

# NATIONAL HEALTH SERVICE ACT 1977

## PRIMARY CARE TRUST MEDICAL SERVICES (NO.2) DIRECTIONS 2005

The Secretary of State for Health, in exercise of the powers conferred on him by sections 17 and 18(3) of the National Health Service Act 1977(a), hereby gives the following Directions:

### PART 1 GENERAL

#### Application, commencement and interpretation

1.—(1) These Directions, which may be cited as the Primary Care Trust Medical Services (No. 2) Directions 2005, are given to Primary Care Trusts in England and shall come into force on 6th January 2006.

(2) In these Directions—

“the 1977 Act” means the National Health Service Act 1977;

“advanced electronic signature” means an electronic signature which is—

(a) uniquely linked to the signatory;

(b) capable of identifying the signatory;

(c) created using means that the signatory can maintain under his sole control; and

(d) linked to the data to which it relates in such a manner that any subsequent change of data is detectable;

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

“batch issue” has the same meaning as in the PMS Agreements Regulations;

“core hours” has the same meaning as in the PMS Agreements Regulations;

“electronic communication” has the same meaning as in section 15 of the Electronic Communications Act 2000(c);

“essential services” means the services described in regulation 15(3), (5), (6) and (8) of the National Health Service (General Medical Services Contracts) Regulations 2004(d) (essential services) provided during core hours, or services that are equivalent to those services;

“ETP service” means the electronic prescription service which forms part of the NHS Care Record Service;

“general medical practitioner” has the same meaning as in regulation 2 of the PMS Agreements Regulations;

“GP Registrar” has the same meaning as in regulation 2 of the PMS Agreements Regulations;

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(a) 1977 c. 49. Section 17 was substituted by the Health Act 1999 (c.8) (“the 1999 Act”), section 12 and amended by the Health and Social Care Act 2001 (c.15), Schedule 5, paragraph 5 and the National Health Service Reform and Health Care Professions Act 2002 (c.17), Schedule 1, paragraph 7; section 18(3) was amended by the Health Authorities Act 1995 (c.17), section 3(8) and Schedule 1, paragraph 9(c) and the 1999 Act, section 12(4).

(b) 1971 c.80.

(c) 2000 c.7.

(d) S.I. 2004/291 as amended by S.I. 2004/906 and 2694 and S.I. 2005/28, S.I.2005/893 and S.I. 2005/3315.

“health care professional” has the same meaning as in section 28M of the 1977 Act<sup>(a)</sup>;

“independent nurse prescriber” means a person who falls within paragraphs (b) and (c) of the definition of “independent nurse prescriber” in regulation 2 of the PMS Agreements Regulations;

“local pharmaceutical services” has the same meaning as in regulation 2 of the National Health Service (Local Pharmaceutical Services and Pharmaceutical Services) Regulations 2002<sup>(b)</sup>;

“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 an agreement entered into with the Secretary of State for Work and Pensions;

“medical performers list” means a list of medical practitioners prepared and published pursuant to regulation 3(1) of the National Health Service (Performers Lists) Regulations 2004<sup>(c)</sup>;

“Medical Register” means the registers kept under section 2 of the Medical Act 1983<sup>(d)</sup>;

“NHS Care Record Service” means the information technology systems procured by the Department of Health and used by the health service to hold medical records relating to patients;

“normal hours” means those days and hours on which and times at which services are normally to be provided by the practice and may be different for different services;

“out of hours period” means—

(a) the period beginning at 6.30pm on any day from Monday to Thursday and ending at 8am on the following day,

(b) the period between 6.30pm on Friday and 8am on the following Monday, and

(c) Good Friday, Christmas Day and bank holidays;

“out of hours services” means services required to be provided in all or part of the out of hours period which would be essential services if provided by a practice to its registered patients in core hours;

“patient”, except where the context otherwise requires, means—

(a) a registered patient,

(b) a temporary resident,

(c) persons to whom the practice is required to provide immediately necessary treatment, and

(d) any other person to whom the practice is to provide treatment to in accordance with the practice statement;

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

“practice” means a practice established by a Primary Care Trust for the purposes of its provision of primary medical services under section 16CC(2)(a) of the 1977 Act<sup>(f)</sup>;

“practice’s list of patients” means the list maintained in respect of a practice by the Primary Care Trust under direction 10;

“practice premises” means the premises specified in the practice statement;

“practice statement” means the statement prepared pursuant to direction 2;

“prescriber” means—

(a) a medical practitioner,

(b) an independent nurse prescriber, and

(c) a supplementary prescriber,

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<sup>(a)</sup> 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) (“the 2003 Act”).

<sup>(b)</sup> S.I. 2002/888, to which there are no amendments relevant to these Directions.

<sup>(c)</sup> S.I. 2004/585.

<sup>(d)</sup> 1983 c.54; section 2 was amended by S.I. 1996/1591 and 2002/3135.

<sup>(e)</sup> S.I. 2004/627 as amended by S.I. 2004/906 and 2694 and S.I. 2005/28, S.I. 2005/893 and S.I.2005/3315.

<sup>(f)</sup> Section 16CC was inserted into the 1977 Act by section 174 of the 2003 Act.

who is engaged or employed by the Primary Care Trust for the purposes of the practice;

“prescription form” means—

(a) a form provided by the Primary Care Trust and issued by a prescriber, or

(b) where the requirements of paragraph 38A(1) of Schedule 5 to the PMS Agreements Regulations, as modified by direction 12, apply, data that are created in an electronic form, signed with a prescriber’s advanced electronic signature and transmitted as an electronic communication to the ETP service,

to enable a person to obtain pharmaceutical services or local pharmaceutical services and does not include a repeatable prescription;

“primary care list” has the same meaning as in regulation 2 of the PMS Agreements Regulations;

“Primary Care Trust”, unless the context otherwise requires, means the Primary Care Trust that has established the practice;

“registered patient” means a person who is recorded by the Primary Care Trust as being on the practice’s list of patients or who the practice has accepted for inclusion on its list of patients;

“repeatable prescriber” means a prescriber who is engaged or employed by a Primary Care Trust for the purposes of a practice which provides repeatable prescribing services;

“repeatable prescribing services” means services which involve the prescribing of drugs, medicines or appliances on a repeatable prescription;

“repeatable prescription” means a prescription which—

(a) either—

(i) is contained in a form provided by a Primary Care Trust and issued by a repeatable prescriber which is in the format set out in respect of form FP10SS repeatable prescription (authorising form) in the document issued by the Prescription Pricing Authority entitled “Prescription Form Overprint Specifications – GP System Prescription Overprint Specification”, version 1 dated June 2004(a), and which is generated by a computer and signed in ink by a repeatable prescriber; or

(ii) where the requirements of paragraph 38A(1) of Schedule 5 to the PMS Agreements Regulations, as modified by direction 12, apply, consists of data that are created in an electronic form, signed with a repeatable prescriber’s advanced electronic signature and transmitted as an electronic communication to the ETP service,

(b) is issued or created to enable a person to obtain pharmaceutical services or local pharmaceutical services, and

(c) indicates that the drugs, medicines or appliances ordered on that prescription may be provided more than once and specifies the number of occasions on which they may be provided;

“supplementary prescriber” means a person who falls within paragraphs (b) and (c) of the definition of “supplementary prescriber” in regulation 2 of the PMS Agreements Regulations; and

“temporary resident” means a person accepted by a practice as a temporary resident pursuant to the requirements of the practice statement and for whom the practice’s responsibility has not been terminated in accordance with the procedure specified in that statement.

### **Practice statements**

2.—(1) Where a Primary Care Trust wishes to provide primary medical services pursuant to section 16CC(2)(a) of the 1977 Act, it shall establish one or more practices for this purpose and shall in respect of each practice prepare a practice statement which shall set out—

(a) the services to be provided;

(b) the address of each of the premises to be used for the provision of such services;

(c) to whom the practice is to provide services, including, where appropriate, by reference to an area within which a person resident would be entitled to receive services from the practice;

(d) if the practice is to provide essential services—

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(a) The overprint specification can be found at [www.ppa.org.uk/ppa/prescform\\_overspec.htm#gpss](http://www.ppa.org.uk/ppa/prescform_overspec.htm#gpss)

- (i) the procedure (if any) by which a person—
    - (aa) applies for inclusion in;
    - (bb) is accepted for inclusion in;
    - (cc) is refused inclusion in; or
    - (dd) is removed from,
 the practice’s list of patients prepared by the Primary Care Trust in accordance with direction 10, and
  - (ii) the circumstances in which and the procedure (if any) by which—
    - (aa) a patient can be accepted as a temporary resident by the practice; and
    - (bb) responsibility for a patient accepted as a temporary resident can be terminated;
  - (e) the alternative procedure (if any) by which a person can receive primary medical services from the practice, other than as a registered patient or a temporary resident;
  - (f) the circumstances in which and the procedure by which (if any) the Primary Care Trust may assign patients to the practice;
  - (g) where applicable, the status of the practice’s list of patients, namely whether that list is open or closed to applications from patients for inclusion in its list, and in what circumstances the status of the list may change; and
  - (h) such further details and requirements in relation to the administration and running of the practice as the Primary Care Trust considers appropriate.
- (2) The Primary Care Trust shall ensure that—
- (a) the practice operates in accordance with the requirements and procedures specified in the practice statement; and
  - (b) the practice statement is amended, as necessary, to reflect any changes to the matters specified in paragraph (1)(a) to (h).
- (3) A practice may, in particular, consist of—
- (a) one or more employees of the Primary Care Trust;
  - (b) one or more health professionals providing services to the Primary Care Trust under a contract for services; or
  - (c) a combination of sub-paragraphs (a) and (b).

## PART 2

### PROVISION OF SERVICES

#### **Services to patients**

3. Where a practice provides essential services, the Primary Care Trust shall ensure that the practice—
- (a) provides those services, and such other services that the practice statement specifies, to the practice’s patients, at such times, within core hours, as are appropriate to meet the reasonable needs of those patients; and
  - (b) has in place arrangements for its patients to access such services throughout the core hours in case of emergency.

#### **Premises**

4. The Primary Care Trust shall ensure that the practice premises used for the provision of primary medical services are—

- (a) suitable for the delivery of those services; and
- (b) sufficient to meet the reasonable needs of the practice's patients.

### **Attendance at practice premises**

5.—(1) Where a practice provides essential services, the Primary Care Trust shall ensure that any patient who—

- (a) has not previously made an appointment; and
- (b) attends at the practice premises during the normal hours for essential services,

is provided with such services by an appropriate health care professional during that surgery period except in the circumstances specified in paragraph (2).

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

- (a) it is more appropriate for the patient to be referred elsewhere for services under the 1977 Act; or
- (b) he is then offered an appointment to attend again within a time which is appropriate and reasonable having regard to all the circumstances and his health would not thereby be jeopardised.

(3) In the case of a patient whose medical condition is such that—

- (a) attendance on the patient is required; and
- (b) it would be inappropriate for him to attend at the practice premises,

the Primary Care Trust shall ensure that the practice provides services to that patient at whichever, in the practice's judgement, is the most appropriate of the places set out in paragraph (4).

(4) The places referred to in paragraph (3) are—

- (a) the place recorded in the patient's medical records as being his last home address;
- (b) such other place as the practice has informed the patient is the place where it has agreed to visit and treat the patient; or
- (c) some other place in the practice's area.

(5) Nothing in paragraphs (3) and (4) shall prevent the practice from—

- (a) arranging for the referral of a patient without first seeing the patient, in a case where the medical condition of that patient makes that course of action appropriate; or
- (b) visiting the patient in circumstances where paragraphs (3) and (4) do not place it under an obligation to do so.

### **Clinical reports**

6.—(1) Where a practice provides any clinical services (other than out of hours services<sup>(a)</sup> or services under a private arrangement) to a patient who is not on its list of patients, the Primary Care Trust shall ensure that it prepares a clinical report relating to the consultation, and any treatment provided.

(2) The Primary Care Trust shall send any report prepared under paragraph (1)—

- (a) to the person with whom the patient is registered for the provision of essential services (or their equivalent); or
- (b) if the person referred to in sub-paragraph (a) is not known to it, to the Primary Care Trust, Local Health Board, Health Board established under the National Health Service (Scotland) Act 1978<sup>(b)</sup> or Health and Social Services Board established under the Health and Personal Social Services (Northern Ireland) Order 1972<sup>(c)</sup>, in whose area the patient is resident unless it is that Primary Care Trust.

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(a) Requirements for the preparation of clinical reports in relation to out of hours services are covered by the standards/requirements for such services referred to in direction 7.

(b) 1978 c.29.

(c) S.I. 1972/1265 (N.I. 14).

## **Standards for out of hours services**

7. Where a practice provides out of hours services, the Primary Care Trust shall ensure that, in the provision of such services, the practice meets the quality requirements set out in the document entitled “National Quality Requirements in the Delivery of Out of Hours Services” published on 14th October 2004<sup>(a)</sup>.

## **Duty of co-operation**

8.—(1) Where a practice provides essential services, but it does not provide to its registered patients or to persons whom it has accepted as temporary residents—

- (a) a particular service; or
- (b) out of hours services, either at all or in respect of some periods or some services,

the Primary Care Trust shall ensure that the practice complies with the requirements specified in paragraph (2).

(2) The requirements referred to in paragraph (1) are that the practice shall—

- (a) co-operate in so far as is reasonable with any person responsible for the provision of that service or those services;
- (b) comply in core hours with any reasonable request for information from such a person relating to the provision of that service or those services; and
- (c) in the case of out of hours services, take reasonable steps to ensure that any patient who contacts its practice premises during the out of hours period is provided with information about how to obtain services during that period.

(3) Where a practice is to cease to be required to provide—

- (a) a particular service; or
- (b) out of hours services, either at all or in respect of some periods or some services,

the Primary Care Trust shall ensure that either it or the practice (as appropriate) complies with any reasonable request from a person specified in paragraph (4) for information relating to the provision of that service or those services.

(4) The persons specified for the purposes of paragraph (3) are—

- (a) any person with whom the Primary Care Trust intends to, or has, entered into an agreement for primary medical services made under section 28C of the 1977 Act, a general medical services contract under section 28Q of that Act or other contract or arrangement for the provision of the service or services that the practice is ceasing to provide; or
- (b) any other Primary Care Trust in whose area patients that received that service or those services from that practice reside.

(5) Nothing in this direction shall require a Primary Care Trust to ensure that a practice which does not provide out of hours services makes itself available during the out of hours period.

## **Amendments to the practice statement**

9.—(1) Where the practice statement is amended pursuant to direction 2(2)(b) and, as a result of that amendment, there is to be a change in the range of services provided to the practice’s patients, the Primary Care Trust shall ensure that patients are notified of the amendment in such manner as the Primary Care Trust or the practice sees fit, either by the Primary Care Trust or the practice.

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<sup>(a)</sup> The document “National Quality Requirements in the Delivery of Out of Hours Services” published on 14<sup>th</sup> October 2004 is published electronically at [www.out-of-hours-info](http://www.out-of-hours-info) or a copy may be obtained by writing to Primary Care, Room 4N34E, Department of Health, Quarry House, Quarry Hill, Leeds LS2 7UE.

## PART 3

### PATIENTS

#### **Patient lists**

**10.**—(1) Where a practice is to provide essential services, the Primary Care Trust shall prepare and keep up to date a list of patients—

- (a) who have been accepted by the practice for inclusion in its list of patients in accordance with requirements that are set out in the practice statement, and who have not subsequently been removed from that list in accordance with the procedure set out in that statement; and
- (b) where applicable, who have been assigned to the practice in accordance with requirements that are specified in the practice statement and whose assignment has not been rescinded in accordance with any procedure specified in that statement.

#### **Patient preference of practitioner**

**11.**—(1) Where a practice provides essential services, the Primary Care Trust shall ensure that the practice—

- (a) notifies the patient (or any other person who made the application for inclusion in the practice's list of patients on the patient's behalf) of the patient's right to express a preference to receive services from a particular performer or class of performer either generally or in relation to any particular condition; and
- (b) records in writing any such preference expressed by or on behalf of the patient.

(2) The Primary Care Trust shall ensure that the practice endeavours to comply with any reasonable preference expressed under paragraph (1) but the practice need not do so if the preferred performer—

- (a) has reasonable grounds for refusing to provide services to the patient; or
- (b) does not routinely perform the service in question on behalf of the practice.

## PART 4

### PRESCRIBING AND DISPENSING

#### **Prescribing**

**12.**—(1) The Primary Care Trust shall ensure that a practice complies with the requirements in paragraphs 37 to 44(1) and 52 (prescribing) of Schedule 5 to the PMS Agreements Regulations but as if—

- (a) references to “contractor” were to “practice”;
- (b) the reference in paragraph 38A(1)(a) to the contractor holding an agreement with a specified Primary Care Trust was a reference to the practice being established by a Primary Care Trust specified in directions as a Primary Care Trust whose practices can use the ETP service; and
- (c) references to “regulation 15(2)(b)” in paragraph 41 were to “direction 25”.

(2) For the purposes of this direction, in its application to a practice whose practice statement includes the provision of contraceptive services, drugs includes contraceptive substances and appliances includes contraceptive appliances.

## PART 5

### PERSONS WHO PERFORM SERVICES

#### Qualifications of performers

**13.**—(1) Subject to paragraph (2), the Primary Care Trust shall ensure that no medical practitioner performs primary medical services in relation to a practice unless he is—

- (a) included in a medical performers list of a Primary Care Trust in England;
- (b) not suspended from that list or from the Medical Register; and
- (c) not subject to interim suspension under section 41A of the Medical Act 1983 (interim orders)(a).

(2) Paragraph (1)(a) shall not apply in the case of—

- (a) a person who is provisionally registered under section 15 (provisional registration), 15A (provisional registration for EEA nationals) or 21 (provisional registration) of the Medical Act 1983(b) acting in the course of his employment in a resident medical capacity in an approved medical practice; or
- (b) a GP Registrar who has applied to a Primary Care Trust to have his name included in its medical performers list until the first of the following events arises—
  - (i) the Primary Care Trust notifies him of its decision on that application; or
  - (ii) the end of a period of two months, starting with the date on which his vocational training scheme began.

(3) Further, such a Primary Care Trust shall ensure that—

- (a) no health care professional other than one to whom paragraph (1) applies performs clinical services in relation to the practice unless he is appropriately registered with his relevant professional body and his registration is not currently suspended; and
- (b) no health care professional performs any clinical services in relation to that practice unless he has such clinical experience and training as are necessary to enable him properly to perform such services.

(4) In paragraph (2)(b)(ii), “vocational training scheme” has the meaning given in regulation 21(2) of the National Health Service (Performers Lists) Regulations 2004(c).

#### Conditions for employment and engagement

**14.**—(1) Before employing or engaging any person to assist in the provision of primary medical services, the Primary Care Trust shall take reasonable care to satisfy itself that the person in question is both suitably qualified and competent to discharge the duties for which he is to be employed or engaged.

(2) When considering the competence and suitability of any person for the purpose of paragraph (1), the Primary Care Trust shall have regard, in particular, to—

- (a) that person’s academic and vocational qualifications;
- (b) his education and training; and
- (c) his previous employment or work experience.

#### Training

**15.** The Primary Care Trust shall ensure that for any health care professional who is—

- (a) performing clinical services in a practice; or
- (b) employed or engaged to assist in the performance of such services,

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(a) 1983 c.54. Section 41A was inserted by S.I. 2000/1803.

(b) Section 15A was inserted by regulations 2 and 3 of S.I. 2000/3041 and section 21 was amended by S.I. 2002/3135.

(c) S.I. 2004/585.

there are in place arrangements for the purpose of maintaining and updating his skills and knowledge in relation to the services which he is performing or assisting in performing.

16. The Primary Care Trust shall ensure that it affords to each employee in the practice reasonable opportunities to undertake appropriate training with a view to maintaining that employee's competence.

### **Arrangements for GP Registrars**

17.—(1) The Primary Care Trust shall only employ a GP Registrar in a practice subject to the conditions in paragraph (2).

(2) The conditions referred to in paragraph (1) are that the Primary Care Trust shall not, by reason only of having employed or engaged a GP Registrar, reduce the total number of hours for which other medical practitioners perform primary medical services in the practice or for which other staff assist them in the performance of those services.

(3) A Primary Care Trust which employs a GP Registrar in a practice shall—

- (a) offer him terms of employment in accordance with the rates and subject to the conditions contained in any directions given by the Secretary of State to Strategic Health Authorities under section 17 of the 1977 Act (Secretary of State's directions: exercise of functions) concerning the grants, fees, travelling and other allowances payable to GP Registrars (a); and
- (b) take into account, and ensure the practice takes into account, any guidance issued by the Secretary of State in relation to the GP Registrar Scheme(b).

### **Signing of documents**

18.—(1) In addition to any other requirements relating to such documents whether in these directions or otherwise, the Primary Care Trust shall ensure that the practice secures that the documents specified in paragraph (2) include—

- (a) the clinical profession of the health care professional who signed the document; and
- (b) the name of the Primary Care Trust on whose behalf it is signed.

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

- (a) certificates issued in accordance with direction 26, unless regulations relating to particular certificates provide otherwise;
- (b) batch issues, prescription forms and repeatable prescriptions; and
- (c) any other clinical documents.

### **Terms of service for salaried general medical practitioners employed to provide services from a practice**

19. Where, on or after 15th November 2004, a Primary Care Trust offers employment to a general medical practitioner to provide primary medical services in relation to a practice, it must offer that employment on terms which are no less favourable than those contained in the "Model terms and conditions of service for a salaried general practitioner employed by a Primary Care Trust" published by the British Medical Association and the NHS Confederation as item 1.4 of the supplementary documents to the new GMS contract 2003(c).

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(a) Section 17 of the Act was substituted by the Health Act 1999 (c.8), section 12(1) and amended by the Health and Social Care Act 2001 (c.15), Schedule 5, paragraph 5(3) and the National Health Service Reform and Health Care Professions Act 2002 (c.17), Schedule 1, paragraph 7. The current directions are the Directions to Strategic Health Authorities concerning GP Registrars dated 3<sup>rd</sup> November 2003 as amended by the Strategic Health Authorities and GP Registrar (Amendment) Directions 2004 which came into force on 9<sup>th</sup> July 2004. A copy of these directions can be obtained by writing to the Department of Health, P.O. Box 777, London SE1 6XH.

(b) The current guidance is the GP Registrar Scheme Vocational Guide for General Medical Practice – the UK Guide 2000 which is available at [www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance](http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance) or by writing to the Department of Health, P.O. Box 777, London SE1 6XH.

(c) This document is published jointly by the General Practitioners Committee of the British Medical Association and the NHS Confederation. It is available on the NHS Confederation's website at [www.nhsconfed.org/gms](http://www.nhsconfed.org/gms) or a copy may be obtained by writing to the NHS Confederation, 1, Warwick Row, London SW1E 5ER.

## PART 6

### RECORDS, LEAFLET, REPORTS TO A MEDICAL OFFICER AND GIFTS

#### Patient records

**20.**—(1) The Primary Care Trust shall ensure that the practice keeps adequate records of its attendance on and treatment of patients.

(2) Where the practice provides essential services, and it keeps any of the records referred to in paragraph (1) by way of computerised records, the Primary Care Trust shall ensure that—

- (a) the computer system upon which the practice keeps those records has been accredited by the Secretary of State or another person on his behalf in accordance with “General Medical Practice Computer Systems- Requirements for Accreditation – RFA99” Version 1.0, 1.1 or 1.2 (DTS/Nurse Prescribing)(a);
- (b) the security measures, audit and system management functions incorporated into the computer system as accredited in accordance with sub-paragraph (a) have been enabled;
- (c) the practice does not disable, or attempt to disable, either the security measures or the audit and system management functions referred to in sub-paragraph (b); and
- (d) the practice is aware of, and has regard to the guidelines contained in “Good Practice Guidelines for General Practice Electronic Patient Records (version 3.1)” published on 29th July 2005(b).

#### Confidentiality of personal data

**21.** The Primary Care Trust shall ensure that the practice has a person who is responsible for practices and procedures relating to the confidentiality of personal data held by the practice.

#### Practice leaflet

**22.**—(1) Where a practice provides essential services, the Primary Care Trust shall ensure that there is in relation to that practice a document (in this direction called a practice leaflet) which shall include the information specified in Schedule 1 and—

- (a) which is reviewed at least once in every period of 12 months and amended as necessary to maintain its accuracy; and
- (b) which is made available (including any subsequent updates), to the practice’s patients and prospective patients.

#### Reports to a medical officer

**23.**—(1) The Primary Care Trust shall ensure that a practice, if the practice is satisfied that the patient consents—

- (a) supplies in writing to a medical officer within such reasonable period as that officer, or an officer of the Department for Work and Pensions on his behalf and at his direction, may specify, such clinical information as the medical officer considers relevant about a patient to whom the practice has issued or has refused to issue a medical certificate; and
- (b) answer any inquiries by a medical officer, or by an officer of the Department for Work and Pensions on his behalf and at his direction, about a prescription form or medical certificate issued or created by the practice or about any statement which the practice has made in a report.

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(a) RFA99 is published by the NHS Information Authority. Version 1.0 was published in October 1999, version 1.1 in February 2001 and version 1.2 (DTS/Nurse Prescribing) in August 2003. Copies are available on the NHS Information Authority’s website at [www.nhsia.nhs.uk/sat/specification/pages](http://www.nhsia.nhs.uk/sat/specification/pages). Copies may also be obtained by writing to the NHS Information Authority, Systems Accreditation and Testing team, Aqueous 2, Aston Cross, Rocky Lane, Birmingham B6 5RQ.

(b) This document is available on the Department of Health’s website at [www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/PrimaryCare/PrimaryCareComputing](http://www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/PrimaryCare/PrimaryCareComputing)

(2) For the purpose of satisfying itself that the patient has consented as required by paragraph (1), the practice may (unless it has reason to believe the patient does not consent) rely on an assurance in writing from the medical officer, or any officer of the Department for Work and Pensions, that he holds the patient's written consent.

### **Gifts**

**24.—**(1) The Primary Care Trust shall ensure that the practice keeps a register of gifts which—

- (a) are given to any of the persons specified in paragraph (2) by or on behalf of—
  - (i) a patient,
  - (ii) a relative of a patient, or
  - (iii) any person who provides or wishes to provide services to the practice; and
- (b) have, in its reasonable opinion, an individual value of more than £100.00.

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

- (a) the practice;
- (b) any person employed by the Primary Care Trust for the purposes of the practice;
- (c) any general medical practitioner engaged by the Primary Care Trust for the purposes of the practice;
- (d) any spouse or civil partner of a person specified in sub-paragraphs (b) or (c); or
- (e) any person (whether or not of the opposite sex) whose relationship with a person specified in sub-paragraph (b) or (c) has the characteristics of the relationship between husband and wife.

(3) Paragraph (1) does not apply where—

- (a) there are reasonable grounds for believing that the gift is unconnected with services provided or to be provided by the practice;
- (b) the practice is not aware of the gift; or
- (c) the practice is not aware that the donor wishes to provide services to the practice.

(4) The Primary Care Trust shall ensure that the practice takes reasonable steps to ensure that it is informed of gifts which fall within paragraph (1) and which are given to the persons specified in paragraph (2)(b) to (e).

(5) The register referred to in paragraph (1) shall include the following information—

- (a) the name of the donor;
- (b) in a case where the donor is a patient, the patient's National Health Service number or, if the number is not known, his address;
- (c) in any other case, the address of the donor;
- (d) the nature of the gift;
- (e) the estimated value of the gift; and
- (f) the name of the person or persons who received the gift.

## **PART 7**

### **FEES AND CHARGES**

#### **Fees and charges**

**25.—**(1) The Primary Care Trust shall ensure that the practice, and any person performing primary medical services for the practice, does not, either itself or himself, or through any other person, demand or accept a fee or other remuneration, for its own or another's benefit—

- (a) from any registered patient of the practice, for—
  - (i) the provision of any treatment, whether under section 16CC(2)(a) of the 1977 Act or otherwise, or
  - (ii) any prescription or repeatable prescription for any drug, medicine or appliance,
 except insofar as the Primary Care Trust is entitled to charge for any such treatment or prescription by virtue of or under any enactment, and it expressly authorises the practice to make such a charge;
- (b) from any patient of the practice other than a registered patient, for—
  - (i) the provision of any treatment under section 16CC(2)(a) of the 1977 Act, or
  - (ii) any prescription or repeatable prescription for any drug, medicine or appliance in connection with that treatment.

(2) Where a person applies to a practice for the provision of services and claims to be entitled to be treated by the practice without paying a fee or other remuneration, and the practice has reasonable doubts about that person's claim, the Primary Care Trust shall ensure that the practice gives any necessary treatment but nothing in this direction shall prevent the Primary Care Trust, insofar as it is entitled to do so by virtue of or under any enactment, from authorising the practice to demand and accept a reasonable fee for any such treatment, if it ensures that the practice gives that person a receipt.

(3) Where a person from whom a practice received a fee under paragraph (2) applies to the Primary Care Trust for a refund within 14 days of payment of the fee (or such longer period not exceeding a month as it may allow if it is satisfied that the failure to apply within 14 days was reasonable) and the Primary Care Trust is satisfied that the person was entitled to be treated by it without paying a fee or other remuneration when the treatment was given, the Primary Care Trust shall pay that amount to the person who paid the fee.

## PART 8

### CERTIFICATES

#### Certificates

**26.—**(1) The Primary Care Trust shall ensure that, in the course of providing primary medical services, the practice issues free of charge to a patient or his personal representatives any medical certificate of a description prescribed in column 1 of Schedule 2 which is relevant to any service that the practice provides pursuant to the practice statement, which is reasonably required under or for the purposes of the enactments specified in relation to the certificate in column 2 of that Schedule, except where, for the condition to which the certificate relates, the patient—

- (a) is being attended by a medical practitioner who is not employed or engaged by the Primary Care Trust in relation to the practice; or
- (b) is not being treated by or under the supervision of a health care professional.

(2) The exception in paragraph (1)(a) shall not apply where the certificate is issued pursuant to regulation 2(1)(b) of the Social Security (Medical Evidence) Regulations 1976(a) (which provides for the issue of a certificate in the form of a special statement by a doctor on the basis of a written report made by another doctor).

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(a) S.I. 1976/615. Regulation 2 was amended by S.I. 1982/699, 1992/647, 1994/2975, 1995/987 and 2000/950.

PART 9  
REVOCATION

**Revocation**

27. The Primary Care Trust Medical Services Directions 2005 dated 8th April 2005 are revoked.

Signed by authority of the Secretary of State for Health

A handwritten signature in black ink, appearing to be 'A. H. C.', written over a horizontal line.

12 December 2005

Department of Health  
A member of the Senior Civil Service

## SCHEDULE 1

Direction 22

### INFORMATION TO BE INCLUDED IN A PRACTICE LEAFLET

A practice leaflet shall include—

1. The name of the Primary Care Trust.
2. The full name of each person performing services in relation to the practice.
3. In the case of each health care professional performing services in relation to the practice, his professional qualifications.
4. Whether the practice undertakes the teaching or training of health care professionals or persons intending to become health care professionals.
5. Where services are, pursuant to the practice statement, only to be provided to persons resident in a particular area, the area (by reference to a sketch diagram, plan or postcode) within which a person resident would be entitled to receive services from the practice.
6. The address of each of the practice's premises.
7. The practice's telephone and fax number and the address of its website (if any).
8. Whether the practice's premises have suitable access for disabled patients and, if not, the alternative arrangements for providing services to such patients.
9. How to register as a patient or, where appropriate, otherwise receive services as a patient from the practice.
10. The right of patients to express a preference of practitioner in accordance with direction 11 and the means of expressing such a preference.
11. The services available to registered patients.
12. The opening hours of the practice's premises and the method of obtaining access to services throughout the core hours.
13. The criteria for home visits and the method of obtaining such a visit.
14. The arrangements for services in the out of hours period (whether or not provided by the practice) and how the patient may access such services.
15. The name and address of any local walk-in centre.
16. The telephone number of NHS Direct and details of NHS Direct online.
17. The method by which patients are to obtain repeat prescriptions.
18. If the practice offers repeatable prescribing services, the arrangements for providing such services.
19. How patients may make a complaint or comment on the provision of service.
20. The rights and responsibilities of the patient, including keeping appointments.
21. The action that may be taken where a patient is violent or abusive to any member of staff of the Primary Care Trust or other persons present on the practice's premises or in the place where treatment is provided the practice.
22. Details of who has access to patient information (including information from which the identity of the individual can be ascertained) and the patient's rights in relation to disclosure of such information.

23. The fact that details of primary medical services in the area may be obtained from the Primary Care Trust.

## SCHEDULE 2

Direction 26

### LIST OF PRESCRIBED MEDICAL CERTIFICATES

<i>Description of medical certificate</i>	<i>Short title of enactment under or for the purpose of which certificate required</i>
1. To support a claim or to obtain payment either personally or by proxy; to prove incapacity to work or for self-support for the purposes of an award by the Secretary of State; or to enable proxy to draw pensions etc.	Naval and Marine Pay and Pensions Act 1865( <b>a</b> ) Air Force (Constitution) Act 1917( <b>b</b> ) Pensions (Navy, Army, Air Force and Mercantile Marine) Act 1939( <b>c</b> ) Personal Injuries (Emergency Provisions) Act 1939( <b>d</b> ) Pensions (Mercantile Marine) Act 1942( <b>e</b> ) Polish Resettlement Act 1947( <b>f</b> ) Social Security Administration Act 1992( <b>g</b> ) Social Security Contributions and Benefits Act 1992( <b>h</b> ) Social Security Act 1998( <b>i</b> )
2. To establish pregnancy for the purpose of obtaining welfare foods	Section 13 of the Social Security Act 1988 (schemes for distribution etc of welfare foods)( <b>j</b> )
3. To secure registration of still-birth	Section 11 of the Births and Deaths Registration Act 1953 (special provision as to registration of still-birth)( <b>k</b> )
4. To enable payment to be made to an institution or other person in case of mental disorder of persons entitled to payment from public funds.	Section 142 of the Mental Health Act 1983 (pay, pensions etc of mentally disordered persons)( <b>l</b> )
5. To establish unfitness for jury service	Juries Act 1974( <b>m</b> )
6. To support late application for reinstatement in civil employment or notification of non-availability to take up employment owing to sickness.	Reserve Forces (Safeguarding of Employment) Act 1985( <b>n</b> ).

(**a**) 1865 c.73.

(**b**) 1917 c.51.

(**c**) 1939 c.83.

(**d**) 1939 c.82

(**e**) 1942 c.26.

(**f**) 1947 c.19.

(**g**) 1992 c.5.

(**h**) 1992 c.4.

(**i**) 1998 c.14.

(**j**) 1998 c.7. Section 13 was amended by the Social Security Act 1990 (c.27), Schedule 6, paragraph 8(11)(a), and the Social Security (Consequential Provisions) Act 1992 (c.6), Schedule 2, paragraph 94 and prospectively substituted by the 2003 Act, section 185.

(**k**) 1953 c.20. Section 11 was amended by the Population (Statistics) Act 1960 (c.32) section 2 and by S.I. 1992/2395, article 2(3).

(**l**) 1983 c.20. Section 142 was amended by S.I. 1999/1820

(**m**) 1974 c.23

(**n**) 1985 c.17.

7. To enable a person to be registered as an absent voter on grounds of physical incapacity Representation of the People Act 1983**(a)**
8. To support applications for certificates conferring exemption from charges in respect of drugs, medicines and appliances. National Health Service Act 1977**(b)**
9. To support a claim by or on behalf of a severely mentally impaired person for exemption from liability to pay the Council Tax or eligibility for a discount in respect of the amount of Council Tax payable. Local Government Finance Act 1992**(c)**
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**(a)** 1983 c.2.  
**(b)** 1977 c.49.  
**(c)** 1992 c.14.