

THE NATIONAL HEALTH SERVICE ACT 1977

THE IMPROVED ACCESS, QUALITY INFORMATION PREPARATION AND VIOLENT PATIENTS SCHEMES (ENGLAND) DIRECTIONS 2003

The Secretary of State for Health, in exercise of the powers conferred upon him by sections 17 and 126(4) of the National Health Service Act 1977(a), and of all other powers enabling him in that behalf, hereby gives the following Directions:—

Citation, commencement, application and interpretation

1.—(1) These Directions may be cited as the Improved Access, Quality Information Preparation and Violent Patients Schemes (England) Directions 2003 and shall come into force on 1st December 2003.

(2) These Directions are given to Primary Care Trusts in England and apply in relation to England only.

(3) In these Directions—

“the 2003 Regulations” means the National Health Service (Improved Access, Quality Information Preparation and Violent Patients Schemes) (England) Regulations 2003(b);

“general practitioner” means a medical practitioner whose name is included in—

- (a) the medical list of a Primary Care Trust;
- (b) a supplementary list prepared under section 43D of the National Health Service Act 1977 Act (supplementary lists) of persons approved by a Primary Care Trust for the purposes of assisting in the provision of medical services; or
- (c) a services list prepared under regulation 3 of the National Health Service (Personal Medical Services) (Services List) and the (General Medical Services Supplementary List) and the (General Medical Services) Amendment Regulations 2003(c);

“Improved Access Scheme” means a scheme established pursuant to regulation 2(a), 3(a) or 5(a) of the 2003 Regulations;

“practice” means—

- (a) a practice whose members perform (or member performs) general medical services and which comprises—
 - (i) a single medical practitioner who is on the medical list of a Primary Care Trust and who practises other than in partnership with other medical practitioners, or
 - (ii) two or more medical practitioners, each of whom is on the medical list of a Primary Care Trust, who practise in partnership with each other; or

(a) 1977 c.49. Section 17 of the 1977 Act is as substituted by the Health Act 1999 (c.8) (“the 1999 Act”), section 12(1), and thereafter amended by the Health and Social Care Act 2001 (c.15), Schedule 5, paragraph 5(3), and National Health Service Reform and Health Care Professions Act 2002 (c.17) (“the 2002 Act”), Schedule 1, paragraph 7. Section 126(4) of the 1977 Act was amended by the National Health Service and Community Care Act 1990 (c.19), section 65(2). As regards Wales, the functions of the Secretary of State under the 1977 Act were transferred to the National Assembly for Wales by virtue of article 2 of, and Schedule 1 to, the National Assembly for Wales (Transfer of Functions) Order 1999 (S.I. 1999/672), as amended by section 66(5) of the 1999 Act and as read with section 40(1) of the 2002 Act.

(b) S.I. 2003/2824.

(c) S.I. 2003/2644.

- (b) a provider of personal medical services other than a Primary Care Trust.
- “Quality Information Preparation Scheme” means a scheme established pursuant to regulation 2(b), 3(b) or 5(b) of the 2003 Regulations; and
- “Violent Patients Scheme” means a scheme established pursuant to regulation 2(c), 3(c) or 5(c) of the 2003 Regulations.

Dates by which the Schemes must be established

2. Improved Access Schemes and Quality Information Preparation Schemes are to be established by 1st January 2004, and Violent Patients Schemes are to be established by 1st February 2004.

Consultation in respect of Violent Patients Schemes

3. Each Primary Care Trust shall consult any local medical committee formed pursuant to section 44 of the National Health Service Act 1977 (recognition of local representative committees) for their area about any proposals it has to establish or revise a Violent Patients Scheme.

Improved Access Scheme Plans

4.—(1) Subject to paragraph (2), where a Primary Care Trust enters into arrangements with a practice or the members of a practice to ensure that the access targets in regulation 2(a) or 3(a) of the 2003 Regulations are met, the plan setting out those arrangements shall cover—

- (a) profiling the demand for face-to-face consultations to be dealt with by the practice;
- (b) identifying and implementing patient-focused approaches to shaping demand for face-to-face consultations on a daily basis and reducing the backlog of appointments as required;
- (c) collecting data on a monthly basis to demonstrate whether the access targets in regulation 2(a) or 3(a) of the 2003 Regulations are being met;
- (d) exception reporting, which is to cover recording the circumstances where the access targets in regulation 2(a) or 3(a) of the 2003 Regulations have properly been set aside because—
 - (i) the patient subsequently cancels or fails to attend,
 - (ii) the patient is offered a face-to-face consultation within the access targets in regulation 2(a) or 3(a) of the 2003 Regulations but requests a later appointment (possibly for his own convenience or to see a specific general practitioner or health care professional), or
 - (iii) the matter is dealt with to the patient’s satisfaction without a face-to-face consultation despite an initial request for one (possibly by telephone or e-mail);
- (e) if appropriate, the participation of practice members or staff in local collaborative enterprises;
- (f) contingency plans to cover circumstances where the access targets in regulation 2(a) or 3(a) of the 2003 Regulations may be in jeopardy (possibly because of sickness or holiday absences);
- (g) the practices precise responsibilities for meeting and maintaining the access targets in regulation 2(a) or 3(a) of the 2003 Regulations (if necessary, with dates by which the practice must meet the targets); and
- (h) payment arrangements for the practice agreeing and meeting its obligations under the plan.

(2) Primary Care Trusts may agree a provisional plan with a practice or the members of a practice in respect of a period ending on 1st April 2004 which does not cover all of the matters set out in paragraph (1) above, but they must, if they are to enter into arrangements with the practice

as part of their Improved Access Scheme in respect of any period after 1st April 2004, thereafter agree a comprehensive plan covering all of the matters set out in paragraph (1).

Quality Information Preparation Scheme Plans

5.—(1) Where a Primary Care Trust enters into arrangements with a practice or the members of a practice as part of the Quality Information Preparation Scheme, the plan setting out those arrangements shall include at least—

- (a) a project for summarising the medical records held by the practice that are not already summarised, which must include—
 - (i) a protocol for how the summarising is to be done, to be agreed by all the members of the practice, and
 - (ii) arrangements for the on-going maintenance of the summarising project;
- (b) provision for fully trained summarisers, who—
 - (i) must not take medical records away from practice premises,
 - (ii) must have appropriate access to general practitioners when they have queries,
 - (iii) must sign a confidentiality agreement, and
 - (iv) must be appropriately supervised; and
- (c) payment arrangements for the practice agreeing and meeting its obligations under the plan, and the overall cost of the plan must be—
 - (i) not less than £1,000 multiplied by the practice's population index, and
 - (ii) not more than £5,000 multiplied by the practice's population index,in respect of work done before the end of the financial year ending 31st March 2004, which is payable under arrangements to be agreed between the Primary Care Trust and the practice.

(2) For the purposes of paragraph (1)(c) above, a practice's population index is the number produced by dividing the total number of patients registered with the practice (or members of the practice) as at 1st July 2003 by 5,891.

Violent Patient Scheme Plans

6. Where a Primary Care Trust enters into arrangements with a practice or the members of a practice to deliver services as part of the Trust's Violent Patients Scheme, the plan setting out those arrangements shall provide for payment arrangements for the practice agreeing and meeting its obligations under the plan.

Signed by authority of the Secretary of State for Health

Rob Webster

Department of Health

A member of the Senior Civil Service

25 November 2003