of the PMS Out of Hours Regulations had not expired on or before 31st March 2004, that withdrawal shall be treated as if it were a withdrawal of approval under—

- (a) the term of the agreement which gives effect to paragraph 5(2) of Schedule 6 to the Personal Medical Services Agreements Regulations; or
- (b) the equivalent term deemed to be included in its transitional agreement under article 60(7),

subject to the modification that the 30 days referred to in the term (or deemed term) giving effect to paragraph 5(5) of that Schedule shall be treated as beginning with the day on which the relevant body's notification under regulation 6(1) was sent.

(3) In a case where, on 31st March 2004, an appeal had already been made under regulation 6(2) of the PMS Out of Hours Regulations but not yet been determined or withdrawn, that appeal shall continue to be dealt with as if that regulation had not been revoked and, if the appeal is successful, the approval of the arrangement shall be treated as an approval given under the term of the agreement which gives effect to paragraph 2 of Schedule 6 to the Personal Medical Services Agreements Regulations or under the equivalent term deemed to be included in the transitional agreement under article 60(7).

(4) The terms of an approval granted pursuant to paragraph (2) or (3) shall be the same as those of the approval previously granted under regulation 4 of the PMS Out of Hours Regulations except that any references to the patients of the pilot scheme provider shall be deemed to be references to the patients of the PMS contractor.

**Saving and transitory provision in relation to regulations 1 to 11 of the Out of Hours Regulations**

**90.**—(1) In this article, expressions used both in this article and in the Out of Hours Regulations have the same meaning as in the Out of Hours Regulations as modified by paragraph (3).

(2) Notwithstanding the revocation of the Out of Hours Regulations, regulations 1 to 11 of those Regulations shall, until 31st December 2004, continue in force as they had effect on 31st March 2004, subject to the modifications specified in paragraph (3), for the purposes of—

- (a) continuing, suspending and withdrawing approvals of relevant service providers granted under regulation 5 of those Regulations;
- (b) determining applications for approval made to a Primary Care Trust by a relevant service provider under regulation 4 of those Regulations;
- (c) imposing requirements on accredited service providers under regulation 7 of those Regulations; and
- (d) the making and determining of appeals under regulation 10 of those Regulations.

(3) The modifications referred to in paragraph (2) are as if—

- (a) in regulation 2—

- (i) the definitions of “the 1997 Act”, “General Medical Services Regulations”, “National Health Service Counter Fraud Service”, “normal hours” and “pilot scheme agreement” were omitted,
- (ii) for the definition of “existing service provider” there were substituted—
  - ““existing service provider” means a relevant service provider with which—
    - (a) a general medical services contractor or a default contractor has an out of hours arrangement which has been approved in accordance with the term of its general medical services contract which gives effect to paragraph 2 of Schedule 7 to the GMS Contract Regulations (or in accordance with the equivalent term of its default contract) or which is deemed to have been so approved pursuant to article 44(1)(a), 76, 79 or 86 of the Transitional Order, or
    - (b) a PMS contractor has an out of hours arrangement which has been approved in accordance with the term of its agreement which gives effect to paragraph 2 of Schedule 6 to the Personal Medical Services Agreements Regulations or which is deemed to have been so approved pursuant to article 77, 80 or 89 of the Transitional Order;”,
- (iii) for the definition of “out of hours arrangement” there were substituted—
  - ““out of hours arrangement” means an arrangement under—
    - (a) the term of a general medical services contract which gives effect to paragraph 1(2) of Schedule 7 to the GMS Contract Regulations,
    - (b) the equivalent term of a default contract, or
    - (c) the term of an agreement which gives effect to paragraph 1(2) or (3) of Schedule 6 to the Personal Medical Services Agreements Regulations;”,
- (iv) in the definition of “relevant service provider” there were added—
  - “and
    - (c) a general medical services contractor, a default contractor, a PMS contractor or a party to contractual arrangements made under article 15 of the General Medical Services Transitional and Consequential Provisions Order 2004<sup>(a)</sup> whose contract, agreement or contractual arrangements include out of hours services; and”.
- (v) there were inserted in the appropriate alphabetical position—
  - ““agreement” means an agreement for primary medical services made under section 28C of the 1977 Act;
  - “the CFSMS” means the Counter Fraud and Security Management Service established by the Counter Fraud and Security Management Service (Establishment and Constitution) Order 2002<sup>(b)</sup>;
  - “PMS contractor” has the same meaning as in article 1(4) of the Transitional Order;
  - “default contractor” means a person who has entered into a contract under article 13 of the General Medical Services Transitional and Consequential Provisions Order 2004;
  - “GMS Contract Regulations” means the National Health Service (General Medical Services Contracts) Regulations 2004<sup>(c)</sup>;
  - “general medical services contractor” means a person who holds a contract under section 28Q of the 1977 Act<sup>(d)</sup>;
  - “out of hours services”—
    - (a) in relation to services under a general medical services contract, has the same meaning as in regulation 2(1) of the GMS Contract Regulations,

---

<sup>(a)</sup> S.I. 2004/433.

<sup>(b)</sup> S.I. 2002/3039.

<sup>(c)</sup> S.I. 2004/291.

<sup>(d)</sup> Section 28Q was inserted into the 1977 Act by section 175(1) of the Health and Social Care (Community Health and Standards) Act 2003 (c.43).

- (b) in relation to services under a default contract, has the same meaning as in the Default Contract 2004 dated 18th February 2004<sup>(a)</sup>, and
- (c) in relation to services under an agreement means—
  - (i) out of hours services as defined in regulation 2 of the Personal Medical Services Agreements Regulations, and
  - (ii) other services provided under the agreement outside normal hours as defined in paragraph 1(1) of Schedule 6 to the Personal Medical Services Agreements Regulations;

“Personal Medical Services Agreements Regulations” means the National Health Service (Personal Medical Services Agreements) Regulations 2004<sup>(b)</sup>;

“service provider” means the person or persons providing or proposing to provide out of hours services on behalf of a general medical services contractor, a default contractor or a PMS contractor;

“the Transitional Order” means the General Medical Services and Personal Medical Services Transitional and Consequential Provisions Order 2004<sup>;</sup>;
- (b) regulation 3 were omitted;
- (c) in regulation 4—
  - (i) in paragraph (5), after “shall” there were inserted—
    - “, unless, in its opinion, it is appropriate and safe not to do so,”, and
  - (ii) in paragraphs (6) to (8) after “assessing authority” there were inserted “(if any)”;
- (d) in regulation 7—
  - (i) in paragraph (1), after “assessing authority” there were inserted “(if any)”,
  - (ii) in paragraph (2), before “assessing authority” in both places it occurs, there were inserted “accrediting authority or the”, and
  - (iii) in paragraph (5)—
    - (aa) in sub-paragraph (a), for “approved for a period of three years” there were substituted “granted approval under regulation 5(1)(a)(i) or (5)”;
    - (bb) in sub-paragraph (b), for “approved for a period of up to twelve months” there were substituted “granted approval under regulation 5(1)(a)(ii) or (1)(b)”;
- (e) in regulation 11(2)—
  - (i) in sub-paragraph (c), for “any medical practitioner or party to a pilot scheme agreement” there were substituted “any general medical services contractor, default contractor or PMS contractor”,
  - (ii) in sub-paragraph (d), for “section 44” there were substituted “section 45A”, and
  - (iii) in sub-paragraph (e), for “National Health Service Counter Fraud Service” there were substituted “CFSMS”; and
- (f) in the Schedule, in paragraph (7), for “medical list” there were substituted “medical performers list” and the remainder of the paragraph were omitted.
- (4) Any approval of a relevant service provider which has been granted by a Primary Care Trust—
  - (a) before 31st March 2004 under regulation 5 of the Out of Hours Regulations and continued under paragraph (2)(a); or
  - (b) after 31st March 2004 under regulation 5 of those Regulations as saved and modified by this article, and which has not come to an end before that date, shall cease to have effect on 1st January 2005.

---

<sup>(a)</sup> The Default Contract 2004 is published by the Department of Health. It is available on their web site at [www.dh.gov.uk/PolicyAndGuidance/HumanResourcesAndTraining/ModernisingPay/GPCContracts](http://www.dh.gov.uk/PolicyAndGuidance/HumanResourcesAndTraining/ModernisingPay/GPCContracts) or a copy can be obtained by writing to the Department of Health, Room 3E46, Quarry House, Quarry Hill, Leeds LS2 7UE.

<sup>(b)</sup> S.I. 2004/627.



### **Sub-contracting of out of hours services under general medical services contracts**

**91.**—(1) Where, prior to 1st January 2005, a general medical services contractor wishes to sub-contract all or part of its out of hours services in circumstances which would require the written approval of the Primary Care Trust in accordance with the term of the general medical services contract which gives effect to paragraph 70 of Schedule 6 to the 2004 Regulations, it shall be deemed to have such written approval if, at the date on which it enters into the sub-contract—

- (a) it has, or, pursuant to article 76, 79 or 86 is deemed to have, approval of an out of hours arrangement under the term of the general medical services contract which gives effect to paragraph 2 of Schedule 7 to the 2004 Regulations whose terms are, in all material respects, identical to those of the proposed sub-contract;
- (b) that approval has not been suspended or withdrawn; and
- (c) it has not previously entered into a sub-contract for its out of hours services in reliance on the approval referred to in sub-paragraph (a).

(2) The general medical services contractor shall notify the Primary Care Trust in writing as soon as reasonably practicable of any sub-contract which it proposes to enter into or has entered into pursuant to paragraph (1).

(3) An approval deemed to have been granted pursuant to paragraph (1) shall be regarded, for all purposes, as an approval granted under the term of the general medical services contract which gives effect to paragraph 70 of the 2004 Regulations.

### **Out of hours services to patients not registered with general medical services contractors or default contractors**

**92.**—(1) Where a general medical services contractor or a default contractor is required under article 24 or 25 of the Transitional Order to provide any of the additional services to patients who are not included on its list of patients, it shall, for so long as that requirement continues, and subject to paragraphs (2) and (4), also be required to provide that service to those patients throughout the out of hours period.

(2) In the case of a general medical services contract, the requirement referred to in paragraph (1) shall cease on the date on which any opt out of out of hours services commences pursuant to the terms of the general medical services contract which give effect to paragraph 4 or 5 of Schedule 3 to the 2004 Regulations.

(3) Where paragraph (2) applies, the requirement to inform patients of opt outs in the term of the general medical services contract which gives effect to paragraph 6 of Schedule 3 to the 2004 Regulations shall apply to the patients to whom services are provided pursuant to this article as it applies to the general medical services contractor's own registered patients.

(4) Nothing in this article shall require a general medical services contractor or a default contractor to provide services under this article if, in the reasonable opinion of the default contractor or the general medical services contractor in the light of the patient's medical condition it would be reasonable in all the circumstances for the patient to wait for the services required until the next time at which he could obtain such services during core hours.

(5) Services included in a general medical services contract or a default contract pursuant to this article shall be deemed to fall within the definition of out of hours services for the purposes of—

- (a) the terms of the general medical services contract which give effect to paragraphs 11, 13 and 70 to 72 of Schedule 6 to the 2004 Regulations and Schedule 7 to those Regulations; or
- (b) any equivalent terms of the default contract.

### **Application of regulation 30 of the 2004 Regulations to general medical services contracts entered into under Part 2 of the Transitional Order**

**93.** Where a person enters into a general medical services contract pursuant to an entitlement under Part 2 of the Transitional Order under which services are not to be provided until on or after 1st January 2005, regulation 30 of the 2004 Regulations (out of hours services) shall apply to that general medical services

contract as it applies to general medical services contracts under which services are to be provided before that date.

## PART 7

### TRANSITIONAL ARRANGEMENTS: THE NATIONAL HEALTH SERVICE (SERVICE COMMITTEES AND TRIBUNAL) REGULATIONS 1992

#### Interpretation

**94.**—(1) In this Part—

“the Service Committees Regulations” means the National Health Service (Service Committees and Tribunal) Regulations 1992(a);

“amendments” in respect of any regulation or regulations in the Service Committees Regulations means amendments made to that regulation or those regulations by paragraph 10 of Schedule 1 to this Order;

“appropriate Primary Care Trust” has the same meaning as in the Service Committees Regulations;

“contracting PCT” means a Primary Care Trust that has entered into a default contract or a general medical services contract (as the case may be) with—

- (a) a doctor who is the subject of the allegation,
- (b) a partnership, where a doctor who is the subject of the allegation is a partner,
- (c) a limited company, where a doctor who is the subject of the allegation is a legal and beneficial shareholder of shares in that company;

“doctor” has the same meaning as in the Service Committees Regulations;

“the Performers List PCT” means the Primary Care Trust in whose medical performers list the doctor’s name appears on 1st April 2004;

“relevant contractor” means a party to a general medical services contract or default contract with a contracting PCT, where that contractor is—

- (a) a doctor who is the subject of the allegation,
- (b) a partnership, where a doctor who is or was the subject of the allegation is a partner in that partnership,
- (c) a limited company, where a doctor who is or was the subject of the allegation is a legal and beneficial shareholder of shares in that company; and

“relevant date” means 1st April 2004.

(2) Unless the context otherwise requires, any reference in this Part to—

- (a) a numbered regulation is to the regulation bearing that number in the Service Committees Regulations; and
- (b) a numbered Schedule is to the Schedule to the Service Committees Regulations bearing that number.

#### **Cases where no decision has been made before the relevant date as to whether disciplinary action should be taken (regulation 4 of the Service Committees Regulations)**

**95.**—(1) Where, before the relevant date, or on or after the relevant date in respect of a matter that occurred before the relevant date, a Primary Care Trust receives, or has received, information that could amount to an allegation that a doctor had failed to comply with his terms of service and—

- (a) that Trust, or its reference committee (as the case may be), has not taken a final decision pursuant to regulation 4(1) before the relevant date as to whether it will take no action or take one or both of the courses of action set out in regulation 4(2); and

---

(a) S.I. 1992/664 as amended by S.I. 1996/703, 1998/674, 2002/2469 and 2003/1397.

(b) any time limit specified in regulation 6 has not expired, paragraph (2) shall apply.

(2) Where this paragraph applies, the Primary Care Trust shall—

- (a) if it is the appropriate Primary Care Trust, continue to be the appropriate Primary Care Trust for the purposes of the Service Committees Regulations, and consider and take such action as it sees fit pursuant to the Service Committees Regulations, subject to article 98, as if the amendments to regulations 2 to 8 and Schedules 2 and 4 had not taken effect; or
- (b) if it is not the appropriate Primary Care Trust, forward the information to that Trust as soon as is reasonably practicable, and that Trust shall consider the information received and take such action as it sees fit pursuant to the Service Committees Regulations, subject to the time limits specified in the Service Committees Regulations, and article 98, as if the amendments to regulations 2 to 8 and Schedules 2 and 4 had not taken effect.

(3) If the appropriate Primary Care Trust, or its reference committee, decides, pursuant to paragraph (2)(a) or (b), to refer the matter to the discipline committee of another Primary Care Trust (B) in accordance with regulation 4(2)(a) or (7)—

- (a) that Primary Care Trust (B) shall investigate the matter and report to the appropriate Primary Care Trust as if the amendments to regulations 2 to 8 and Schedules 2 and 4 had not taken effect; and
- (b) the appropriate Primary Care Trust shall be entitled, subject to article 98, to take any action it could have taken pursuant to the Service Committees Regulations as if those amendments had not taken effect.

#### **Referrals to investigating discipline committees before the relevant date (regulation 5 of the Service Committees Regulations)**

96. Where a Primary Care Trust (A) has, before the relevant date, referred a matter in respect of a doctor to another Primary Care Trust (B) in accordance with regulation 4(2)(a) or (7) and—

- (a) that matter has not been finally determined by the discipline committee of that Primary Care Trust (B) before the relevant date—
  - (i) the discipline committee of that Primary Care Trust (B) shall investigate the matter and report to the Primary Care Trust (A) as if the amendments to regulations 2 to 8 and Schedules 2 and 4 had not taken effect, and
  - (ii) the Primary Care Trust (A) shall be entitled to take any action it could have taken pursuant to the Service Committees Regulations as if those amendments had not taken effect, subject to article 98; or
- (b) that Primary Care Trust (A) has received the report of the discipline committee of the Primary Care Trust (B) but has not yet determined what (if any) action to take as a result of the report, the Primary Care Trust (A) shall be entitled to take any action it could have taken pursuant to the Service Committees Regulations as if the amendments to regulations 2 to 8 had not taken effect, subject to article 98.

#### **Determination of a Primary Care Trust or the Secretary of State made before the relevant date (regulations 8, 9, 10 and 11 of the Service Committees Regulations)**

97.—(1) Where, before the relevant date, a Primary Care Trust (or where relevant, the Secretary of State) has determined pursuant to regulation 8(5)(a) and 9(3) or regulation 11 (as the case may be) that an amount should be recovered from the doctor, insofar as any of that amount has not been recovered before the relevant date, it shall continue to be recoverable by the Primary Care Trust that was the appropriate Primary Care Trust for the purposes of the Service Committees Regulations in respect of that matter, and it shall be treated as a debt owed by that doctor to that Trust.

(2) Where a contracting PCT has record of, or receives notification of, an adverse determination made before the relevant date pursuant to regulation 8, 9, 10 or 11 in respect of a doctor (where, in the case of a determination under regulation 8, such a determination was not overturned on appeal), paragraph (3) shall

apply without prejudice to any other rights the contracting PCT may have to take action against the relevant contractor pursuant to any term of the general medical services contract or default contract.

(3) Where this paragraph applies, the contracting PCT—

- (a) may take into account that adverse determination in relation to a relevant contractor if it is considering, pursuant to a term of the general medical services contract that gives effect to paragraph 115(7) of Schedule 6 to the 2004 Regulations, or an equivalent term in the default contract, whether the cumulative effect of breaches under that contract is such that to allow the contract to continue would be prejudicial to the efficiency of the services provided under that contract; but
- (b) shall not, pursuant to sub-paragraph (a), take into account any adverse determination that was made that occurred more than 6 years prior to the date upon which the contracting PCT is considering terminating the general medical services contract or the default contract (as the case may be).

(4) Where a Performers List PCT has record of, or receives notification of, an adverse determination pursuant to regulation 8, 9, 10 or 11 made before the relevant date in respect of a doctor (where, in the case of a determination under regulation 8, such a determination was not overturned on appeal) it may take that determination into account in determining what (if any) action it should take in respect of that doctor pursuant to its powers under the Performers Lists Regulations.

### **Determination of a Primary Care Trust made on or after the relevant date (regulation 8 of the Service Committees Regulations)**

**98.**—(1) Where, on or after the relevant date, an appropriate Primary Care Trust is determining what (if any) action to take pursuant to regulation 8 in accordance with provision made in this Part, it shall make such a determination in accordance with such limitations and modifications to that regulation as are specified in this article.

(2) The appropriate Primary Care Trust may—

- (a) pursuant to regulation 8(1)(c)(i), determine that no further action should be taken;
- (b) pursuant to regulation 8(3), determine after consultation with the Local Medical Committee that it would have considered it appropriate to impose a special limit on the number of persons for whom a doctor may undertake to provide treatment;
- (c) pursuant to regulation 8(5)(a), determine that an amount shall be recovered from the doctor; or
- (d) pursuant to regulation 8(6), determine that it would have warned the doctor to comply more closely with his terms of service in future, if those terms of service were still applicable,

and if it makes any one or more of the decisions specified in sub-paragraphs (b) to (d), it shall, after the period specified in regulation 8(11)(a) or (b) (as applicable) has expired, notify in writing the contracting PCT and the Performers List PCT (if any) of its decision and the reasons for it, if either one is a different Primary Care Trust to the appropriate Primary Care Trust.

(3) Where, pursuant to paragraph (2)(b), the appropriate Primary Care Trust determines that an amount should be recovered from the doctor, regulation 8(8) shall not apply and that amount shall be recoverable by the appropriate Primary Care Trust and it shall be treated as a debt owed by that doctor to that appropriate Primary Care Trust.

(4) Where the appropriate Primary Care Trust has notified the contracting PCT that it has made any of the determinations specified in paragraph (2)(b) to (d), or where the appropriate Primary Care Trust is the contracting PCT, paragraph (5) shall apply without prejudice to any other rights the contracting PCT may have to take action against the relevant contractor pursuant to any term of the general medical services contract or default contract.

(5) Where this paragraph applies, the contracting PCT—

- (a) may, in relation to a relevant contractor, take into account the determination of the appropriate Primary Care Trust if it is considering, pursuant to a term of the general medical services contract that gives effect to paragraph 115(7) of Schedule 6 to the 2004 Regulations, or an equivalent term in the default contract, whether the cumulative effect of breaches under that contract is such that to allow the contract to continue would be prejudicial to the efficiency of the services provided under that contract; but

- (b) shall not, pursuant to sub-paragraph (a), take into account any determination of an appropriate Primary Care Trust that was made more than 6 years prior to the date upon which the contracting PCT is considering terminating the general medical services contract or the default contract (as the case may be).

(6) Where—

- (a) a Performers List PCT has received notification from an appropriate Primary Care Trust pursuant to paragraph (2); or
- (b) where an appropriate Primary Care Trust that has taken a decision pursuant to paragraph (2) is also the Performers List PCT,

it shall consider what (if any) action it should take in respect of that doctor pursuant to its powers under the Performers Lists Regulations.

### **Appeals to the Secretary of State against determinations of Primary Care Trusts (regulations 9, 10 and 11 of the Service Committees Regulations)**

99.—(1) Where—

- (a) a doctor has appealed against a determination of a Primary Care Trust in accordance with regulation 9 before the relevant date, but that appeal has not been finally determined before that date; or
- (b) in respect of a determination made by a Primary Care Trust in accordance with regulation 8 before the relevant date, the time limit specified in regulation 9(2) for appealing that determination has not expired before the relevant date, and the doctor serves a notice of appeal on or after the relevant date but within the time limit specified in regulation 9(2),

that appeal shall be determined pursuant to regulations 9, 10 and 11, as if the amendments to those regulations and Schedule 5 had not taken effect.

(2) Where an appropriate Primary Care Trust has made a determination in respect of a doctor on or after the relevant date pursuant to this Part—

- (a) the doctor shall be entitled to appeal against that determination in accordance with regulation 9; and
- (b) that appeal shall be determined pursuant to regulations 9, 10 and 11,

as if the amendments to those regulations and to Schedule 5 had not taken effect.

(3) Where, on or after the relevant date, the Secretary of State is determining pursuant to regulation 9, 10 or 11 (as the case may be) what (if any) action to take in respect of a doctor, he shall make a determination pursuant to those regulations as if the amendments to those regulations and to Schedule 5 had not taken effect and that determination shall have effect in accordance with this article.

(4) If, in accordance with paragraph (3), the Secretary of State determines pursuant to—

- (a) regulation 8(3), that he would have considered it appropriate to impose a special limit on the number of persons for whom a doctor may undertake to provide treatment;
- (b) pursuant to regulation 9(3)(d), that there has been an overpayment and, if so, what amount;
- (c) pursuant to regulation 8(5)(a) and 9(3) or 11, that an amount shall be recovered from the doctor; or
- (d) pursuant to regulation 8(6), that he would have warned the practitioner to comply more closely with his terms of service in future, if those terms of service were still applicable,

he shall, in addition to the persons specified in regulation 10(14), notify the Primary Care Trusts specified in paragraph (5).

(5) The Secretary of State shall, pursuant to paragraph (4)(a) to (d), notify the contracting PCT and the Performers List PCT (if any) of his determination if those Primary Care Trusts are different to the Primary Care Trust referred to in regulation 10(14).

(6) Where, pursuant to regulation 8(5)(a) and 9(3) or 11, the Secretary of State has determined that an amount shall be recovered from a doctor he shall direct the appropriate Primary Care Trust, to recover that amount from the doctor and that amount shall be a debt owed to that appropriate Primary Care Trust.

(7) Where, pursuant to paragraph (5), the Secretary of State has notified the contracting PCT that he has taken any of the decisions specified in paragraph (4)(a) to (d), whether or not the contracting PCT is also the

appropriate Primary Care Trust, paragraph (8) shall apply without prejudice to any other right the contracting PCT may have to take action against the relevant contractor pursuant to any term of the general medical services contract or default contract.

(8) Where this paragraph applies, the contracting PCT may, in relation to a relevant contractor, take into account the determination of the Secretary of State if it is considering, pursuant to a term of the general medical services contract that gives effect to paragraph 115(7) of Schedule 6 to the 2004 Regulations, or an equivalent term in the default contract, whether the cumulative effect of breaches under that contract is such that to allow the contract to continue would be prejudicial to the efficiency of the services provided under that contract.

(9) The contracting PCT shall not, pursuant to paragraph (8), take into account any notification received that relates to a determination that was made by the Secretary of State that occurred more than 6 years prior to the date upon which the contracting PCT is considering the matter pursuant to paragraph (8).

(10) Where a Performers List PCT has received notification from the Secretary of State pursuant to paragraph (4) or (5), whether or not the Performers List PCT is also the appropriate Primary Care Trust, it shall consider what (if any) action it should take in respect of that doctor pursuant to its powers under the Performers Lists Regulations.

### **Excessive prescribing (regulation 15 of the Service Committees Regulations)**

**100.**—(1) Where, on 31st March 2004, a Primary Care Trust had—

- (a) referred a question of excessive prescribing for investigation and determination by a professional committee under regulation 15(a); and
- (b) that committee had not yet made its determination,

the investigation by the committee shall continue and its determination be made as if that regulation were still in force.

(2) Where, on 31st March 2004, a professional committee had given notice of its determination to a medical practitioner under paragraph (18) of regulation 15 but—

- (a) the medical practitioner had not given notice of appeal in accordance with paragraph (20) of that regulation; and
- (b) the time for appealing in paragraph (19) of that regulation had not yet expired,

the time for appealing shall continue as if regulation 15 were still in force.

(3) Where—

- (a) on 31st March 2004, a medical practitioner had given notice of appeal against the determination of a professional committee in accordance with paragraph (20) of regulation 15 but that appeal had not been determined or withdrawn; or
- (b) a medical practitioner has given notice of such an appeal after 31st March 2004, pursuant to paragraph (2),

that appeal shall continue to be dealt with as if regulation 15 were still in force.

(4) In this article “professional committee” has the same meaning as in regulation 15.

### **Investigation of certification (regulation 16 of the Service Committees Regulations)**

**101.**—(1) Where the Secretary of State has—

- (a) before the relevant date, or on or after the relevant date in respect of an investigation that took place before the relevant date, received information in relation to an investigation of medical certificates issued under and for the purposes of the Social Security Act 1975(b) by a doctor, but he has not yet determined whether to refer the matter for consideration pursuant to regulation 16(1); or

---

(a) Regulation 15 was amended by S.I. 2002/2469 and 2003/1937.

(b) 1975 c.14.

- (b) before the relevant date, pursuant to regulation 16(1), referred a matter to a Local Medical Committee, or to a joint committee of two or more Local Medical Committees and the Local Medical Committee has not yet finally determined the matter pursuant to regulation 16(6),

the Secretary of State may, in a case falling within sub-paragraph (a), refer the matter as if the amendments to regulation 16 had not taken effect and, in relation to both sub-paragraphs, the Local Medical Committee or joint committee of Local Medical Committees shall consider or continue to consider (as the case may be) and determine the matter in accordance with regulation 16, subject to the provisions in this article.

(2) Where, pursuant to paragraph (1), the Local Medical Committee makes a determination pursuant to regulation 16(6), it shall forward its report to the contracting PCT and the Performers List PCT (if any), in addition to the persons specified in regulation 16(6), unless the doctor exercises his right of appeal pursuant to regulation 16.

(3) Where—

(a) a doctor—

- (i) has appealed against a finding of a Local Medical Committee made before the relevant date pursuant to regulation 16(7), and within the time limit specified in that paragraph, and that appeal has not been determined before the relevant date, or
- (ii) appeals against a finding of a Local Medical Committee on or after the relevant date in respect of a finding of a Local Medical Committee made pursuant to paragraph (1) within the time limit specified in regulation 16(7); or

(b) the Secretary of State—

- (i) has referred a finding of a Local Medical Committee made before the relevant date pursuant to regulation 16(10), and that referral has not been determined before the relevant date, or
- (ii) referred a finding of a Local Medical Committee on or after the relevant date in respect of a finding of a Local Medical Committee made pursuant to paragraph (1),

that appeal or referral shall be determined in accordance with regulation 16 as if the amendments to that regulation had not taken effect, save that written notification of the determination made by the referee or referees shall be given to the contracting PCT and the Performers List PCT (if any).

(4) The Secretary of State may, on or after the relevant date, determine that, pursuant to regulation 16(12), an amount should be recovered from a doctor, and shall, in determining whether an amount should be recovered, act as if the amendments to regulations 11(3), (4) and (5) and 16 and Schedule 5 had not taken effect.

(5) Where pursuant to regulation 16(12), the Secretary of State has determined that an amount should be recovered from a doctor—

- (a) before the relevant date, where that amount has not been fully recovered before the relevant date; or
- (b) on or after the relevant date pursuant to this article,

that amount shall be recoverable by the appropriate Primary Care Trust, insofar as it has not already been recovered before the relevant date in respect of an amount falling within sub-paragraph (a), and that amount shall be a debt owed to that Primary Care Trust.

(6) Where the contracting PCT has received notification pursuant to this article of an adverse determination in respect of the doctor pursuant to regulation 16, paragraph (7) shall apply without prejudice to any other right the contracting PCT may have to take action against the relevant contractor pursuant to any term of the general medical services contract or default contract.

(7) Where this paragraph applies, the contracting PCT may, in relation to a relevant contractor, take into account the adverse determination of the Secretary of State if it is considering, pursuant to a term of the general medical services contract that gives effect to paragraph 115(7) of Schedule 6 to the Regulations, or an equivalent term in the default contract, whether the cumulative effect of breaches under that contract is such that to allow the contract to continue would be prejudicial to the efficiency of the services provided under that contract.

(8) The contracting PCT shall not, pursuant to paragraph (7), take into account any notification that relates to a determination that was made more than 6 years prior to the date upon which the contracting PCT is considering the matter pursuant to paragraph (7).

(9) Where a Performers List PCT has received notification of an adverse determination pursuant to regulation 16, it shall consider what (if any) action it should take in respect of that doctor pursuant to its powers under the Performers Lists Regulations.

### **Investigation of record keeping (regulation 17 of the Service Committees Regulations)**

**102.**—(1) Where the Secretary of State has—

- (a) before the relevant date, or on or after the relevant date in respect of an examination of record cards by a medical officer that took place before the relevant date, received information in relation to an examination of record cards held by a doctor, but he has not yet determined whether to refer the matter for consideration pursuant to regulation 17(1); or
- (b) before the relevant date, pursuant to regulation 17(1), referred a matter to a Local Medical Committee and the Local Medical Committee has not yet finally determined the matter pursuant to regulation 17(8),

the Secretary of State may, in a case falling within sub-paragraph (a), refer the matter as if the amendments to regulation 17 had not taken effect and, in relation to both sub-paragraphs, the Local Medical Committee shall consider or continue to consider (as the case may be) and determine the matter in accordance with regulation 17, subject to the provisions in this article.

(2) Where, pursuant to paragraph (1), the Local Medical Committee makes a determination pursuant to regulation 17(9), it shall forward its report to the contracting PCT and the Performers List PCT, in addition to the persons specified in regulation 17(8), unless the doctor exercises his right of appeal pursuant to regulation 17(10).

(3) Where—

- (a) a doctor—
  - (i) has appealed against a finding of a Local Medical Committee made before the relevant date pursuant to regulation 17(10), and within the time limit specified in that paragraph, and that appeal has not been determined before the relevant date, or
  - (ii) appeals against a finding of a Local Medical Committee on or after the relevant date in respect of a finding of a Local Medical Committee made pursuant to paragraph (1) within the time limit specified in regulation 17(10); or
- (b) the Secretary of State—
  - (i) has referred a finding of a Local Medical Committee made before the relevant date pursuant to regulation 17(12), and that referral has not been determined before the relevant date, or
  - (ii) referred a finding of a Local Medical Committee on or after the relevant date in respect of a finding of a Local Medical Committee made pursuant to paragraph (1),

that appeal or referral shall be determined in accordance with regulation 17 as if the amendments to that regulation (and regulation 16(8) and (9) where applicable) had not taken effect, save that written notification of the determination made by the referee or referees shall be given to the contracting PCT and the Performers List PCT (if any).

(4) The Secretary of State may, on or after the relevant date, determine that, pursuant to regulation 17(14), an amount should be recovered from a doctor and shall, in determining whether an amount should be recovered, act as if the amendments to regulations 11(3), (4) and (5) and 17 and Schedule 5 had not taken effect.

(5) Where pursuant to regulation 17(14), the Secretary of State has determined that an amount should be recovered from a doctor—

- (a) before the relevant date, where that amount has not been fully recovered before the relevant date; or
- (b) on or after the relevant date pursuant to this article,

that amount shall be recoverable by the appropriate Primary Care Trust, insofar as it has not already been recovered before the relevant date in respect of an amount falling within sub-paragraph (a), and that amount shall be a debt owed to that Primary Care Trust.



(6) Where the contracting PCT has received notification pursuant to this article of an adverse determination in respect of the doctor pursuant to regulation 17, paragraph (7) shall apply without prejudice to any other right the contracting PCT may have to take action against the relevant contractor pursuant to any term of the general medical services contract or default contract.

(7) Where this paragraph applies, the contracting PCT may, in relation to a relevant contractor, take into account the adverse determination of the Secretary of State if it is considering, pursuant to a term of the general medical services contract that gives effect to paragraph 115(7) of Schedule 6 to the 2004 Regulations, or an equivalent term in the default contract, whether the cumulative effect of breaches under that contract is such that to allow the contract to continue would be prejudicial to the efficiency of the services provided under that contract.

(8) The contracting PCT shall not, pursuant to paragraph (7), take into account any notification that relates to a determination that was made more than 6 years prior to the date upon which the contracting PCT is considering the matter pursuant to paragraph (7).

(9) Where a Performers List PCT has received notification of an adverse determination pursuant to regulation 17, it shall consider what (if any) action it should take in respect of that doctor pursuant to its powers under the Performers Lists Regulations.

### **Decision as to treatment for which fees may be charged by doctors (regulation 18 of the Service Committees Regulations)**

**103.**—(1) Where a question has arisen as to whether any treatment given by a doctor to a patient is treatment for which he may demand or accept a fee from a patient within the meaning of regulation 18(1), and that question has arisen before the relevant date, or on or after the relevant date in respect of any fee charged by a doctor before the relevant date, and that question—

(a) has not been referred for consideration by the Local Medical Committee; or

(b) has been referred to the Local Medical Committee and the Local Medical Committee has not yet finally determined the matter pursuant to regulation 18,

the question may, in a case falling within sub-paragraph (a), be referred as if the amendments to that regulation and Schedule 7 had not taken effect and, in relation to both sub-paragraphs, the Local Medical Committee shall consider or continue to consider (as the case may be) and determine the matter in accordance with regulation 18 and Schedule 7, subject to the provisions in this article.

(2) Where a Local Medical Committee makes a determination pursuant to paragraph (1), regulation 18(6) shall apply to the Primary Care Trust.

(3) Where a Primary Care Trust—

(a) has referred a finding of a Local Medical Committee made before the relevant date to the Secretary of State pursuant to regulation 18(2), and that referral has not been determined before the relevant date; or

(b) refers a finding of a Local Medical Committee on or after the relevant date,

that referral shall be determined in accordance with regulation 18 and Schedule 7 as if the amendments to that regulation and Schedule had not taken effect.

(4) Where the Secretary of State—

(a) has referred a finding of a Local Medical Committee made before the relevant date pursuant to regulation 18(6), and that referral has not been determined before the relevant date; or

(b) refers a finding of a Local Medical Committee on or after the relevant date,

that referral shall be determined in accordance with regulation 18 and Schedule 7 as if the amendments to that regulation and Schedule had not taken effect.

### **Functions of Local Medical Committees**

**104.** Where—

(a) a Local Medical Committee has, before the relevant date had any matter referred to it for its consideration that it had not finally determined before the relevant date; and

- (b) pursuant to this Part, that matter is to be determined by the Local Medical Committee on or after the relevant date,

the Local Medical Committee that had had the matter referred to it shall be deemed to be a Local Medical Committee that is recognised by a Primary Care Trust pursuant to section 45A of the 1977 Act for the purpose of exercising the continuing functions conferred on it in relation to the matter by this Part.

## PART 8 MISCELLANEOUS

### **Details to be included on prescription forms etc.**

**105.**—(1) Notwithstanding—

- (a) the terms of a general medical services contract which give effect to Schedule 1 to and paragraph 66(2)(b) of Schedule 6 to the 2004 Regulations;
- (b) the equivalent terms of a default contract; or
- (c) the terms of a personal medical services agreement which give effect to Schedule 1 to and paragraph 66(2)(b) of Schedule 5 to the National Health Service (Personal Medical Services Agreements) Regulations 2004(a),

prescription forms, repeatable prescriptions or batch issues issued for the purposes of a default contract, a general medical services contract or a personal medical services agreement before 31st March 2005 need not include the name of the contractor.

(2) In paragraph (1), “batch issue”, “prescription form” and “repeatable prescription” have the same meaning as in regulation 2(1) of the 2004 Regulations.

### **Transitional provision in cases where preferential treatment on transferring to medical lists was given**

**106.**—(1) This article applies to any case to which, on or before 31st March 2004, paragraph 1 of Schedule 1 (cases where preferential treatment on transferring to medical lists is given) to the Primary Care Act 1997(b) (“the Schedule”) applies.

(2) If —

- (a) a medical practitioner had made an application to a Primary Care Trust, pursuant to paragraph 1 of the Schedule, for his name to be included in its medical list; and
- (b) the matter had not been determined on or before 31st March 2004,

paragraph 7 of Schedule 1 (transitional and consequential provisions) to the Performers Lists Regulations shall apply.

(3) In a case where—

- (a) paragraph (2) applies; and
- (b) the Primary Care Trust determines to add that medical practitioner's name to its medical performers list,

that medical practitioner shall be treated as though his name had been included in the medical list of that Primary Care Trust on 31st March 2004.

(4) In any case where representations under paragraph 3 of the Schedule have been made and the FHSAA (“the Authority”) has not determined that matter on or before 31st March 2004, the matter shall be treated by the Authority as though it were an appeal against the refusal of the Primary Care Trust to include that medical practitioner's name in its medical performers list.

(5) If the Authority decides that appeal in favour of that medical practitioner—

---

(a) S.I. 2004/627.

(b) 1997 c. 46. Schedule 1 is repealed by the Health and Social Care (Community Health and Standards) Act 2003 (c.43), Schedule 14, Part 4 and the repeal was commenced on 1st April 2004 by S.I. 2004/288.

- (a) his name shall be included in that Primary Care Trust's medical performers list; and
- (b) he shall be treated as though his name had been included in the medical list of that Primary Care Trust on 31st March 2004.

(6) In a case to which paragraph (4) applies (“paragraph 4 case”), if that medical practitioner had applied to be included in the medical performers list of any Primary Care Trust or, by virtue of paragraph 7 of Schedule 1 to the Performers Lists Regulations, is treated as so applying, any appeal to the Authority in respect of that application shall be heard with the paragraph 4 case.

### **Continuing validity of forms**

**107.** Notwithstanding the amendments made by paragraphs 1(3) and 5 of Schedule 1 to the form of certificates set out in Part 2 of Schedule 2 to the Social Security (Medical Evidence) Regulations 1976(a) and in Part 2 of the Schedule to the Statutory Maternity Pay (Medical Evidence) Regulations 1987(b), a form which complies with those Regulations as in force on 31st March 2004 shall continue to be valid.

### **Transitory interpretation of references in enactments to primary medical services**

**108.** For so long as default contracts entered into pursuant to section 176(3) of the 2003 Act (general medical services: transitional) exist, a reference in any enactment to primary medical services under the 1977 Act shall be deemed to include a reference to services provided under such contracts.

### **Transitory interpretation of references to general medical services contracts**

**109.**—(1) For as long as default contracts entered into pursuant to section 176(3) of the 2003 Act (general medical services: transitional) exist, any reference to a general medical services contract or to a contract under section 28Q of the 1977 Act in the enactments listed in paragraph (2) shall be deemed to include a reference to a default contract.

(2) The enactments referred to in paragraph (1) are—

- (a) the 1977 Act, sections 3(4)(b)(c), 26(2)(b) and (4)(aa)(d), 28D(1)(bc)(i)(e), 45A(3), (4) and (11)(f), 54(1)(c)(g), 72(5)(d)(h);
- (b) the Community Health Councils (Access to Information) Act 1988(i), section 1(6), in the paragraph 6B inserted into Schedule 12A to the Local Government Act 1972(j);
- (c) the Access to Health Records Act 1990(k), section 1(2)(a);
- (d) the Trade Union and Labour Relations (Consolidation) Act 1992(l), section 279(2);
- (e) the Health Service Commissioners Act 1993, section 2A(1)(a) and (2)(a)(m);
- (f) the Employment Rights Act 1996, section 43K(1)(ba)(n);
- (g) the Health and Social Care Act 2001, Schedule 1, paragraph 11(a)(o).

---

(a) S.I. 1976/615; Part 2 of Schedule 2 was amended by S.I. 1991/2284, 2001/2931 and 2002/2469.

(b) S.I. 1987/235. Relevant amending instruments are S.I. 2001/2931 and 2002/2469.

(c) Section 3(4) was inserted into the Act by paragraph 8 of Schedule 11 to the Health and Social Care (Community Health and Standards) Act 2003 (c.43) (“the 2003 Act”).

(d) Section 26(2)(b) and (4)(aa) were substituted by the 2003 Act, Schedule 11, paragraph 13(2)(b) and (3)(b).

(e) Section 28D(bc) was inserted by the 2003 Act, section 177(2).

(f) Section 45A was inserted into the Act by paragraph 23 of Schedule 11 to the 2003 Act.

(g) Paragraph (c) was inserted into section 54(1) of the Act by paragraph 26(2)(c) of Schedule 11 to the 2003 Act.

(h) Paragraph (d) was inserted into section 72(5) of the Act by paragraph 27(2) of Schedule 11 to the 2003 Act.

(i) 1988 c.24. Section 1(6) was amended by the 2003 Act, Schedule 11, paragraph 51.

(j) 1972 c.70.

(k) 1990 c. 23. Section 1(2)(a) was substituted by the 2003 Act, Schedule 11, paragraph 57(2).

(l) 1992 c.52. Section 279(2) was inserted by the 2003 Act, Schedule 11, paragraph 59(4).

(m) 1993 c.46. Section 2A was inserted by the Health Service Commissioners (Amendment) Act 1996 (c.5), section 1 and subsections (1)(a) and (2)(a) were substituted by the 2003 Act, Schedule 11, paragraph 62.

(n) 1996 c.18. Section 43K was inserted by the Public Interest Disclosure Act 1998 (c.23), section 1 and subsection (1)(ba) was inserted by the 2003 Act, Schedule 11, paragraph 65(2).

(o) 2001 c.15. Paragraph 11 of Schedule 1 was substituted by the 2003 Act, Schedule 11, paragraph 72(2).

## PART 9

### SAVINGS, MODIFICATIONS, AMENDMENTS AND REVOCATIONS

#### Meaning of suitable experience

**110.**—(1) Until the coming into force of article 5 of the 2003 Order, where, in any enactment, there is a reference to a medical practitioner being “suitably experienced” within the meaning of section 31(2) of the 1977 Act, that reference shall be construed in accordance with paragraph (2).

(2) A medical practitioner shall, pursuant to paragraph (1), be regarded as being “suitably experienced” if he—

- (a) holds a certificate of prescribed experience;
- (b) holds a certificate of equivalent experience;
- (c) is exempt from the need to have acquired the prescribed experience pursuant to regulation 5 of the National Health Service (Vocational Training for General Medical Practice) Regulations 1997(a) (exemptions); or
- (d) has an acquired right to practise pursuant to regulation 5 of the Vocational Training for General Medical Practice (European Requirements) Regulations 1994(b), other than by virtue of regulation 5(1)(d) of those Regulations (acquired rights).

(3) In this article, “certificate of prescribed experience” and “certificate of equivalent experience” have the meanings assigned to them in regulation 2(1) of the National Health Service (Vocational Training for General Medical Practice) Regulations 1997.

(4) Notwithstanding the repeal of section 31 and 32 of the 1977 Act, the National Health Service (Vocational Training for General Medical Practice) Regulations 1997 and the Vocational Training for General Medical Practice (European Requirements) Regulations 1994 shall remain in force (subject to the transitory modifications made in this Part) until their revocation by virtue of article 31(5) of, and Part 2 of Schedule 10 to, the 2003 Order.

#### Savings of certain provisions of the Medical Act 1983

**111.** Notwithstanding the coming into force of the amendments to sections 11 and 12 of the Medical Act 1983(c) made by paragraphs 47 to 49 of Schedule 11 to the 2003 Act(d), in relation to any employment before 1st April 2004 in—

- (a) an approved medical practice; or
- (b) a health centre,

sections 11(4) and 12(2)(a) of the Medical Act 1983 shall have effect as if those amendments had not been brought into force.

#### Saving of section 279 of the Trade Union and Labour Relations (Consolidation) Act 1992

**112.** Notwithstanding the coming into force of the amendments to the definition of worker in section 279 of the Trade Union and Labour Relations (Consolidation) Act 1992(e) (health service practitioners) made by

- 
- (a) S.I. 1997/2817 as amended by S.I. 1998/669 and 2003/3148. The whole Regulations are prospectively revoked by S.I. 2003/1250, article 31(5) and Part 2 of Schedule 10.
  - (b) S.I. 1994/3130 as amended by S.I. 1997/2817 and 2003/3148. The whole Regulations are prospectively revoked by S.I. 2003/1250, article 31(5) and Part 2 of Schedule 10.
  - (c) 1983 c.54.
  - (d) Paragraphs 47 to 49 of Schedule 11 were commenced on 1st April 2004 by article 5(2)(s) of the Health and Social Care (Community Health and Standards) Act 2003 Commencement (No. 2) Order 2004 (S.I. 2004/288) (“the 2003 Act commencement order”).
  - (e) 1992 c. 52. Section 279 was amended by the Health Authorities Act 1995 (c.17), Schedule 1, paragraph 122, the National Health Service (Primary Care) Act 1997 (c.46), Schedule 2, paragraph 67, the Health and Social Care Act 2001 (c.15), Schedule 5, paragraph 9, the National Health Service Reform and Health Care Professions Act 2002 (c.17), Schedule 2, paragraph 60 and Schedule 3, paragraph 13 and the 2003 Act, Schedule 11, paragraph 59.

paragraph 59 of Schedule 11 to the 2003 Act(a), in relation to any complaint arising in respect of a matter which occurred before 1st April 2004, section 279 shall have effect as if those amendments had not been brought into force.

### **Saving of sections 2A and 6(5) of the Health Service Commissioners Act 1993**

**113.** Notwithstanding the coming into force of the amendments to sections 2A and 6(5) of the Health Service Commissioners Act 1993(b) made by paragraphs 62 and 63 of Schedule 11 to the 2003 Act(c), in relation to any complaint arising in respect of a matter which occurred before 1st April 2004, sections 2A and 6(5) shall have effect as if those amendments had not been brought into force.

### **Transitional provision in relation to the National Health Service (Injury Benefits) Regulations 1995**

**114.** Notwithstanding the amendments made to the National Health Service (Injury Benefits) Regulations 1995 by paragraph 13 of Schedule 1, those regulations shall, in relation to any employment before 1st April 2004, continue to apply as if those amendments had not been made.

### **Transitory modification of section 18 of the 1990 Act**

**115.** For as long as default contracts entered into pursuant to section 176(3) of the 2003 Act (general medical services: transitional) exist, section 18 of the 1990 Act(d) (indicative amounts for doctors' practices) shall be read as if—

- (a) the reference in subsection (3)(a) to a contract under section 28Q of the Act included a reference to a default contract entered into pursuant to section 176(3) of the 2003 Act; and
  - (b) after subsection (3), there were inserted—
    - “(3A) Where, in the same financial year, a practice enters into—
      - (a) a contract pursuant to section 176(3) of the Health and Social Care (Community Health and Standards) Act 2003; and
      - (b) a contract with the same Primary Care Trust under section 28Q of the Act which takes effect immediately after the contract referred to in paragraph (a) ceases to have effect,
- that practice will, for that financial year, count as a single practice for the purposes of this section.”

### **Modification of section 115 of the Police Act 1997**

**116.**—(1) Until the coming into force of paragraph 4(4) of Schedule 35 to the Criminal Justice Act 2003(e), section 115 of the Police Act 1997(f) shall be read as if—

- (a) in subsection (6C)—
  - (i) the words “Part 2 of” were omitted, and
  - (ii) for paragraph (a) there were substituted—
    - “(a) medical practitioners performing primary medical services;”;
- (b) in subsection (6E)—

- 
- (a) Paragraph 59 of Schedule 11 was commenced on 1st April 2004 by article 5(2)(v) of the 2003 Act commencement order, subject to the transitional provision in article 7(9) of that Order.
  - (b) 1993 c.46. Section 2A was inserted by the Health Service Commissioners (Amendment) Act 1996 (c.5), section 1 and amended by the National Health Service (Primary Care) Act 1997 (c.46), Schedule 2, paragraph 68, the Health Service Commissioners (Amendment) Act 2000 (c.28), section 1, the Scottish Public Services Ombudsman Act 2002 (asp 11), Schedule 6, paragraph 14 and the 2003 Act, Schedule 11, paragraph 62; section 6(5) was inserted by the Health Service Commissioners (Amendment) Act 1996 (c.5), section 7(3) and amended by the National Health Service Reform and Health Care Professions Act 2002 (c.17), Schedule 2, paragraph 61 and the 2003 Act, Schedule 11, paragraph 63.
  - (c) Paragraphs 62 and 63 of Schedule 11 were commenced on 1st April 2004 by article 5(2)(w) of the 2003 Act commencement order, subject to the transitional provision in article 7(10) of that Order.
  - (d) 1990 c.19. Section 18(3) (a) and (b) were substituted by the 2003 Act, Schedule 11, paragraph 56(3).
  - (e) 2003 c.44.
  - (f) 1997 c.50. Subsections (6C) and (6E) were inserted into section 115 by the Health and Social Care Act 2001 (c.15), section 19(3) and section (6E) was amended by the National Health Service Reform and Health Care Professions Act 2002 (c.17), Schedule 2, paragraph 64.

- (i) in paragraph (a), the words “section 28DA of the National Health Service Act 1977 or” were omitted, and
- (ii) in paragraph (b), for “the 1977 Act” there were substituted “the National Health Service Act 1977”.

(2) The modifications made by this article do not extend to Scotland or Northern Ireland.

#### **Transitory modification of the Vocational Training for General Medical Practice (European Requirements) Regulations 1994**

**117.**—(1) Until their revocation by virtue of article 31(5) of, and Part 2 of Schedule 10 to the 2003 Order, the Vocational Training for General Medical Practice (European Requirements) Regulations 1994 are to have effect as if they were amended in accordance with this article.

(2) In regulation 5 (acquired rights)(a), for paragraph (4)(a), substitute—

“(a) a person who has the acquired right specified in paragraph (1)(a), but only by virtue of the fact that he was a restricted services principal included in a list specified in that paragraph, is not entitled to be considered as suitably experienced within the meaning of section 31(2) of the National Health Service Act 1977 for the purposes of regulation 4(1), (2)(a) or (3)(a) of the National Health Service (General Medical Services Contracts) Regulations 2004(b) or regulation 4(1), (2)(a) or (3)(a) of the National Health Service (General Medical Services Contracts) (Wales) Regulations 2004(c); and”.

(3) The modifications made by this article do not extend to Scotland or Northern Ireland.

#### **Transitory modification of the National Health Service (Vocational Training for General Medical Practice) Regulations 1997**

**118.**—(1) Until their revocation by virtue of article 31(5) of, and Part 2 of Schedule 10 to the 2003 Order, the National Health Service (Vocational Training for General Medical Practice) Regulations 1997 are to have effect as if they were amended in accordance with this article.

(2) In regulation 2 (interpretation)—

(a) in the definition of “General Practice (GP) Registrar”—

(i) for sub-paragraph (a), there shall be substituted—

“(a) means a medical practitioner who is being trained in general practice by a medical practitioner who has been approved for that purpose by the JCPTGP pursuant to regulation 7;”, and

(ii) for sub-paragraph (d), there shall be substituted—

“(d) includes a practitioner who is being trained in general practice by a practitioner who performs primary medical services in connection with an agreement for primary medical services made under section 28C of the Act;”;

(b) in the definition of “medical list”, in both sub-paragraphs (a) and (b), insert after the word “list” the words “that was”;

(c) in paragraph (2)—

(i) in sub-paragraph (a) for the words “is (or if the context so requires was)” substitute “was”, and

(ii) omit the full out text at the end.

(3) Regulation 4 (experience and certificates required) shall be omitted.

(4) In regulation 5 (exemptions), in paragraph (1) for sub-paragraph (d) substitute—

---

(a) Regulation 5 was previously amended by S.I. 1997/2817: the whole Regulations are prospectively revoked by S.I. 2003/1250, article 31(5) and Part 2 of Schedule 10.

(b) S.I. 2004/291.

(c) S.I. 2004/478 (W.48).

“(d) if his name was, on 31st December 1994, included in a medical list for the provision of general medical services limited to—

- (i) child health surveillance services only,
- (ii) contraceptive services only,
- (iii) maternity medical services only,
- (iv) minor surgery services only, or
- (v) any combination of the services mentioned in paragraphs (i) to (iv);”.

### **Minor and consequential amendments**

**119.** The enactments listed in Schedule 1 are amended as there specified.

### **Revocations**

**120.** The enactments listed in Schedule 2 are revoked to the extent there specified.

Signed by authority of the Secretary of State

22nd March 2004

*John Hutton*  
Minister of State,  
Department of Health

## **SCHEDULE 1**

Article 119

### **MINOR AND CONSEQUENTIAL AMENDMENTS**

#### *The Social Security (Medical Evidence) Regulations 1976*

**1.—(1)** The Social Security (Medical Evidence) Regulations 1976(a) shall be amended as provided in this paragraph.

**(2)** In Part 1 of Schedule 1 (rules), for paragraph 3 substitute—

“**3** Where the claimant—

- (a) is on the list of a person providing primary medical services under the National Health Service Act 1977 or the National Health Service (Scotland) Act 1978 and is being attended by a doctor performing such services; or
- (b) is on the list of a doctor, or list held jointly by two or more doctors performing personal medical services in connection with a pilot scheme under the National Health Service (Primary Care) Act 1997 and is being attended by such a doctor,

the doctor’s statement shall be on the form provided by the Secretary of State for the purpose and shall be signed by the attending doctor.”.

**(3)** In Part 2 of Schedule 2, (form of certificate) for “Health Authority or Primary Care Trust in whose medical list you are included” substitute “Primary Care Trust or Local Health Board in whose medical performers list you are included (or, in Scotland, by the Health Board in whose primary medical services performers list you are included)”.

---

(a) S.I. 1976/ 615; relevant amending instruments are S.I. 1991/2284, 2001/2931 and 2002/2469.

*Medicines (Pharmacy and General Sale – Exemption) Order 1980*

2.—(1) The Medicines (Pharmacy and General Sale – Exemption) Order 1980(a) shall be amended as provided in this paragraph.

(2) In article 4B (exemption for health professionals who supply medicinal products under a Patient Group Direction in order to assist doctors or dentists in providing national health services)(b)—

(a) in paragraph (2)(d)(ii)—

(i) after “health authority” insert “or Primary Care Trust”,

(ii) before sub-paragraph (a), insert—

“(aa) in the case of the provision of primary medical services, with which a contract or agreement for the provision of those services has been made or which provides the services itself;”,

(iii) in sub-paragraph (a), omit “general medical services”, and

(iv) in sub-paragraph (b), for “which is a party to the pilot scheme under which those services are provided” substitute “provided under a pilot scheme, which is a party to that pilot scheme”; and

(b) in paragraph (3), for sub-paragraph (b)(i) substitute—

“(i) in relation to England and Wales, the provision of primary medical services under Part I of the National Health Service Act 1977;”.

*The Statutory Sick Pay (Medical Evidence) Regulations 1985*

3. In the Statutory Sick Pay (Medical Evidence) Regulations 1985(c), in Part 1 of Schedule 1 (rules)(d), for paragraph 3 substitute—

“3. Where the patient—

(a) is on the list of a person providing primary medical services under the National Health Service Act 1977 or the National Health Service (Scotland) Act 1978 and is being attended by a doctor performing such services; or

(b) is on the list of a doctor, or list held jointly by two or more doctors performing personal medical services in connection with a pilot scheme under the National Health Service (Primary Care) Act 1997 and is being attended by such a doctor,

the doctor’s statement shall be on the form provided by the Secretary of State for the purpose and shall be signed by the attending doctor.”.

*The National Health Service (General Ophthalmic Services) Regulations 1986*

4.—(1) The National Health Service (General Ophthalmic Services) Regulations 1986(e) shall be amended as provided in this paragraph.

(2) In regulation 2(1) (interpretation), for the definition of “lists”, substitute—

““lists” means—

(a) a list referred to in section 49N(1)(a) to (c) of the Act;

(b) a list of persons undertaking to provide general medical services prepared in accordance with regulations under section 29 of that Act as the list existed on or before 31st March 2004;

---

(a) S.I. 1980/1924.

(b) Article 4B was inserted by S.I. 2000/1919.

(c) S.I. 1985/1604.

(d) Schedule 1 was amended by S.I. 1992/247 and 1998/646.

(e) S.I. 1986/975; relevant amending instruments are S.I. 2001/3739 and 2002/2469.



- (c) a list of persons approved by a Primary Care Trust for the purpose of assisting in the provision of general medical services prepared in accordance with regulations under section 43D(1) of that Act as the list existed on or before 31st March 2004; or
- (d) a services list referred to in section 8ZA(1)(a) of the National Health Service (Primary Care) Act 1997 as the list existed on or before 31st March 2004;”.

(3) In Schedule 1, for paragraph 8C (complaints against ophthalmic medical practitioners) substitute—

“(1) Where a contractor who, being an ophthalmic medical practitioner, also performs primary medical services under a GMS contract for any person to whom he provides general ophthalmic services, the complaints procedure established and operated in accordance with the terms of that GMS contract shall apply in relation to any matter reasonably connected with his provision of general ophthalmic services as it applies as respects the provision of services under the GMS contract.

(2) Accordingly, any requirement as to co-operation with investigations of complaints by other bodies imposed on a GMS contractor under the term of its contract which gives effect to paragraph 97 of Schedule 6 to the National Health Service (General Medical Services Contracts) Regulations 2004(a) also applies in relation to complaints about such matters.

(3) Where a contractor who, being an ophthalmic medical practitioner, also performs primary medical services under a PMS agreement for any person to whom he provides general ophthalmic services, the complaints procedure established and operated under that agreement shall apply in relation to any matter reasonably connected with his provision of general ophthalmic services as it applies as respects his provision of services under the agreement.

(4) Accordingly, any requirement as to co-operation with investigations of complaints by other bodies imposed on a party to a PMS agreement under the term of its agreement which gives effect to paragraph 91 of Schedule 5 to the National Health Service (Personal Medical Services Agreements) Regulations 2004(b) also applies in relation to complaints about such matters.

(5) In this paragraph—

- (a) “GMS contract” means a general medical services contract under section 28Q of the Act and “general medical services contractor” shall be construed accordingly; and
- (b) “PMS agreement” means an agreement made under section 28C of the Act.

(6) or as long as there are in existence contracts entered into under article 13 of the General Medical Services Transitional and Consequential Provisions Order 2004(c) (“default contracts”) any reference in this paragraph to a GMS contract shall be read as including a reference to a contract entered into under that article and any reference to a term of a GMS contract shall be read as including a reference to the equivalent term of the default contract.

(7) For as long as there are in existence transitional agreements as defined in article 1(4) of the General Medical Services and Personal Medical Services Transitional and Consequential Provisions Order 2004, any reference in this paragraph to a personal medical services agreement shall be read as including a reference to a transitional agreement and any reference to a term of a personal medical services agreement shall be read as including a reference to any equivalent term in the transitional agreement.”.

(4) In paragraph 10 of Schedule 1A (information and undertakings to be given), for “whose dental, medical, pharmaceutical, supplementary or services list”, substitute “any of whose lists”.

#### *The Statutory Maternity Pay (Medical Evidence) Regulations 1987*

5. In the Statutory Maternity Pay (Medical Evidence) Regulations 1987(d), in Part 2 of the Schedule (form of certificate) for “Health Authority or Primary Care Trust in whose medical list you are included” substitute “Primary Care Trust or Local Health Board in whose medical performers list you are included (or, in Scotland, by the Health Board in whose primary medical services performers list you are included)”.

---

(a) S.I. 2004/291.

(b) S.I. 2004/291.

(c) S.I. 2004/433.

(d) S.I. 1987/235. Relevant amending instruments are S.I. 2001/2931 and 2002/2469.

*Prescription Pricing Authority Constitution Order 1990*

6. In the Prescription Pricing Authority Constitution Order 1990(a), in article 5 (constitution of the pricing authority)(b) for “providing general medical services or personal medical services” substitute “performing primary medical services”.

*National Health Service Trusts (Membership and Procedure) Regulations 1990*

7.—(1) The National Health Service Trusts (Membership and Procedure) Regulations 1990(c) shall be amended as provided in this paragraph.

(2) In regulation 1 (citation, commencement and interpretation)(d), omit the definition of “general medical practitioner”.

(3) In regulation 11 (disqualification for appointment of chairman and non-executive directors)(e), in paragraph (1)—

(a) for sub-paragraph (f), substitute—

“(f) he—

(i) is a general dental practitioner,

(ii) performs or provides primary medical services under Part I of the National Health Service Act 1977,

(iii) is a partner in a partnership that, or a legal and beneficial owner of shares in a company that, provides primary medical services under Part I of that Act, or

(iv) is an employee of any of those;”;

(b) in sub-paragraph (h), insert at the end “or a list prepared pursuant to section 28X(f) of that Act”.

*The Children (Private Arrangements for Fostering) Regulations 1991*

8.—(1) The Children (Private Arrangements for Fostering) Regulations 1991(g) shall be amended as provided in this paragraph.

(2) In regulation 2 (general welfare of children), in paragraph (2)(f), for the words “general medical practitioner” to the end, substitute “person who provides primary medical services pursuant to Part I of the National Health Service Act 1977;”.

*The National Health Service (General Dental Services) Regulations 1992*

9. In the National Health Service (General Dental Services) Regulations 1992(h), in regulation 2 (interpretation)(i)—

(a) in the definition of “Local Dental Committee” omit “, Local Medical Committee”; and

(b) after the definition of “locality” insert—

---

(a) S.I. 1990/1718.

(b) Article 5 was amended by S.I. 2002/881, 2469 and 2861.

(c) S.I. 1990/2024.

(d) Regulation 1 has been previously amended by S.I. 1996/1755, 1998/646, 2000/2434, 2001/3786, and 2002/2469 and 2861.

(e) Regulation 11 has been previously amended by S.I. 1997/2990, 1998/646 and 1975, 1999/945, 2000/603 and 2434, and 2001/2629, 3786 and 4031.

(f) Section 28X was inserted into the Act by the Health and Social Care Community Health and Standards Act 2003 (c.43) (“the 2003 Act”), section 179.

(g) S.I. 1991/2050. Regulation 2 was previously amended by S.I. 1998/646.

(h) S.I. 1992/661.

(i) The definition of “Local Dental Committee” was amended by S.I. 2001/2421 and 2002/2469.

““Local Medical Committee” means a committee recognised by the Primary Care Trust under section 45A of the Act(a);”.

*The National Health Service (Service Committees and Tribunal) Regulations 1992*

**10.** Subject to articles 94 to 104, the National Health Service (Service Committees and Tribunal) Regulations 1992(b) shall be amended as follows—

- (a) in regulation 2 (interpretation)(c)—
  - (i) in paragraph (1)—
    - (aa) omit the definitions of “doctors’ panel”, “Local Medical Committee”, “Medical Advisory Committee”, “medical discipline committee”, “medical list”, “medical officer”, “Medical Regulations”, “personal medical services”, “pilot scheme” and “pilot scheme practitioner”;
    - (bb) in the definition of “deputy”, omit paragraph (a);
    - (cc) in the definition of “Part II service”, omit the words “general medical services”;
    - (dd) in the definition of “practitioner”, omit the words “doctor,”;
    - (ee) in the definition of “relevant local representative committee”, omit paragraph (a);
    - (ff) in the definition of “terms of service”, omit paragraph (a); and
    - (gg) in the definition of “treatment”, omit the words “in relation to general medical services, has the same meaning as in the Medical Regulations, and,”, and
  - (ii) in paragraph (4), omit sub-paragraph (b);
- (b) in regulation 3 (establishment of committees)(d), omit paragraph (1)(a);
- (c) in regulation 4 (provisions relating to the start of disciplinary proceedings)(e)—
  - (i) omit paragraph (5)(b) and (c) and (6); and
  - (ii) in paragraph (5)(a), omit the word “medical,” and in the full out text in paragraph (5), omit the words “or other doctor referred to in sub-paragraph (b)”;
- (d) in regulation 5 (referral to investigating committee)(f), omit paragraph (3)(a);
- (e) in regulation 6 (time limits)(g), in paragraph (3)(a), omit the word “doctor,”;
- (f) in regulation 8 (determination of appropriate Health Authority or Primary Care Trust)(h)—
  - (i) omit paragraphs (3) and (4), and
  - (ii) in paragraph (8), for the words “paragraphs (3), or”, substitute “paragraph”;
- (g) in regulation 9 (appeal to the Secretary of State)(i)—
  - (i) in paragraph (1)(b), omit (3),
  - (ii) in paragraphs (3)(c)(ii) and (4)(b) for the words “paragraphs (3) or” in each place where it appears, substitute “paragraph”, and
  - (iii) in paragraph (5), omit “(3),” in the second place it appears;
- (h) in regulation 10 (procedure on appeal)(j)—
  - (i) in paragraph (5), omit “(3)”,
  - (ii) in paragraph (7), omit sub-paragraph (a), and

- 
- (a) Section 45A was inserted into the Act by paragraph 23 of Schedule 11 to the 2003 Act.
  - (b) S.I. 1992/664.
  - (c) Regulation 2 was previously amended by S.I. 1996/703, 1998/674 and 2002/2469.
  - (d) Regulation 3 was previously amended by S.I. 1996/703 and 2002/2469.
  - (e) Regulation 4 was previously amended by S.I. 1996/703, 1998/674 and 2002/2469.
  - (f) Regulation 5 was previously amended by S.I. 1996/703 and 2002/2469.
  - (g) Regulation 6 was previously amended by S.I. 1996/703 and 2002/2469.
  - (h) Regulation 8 was previously amended by S.I. 1996/703 and 2002/2469.
  - (i) Regulation 9 was previously amended by S.I. 1996/703 and 2002/2469.
  - (j) Regulation 10 was previously amended by S.I. 1996/703 and 2002/2469.

- (iii) in paragraph (8), omit sub-paragraph (a);
- (i) in regulation 11 (recovery of amounts from practitioners following appeal)(a)—
  - (i) in paragraph (2) and (3)(a), omit the words “doctor or” in both places it appears,
  - (ii) in paragraph (4), omit sub-paragraph (a), and
  - (iii) in paragraph (7), for the words “paragraphs (3), or”, substitute “paragraph”;
- (j) omit regulations 15 (excessive prescribing by doctors), 16 (investigation of certification), 17 (investigation of record keeping) and 18 (decision as to treatment for which fees may be charged by doctors);
- (k) in regulation 20 (power of Local Representative Committees to consider complaints)(b), omit paragraph (1);
- (l) in regulation 32 (service of documents)(c), in paragraph (1)(a), omit the word “doctor,” and “medical,”;
- (m) in regulation 37 (referral of matters to professional bodies)(d), in paragraph (4)(a), omit the words “a doctor or”;
- (n) in Schedule 2 (constitution of discipline committees)(e)—
  - (i) omit paragraph 2(1)(b)(ii),
  - (ii) in paragraph 2(2), for “(ii)”, substitute “(iii)”,
  - (iii) in paragraph 2(4), omit sub-paragraph (a), and
  - (iv) in paragraph 8, omit sub-paragraph (c)(i);
- (o) in Schedule 4 (procedure for investigation by discipline committees)(f)—
  - (i) in paragraph 2, omit sub-paragraph (1)(a), and
  - (ii) in paragraph 9, omit sub-paragraph (b)(i) and (c);
- (p) in Schedule 5 (advisory committees)(g), omit paragraph 1 and Part 2; and
- (q) omit Schedule 7 (rules of procedure under regulation 18).

*The Dental Vocational Training Authority Regulations 1993*

**11.** In the Dental Vocational Training Authority Regulations 1993(h), in regulation 5 (application of regulations relating to membership and procedure)(i), in paragraph (1)(b)(iii), in the sub-paragraph (d) added by that paragraph, for “general” substitute “or performing primary”.

*The Medicines for Human Use (Marketing Authorisations etc) Regulations 1994*

**12.** In the Medicines for Human Use (Marketing Authorisations etc) Regulations 1994(j), in Schedule 1 (exemptions and exceptions from the provisions of regulation 3), in paragraph 3(1)(a) for “general medical or dental services” substitute “primary medical services or general dental services”.

- 
- (a) Regulation 11 was previously amended by S.I. 1996/703 and 2002/2469.
  - (b) Regulation 20 was previously amended by S.I. 1998/674.
  - (c) Regulation 32 was previously amended by S.I. 1996/703 and 2003/1937.
  - (d) Regulation 37 was previously amended by S.I. 1996/703 and 2002/2469.
  - (e) Schedule 2 was previously amended by S.I. 1996/703 and 2002/2469.
  - (f) Schedule 4 was previously amended by S.I. 1996/703 and 2002/2469.
  - (g) Schedule 5 was previously amended by S.I. 1996/703.
  - (h) S.I. 1993/2210.
  - (i) Regulation 5 was amended by S.I. 1997/2991 and 2000/696.
  - (j) S.I. 1994/3144.

*The National Health Service (Injury Benefits) Regulations 1995*

**13.**—(1) The National Health Service (Injury Benefits) Regulations 1995(a) shall be amended in as provided in this paragraph.

(2) In regulation 2 (interpretation)(b)—

(a) for the definition of “assistant practitioner” substitute—

““assistant practitioner” means—

(a) a person on the medical performers list who is employed (other than by a Primary Care Trust or a Local Health Board) to perform primary medical services under a GMS contract, a default contract or a PMS agreement; or

(b) an employee of a dental practitioner on the list of a Strategic Health Authority, Primary Care Trust or Local Health Board, being himself a dental practitioner who, in such employment, is engaged in assisting his employer in the actual discharge of his duties as such practitioner and for whose employment the consent of the Strategic Health Authority, Primary Care Trust or Local Health Board is required;”;

(b) for the definition of “medical list” substitute—

““medical performers list” means a list prepared by a Primary Care Trust pursuant to regulation 3(1) of the National Health Service (Performers Lists) Regulations 2004(c);”;

(c) in the definition of “practitioner”—

(i) in paragraph (a) for “a registered medical practitioner or a registered dentist whose name is included on the medical list or, as the case may be,” substitute “a registered dentist whose name is included”,

(ii) in paragraph (c), omit “a registered medical practitioner or”,

(iii) omit “and” after paragraph (d),

(iv) in paragraph (e)—

(aa) for “a registered medical practitioner or a registered dentist who is a medical pilot scheme employee or a dental pilot scheme employee, as the case may be,” substitute “a registered dentist who is a dental pilot scheme employee”;

(bb) in sub-paragraph (i), omit “the medical list or, as the case may be,”;

(cc) in the full out words at the end, omit “medical or”; and

(dd) at the end, insert “and”, and

(v) at the end, add paragraph (f)—

“(f) a registered medical practitioner who is included in a medical performers list and who is providing services under—

(i) a GMS contract or a default contract, or

(ii) a PMS agreement;”;

(d) omit the definitions of “medical pilot scheme employee” and “personal medical services”; and

(e) insert, in the appropriate alphabetical position—

““default contract” means a contract under article 13 of the General Medical Services Transitional and Consequential Provisions Order 2004(d);

“GMS contract” means a contract under section 28Q of the National Health Service Act 1977(e);

---

(a) S.I. 1995/866; relevant amendments are S.I. 1998/667, 2002/2469 and 2003/631.

(b) Regulation 2 was amended by S.I. 1997/646, 1998/667 and 2217, 2000/606, 2002/2469 and 2003/631.

(c) S.I. 2004/585.

(d) S.I. 2004/433.

(e) Section 28Q was inserted into the National Health Service Act 1977 by section 175(1) of the Health and Social Care (Community Health and Standards) Act 2003 (c.43) (“the 2003 Act”).

“PMS agreement” means an agreement made under section 28C of the National Health Service Act 1977(a) and includes a transitional agreement as defined in article 1(4) of the General Medical Services and Personal Medical Services Transitional and Consequential Provisions Order

(3) In regulation 3 (persons to whom the regulations apply)(b), omit paragraph (1)(f).

(4) In regulation 4A (recovery of costs)(c), in paragraph (6)(c), for “to—

(i) a person providing piloted services, or

(ii) a registered medical practitioner who is a medical pilot scheme employee,”

substitute “to a person providing piloted services”.

*The National Health Service Contracts (Dispute Resolution) Regulations 1996*

**14.** In the National Health Service Contracts (Dispute Resolution) Regulations 1996(d), after regulation 1 (citation, commencement and interpretation), insert—

**“Application of these Regulations**

**1A.—**(1) These Regulations do not apply in the case of a dispute concerning a term of —

(a) a GMS contract;

(b) a contract entered into pursuant to section 176(3) of the Health and Social Care (Community Health and Standards) Act 2003(e); or

(c) a personal medical services agreement

(2) These Regulations do not apply in the case of a dispute concerning a proposed term of arrangement which is intended to be—

(a) a GMS contract; or

(b) a personal medical services agreement.

(3) In this regulation—

“GMS contract” means a general medical services contract under section 28Q of the National Health Service Act 1977(f);

“personal medical services agreement” means an agreement for primary medical services made under section 28C of the National Health Service Act 1977.”.

*The National Health Service (Functions of Health Authorities) (Complaints) Regulations 1996*

**15.** In the National Health Service (Functions of Health Authorities) (Complaints) Regulations 1996(g), in regulation 1 (citation, commencement and interpretation), in paragraph (2), for the definition of “family health service practitioner” substitute—

““family health service practitioner” means a person who—

(a) provides or performs primary medical services under Part 1 of the Act;

(b) provides any of the services to be provided under Part 2 of the Act, that is to say, general dental services, general ophthalmic services or pharmaceutical services; or

---

(a) Section 28C was inserted into the Act by the National Health Service (Primary Care) Act 1997 (c.46), section 21(1) and amended by the Health Act 1999 (c.8), Schedule 4, paragraph 15, the Health and Social Care Act 2001 (c.15), Schedule 5, paragraph 11(4), the National Health Service Reform and Health Care Professions Act 2002 (c.17), Schedule 3, paragraph 7(2) and the 2003 Act, Schedule 11, paragraph 14.

(b) Paragraph (1)(f) of regulation 3 was inserted by S.I. 1998/667 and amended by S.I. 1998/2217 and 2002/2469.

(c) Regulation 4A was inserted by S.I. 1997/646; paragraph (6), as previously inserted by S.I. 1998/667, was substituted by S.I. 2000/606 and amended by S.I. 2002/2469.

(d) S.I. 1996/623.

(e) 2003 c.43.

(f) 1977 c.49.

(g) S.I. 1996/669 as amended by S.I. 2002/2469.

(c) before 1st April 2004, provided general medical services under Part 2 of the Act.”.

*The Health Authorities (Membership and Procedure) Regulations 1996*

**16.**—(1) The Health Authorities (Membership and Procedure) Regulations 1996(a) shall be amended as provided in this paragraph.

(2) In regulation 1 (citation, commencement and interpretation)—

- (a) in the definition of “discipline committee” omit “medical”;
- (b) in the definition of “Part II services” omit “general medical services,”;
- (c) in the definition of “service committee” omit “medical”.

(3) In regulation 10 (disqualification for appointment)—

- (a) in paragraph (1)(d), insert at the end “or a list prepared pursuant to section 28X of that Act”;
- (b) in paragraph (4)(b), for the words from “general medical services” to the end substitute “or performing primary medical services under Part 1 of the 1977 Act”;
- (c) in paragraph (5)(b), for “or performing personal medical services in connection with a pilot scheme under the National Health Service (Primary Care) Act 1997” substitute “or providing or performing primary medical services under Part 1 of the 1977 Act”.

(4) In regulation 14 (appointment of committees and sub-committees), in paragraph (3), at end add “or provide or perform primary medical services under Part 1 of the 1977 Act”.

(5) In regulation 16 (disability of chairman and members in proceedings on account of pecuniary interest), for “or performing personal medical services in connection with a pilot scheme under the National Health Service (Primary Care) Act 1997” substitute “or providing or performing primary medical services under Part 1 of the 1977 Act”.

*The National Health Service (Indicative Amounts) Regulations 1997*

**17.** In the National Health Service (Indicative Amounts) Regulations 1997(b), in regulation 3 (application of section 18 of the 1990 Act to practices with members on the list of a Health Board)—

- (a) for “medical list” in both places it occurs, substitute “medical performers list”; and
- (b) for “Health Authority” in both places it occurs, substitute “Local Health Board”.

*The Prescription Only Medicines (Human Use) Order 1997*

**18.**—(1) The Prescription Only Medicines (Human Use) Order 1997(c) shall be amended as provided in this paragraph.

(2) In article 12B (exemption for health professionals who supply or administer prescription only medicines under a Patient Group Direction in order to assist doctors or dentists in providing national health services)(d), for paragraph 3(b)(i) substitute—

- “(i) in relation to England and Wales, the provision of primary medical services under Part I of the National Health Service Act 1977;”.

---

(a) S.I. 1996/707. These Regulations (but not the title) were amended, for England, to relate to Strategic Health Authorities by S.I. 2002/2469. Other relevant amending instruments are S.I. 1997/2991, 1998/646 and 2621, 1999/1901, 2000/696 and 2002/556.  
(b) S.I. 1997/980 as amended by S.I. 2002/2469.  
(c) S.I. 1997/1830.  
(d) Article 12B was inserted by S.I. 2000/1917 and amended by S.I. 2002/2469.

*The National Health Service (Proposals for Pilot Schemes) and (Miscellaneous Amendments) Regulations 1997*

**19.**—(1) In the National Health Service (Proposals for Pilot Schemes) and (Miscellaneous Amendments) Regulations 1997(**a**)—

- (a) in regulation 2 (requests to authorities for preparation of proposals), in paragraph (5)(b), omit paragraph (i); and
- (b) in regulation 3 (consultation on proposals), omit paragraph (2).

(2) The amendment made by sub-paragraph (1) does not extend to Scotland.

*The National Health Service (Pilot Schemes – Health Service Bodies) Regulations 1997*

**20.**—(1) In the National Health Service (Pilot Schemes – Health Service Bodies) Regulations 1997(**b**), in regulation 1(2) (citation, commencement and application), in the definition of “application” omit “personal medical services or”.

(2) The amendment made by sub-paragraph (1) does not extend to Scotland.

*The Medical Act 1983 (Approved Medical Practices and Conditions of Residence) and National Health Service (General Medical Services) (Amendment) Regulations 1998*

**21.**—(1) The Medical Act 1983 (Approved Medical Practices and Conditions of Residence) and National Health Service (General Medical Services) (Amendment) Regulations 1998(**c**) shall be amended as provided in this paragraph.

(2) In regulation 2 (medical practices qualifying for approval)(**d**)—

(a) in paragraph (1), for sub-paragraph (a) substitute—

“(a) “GP Registrar” has the meaning assigned to it in regulation 2(1) of the National Health Service (General Medical Services Contracts) Regulations 2004(**e**); and”; and

(b) in paragraph (2)(d), for “General Practice (GP) Registrar” substitute “GP Registrar”.

(3) In regulation 3 (conditions as to residence), in paragraph (1) for the words “the National Health Service (General Medical Services) Regulations 1992” substitute “the National Health Service (General Medical Services Contracts) Regulations 2004”.

(4) Omit regulation 4 (amendment of the National Health Service (General Medical Services) Regulations 1992).

*The Primary Care Trusts (Consultation on Establishment, Dissolution and Transfer of Staff) Regulations 1999*

**22.**—(1) The Primary Care Trusts (Consultation on Establishment, Dissolution and Transfer of Staff) Regulations 1999(**f**) shall be amended as provided in this paragraph.

(2) In regulation 1 (citation, commencement and interpretation), in paragraph (2)—

(a) in the definition of “Part II services”, omit “general medical services”;

(b) for the definition of “practice patient” substitute—

““practice patient” means—

- 
- (a) S.I. 1997/2289. The relevant amending instrument is S.I. 1998/3.
  - (b) S.I. 1997/2929. The relevant amending instrument is S.I. 1998/1136.
  - (c) S.I. 1998/1664.
  - (d) Regulation 2 has been previously amended by S.I. 2000/3040 and is prospectively amended by S.I. 2003/1250.
  - (e) S.I. 2004/291.
  - (f) S.I. 1999/2337. The relevant amending instrument is S.I. 2002/2469.



- (a) in relation to a medical practitioner who practises otherwise than in partnership and is providing services under a transitional agreement, an individual who is on that practitioner’s list of patients (or, if that practitioner and one or more other medical practitioners together have a single list of patients in connection with the transitional agreement, an individual who is on that single list);
- (b) in relation to a medical practitioner who is one of two or more practitioners who practise in partnership with each other and who is providing services under a transitional agreement, an individual who is on the list of patients of any of those practitioners (or, if any of those practitioners together have a single list of patients in connection with the transitional agreement, an individual who is on that single list); and
- (c) in all other cases, an individual who is on the list of patients of a person providing primary medical services under Part 1 of the Act prepared and maintained by the Primary Care Trust;

(c) at the end, add—

““transitional agreement” means an agreement deemed to be made under section 28C of the Act pursuant to article 58 of the General Medical Services and Personal Medical Services Transitional and Consequential Provisions Order 2004 and which has not been varied in accordance with article 59 of that Order.”.

(3) In regulation 2 (consultation requirements for PCT orders)—

(a) in paragraph (2)(d)(i), after “the provision of” insert “primary medical services”; and

(b) in paragraph (3)—

(i) in sub-paragraph (a)—

(aa) for “medical practitioners providing general” substitute “persons providing primary”; and

(bb) omit “or performing personal medical services in connection with a pilot scheme under the 1997 Act,”; and

(ii) in sub-paragraph (b)—

(aa) for “medical practitioner providing general” substitute “person providing primary”; and

(bb) omit “or performing personal medical services in connection with a pilot scheme under the 1997 Act,”.

(4) In regulation 3 (consultation on amendment of a PCT order or dissolution)—

(a) in paragraph (4)(d)(i), after “the provision of” insert “primary medical services”; and

(b) in paragraph (5)—

(i) in sub-paragraph (a)—

(aa) for “medical practitioners providing general” substitute “persons providing primary”; and

(bb) omit “or performing personal medical services in connection with a pilot scheme under the 1997 Act,”; and

(ii) in sub-paragraph (b)—

(aa) for “medical practitioner providing general” substitute “person providing primary”; and

(bb) omit “or performing personal medical services in connection with a pilot scheme under the 1997 Act,”.

*The Primary Care Trusts (Membership, Procedure and Administration Arrangements) Regulations 2000*

**23.**—(1) The Primary Care Trusts (Membership, Procedure and Administration Arrangements) Regulations 2000(a) shall be amended as provided in this paragraph.

(2) In regulation 1 (citation, commencement and interpretation), in paragraph (2)—

(a) for the definition of “medical practitioner”, substitute—

““medical practitioner”, except in regulation 5(1)(da)(iii), means a medical practitioner who is providing or performing primary medical services under Part 1 of the Act;”;

(b) in the definition of “nurse”—

(i) in paragraphs (a) and (b), omit “personal medical services or”,

(ii) for paragraph (c), substitute—

“(c) is a party to a general medical services contract under section 28Q of the Act or to a PMS agreement;

(ca) is employed by a provider of primary medical services under Part 1 of the Act to assist in the provision of those services;”;

(c) in the definition of “Part II services”, omit “general medical services;”;

(d) after the definition of “pilot scheme health service body”, insert—

““PMS agreement” means an agreement made under section 28C of the Act and includes a transitional agreement deemed to have been made under that section pursuant to article 58 of the General Medical Services and Personal Medical Services Transitional and Consequential Provisions Order 2004 and which has not been varied in accordance with article 59 of that Order;”;

(e) for the definition of “primary care list”, substitute—

““primary care list” means—

(a) a list referred to in section 49N(1)(a) to (c) of the 1977 Act;

(b) a list of persons undertaking to provide general medical services prepared in accordance with regulations under section 29 of that Act as the list existed on or before 31st March 2004;

(c) a list of persons approved by a Primary Care Trust for the purpose of assisting in the provision of general medical services prepared in accordance with regulations under section 43D(1) of that Act as the list existed on or before 31st March 2004; or

(d) a services list referred to in section 8ZA(1)(a) of the National Health Service (Primary Care) Act 1997 as the list existed on or before 31st March 2004;”.

(3) In regulation 5 (disqualification for appointment), in paragraph (1)—

(a) in sub-paragraph (da)(iii), omit “, as the case may be;”;

(b) in sub-paragraph (g)(i), after “in the provision of” insert “primary medical services”.

*The Health Service Medicines (Control of Prices of Branded Medicines) Regulations 2000*

**24.** In the Health Service Medicines (Control of Prices of Branded Medicines) Regulations 2000(b), in regulation 5 (application of regulations), in paragraph (b), for “Schedule 10 to the National Health Service (General Medical Services) Regulations 1992” substitute “Schedule 1 to the National Health Service (General Medical Services Contracts) (Prescription of Drugs etc) Regulations 2004(c)”.

---

(a) S.I. 2000/89. Relevant amending instruments are S.I. 2002/881 and 2003/1616.

(b) S.I. 2000/123.

(c) S.I. 2004/629.

*The National Health Service (Payments by Local Authorities to NHS Bodies) (Prescribed Functions) Regulations 2000*

**25.** In the National Health Service (Payments by Local Authorities to NHS Bodies) (Prescribed Functions) Regulations 2000(a), in regulation 2(2), in paragraph (c)—

- (a) for “Schedule 10 to the National Health Service (General Medical Services) Regulations 1992” substitute “Schedule 1 to the National Health Service (General Medical Services Contracts) (Prescription of Drugs etc) Regulations 2004”; and
- (b) for “Schedule 11” substitute “Schedule 2”.

*The National Health Service (Charges for Drugs and Appliances) Regulations 2000*

**26.—**(1) The National Health Service (Charges for Drugs and Appliances) Regulations 2000(b) shall be amended as provided in this paragraph.

(2) In regulation 2 (interpretation), in paragraph (1)—

(a) for the definition of “batch issue” substitute—

““batch issue” means a form provided by a Primary Care Trust and issued by a prescriber at the same time as a repeatable prescription to enable a chemist to receive payment for the provision of repeat dispensing services, which is in the format specified in Part 2 of Schedule 1 to the GMS Contract Regulations, and which—

- (a) is generated by a computer and not signed by a prescriber;
  - (b) relates to a particular repeatable prescription and contains the same date as that prescription;
  - (c) is issued as one of a sequence of forms, the number of which is equal to the number of occasions on which the drugs or appliances ordered on the repeatable prescription may be provided; and
  - (d) specifies a number denoting its place in the sequence referred to in paragraph (c);”;
- (b) in the definition of “dispensing services” for “under a pilot scheme” substitute “under the terms of a GMS contract which give effect to paragraphs 47 to 51 of Schedule 6 to the GMS Contract Regulations or under the terms of a PMS agreement which give effect to paragraphs 45 to 51 of Schedule 5 to the National Health Service (Personal Medical Services Agreements) Regulations 2004(c)”;
- (c) after the definition of “exemption certificate” insert—
- ““the GMS Contract Regulations” means the National Health Service (General Medical Services Contracts) Regulations 2004(d);
- “GMS contract” means a general medical services contract under section 28Q of the Act(e);”;
- (d) omit the definition of “medical list”;
- (e) in the definition of “patient”, for paragraph (a) substitute—
- “(a) any person who is provided with primary medical services under Part 1 of the Act;”;
- (f) omit the definition of “pilot scheme”;
- (g) after the definition of “Patient Group Direction” insert—

---

(a) S.I. 2000/618.

(b) S.I. 2000/620, as amended by S.I. 2000/2393 and 3189, 2001/746 and 2887, 2002/548, 1386, and 2352, 2003/585, 699 and 1084 and 2004/663.

(c) S.I. 2004/627.

(d) S.I.2004/291.

(e) Section 28Q was inserted into the Act by section 175(1) of the Health and Social Care (Community Health and Standards) Act 2003 (c.43) (“the 2003 Act”).

““PMS agreement” means an agreement made under section 28C(a) of the Act;”;

(h) after the definition of “pre-payment certificate” insert—

““prescriber” means a doctor, an independent nurse prescriber and a supplementary prescriber;”;

(i) in the definition of “prescription form”, for “doctor, dentist, supplementary prescriber or independent nurse prescriber” substitute “prescriber or dentist”;

(j) after the definition of “repeat dispensing services”, insert—

““repeatable prescriber” means a prescriber who is—

(a) a GMS contractor who provides repeatable prescribing services under the terms of its contract which give effect to paragraph 40 of Schedule 6 to the GMS Regulations;

(b) a PMS contractor who provides repeatable prescribing services under the terms of its agreement which give effect to paragraph 39 of Schedule 5 to the PMS Regulations; or

(c) employed or engaged by a GMS contractor who provides repeatable prescribing services under the terms of a contract which give effect to paragraph 40 of Schedule 6 to the GMS Regulations or by a PMS contractor who provides repeatable prescribing services under the terms of an agreement which give effect to paragraph 39 of Schedule 5 to the PMS Regulations;”.

(k) for the definition of “repeatable prescription” substitute—

““repeatable prescription” means a prescription contained in a form provided by a Primary Care Trust and issued by a repeatable prescriber to enable a person to obtain pharmaceutical services or local pharmaceutical services, which is in the format specified in Part 1 of Schedule 1 to the GMS Contract Regulations, and which—

(a) is generated by a computer but signed by a repeatable prescriber; and

(b) indicates that the drugs or appliances ordered on that form may be provided more than once, and specifies the number of occasions on which they may be provided;”;

(l) in the definition of “terms of service”, omit “general medical services”.

(3) After regulation 2(3) insert—

“(3A) For as long as there are in existence contracts entered into under article 13 of the General Medical Services Transitional and Consequential Provisions Order 2004(b) (“default contracts”) any reference in these Regulations to a GMS contract shall be read as including a reference to a contract entered into under that article and any reference to a term of a GMS contract shall be read as including a reference to the equivalent term of the default contract.

(3B) For as long as there are in existence transitional agreements as defined in article 1(4) of the General Medical Services and Personal Medical Services Transitional and Consequential Provisions Order 2004, any reference in these Regulations to a personal medical services agreement shall be read as including a reference to a transitional agreement and any reference to a term of a personal medical services agreement shall be read as including a reference to any equivalent term in the transitional agreement.”.

(4) In regulation 3 (supply of drugs and appliances by chemists), in paragraph (3)(c), omit from “doctor” to the end and insert “prescriber pursuant to the term of a general medical services contract which gives effect to paragraph 44(2) of Schedule 6 to the GMS Contract Regulations or the equivalent term of a PMS agreement or of other arrangements for the provision of primary medical services made under section 16CC(2) of the Act.”.

(5) In regulation 4 (supply of drugs and appliances by doctors), in paragraph (7), for “doctor in respect of the provision by him of general medical services or personal medical services in connection with a pilot scheme” substitute “contractor under a GMS contract, a PMS agreement or arrangements made under section 16CC(2) of the Act”.

---

(a) Section 28C was inserted into the Act by the National Health Service (Primary Care) Act 1997 (c.46), section 21(1) and amended by the Health Act 1999 (c.8), Schedule 4, paragraph 15, the Health and Social Care Act 2001 (c.15), Schedule 5, paragraph 11(4), the National Health Service Reform and Health Care Professions Act 2002 (c.17), Schedule 3, paragraph 7(2) and the 2003 Act, Schedule 11, paragraph 14.

(b) S.I. 2004/433.

(6) In regulation 6 (supply of drugs and appliances at walk-in centres), in paragraph (1), for “doctor, supplementary prescriber or independent nurse prescriber” substitute “prescriber”.

*The Family Health Services Appeal Authority (Procedure) Rules 2001*

**27.**—(1) The Family Health Services Appeal Authority (Procedure) Rules 2001(a) shall be amended as provided in this paragraph.

(2) In rule 2(1) (interpretation)—

(a) in the definition of “contingent removal decision”, after “1977 Act”, insert “or under regulations making provision corresponding to section 49M pursuant to section 28X(4) of that Act”(b); and

(b) in the definition of “FHS Regulations”—

(i) before paragraph (a), insert—

“(aa) sections 28S and 126(4) of the 1977 Act (persons eligible to enter into GMS contracts),

(ab) section 28X of the 1977 Act (persons performing primary medical and dental services),”

(ii) omit “or” at the end of paragraph (i),

(iii) insert “or” at the end of paragraph (j),

(iv) at the end, add—

“(k) section 200 of the Health and Social Care (Community Health and Standards) Act 2003 (transitional or transitory provision and savings);”.

(3) In rule 2(2)(a)—

(a) at the end of paragraph (i), after “of the 1977 Act”, insert “or under regulations making provision corresponding to section 49I, pursuant to section 28X(4) of that Act”; and

(b) at the end of paragraph (iii), after “of the 1977 Act”, insert “or under regulations making provision corresponding to section 49M, pursuant to section 28X(4) of that Act”.

(4) In rule 15(1) (applications in respect of contingent removal decisions), after “of the 1977 Act”, insert “or under regulations making provision corresponding to section 49M, pursuant to section 28X(4) of that Act”.

(5) At the end of rule 46(b) (publication of certain decisions by FHSAA), after “of the 1977 Act”, add “or under regulations making provision corresponding to section 49M, pursuant to section 28X(4) of that Act”.

*The Care Homes Regulations 2001*

**28.**—(1) The Care Homes Regulations 2001(c) shall be amended as provided in this paragraph.

(2) In regulation 2 (interpretation)(d), paragraph (1), for the definition of “general practitioner”, substitute—

““general practitioner” means a person who—

(a) provides primary medical services pursuant to Part I of the National Health Service Act 1977; or

(b) provides services which correspond to primary medical services provided under Part I of that Act, otherwise than in pursuance of that Act;”.

---

(a) S.I. 2001/3750; relevant amendments are S.I. 2002/1921 and 2469.

(b) Section 28X was inserted by section 179(1) of the 2003 Act.

(c) S.I. 2001/3965.

(d) Regulation 2 was previously amended by S.I. 2003/1590.

*The Children's Homes Regulations 2001*

- 29.**—(1) The Children's Homes Regulations 2001(a) shall be amended as provided in this paragraph.
- (2) In regulation 2 (interpretation)(b), in paragraph (1), for the definition of "general practitioner", substitute—
- ““general practitioner” means a person who—
- (a) provides primary medical services pursuant to Part I of the National Health Service Act 1977; or
  - (b) provides services which correspond to primary medical services provided under Part I of that Act, otherwise than in pursuance of that Act;”.
- (3) In regulation 21 (medicines), in paragraph (4)(a)—
- (a) in paragraph (i), after “National Health Service Act 1977” insert “or section 176(3) of the Health and Social Care (Community Health and Standards) Act 2003”; and
  - (b) omit paragraph (ii)

*The Private and Voluntary Health Care (England) Regulations 2001*

- 30.**—(1) The Private and Voluntary Health Care (England) Regulations 2001(c) shall be amended as provided in this paragraph.
- (2) In regulation 2 (interpretation), in paragraph (1), for sub-paragraphs (a), (b) and (c), substitute—
- “(a) performs primary medical services pursuant to Part I of the NHS Act; or
- (b) performs services which correspond to primary medical services provided under Part I of that Act, otherwise than in pursuance of that Act,
- except in paragraph 1(c) of Part 2 of Schedule 3 where it means a person who provides the services specified in sub-paragraph (a) or (b);”.
- (3) In regulation 3 (prescribed techniques or technology and exceptions to the definition of independent hospital), in paragraph (3)(e)—
- (a) for the words “the provision of general medical services within the meaning of Part II”, substitute “the performance by a general practitioner of primary medical services under Part I”; and
  - (b) omit the words “or personal medical services in connection with a pilot scheme under the National Health Service (Primary Care) Act 1997”.
- (4) In regulation 4 (meaning of independent clinic), in paragraph (1)(a), for the words “general medical services” to the end, substitute “primary medical services under Part I of that Act; and”.

*The Fostering Services Regulations 2002*

- 31.**—(1) The Fostering Services Regulations 2002(d) shall be amended as provided in this paragraph.
- (2) In regulation 2 (interpretation)(e), in paragraph (1), for the definition of “general practitioner”, , substitute—
- ““general practitioner” means a person who—
- (a) provides primary medical services pursuant to Part I of the National Health Service Act 1977; or
  - (b) provides services which correspond to primary medical services provided under Part I of that Act, otherwise than in pursuance of that Act;”.

---

(a) S.I. 2001/3967.  
(b) Regulation 2 has been previously amended by S.I. 2002/2469.  
(c) S.I. 2001/3968.  
(d) S.I. 2002/57.  
(e) Regulation 2 was previously amended by S.I. 2002/865 and 2002/2469.

*The National Health Service (Functions of Strategic Health Authorities and Primary Care Trusts and Administration Arrangements) (England) Regulations 2002*

**32.**—(1) The National Health Service (Functions of Strategic Health Authorities and Primary Care Trusts and Administration Arrangements) (England) Regulations 2002(a) shall be amended as provided in this paragraph.

(2) In regulation 2 (interpretation), in paragraph (1)—

(a) for the definition of “practice patient” substitute—

““practice patient” means—

(a) in relation to a medical practitioner who practises otherwise than in partnership and is providing services under a transitional agreement, an individual who is on that practitioner’s list of patients (or, if that practitioner and one or more other medical practitioners together have a single list of patients in connection with the transitional agreement, an individual who is on that single list);

(b) in relation to a medical practitioner who is one of two or more practitioners who practise in partnership with each other and who is providing services under a transitional agreement, an individual who is on the list of patients of any of those practitioners (or, if any of those practitioners together have a single list of patients in connection with the transitional agreement, an individual who is on that single list); and

(c) in all other cases, an individual who is on the list of patients of a person providing primary medical services under Part 1 of the Act prepared and maintained by the Primary Care Trust, other than an individual who is resident in Scotland;”;

(b) in the definition of “the relevant date”, for paragraphs (b) to (d) substitute—

“(b) in the case of a Primary Care Trust providing primary medical services under a personal medical services agreement or a transitional agreement, the date on which services were first performed under that contract or agreement or pursuant to those arrangements;”;

(c) for the definition of “the relevant Primary Care Trust” substitute—

““the relevant Primary Care Trust” means, in relation to a person providing primary medical services under Part 1 of the Act—

(a) where the Primary Care Trust is a party to a general medical services contract, a default contract or contractual arrangements under section 16CC(2)(b) of the Act with that person, that Primary Care Trust;

(b) where the Primary Care Trust is a party to a personal medical services agreement or a transitional agreement with that person, that Primary Care Trust;

(c) where the Primary Care Trust is providing services itself under section 16CC(2)(a) of the Act, that Primary Care Trust; or

(d) in all other cases, the Primary Care Trust in whose area on the relevant date, most of the practice patients of the person providing primary medical services at that date were living.”;

(d) in the appropriate alphabetical position, insert—

““default contract” means a contract entered into pursuant to section 176(3) of the Health and Social Care (Community Health and Standards) Act 2003(b) (general medical services: transitional);

“general medical services contract” means a contract under section 28Q of the Act(c);

---

(a) S.I. 2002/2375 as amended by S.I. 2002/2548 and 2003/1497.

(b) 2003 c.43.

(c) Section 28Q was inserted by section 175(1) of the 2003 Act.

“personal medical services agreement” means an agreement for primary medical services made under section 28C of the Act<sup>(a)</sup>;

“transitional agreement” has the meaning given in article 1(4) of the General Medical Services and Personal Medical Services Transitional and Consequential Provisions Order 2004<sup>;</sup>”.

(3) In regulation 3 (functions of the Secretary of State exercisable by Strategic Health Authorities and Primary Care Trusts), in paragraph (7), in sub-paragraph (a)(i), for “medical practitioners providing general medical services under the Act, or performing personal medical services in connection with a pilot scheme under the 1997 Act,” substitute “persons providing primary medical services under Part 1 of the Act”.

(4) In regulation 4 (functions relating to pilot schemes), omit paragraph (5)(b).

(5) In regulation 6 (limitations and restrictions on the exercise of functions relevant to both Strategic Health Authorities and Primary Care Trusts), omit paragraph (5).

(6) In regulation 9 (arrangements by Strategic Health Authorities for exercise of functions), after paragraph (6) insert—

“(6A) Any function exercisable by a Strategic Health Authority under—

(a) Schedule 3 to the National Health Service (General Medical Services) Contracts Regulations 2004 (opt outs of additional and out of hours services)<sup>(b)</sup>; or

(b) Schedule 4 to the National Health Service (Personal Medical Services Agreements) Regulations 2004<sup>(c)</sup> (opt outs of out of hours services),

may be exercised on behalf of the Authority by a committee, sub-committee or officer of the Authority.”.

(7) In regulation 10 (arrangements by Primary Care Trusts for exercise of functions)—

(a) in paragraph 1—

(i) for “or the 2002 Act” substitute “, the 2002 Act or the Health and Social Care (Community Health and Standards) Act 2003”, and

(ii) after sub-paragraph (a) insert—

“(aa) in the case of the functions of an assessment panel appointed under paragraph 31 or 35 of Schedule 6 to the National Health Service (General Medical Services Contracts) Regulations 2004, or paragraph 30 or 34 of Schedule 5 to the National Health Service (Personal Medical Services Agreements) Regulations 2004 by a committee or sub-committee of another Primary Care Trust”; and

(b) omit paragraphs (7) and (8).

(8) In regulation 11 (arrangements with health service bodies in Wales), in paragraph (3), after “the 2002 Act” insert “the Health and Social Care (Community Health and Standards) Act 2003”.

(9) In Schedule 3 (functions of Strategic Health Authorities not to be exercisable by Primary Care Trusts) insert the following entries at the end of the table—

---

The National Health Service (General Medical Services) Contracts Regulations 2004, Schedule 3	Opt outs of additional and out of hours services
---	--

---

The National Health Service (Personal Medical Services Agreements) Regulations 2004, Schedule 4	Opt outs of out of hours services
---	-----------------------------------

---

(a) Section 28C was inserted into the Act by the National Health Service (Primary Care) Act 1997 (c.46), section 21(1) and amended by the Health Act 1999 (c.8), Schedule 4, paragraph 15, the Health and Social Care Act 2001 (c.15), Schedule 5, paragraph 11(4), the National Health Service Reform and Health Care Professions Act 2002 (c.17), Schedule 3, paragraph 7(2) and the 2003 Act, Schedule 11, paragraph 14.

(b) S.I. 2004/291.

(c) S.I. 2004/627.



The Directions as to the functions of Dispute resolution relating to patient lists  
Strategic Health Authorities (GMS Contract  
Disputes) dated 8<sup>th</sup> March 2004

The Directions as to the functions of Dispute resolution relating to patient lists  
Strategic Health Authorities (PMS  
Agreement Disputes) dated 18<sup>th</sup> March 2004

---

*The Commission for Patient and Public Involvement in Health (Membership and Procedure) Regulations  
2002*

**33.**—(1) The Commission for Patient and Public Involvement in Health (Membership and Procedure) Regulations 2002(a) shall be amended as provided in this paragraph.

(2) In regulation 1(3) (citation, commencement, application and interpretation), for the definition of “primary care list”, substitute—

““primary care list” means—

- (a) a list referred to in section 49N(1)(a) to (c) of the 1977 Act;
- (b) a list of persons undertaking to provide general medical services prepared in accordance with regulations under section 29 of that Act as the list existed on or before 31st March 2004;
- (c) a list of persons approved by a Primary Care Trust for the purpose of assisting in the provision of general medical services prepared in accordance with regulations under section 43D(1) of that Act as the list existed on or before 31st March 2004; or
- (d) a services list referred to in section 8ZA(1)(a) of the National Health Service (Primary Care) Act 1997 as the list existed on or before 31st March 2004.”.

(3) In regulation 5(1)(e)(iii) (disqualification for appointment) omit “, as the case may be,”.

(4) In Schedule 2 (access to meetings and documents), in paragraph (5)(a)(iii), for the paragraph 6B which is to be read as if inserted into Schedule 12A to the Local Government Act 1972, substitute—

“**6B.** Information relating to—

- (a) any particular person who is or was formerly included in a list of persons undertaking to provides services under Part 2 of the National Health Service Act 1977 or is an applicant for inclusion in such a list;
- (b) any particular person who is or was formerly included in, or is an applicant for inclusion in, a list under section 28X of that Act(b);
- (c) any particular person who is or was formerly providing services under a contract under section 28Q of that Act;
- (d) any particular person who is or was providing or performing personal medical services under a pilot scheme agreement under Part 1 of the National Health Service (Primary Care) Act 1997(c) or in accordance with arrangements made or deemed to be made under section 28C of the National Health Service Act 1977;
- (e) any particular person who is or was performing personal dental services in accordance with arrangements under section 28C of that Act; or
- (f) any particular employee, former employee or applicant to become an employee of a person referred to in sub-paragraphs (a) to (e).”.

---

(a) S.I. 2002/3038.

(b) Section 28X was inserted by section 179 of the Health and Social Care (Community Health and Standards) Act 2003 (c.43).

(c) 1997 c.46.

*The Counter Fraud and Security Management Service Regulations 2002*

**34.** In the Counter Fraud and Security Management Service Regulations 2002(a)—

- (a) in regulation 1(3) (citation, commencement, application and interpretation), for the definition of “primary care list”, substitute—
- ““primary care list” means—
- (a) a list referred to in section 49N(1)(a) to (d) of the Act;
  - (b) a list of persons undertaking to provide general medical services prepared in accordance with regulations under section 29 of the Act as the list existed on or before 31st March 2004;
  - (c) a list of persons approved by a Primary Care Trust for the purpose of assisting in the provision of general medical services prepared in accordance with regulations under section 43D(1) of that Act as the list existed on or before 31st March 2004; or
  - (d) a services list referred to in section 8ZA(1)(a) of the National Health Service (Primary Care) Act 1997 as the list existed on or before 31st March 2004.”; and
- (b) in regulation 3(1)(e)(iii) (disqualification for appointment), omit “, as the case may be,”.

*The Residential Family Centres Regulations 2002*

**35.**—(1) The Residential Family Centres Regulations 2002(b) shall be amended as provided in this paragraph.

(2) In regulation 2 (interpretation), in paragraph (1), for the definition of “general practitioner”, substitute—

““general practitioner” means a person who—

- (a) provides primary medical services pursuant to Part I of the National Health Service Act 1977; or
- (b) provides services which correspond to primary medical services provided under Part I of that Act, otherwise than in pursuance of that Act;”.

*The Health Protection Agency (Yr Asiantaeth Diogelu Iechyd) Regulations 2003*

**36.** In the Health Protection Agency (Yr Asiantaeth Diogelu Iechyd) Regulations 2003(c)—

(a) in regulation 1(2) (citation, commencement and interpretation), for the definition of “primary care list”, substitute—

““primary care list” means—

- (a) a list referred to in section 49N(1)(a) to (c) of the Act;
  - (b) a list of persons undertaking to provide general medical services prepared in accordance with regulations under section 29 of the Act as the list existed on or before 31st March 2004;
  - (c) a list of persons approved by a Primary Care Trust for the purpose of assisting in the provision of general medical services prepared in accordance with regulations under section 43D(1) of that Act as the list existed on or before 31st March 2004; or
  - (d) a services list referred to in section 8ZA(1)(a) of the National Health Service (Primary Care) Act 1997 as the list existed on or before 31st March 2004.”; and
- (b) in regulation 3(1)(e)(iii) (disqualification for appointment), omit “, as the case may be,”.

---

(a) S.I. 2002/3040.  
(b) S.I. 2002/3213.  
(c) S.I. 2003/506.

*The General and Specialist Medical Practice (Education, Training and Qualifications) Order 2003*

37.—(1) The General and Specialist Medical Practice (Education, Training and Qualifications) Order 2003(a) shall be amended as provided in this paragraph.

(2) In article 10 (the General Practitioner Register)—

(a) in paragraph (4), for sub-paragraph (a), substitute—

“(a) in England or Wales, be included in a medical performers list;”;

(b) in paragraph (6), omit sub-paragraph (a); and

(c) in paragraph (7), after the word “practise” insert “in Scotland and Northern Ireland”.

(3) In article 11 (general practitioners eligible for entry in the General Practitioner Register), in paragraph (2), for the words “the restriction on his right to practise as provided for in article 10(7)” substitute “that fact”.

(4) In article 12 (acquired rights of general practitioners), in paragraph (2) for the words “the restriction on his right to practise as provided for in article 10 (6) or (7) (as appropriate)” substitute “that fact”.

(5) In Schedule 1 (interpretation)—

(a) insert at the appropriate alphabetical position—

““medical performers list” means a list of medical practitioners prepared and published pursuant to section 28X of the 1977 Act;”;

and

(b) for the definition of “restricted services principal” substitute—

““restricted services principal” means—

(a) in England and Wales, a general practitioner who had, pursuant to the National Health Service (General Medical Services) Regulations 1992 (before their repeal), undertaken to provide general medical services limited to—

- (i) child health surveillance services,
  - (ii) contraceptive services,
  - (iii) maternity medical services, or
  - (iv) minor surgery services,
- or any combination of the above;

(b) in Scotland, the same as in the National Health Service (General Medical Services) (Scotland) Regulations 1995; or

(c) in Northern Ireland, the same as in the General Medical Services Regulations (Northern Ireland) 1997;”.

(6) In Schedule 8 (transitional, transitory and saving provisions), in paragraph 22 (general practitioners permitted to work within the National Health Service during the transitional period)—

(a) in sub-paragraph (2)—

(i) for sub-paragraph (a) substitute—

“(a) in England and Wales, inclusion in a medical performers list;”;

(b) in sub-paragraph (4), omit sub-paragraph (a); and

(c) in sub-paragraph (5), after the word “practise” insert “in Scotland or Northern Ireland”.

(7) In Schedule 9 (consequential amendments to primary legislation)—

(a) in paragraph 2 (National Health Service Act 1977 (c.49)), omit sub-paragraphs (a) and (b); and

(b) in paragraph 6 (National Health Service (Primary Care) Act 1997 (c.46)), omit sub-paragraphs (a), (b) and (c)(i).

(8) In Schedule 10 (consequential amendments to, and revocations of, secondary legislation), omit paragraphs 1 (the National Health Service (General Medical Services) Regulations 1992), 5 (the National

---

(a) S.I. 2003/1250.

Health Service (Pilot Schemes: Miscellaneous Provisions and Consequential Amendments) Regulations 1998) and 7 (the National Health Service (General Medical Services Supplementary List) Regulations 2001).

*The Patients' Forums (Membership and Procedure) Regulations 2003*

**38.** In the Patients' Forums (Membership and Procedure) Regulations 2003(a)—

(a) in regulation 1(3) (citation, commencement and interpretation), for the definition of “primary care list” substitute—

““primary care list” means—

(a) a list referred to in section 49N(1)(a) to (c) of the 1977 Act(b);

(b) a list of persons undertaking to provide general medical services prepared in accordance with regulations under section 29 of that Act(c) as the list existed on or before 31st March 2004;

(c) a list of persons approved by a Primary Care Trust for the purpose of assisting in the provision of general medical services prepared in accordance with regulations under section 43D(1) of that Act as the list existed on or before 31st March 2004; or

(d) a services list referred to in section 8ZA(1)(a) of the National Health Service (Primary Care) Act 1997(a) as the list existed on or before 31st March 2004.”; and

(b) in regulation 4(1)(c)(iii) (disqualification for appointment) omit “, as the case may be.”.

*The Patients' Forums (Functions) Regulations 2003*

**39.** In the Patients' Forums (Functions) Regulations 2003(e), in regulation 3 (entry and inspection of premises), in paragraph (3)—

(a) after sub-paragraph (d) insert—

“(da) persons providing primary medical services under Part 1 of the 1977 Act;”;

(b) in sub-paragraph (e), for “arrangements under section 28C of that Act” substitute “a personal dental services pilot scheme established under Part 1 of the National Health Service (Primary Care) Act 1997”.

*The National Health Service (Travel Expenses and Remission of Charges) Regulations 2003*

**40.** In regulation 3 of the National Health Service (Travel Expenses and Remission of Charges) Regulations 2003(f) (NHS travel expenses), in paragraph (1)(a) for “personal medical” substitute “primary medical services provided under Part 1 of the Act”.

*The NHSU Regulations 2003*

**41.** In the NHSU Regulations 2003(g)—

(a) in regulation 1(3) (citation, commencement, application and interpretation), for the definition of “primary care list”, substitute—

““primary care list” means—

---

(a) S.I. 2003/2123.

(b) Section 49N(1) was inserted by the Health and Social Care Act 2001 (c.15) (“the 2001 Act”), section 25 and amended by the National Health Service Reform and Health Care Professions Act 2002 (c.17) (“the 2002 Act”), Schedule 2, paragraph 25 and the Health and Social Care (Community Health and Standards) Act 2003 (c. 43) (“the 2003 Act”), Schedule 11, paragraph 24.

(c) Section 29 is repealed by sections 175(2) and 196 of, and Schedule 14 to, the 2003 Act.

(d) 1997 c.46; section 8ZA was inserted by section 26(2) of the 2001 Act and was amended by section 4(3) of, and paragraphs 1 and 3 of Schedule 3 to the 2002 Act; and is repealed by section 196 of, and Schedule 14 to, the 2003 Act so far as it relates to personal medical services and otherwise on a date to be appointed.

(e) S.I.2003/2124 as amended by S.I. 2004/540.

(f) S.I. 2003/2382.

(g) S.I. 2003/2773.

- (a) a list referred to in section 49N(1)(a) to (c) of the Act;
  - (b) a list of persons undertaking to provide general medical services prepared in accordance with regulations under section 29 of the Act as the list existed on or before 31st March 2004;
  - (c) a list of persons approved by a Primary Care Trust for the purpose of assisting in the provision of general medical services prepared in accordance with regulations under section 43D(1) of that Act as the list existed on or before 31st March 2004; or
  - (d) a services list referred to in section 8ZA(1)(a) of the National Health Service (Primary Care) Act 1997 as the list existed on or before 31st March 2004.”; and
- (b) in regulation 3(1)(e)(iii) (disqualification for appointment), omit “, as the case may be,”.

*The NHS Professionals Special Health Authority Regulations 2003*

**42.** In regulation 1(3) of the NHS Professionals Special Health Authority Regulations 2003 (citation, commencement, application and interpretation)(a), for the definition of “primary care list”, substitute—

““primary care list” means—

- (a) a list referred to in section 49N(1) of the Act;
- (b) a list of persons undertaking to provide general medical services prepared in accordance with regulations under section 29 of the Act as the list existed on or before 31st March 2004;
- (c) a list of persons approved by a Primary Care Trust for the purpose of assisting in the provision of general medical services prepared in accordance with regulations under section 43D(1) of that Act as the list existed on or before 31st March 2004; or
- (d) a services list referred to in section 8ZA(1)(a) of the National Health Service (Primary Care) Act 1997 as the list existed on or before 31st March 2004.”.

*The Commission for Social Care Inspection (Membership) Regulations 2003*

**43.** In the Commission for Social Care Inspection (Membership) Regulations 2003(b)—

- (a) in regulation 1(3) (citation, commencement, application and interpretation), for the definition of “primary care list” substitute—

““primary care list” means—

- (a) a list referred to in section 49N(1)(a) to (c) of the Act;
  - (b) a list of persons undertaking to provide general medical services prepared in accordance with regulations under section 29 of the Act as the list existed on or before 31st March 2004;
  - (c) a list of persons approved by a Primary Care Trust for the purpose of assisting in the provision of general medical services prepared in accordance with regulations under section 43D(1) of the Act as the list existed on or before 31st March 2004; or
  - (d) a services list referred to in section 8ZA(1)(a) of the National Health Service (Primary Care) Act 1997 as the list existed on or before 31st March 2004.”; and
- (b) in regulation 4 (disqualification for appointment or from holding office), in paragraph (1)(k)(ii), for “such a list”, substitute “a primary care list”.

*The Commission for Healthcare Audit and Inspection (Membership) Regulations 2003*

**44.** In the Commission for Healthcare Audit and Inspection (Membership) Regulations 2003(c)—

---

(a) S.I. 2003/3060.  
 (b) S.I. 2003/3190.  
 (c) S.I. 2003/3279.

- (a) in regulation 1(2) (citation, commencement and interpretation), for the definition of “primary care list” substitute—
- ““primary care list” means—
- (a) a list referred to in section 49N(1)(a) to (c) of the Act;
  - (b) a list of persons undertaking to provide general medical services prepared in accordance with regulations under section 29 of the Act as the list existed on or before 31st March 2004;
  - (c) a list of persons approved by a Primary Care Trust for the purpose of assisting in the provision of general medical services prepared in accordance with regulations under section 43D(1) of the Act as the list existed on or before 31st March 2004; or
  - (d) a services list referred to in section 8ZA(1)(a) of the National Health Service (Primary Care) Act 1997 as the list existed on or before 31st March 2004.”; and
- (b) in regulation 4 (disqualification for appointment or from holding office), in paragraph (1)(j)(ii), for “such a list”, substitute “a primary care list”.

*The Crime and Disorder Strategies (Prescribed Descriptions) (England) Order 2004*

**45.**—(1) The Crime and Disorder Strategies (Prescribed Descriptions) (England) Order 2004(a) shall be amended as provided in this paragraph.

(2) In article 3, in paragraph (2)—

- (a) in sub-paragraph (w), for “is—” to the end, substitute “performing primary medical services in that local government area under Part I of the National Health Service Act 1977;”, and
- (b) in sub-paragraph (x), for “are—” to the end, substitute “are performing primary medical services in that local government area”.

*The General Medical Services Transitional and Consequential Provisions Order 2004*

**46.**—(1) The General Medical Services Transitional and Consequential Provisions Order 2004(b) shall be amended as provided in this paragraph.

(2) In article 1 (citation, commencement, application and interpretation), in paragraph (3), in the definition of “FHSAA”, after “section 49S of the”, insert “1977”.

(3) In article 3 (entitlement to a general medical services contract as an individual medical practitioner), in paragraph (8), for “is refusing”, substitute “refuses”.

(4) In article 4 (appeal against refusal of a contract under article 3), in paragraph (4), after “the matter” insert “under dispute”.

(5) In article 12 (effect of events taking place after 31st March 2004 on entitlement to enter into a general medical services contract), in paragraph (b), for “Schedule”, in both places where it occurs, substitute “paragraph”.

(6) In article 13 (entitlement to a contract under section 176(3) of the Act), in paragraph (8), for “is refusing”, substitute “refuses”.

(7) In article 22 (modification of certain out of hours provisions in the 2004 Regulations during the existence of contractual arrangements made under article 15), in paragraph (b)(ii), for “article 20(b)(ii)” substitute “article 21(b)(ii)”.

---

(a) S.I. 2004/118.  
(b) S.I. 2004/433.

## SCHEDULE 2

Article 120

### REVOCATIONS

(1)	(2)	(3)
<i>Regulations revoked</i>	<i>References</i>	<i>Extent of revocation</i>
The National Health Service (General Medical Services) Regulations 1992	S.I. 1992/635	The whole Regulations
The National Health Service (General Medical Services) Amendment Regulations 1992	S.I. 1992/2412	The whole Regulations
The National Health Service (General Medical Services) Amendment Regulations 1993	S.I. 1993/540	The whole Regulations
The National Health Service (General Medical Services) Amendment (No. 2) Regulations 1993	S.I. 1993/2421	The whole Regulations
The National Health Service (General Medical Services) Amendment Regulations 1994	S.I. 1994/633	The whole Regulations
The National Health Service (General Medical Services) Amendment (No. 2) Regulations 1994	S.I. 1994/2620	The whole Regulations
The National Health Service (General Medical Services) Amendment Regulations 1995	S.I. 1995/80	The whole Regulations
The National Health Service (General Medical Services) Amendment (No. 2) Regulations 1995	S.I. 1995/3093	The whole Regulations
The National Health Service (General Medical Services) Amendment Regulations 1996	S.I. 1996/702	The whole Regulations
The National Health Service (General Medical Services) Amendment Regulations 1997	S.I. 1997/730	The whole Regulations
The National Health Service (General Medical Services) Amendment (No. 2) Regulations 1997	S.I. 1997/981	The whole Regulations
The National Health Service (General Medical Services) Amendment (No. 3) Regulations 1997	S.I. 1997/2468	The whole Regulations

The National Health Service (General Medical Services) Amendment Regulations 1998	S.I. 1998/682	The whole Regulations
The National Health Service (Functions of Health Authorities) (Prescribing Incentive Schemes) Regulations 1998	S.I. 1998/632	The whole Regulations
The National Health Service (Pilot Schemes: Miscellaneous Provisions and Consequential Amendments) Regulations 1998	S.I. 1998/646	Regulations 3, 4 and 5
The National Health Service (Pilot Schemes: Part II Practitioners) Regulations 1998	S.I. 1998/665	The whole Regulations
The National Health Service (Choice of Medical Practitioner) Regulations 1998	S.I. 1998/668	The whole Regulations
The National Health Service (General Medical Services) Amendment Regulations 1998	S.I. 1998/682	The whole Regulations
The Medical Act 1983 (Approved Medical Practices and Conditions of Residence) and National Health Service (General Medical Services) (Amendment) Regulations 1998	S.I. 1998/1664	Regulation 4
The National Health Service (General Medical Services) Amendment (No. 2) Regulations 1998	S.I. 1998/2838	The whole Regulations
The National Health Service (General Medical Services) Amendment Regulations 1999	S.I. 1999/326	The whole Regulations
The National Health Service (General Medical Services) Amendment (No. 2) Regulations 1999	S.I. 1999/1627	The whole Regulations
The National Health Service (Choice of Medical Practitioner) Amendment Regulations 1999	S.I. 1999/3179	The whole Regulations
The National Health Service (General Medical Services) Amendment Regulations 2000	S.I. 2000/220	The whole Regulations



The National Health Service (General Medical Services) Amendment (No. 2) Regulations 2000	S.I. 2000/601	The whole Regulations
The National Health Service (Functions of Health Authorities) (Prescribing Incentive Schemes) Amendment Regulations 2000	S.I. 2000/661	The whole Regulations
The National Health Service (General Medical Services) Amendment (No. 3) Regulations 2000	S.I. 2000/1645	The whole Regulations
The National Health Service (General Medical Services) Amendment (No. 4) Regulations 2000	S.I. 2000/2383	The whole Regulations
The Medical Act 1983 (Approved Medical Practices and Conditions of Residence) and National Health Service (General Medical Services) (Amendment) Regulations 2000	S.I. 2000/3040	Regulation 3
The National Health Service (General Medical Services) Amendment Regulations 2001	S.I. 2001/706	The whole Regulations
The National Health Service (General Medical Services) Amendment (No. 2) Regulations 2001	S.I. 2001/1178	The whole Regulations
The National Health Service (General Medical Services) (Electronic Communications) Order 2001	S.I. 2001/2890	The whole Regulations
The National Health Service (General Medical Services) Amendment (No. 3) Regulations 2001	S.I. 2001/3386	The whole Regulations
The National Health Service (General Medical Services) Amendment (No. 4) Regulations 2001	S.I. 2001/3742	The whole Regulations
The Family Health Services Appeal Authority (Primary Care Act) Regulations 2001	S.I. 2001/3743	The whole Regulations
The National Health Service (England) (Pilot Schemes: Miscellaneous Provisions and Consequential Amendments) Amendment Regulations 2002	S.I. 2002/543	The whole Regulations

The National Health Service (Functions of Health Authorities) (England) (Support of Provision of Services and Appraisal) Regulations 2002	S.I. 2002/545	The whole Regulations
The National Health Service (Pharmaceutical Services) and (General Medical Services) (No. 2) Amendment Regulations 2002	S.I. 2002/551	Regulation 3
The National Health Service (General Medical Services) Amendment Regulations 2002	S.I. 2002/554	The whole Regulations
The Nursing and Midwifery Order 2001 (Consequential Amendments) Order 2002	S.I. 2002/881	Paragraph 9 of the Schedule
The National Health Service (General Medical Services) Amendment (No. 3) Regulations 2002	S.I. 2002/1768	The whole Regulations
The Abolition of the NHS Tribunal (Consequential Provisions) Regulations 2002	S.I. 2002/1920	Regulation 8
The National Health Service Reform and Health Care Professions Act 2002 (Supplementary, Consequential etc. Provisions) Regulations 2002	S.I. 2002/2469	Schedule 1, paragraphs 54, 78 and 79; The reference in Schedule 2 to the National Health Service (Pilot Schemes: Miscellaneous Provisions and Consequential Amendments) Regulations 1998; The references in Schedule 5 to the National Health Service (General Medical Services) Regulations 1992, the National Health Service (Functions of Health Authorities) (Prescribing Incentive Schemes) Regulations 1998 and the National Health Service (Choice of Medical Practitioner) Regulations 1998;

		The references in Schedule 7 to the National Health Service (General Medical Services) Regulations 1992; the Family Health Services Appeal Authority (Primary Care Act) Regulations 2001 and the National Health Service (Functions of Health Authorities) (England) (Support of Provision of Services and Appraisal) Regulations 2002
The National Health Service (Out of Hours Medical Services) and National Health Service (General Medical Services) Amendment Regulations 2002	S.I. 2002/2548	The whole Regulations
The National Health Service (Local Pharmaceutical Services Etc) Regulations 2002	S.I. 2002/2861	Regulation 31
The Medical Act 1983 (Amendment) Order 2002	S.I. 2002/3135	Paragraph 30 of Schedule 1
The National Health Service (Out of Hours Provision of Personal Medical Services and Miscellaneous Amendments) (England) Regulations 2003	S.I. 2003/26	The whole Regulations
The National Health Service (Amendments relating to prescribing by nurses and pharmacists etc) (England) Regulations 2003	S.I. 2003/699	Regulation 3
The National Health Service (Pharmaceutical Services) (General Medical Services) and (Charges for Drugs and Appliances) Amendment Regulations 2003	S.I. 2003/1084	Regulations 11 to 17
The National Health Service Reform and Health Care Professions Act 2002 (Supplementary, Consequential etc Provisions) Regulations 2003	S.I. 2003/1937	Paragraph 5 of the Schedule
The National Health Service (General Medical Services etc) (Patients' Forums) Amendment Regulations 2003	S.I. 2003/2863	Regulation 2

---

The National Health Service S.I. 2003/2824  
(Improved Access, Quality  
Information Preparation and  
Violent Patients Schemes)  
(England) Regulations 2003

---

The whole Regulations

## EXPLANATORY NOTE

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

This Order makes transitional and consequential provision arising from—

(a) the replacement on 1st April 2004 of arrangements for the provision of general medical services under section 29 of the National Health Service Act 1977 (“the 1977 Act”) with general medical services contracts under section 28Q of that Act (as inserted by section 175(1) of the Health and Social Care (Community Health and Standards) Act 2003 (“the 2003 Act”); and

(b) the abolition on 31st March 2004 of pilot schemes for personal medical services by section 178 of the 2003 Act and their replacement from 1st April 2004 with permanent arrangements for personal medical services under section 28C of the 1977 Act (personal medical or dental services).

In the case of general medical services, this Order supplements the General Medical Services Transitional and Consequential Provisions Order 2004 (S.I. 2004/433) (“the first transitional order”).

Part 2 of the Order is concerned with transitional provision in relation to general medical services. It deals with matters which are still outstanding on 31st March 2004 under the National Health Service (General Medical Services) Regulations 1992 (S.I. 1992/635) (“the 1992 Regulations”) which are revoked. In most cases, it provides for those matters to be dealt with as part of the new contractual arrangements.

Part 3 of the Order deals with transitional provision between default contracts (which, under article 13 of the first transitional order, are short-term contracts which can be entered into on or before 31st March 2004 by those who had been providing general medical services under section 29 of the 1977 Act pending agreement on a permanent general medical services contract) and the succeeding general medical services contract. It provides for certain actions etc taken under the default contract to carry forward to the general medical services contract.

Part 4 of the Order deals with transitional provision for personal medical services. Article 58 provides for personal medical services pilot schemes to be regarded from 1st April 2004 as agreements made under section 28C of the 1977 Act to be known as transitional agreements. Article 59 provides for transitional agreements to be varied over time to meet the requirements for personal medical services agreements set out in the National Health Service (Personal Medical Services Agreements) Regulations 2004 (S.I. 2004/627). Articles 60 to 67 make provision for various aspects of transitional agreements pending their variation in accordance with article 59.

Part 5 of the Order deals with transitional arrangements for both general medical services and personal medical services pilot schemes in relation to the assignment of patients under regulations 4 to 6 of the National Health Service (Choice of Medical Practitioner) Regulations 1998 (S.I. 1998/668) which are revoked.

Part 6 of the Order deals with out of hours arrangements and services in relation to both general medical services and personal medical services. Articles 73 to 81, 83 to 86 and 89 make transitional provision in relation to matters outstanding on 31st March 2004 under paragraphs 18A to 18C of the 1992 Regulations or regulations 4 to 6 of the National Health Service (Out of Hours Provision of Personal Medical Services and Miscellaneous Amendments) (England) Regulations 2003 (S.I. 2003/26). Articles 82, 87 and 88 make transitional provision in relation to matters outstanding on the date on which a default contract is replaced by a general medical services contract. Article 90 provides for the National Health Service (Out of Hours Medical Services) and National Health Service (General Medical Services) Amendment Regulations (S.I. 2002/2548) to remain in force for certain purposes until 31st December 2004 subject to certain modifications. Articles 91 to 93 deal with other miscellaneous transitional matters in relation to out of hours services.

Part 7 of the Order is concerned with transitional provision in relation to the National Health Service (Service Committees and Tribunals) Regulations 1992 which are amended so that they no longer apply to doctors. It makes provision for matters which are outstanding in relation to doctors under those Regulations on 31st March 2004 to be concluded.

Part 8 of the Order includes a number of miscellaneous transitional and transitory provisions.

Part 9 of the Order (and Schedules 1 and 2) set out savings, modifications, amendments and revocations.