



**Standard Alternative Provider
Medical Services
Agreement Variation
Notice 2017**

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Standard Alternative Provider Medical Services Agreement Variation Notice – 2017

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Description	This document gives notice under paragraph 104(2) of Schedule 6 to the National Health Service (General Medical Services Contracts) Regulations 2004 (S.I. 2004/291) that the terms of the general medical services contract are varied as set out in the document.	
Cross Reference		
Superseded Docs (if applicable)	N/A	
Action Required	Area teams to update local contracts where they have not used the new standard contract.	
Timing / Deadlines (if applicable)		
Contact Details for further information	NHS England GP Contracts Team Quarry House Leeds LS2 7UE england.gpcontracts@nhs.net https://www.england.nhs.uk/gp/gpfv/investment/gp-contract/	
Document Status		
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Standard Alternative Personal Medical Services Agreement Variation Notice – 2017

The text of the Standard Alternative Provider Medical Services Variation Notice 2017 has been prepared by the Strategic and Innovation Directorate, NHS England and has been approved by the British Medical Association. It is prepared on the basis that the numbering adopted in the signed contract follows that used in the model Standard Alternative Provider Medical Services Variation Noticed dated [].

Version number: 1

First published: January 2018

Prepared by: Medical Directorate

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Standard Alternative Provider Medical Services Agreement Variation Notice – 2017

Dear Sir/Madam

Notice of Variation to your Standard Alternative Provider Medical Services Agreement dated

[]

We give you notice under paragraph 52(2) of Schedule 2 to the National Health Service (Standard Alternative Provider Medical Services Agreements) Regulations 2015 (S.I. 2015/1879) that the terms of your personal medical services agreement dated [] are varied as set out below with effect from [*insert here date on which variations will take effect. Where reasonably practicable this should not be less than 14 days after the date on which this notice is served. This is a regulatory requirement.*].

These variations are made to comply with the terms of the:

- National Health Service, The Alternative Provider Medical Services Directions 2016;
- National Health Service, The Alternative Provider Medical Services (Amendment) Directions 2017; and
- For the avoidance of doubt nothing in this agreement shall affect accrued rights of liabilities up to the date of the variation;

and are published on the government website legislation.gov.uk.

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We request you to acknowledge receipt of this notice by signing and returning the enclosed duplicate of it.

Dated:

Signed:

on behalf of NHS England

Print name:

Wording of Variations

Clause 1

1. The following amendments are made to footnote number 2:
 - 1.1. After the words "Amend according to", insert "pre-existing".
 - 1.2. At the end of the footnote insert "There is no ability to opt to be a NHS body under this Contract."

Clauses 2 to 10

No variations.

Clauses 11 to 12

No variations.

Clause 13 Persons who shall perform the Services

2. In **Clause 13** the following amendments are made:
 - 2.1. In **Clause 13.2**, after "Subject to Clauses" insert "32.2.A, and".
 - 2.2. At the end of Clause **13.2.1** insert the following, "and has provided documentary evidence of the same to the Contractor."
 - 2.3. In **Clause 13.3.2**, substitute "GP Specialty Registrar" for "GP Registrar".
 - 2.4. In **Clause 13.3.3.1**, substitute "GP Specialty Registrar" for "GP Registrar".
 - 2.5. In **Clause 13.7**, after "the person in question is both suitably qualified" insert ", including meeting the requirements in Clauses 13.2 and 13.4".

- 2.6. Immediately after **Clause 13.7**, the following new Clause 13.7A is inserted:

"13.7A Where the prospective employee is a GP Specialty Registrar, Clause 13.2.1 shall apply but subject to the following modifications:

13.7A.1 The GP Specialty Registrar is treated as having provided documentary evidence of the GP Specialty Registrar's Application to the Commissioner for inclusion in the medical performers list; and

13.7A.2 confirmation that the GP Specialty Registrar's name appears on that list is not required until the end of the first two months of the GP Specialty Registrar's training period."

Clause 14 Training

3. In **Clause 14.3** for "7 (Functions of Special Health Authorities) of the 2006 Act" substitute "1F of the 2006 Act by Virtue of its functions under section 97 (1) of the Care Act 2014 (planning education and training for health workers etc)."

Clause 15

No Variations.

Clause 16 Arrangements for GP Registrars

4. In **Clause 16** the following amendments are made:
- 4.1. In the heading of **Clause 16** after "GP" insert "Specialty".
- 4.2. In **Clauses 16.1, 16.2 and 16.3**, substitute "GP Specialty Registrar" for "GP Registrar".

4.3. In **Clause 16.3**:

- 4.3.1. substitute "in accordance with such rates" for "in accordance with the rates";
- 4.3.2. substitute "as are approved by the Secretary of State" for "contained in directions given by the Secretary of State" is; and
- 4.3.3. substitute "concerning the grants, fees, travelling and other allowances payable to GP Specialty Registrars; and take into account the guidance contained in the document entitled "A Reference Guide to Postgraduate Specialty Training in the UK" for "under sections 7 and 8 of the 2006 Act to Health Education England"

Clauses 17 to 23

No variations.

Clause 24 Restrictions on Prescribing by Medical Practitioners

5. After **Clause 24.4**, the following new clauses are inserted:

"24.5 Nothing in Clauses 24.1 to 24.4 prevents a medical practitioner, in the course of treating a Patient, from prescribing a drug, medicine or other substance or, as the case may be, a restricted availability appliance or a controlled drug within the meaning of section 2 of the Misuse of Drugs Act 1971 for the treatment of that Patient under a private arrangement.

24.6 Where under Clause 24.5, a drug, medicine or other substance is prescribed under a private arrangement, and the Order is not for a drug specified in Schedule 2 or 3 of the Misuse of Drugs Regulations 2001, it may be transmitted by the Electrical Prescription Service. If the order is for a drug specified in Schedule 2 or 3 of the Misuse of Drugs

Regulations 2001, it must be transmitted by the Electronic Prescription Service."

Clauses 25 to 30

No variations.

Clause 31

6. In **Clause 31.22**, the following amendments are made:

6.1. Clause 31.22, is substituted as follows:

"31.22 The Contractor must endeavour to comply with any reasonable preference expressed under Clause 31.21 but need not do so if the preferred performer:

31.22.1 has reasonable grounds for refusing to provide services to the person who expressed the preference; or

31.22.2 does not routinely perform the service in question within the Contractor's practice."

6.2. After Clause 31.132 the following new clause is inserted:

"Patients Living with Frailty

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- 31.132A The Contractor must take steps to identify any Registered Patient aged 65 years and over who is living with moderate to severe frailty.
- 31.132B The Contractor must comply with the requirements of Clause 31.132A by using the Electronic Frailty Index ¹ or any other appropriate assessment tool.
- 31.132C Where the Contractor identifies a Patient aged 65 or over who is living with severe frailty, the Contractor must:
- 31.132C.1 undertake a clinical review in respect of the Patient which includes:
- (a) an annual review of the Patient's medication; and
 - (b) where appropriate, a discussion with the Patient about whether the Patient has fallen in the last 12 months,
- 31.132C.2 provide the Patient with any other clinically appropriate interventions; and
- 31.132C.3 where the Patient does not have an enriched Summary Care Record², advise the Patient about the benefits of having an enriched Summary Care Record and activate that record at the Patient's request.
- 31.132D The Contractor must, using codes agreed by the Commissioner for the purpose, record in the Patient's Summary Care Record any appropriate

¹ Information about the Electronic Frailty Index is available in guidance published by the Commissioner entitled "Supporting Routine Frailty Identification through the GP Contract 2017/18". This guidance is available at: <https://www.england.nhs.uk/publication/supportingroutine-frailty-identification-and-frailty-through-the-gp-contract-20172018/> or from NHS England, PO Box 16738, Redditch, B97 7PT.

² Guidance about enriching a patient's Summary Care Record with additional information published by the Health and Social Care Information Centre is available at: <http://webarchive.nationalarchives.gov.uk/20160921135209/http://systems.digital.nhs.uk/scr/additional/patientconsent.pdf> or from NHS Digital, 4 Trevelyan Square, Boar Lane, Leeds LS1 6AA.

information relating to clinical interventions provided to a Patient under this Clause."

6.3. After Clause 31.146 the following new Clauses are inserted:

"Inclusion in List of Patients: Detained Persons

31.147 The Contractor must, if the List of Patients is open, include a person to whom Clause 31.148 applies (a "detained person") in that list and Clause 31.50.2 does not apply in respect of a detained person who is included in the List of Patients by virtue of this Clause.

31.148 This Clause applies to a person who:

31.148.1 is serving a term of imprisonment of more than two years, or more than one term of imprisonment totalling, in the aggregate, more than two years;

31.148.2 is not registered as a Patient with a provider of Primary Medical Services; and

31.148.3 makes an application under this Clause in accordance with Clause 31.149 to be included in the List of Patients by virtue of either Clause 31.147 or Clause 31.152 before the Scheduled Release Date.

31.149 An application under Clause 31.148.3 may be made during the period commencing one month prior to the Scheduled Release Date and ending 24 hours prior to that date.

31.150 Subject to Clauses 31.151 and 31.152, the Contractor may only refuse an application under Clause 31.148.3 if the Contractor has reasonable grounds for doing so which do not relate to the applicant's age,

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appearance, disability or medical condition, gender or gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion or belief, sexual orientation or social class.

31.151 The reasonable grounds referred to in Clause 31.150 may include the ground that the applicant will not, on or after the Scheduled Release Date, live in the Patient Registration Area or does not intend to live in that area.

31.152 Where the List of Patients is closed, the Contractor may, by virtue of this Clause, accept an application under Clause 31.148.3 if the applicant is an immediate family member of a Registered Patient.

31.153 Where the Contractor accepts an application from a person under Clause 31.148.3 for inclusion in the List of Patients, the Contractor:

31.153.1 must give notice in writing to the provider of the Detained Estate Healthcare Service or to the Commissioner of that acceptance as soon as possible, and

31.153.2 is not required to provide Primary Medical Services to that person until after the Scheduled Release Date.

31.154 The Commissioner must, on receipt of a notice given under Clause 31.153.1:

31.154.1 include the applicant in the List of Patients from the date notified to the Commissioner the provider of the Detained Estate Healthcare Service; and

31.154.2 give notice in writing to the provider of the Detained Estate Healthcare Service of that acceptance.

31.155 Where the Contractor refuses an application made under Clause 31.148.3, the Contractor must give notice in writing of that refusal, and the reasons for it, to the provider of the Detained Estate Healthcare Service or to the Commissioner before the end of the period of 14 days beginning with the date of the Contractor's decision to refuse.

31.156 The Contractor must:

31.156.1 keep a written record of:

(a) the refusal of any application under Clause 31.148.3;

and

(b) the reasons for that refusal; and

31.156.2 make such records available to the Commissioner on request."

Clauses 32 to 34

No Variations.

New Clauses 34A to 34E

7. After **Clause 34**, the following new Clauses are inserted:

"34A National Diabetes Audit

34A.1 The Contractor must record any data required by the Commissioner for the purposes of the National Diabetes Audit in accordance with Clause 34A.2.

34A.2 The data referred to in Clause 34A.1 must be appropriately coded by the Contractor and uploaded onto the Contractor's computerised clinical systems in line with the requirements of guidance published by NHS Employers for these purposes³.

³ See section 2 of the guidance entitled "2017/18 General Medical Services (GMS) Contract" published

34A.3 The Contractor must ensure that the coded data is uploaded onto its computerised clinical systems and available for collection by the Health and Social Care Information Centre at such intervals during each financial year as are notified to the Contractor by NHS Digital.

34B Information relating to indicators no longer in the Quality and Outcomes Framework⁴

34B.1 The Contractor must allow the extraction from the Contractor's computerised clinical systems by the Health and Social Care Information Centre specified in the table set out at Schedule 11 to this Contract relating to clinical indicators which are no longer in the Quality Outcomes Framework at such intervals during each financial year as are notified to the Contractor by NHS Digital.

34C Information relating to alcohol related risk reduction and dementia diagnosis and treatment

34C.1 The Contractor must allow the extraction by the Health and Social Care Information Centre of the information⁵ specified in:

34C.1.1 Clause 34C.2 in relation to alcohol related risk reduction;
and

by NHS Employers which is available at <http://www.nhsemployers.org/gms201718U> or from NHS Employers, 2 Brewery Wharf, Kendall Street, Leeds, LS10 1JR.

⁴ The Quality and Outcomes Framework (QOF) is provided for in Section 4 and Annex D of the General Medical Services Statement of Financial Entitlements Direction 2013 which were signed on 27th March 2013 (as amended). Participation by contractors in the QOF is voluntary. However, contractors which participate in the QOF are required to accomplish the specified tasks or achieve the specified outcomes which are included in the QOF as "indicators" in return for payments which are measured against their achievements in respect of particular indicators. The General Medical Services Statement of Financial Entitlements 2013 is available at: <https://www.gov.uk/government/publications/nhs-primary-medical-services-directions-2013>. Hard copies may be obtained by post from the General Practice Team, Quarry House, Quarry Hill, Leeds LS2 7UE.

⁵ See section 4 of the guidance entitled "2017/18 General Medical Services (GMS) Contract" published by NHS Employers which is available at <http://www.nhsemployers.org/gms201718> or from NHS Employers, 2 Brewery Wharf, Kendall Street, Leeds, LS10 1JR.

34C.1.2 Clause 34C.3 in relation to dementia diagnosis and treatment;

from the record that the Contractor is required to keep in respect of each Registered Patient under regulation 60 of the PMS Agreements Regulations by such means, and at such intervals during each Financial Year, as are notified to the Contractor by the Health and Social Care Information Centre.

34C.2 The information specified in this Clause is information required in connection with the requirements under Clauses 31.127 to 31.132.

34C.3 The information specified in this Clause is information relating to any clinical interventions provided by the Contractor in the preceding 12 months in respect of a Patient who is suffering from, or who is at risk of suffering from, dementia.

34D NHS Digital Workforce Censuses

34D.1 The Contractor must record and submit any data required by the Health and Social Care Information Centre for the purposes of the NHS Digital Workforce Census (known as the "Workforce Minimum Data Set") in accordance with Clause 34D.2.

34D.2 The data referred to in Clause 34D.1 must be appropriately coded by the Contractor in line with agreed standards set out in guidance published by NHS Employers⁶ and must be submitted to the Health and Social Care Information Centre by using the workforce module on the Primary Care Web Tool which is a facility provided by the Commissioner to the Contractor for this purpose.⁷

⁶ See section 2 of the guidance entitled "2017/18 General Medical Services (GMS) Contract" published by NHS Employers which is available at <http://www.nhsemployers.org/gms201718> or from NHS Employers, 2 Brewery Wharf, Kendall Street, Leeds, LS10 1JR.

⁷ The Primary Care Web Tool facility is the approved webtool made available by the Commissioner to contractors for the purposes of submitting data online. Further information regarding the collection and recording of data by contractors for the purposes of the NHS Digital Workforce Survey is available at

34D.3 The Contractor must ensure that the coded data is available for collection by the Health and Social Care Information Centre at such intervals during each Financial Year as are notified to the Contractor by Health and Social Care Information Centre.

34E Information relating to overseas visitors

34E.1 The Contractor must:

34E.1.1 record the information specified in Clause 34E.1.2 relating to overseas visitors, where that information has been provided to it by a newly registered Patient on a form supplied to the Contractor by the Contractor for this purpose; and

34E.1.2 where applicable, in the case of a Patient, record the fact that the Patient is the holder of a European Health Insurance Card or S1 Healthcare Certificate⁸ which has not been issued to or in respect of the Patient in the United Kingdom,

in the medical record that the Contractor is required to keep under regulation 60 of the PMS Agreements Regulations in respect of the Patient.

34E.2 The information specified in this Clause is:

<http://content.digital.nhs.uk/wMDS> or from NHS Digital, 1 Trevelyan Square, Boars Lane, Leeds, LS1 6AE.

⁸ An S1 Healthcare Certificate is issued to those who are posted abroad and who pay National Insurance Contributions in the United Kingdom or to people in receipt of UK exportable benefits (e.g. retirement pensions). Further information is available at: https://contactcentreservices.nhsbsa.nhs.uk/selfnhsukokb/AskUs_EHIC/template.do?name=S1+form+-+what+is+this+and+=how+do+I+obtain+one%253F&id=16477 or from NHS BSA, Stella House, Goldcrest Way, Newbury Riverside, Newcastle Upon Tyne, NE15 8NY.

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- 34E.2.1 in the case of a Patient who holds a European Health Insurance Card which has not been issued to the Patient by the United Kingdom, the information contained on that card in respect of the Patient; and
- 34E.2.2 in the case of a Patient who holds a Provisional Replacement Certificate⁹ issued in respect of the Patient's European Health Insurance Card, the information contained on that certificate in respect of the Patient.
- 34E.3 The information referred to in Clause 34E.2 must be submitted by the Contractor to NHS Digital:
- 34E.3.1 electronically at NHSDIGITAL-EHIC@nhs.net; or
- 34E.3.2 by post in hard copy form to EHIC, PDS NBO, NHS Digital, Smedley Hydro, Trafalgar Road, Southport, Merseyside PR8 2HH.
- 34E.4 Where the Patient is a holder of a S1 Healthcare Certificate, the Contractor must send that certificate, or a copy of that certificate, to the Department for Work and Pensions:
- 34E.4.1 electronically at NHSDIGITAL-EHIC@nhs.net; or
- 34E.4.2 by post in hard copy form to the Overseas Healthcare Team, Durham House, Washington, Tyne and Wear, NE38 7SF.

Clause 35 Provision of Information to the Commissioner

8. After **Clause 35.1.2**, the following new clauses are inserted:

⁹ Further information about Provisional Replacement Certificates is available at: <http://www.nhs.uk/NHSEngland/Healthcareabroad/EHIC/Pages/about-the-ehic.aspx> or from NHS England, PO Box 16738, Redditch, B97 7PT.

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- " 35.2 Subject to Clause 35.5, a Contractor must collect such information relating to Patient access to Primary Medical Services at the Contractor's practice as the Commissioner may reasonably require for the purpose or in connect with, the Contract.
- 35.3 The Contractor must submit an online return to the Commissioner in respect of any GP access data collected by it using the Primary Care Web Tool facility which is provided by the Commissioner to the Contractor for this purpose.
- 35.4 The Contractor must submit an online return of GP access data to the Commissioner twice in every financial year-
- 35.4.1 by 31 October 2016 and 31 March 2017 in respect of the financial year that ends on 31 March 2017;
and
- 35.4.2 by 30 September and 31 March respectively for each subsequent financial year until 31 March 2021
- 35.5 The requirements of Clauses 35.2 to 35.4 do not apply where the Contractor does not have access to computer systems and software which would enable it to use the Primary Care Web Tool facility to submit an online return of GP access data to the Commissioner."

Clause 35A Friends and Family Test

9. In Clauses 35A.2.1, 35A.2.2 and 35A.3, substitute "Commissioner" for "Board".

Clauses 35B to 46

No Variations.

Clause 47 Certificates

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10. Within the table "List of Prescribed Medical Certificates", row 7, column 2 is replaced with "Representation of the People Act 1985"
11. Within the table "List of Prescribed Medical Certificates", row 8, column 2 is replaced with "National Health Service Act 2006".

Clause 48

No Variations

Clause 49 Fees and Charges

12. After **Clause 49.2.9.2.2**, the following new Clause is inserted:

"49.2.9.A for testing the sight of a person to whom none of paragraphs (a) to (e) of section 115(2) of the 2006 Act applies (including by virtue of regulations made under section 115(7) of the 2006 Act;"

Clauses 50 to 54

No variations.

Clause 55 Co-operation with Investigations

13. In **Clause 55.1.1**, the words "undertaken in accordance with directions given under section 8 of the 2006 Act" are deleted.
14. In **Clause 55.2.2**, after "(Scotland Act) 1994, insert "or the council of a county or county borough in Wales".

Clauses 56 to 60

No variations.

Clause 61 Other Grounds for Termination by the Commissioner

15. At the end of **Clause 61.2.3**, after "Health Service Body" insert ". For the purposes of this Clause, where a person has been employed as a member of a health care profession, any subsequent employment must also be as a member of that profession;".
16. In **Clause 61.2.8.2**, after "Schedule 2A to the Insolvency (Northern Ireland) Order 1989", insert "or sections 56A to 56K of the Bankruptcy (Scotland) Act 1985,".
17. In **Clause 61.2.9.1**, after "removed from the office of Charity Trustee or trustee for a charity by an order made by the Charity Commissioners" insert", the Charity Commission for Northern Ireland".
18. In **Clause 61.2.9.3**, substitute "the Companies Directors Disqualification (Northern Ireland) Order 2002" for "the Companies (Northern Ireland) Order 1986".
19. After **Clause 61.2.11** the following new clauses are inserted:
 - "61.2.12 he has been included in any barred list within the meaning of section 2 of the Safeguarding Vulnerable Group Act 2006 or Article 6 of the Safeguarding Vulnerable Groups (Northern Ireland) Order 2007.
 - 61.2.13 Where the contract is with a partnership and a dissolution of the partnership is ordered by any competent court, tribunal or arbitrator, or an event happens that makes it unlawful for the business of the partnership to continue, or for members of the partnership to carry on in the partnership.

Clause 62

20. In **Clause 62.2**, delete the words "be entitled at its sole discretion to".
21. At the end of Clause 62.2.1 insert ", at their absolute discretion".

Clauses 63 to 67

No Variations.

Clause 68

22. At the end of **Clause 68.3.3** insert "or its Patients."

Clauses 69 to 87

No Variations.

Schedule 1 Definitions and Interpretation

23. The **definition of "APMS Directions"** is substituted as follows:
 - 23.1. "the Alternative Provider Medical Services Directions of 2016 (as amended by the Alternative Provider Medical Services (Amendment) Directions 2017;"
24. In the **definition of "Approved Medical Practice"** for "11(4)" substitute "10A".
25. Immediately after the **definition of "Contractor Staff"**, the following new definition is inserted:

""**Controlled Drugs**" the meaning given in section 2 of the Misuse of Drugs Act 1971 (which relates to controlled drugs and their classification for the purposes of that Act)";
26. Immediately after the **definition of "Data Controller"**, the following new definition is inserted:

"the Detained Estate Healthcare Service" means the healthcare service commissioned by the Commissioner in respect of persons who are detained in prison or in other secure accommodation by virtue of regulations made under section 3B(1)(c) of the 2006 Act;¹⁰

27. In the **definition of "Essential Services"** for "15(3), (5), (6) and (8)" substitute "17(4), (6), (7) and (9)".

28. Immediately after the **definition of "Exposure Prone Procedure"**, the following new definition is inserted:

"Financial Year" has the meaning given in section 275(1) of the 2006 Act."

29. In the **definition of "GMS Contract Regulations"** for "2004" substitute "2015".

30. Immediately after the **definition of "GPSOC accredited computer systems and software"**, the following new definition is inserted:

"Health and Social Care Information Centre" means a body corporate established under section 252(1) of the Health and Social Care Act 2012 which is also known as NHS Digital;".

31. The **definition of "Health Service Body"** is substituted as follows:

"Includes a Strategic Health Authority or a Primary Care Trust which was established before the coming into force of section 33 (abolition of Strategic Health Authorities) or 34 (abolition of Primary Care Trusts) of the Health and Social Care Act 2012;

32. Immediately after the **definition of "Medical Register"**, the following new definition is inserted:

¹⁰ Regulation 10 of the National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012 (S.I. 2012/2996) and amended by S.I. 2013/261 and S.I. 2014/452.

"National Diabetes Audit" means the Commissioner's clinical priority programme on diabetes which measures the effectiveness of diabetes healthcare provided against clinical guidelines and quality standards issued by the National Institute for Health and Care Excellence (NICE) in England and Wales);"

33. In the **definition of "National Disqualification"**, the following amendments are made:

33.1. In paragraph (a) for "Family Health Services Appeal Authority" substitute "First-tier Tribunal" and after "section 159 of the 2006 Act" insert "(national disqualification)".

33.2. In paragraph (b), after "provisions in force in" insert "Wales," the words "2006" and "or" are deleted from the end of the paragraph and at the end of the paragraph insert "(national disqualification)".

33.3. Paragraph (c) is deleted.

34. Immediately after the definition of **"NHS Contract"**, the following new definition is inserted:

"NHS Digital Workforce Census" means the successor to the GP Workforce Census undertaken by the Health and Social Care Information Centre annually;"

35. In the **definition of "PMS Agreements Regulations"**, substitute "2015" for "2004".

36. In the **definition of "Primary Care List"**, the following amendments are made:

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- 36.1. In paragraph (a), substitute "," for "or" and after "123" insert ",145, 146, 137A or 149" is inserted.
 - 36.2. In paragraph (b), substitute "primary" for "general".
 - 36.3. Paragraphs (c), (d) and (e) are deleted and paragraph (f) is renumbered as paragraph (c).
 - 36.4. In the renumbered paragraph (c), before "Scotland" insert "Wales," is inserted.
37. Immediately after the **definition of "Primary Carer"** the following new definition is inserted:
- "Primary Medical Services"** medical services provided under or by virtue of a contract or agreement to which Part 4 of the 2006 Act applies;"
38. In the **definition of "Repeatable Prescription"**, the following amendments are made:
- 38.1. In paragraph (a)(i), after "is issued" insert ",or is to be issued";
 - 38.2. In paragraph (a)(ii), after "indicates" insert ", or is to indicate";
 - 38.3. In paragraph (a)(iii), after "specifies" insert ",or is to specify";
 - 38.4. In paragraph (b)(i), after "is signed" insert ", or to be signed"; and
 - 38.5. In paragraph (b)(iii), after "indicates" insert "or is to indicate".
39. Immediately after the **definition of "Scheduled Drug"**, the following new definition is inserted:
- "the Scheduled Release Date"** means the date on which the person making an application under Clause 31.148.3 is due to be released from detention in prison;"

Schedule 2 to 10

No Variations.

Schedule 11

40. Immediately after **Schedule 10**, the following new Schedule 11 is inserted:

Quality and Outcomes Framework – Indicators no longer in the Quality and Outcomes Framework

<i>Indicator ID</i>	<i>Indicator Description</i>
<i>Clinical domain</i>	
CHD003	The percentage of patients with coronary heart disease whose last measured total cholesterol (measured in the preceding 12 months) is 5mmol/l or less
CKD002	The percentage of patients in the CKD register in whom the last blood pressure reading (measured in the preceding 12 months) is 140/85 mmHg or less
CKD004	The percentage of patients in the CKD register whose notes have a record of a urine albumin:creatinine ratio (or protein:creatinine ratio) test in the preceding 12 months
NM84	The percentage of patients on the CKD register with hypertension and proteinuria who are currently treated with renin-angiotensin system antagonists
DEP001	The percentage of patients aged 18 or over with a new diagnosis of depression in the preceding 1 st April to 31 st March, who have had a bio-psychosocial assessment by the point of diagnosis. The completion of the assessment is to be recorded on the same day as the diagnosis is recorded.
DM005	The percentage of patients with diabetes, on the register, who have a record of an albumin:creatinine ratio test in the preceding 12 months

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DM011	The percentage of patients with diabetes, on the register, who have a record of retinal screening in the preceding 12 months
DM016	The percentage of male patients with diabetes, on the register, who have a record of erectile dysfunction with a record of advice and assessment of contributory factors and treatment options in the preceding 12 months
EP002	The percentage of patients aged 18 or over on drug treatment for epilepsy who have been seizure free for the last 12 months recorded in the preceding 12 months
EP003	The percentage of women aged 18 or over and who have not attained the age of 55 who are taking antiepileptic who have a record of information and counselling about contraception, conception and pregnancy in the preceding 12 months
HYP003	The percentage of patients aged 79 or under with hypertension in whom the last blood pressure reading (measured in the preceding 9 months) is 140/90mmHg or less
HYP004	The percentage of patients with hypertension aged 16 or over and who have not attained the age of 75 in whom there is an assessment of physical activity, using, GPPAQ, in the preceding 12 months
HYP005	The percentage of patients with hypertension aged 16 or over and who have not attained the age of 75 who score 'less than active' on GPPAQ in the preceding 12 months, who also have a record of a brief intervention in the preceding 12 months
LD002	The percentage of patients in the learning disability register with Down's Syndrome aged 18 or over who have a record of blood TSH in the preceding 12 months (excluding those who are on the thyroid disease register)
MH004	The percentage of patients aged 40 or over with schizophrenia, bipolar affective disorder and other psychoses who have a record of total cholesterol:hdl ratio in the preceding 12 months
MH005	The percentage of patients aged 40 or over with schizophrenia, bipolar affective disorder and other psychoses who have a record of blood glucose or HbA1c in the preceding 12 months
MH006	The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of BMI in the preceding 12 months

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PAD003	The percentage of patients with peripheral arterial disease in whom the last measured total cholesterol (measured in the preceding 12 months) is 5 mmol/l or less
RA003	The percentage of patients with rheumatoid arthritis aged 30 or over and who have not attained the age of 85 who have had a cardiovascular risk assessment using a CVD risk assessment tool adjusted for RA in the preceding 12 months
RA004	The percentage of patients aged 50 or over and who have not attained the age of 91 with rheumatoid arthritis who have had an assessment of fracture risk using a risk assessment tool adjusted for RA in the preceding 24 months
STIA004	The percentage of patients with stroke or TIA who have a record of total cholesterol in the preceding 12 months
STIA005	The percentage of patients with a stroke shown to be non-haemorrhagic, or a history of TIA whose last measured total cholesterol (measured in the preceding 12 months) is 5 mmol/l or less
THY001	The contractor establishes and maintains a register of patients with hypothyroidism who are currently treated with levothyroxine
THY002	The percentage of patients with hypothyroidism, on the register, with thyroid function tests recorded in the preceding 12 months
<i>Public Health Domain</i>	
CVD-PP002	The percentage of patients diagnosed with hypertension (diagnosed after on or after 1 st April 2009) who are given lifestyle advice in the preceding 12 months for smoking cessation, safe alcohol consumption and healthy diet
CON002	The percentage of women, on the register, prescribed an oral or patch contraception method in the preceding 12 months who have also received information from the contractor about long acting reversible methods of contraception in the preceding 12 months
SMOK001	The percentage of patients aged 15 or over whose roles record smoking status in the preceding 24 months.