

# Standard Alternative Provider Medical Services Agreement Variation Notice

October 2019



## **Standard Alternative Provider Medical Services Agreement Variation Notice – October 2019**

The text of the Standard Alternative Provider Medical Services Variation Notice October 2019 has been prepared by the Strategy & 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 Contract 2018/19.

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Dear Sir/Madam

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

[            ]

We give you notice under clause 57.2 of your alternative provider medical services agreement dated [            ] that the terms of your agreement 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 Alternative Provider Medical Services Directions 2019 and are published on the government website [gov.uk/government/publications/nhs-primary-medical-services-directions-2013](http://gov.uk/government/publications/nhs-primary-medical-services-directions-2013).

For the avoidance of doubt nothing in the agreement shall effect accrued rights or liabilities up to the date of the variation.

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 3

1. After clause **3.5**, insert the following new clause:

“3.6 Where the Contractor proposes to provide Private Services in addition to Primary Medical Services to persons other than its Patients, the provision of such Private Services must take place:

3.6.1 outside of the hours the Contractor has agreed to provide Primary Medical Services; and

3.6.2 on no part of any Practice Premises in respect of which the Commissioner has agreed with the Contractor to make payments in relation to the costs of those Practice Premises, save where the Private Services are those specified in Clauses 49.5B.1 and 49.5B.2.”.

### Clause 10

2. In **clause 10.4.1**, after the words “a particular Service”, insert the following wording:

“, except in relation to one provided under the Network Contract Directed Enhanced Service Scheme which is a scheme provided for by direction 5 of the Primary Medical Services (Directed Enhanced Services) Directions 2019”.

3. After clause **10.5**, insert the following new clauses:

“10.5A The Contractor must comply with the requirements in Clause 10.5B where it is:

10.5A.1 signed up to the Network Contract Directed Enhanced Scheme ("the Scheme"); or

10.5A.2 not signed up to the Scheme but its Registered Patients or Temporary Residents, are provided with services under the Scheme ("the Services") by a contractor which is a member of a Primary Care Network.

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- 10.5B The requirements specified in this Clause are that the Contractor must:
- 10.5B.1 co-operate, in so far as is reasonable, with any person responsible for the provision of the Services;
  - 10.5B.2 comply in Core Hours with any reasonable request for information from such a person or from the Commissioner relating to the provision of the Services;
  - 10.5B.3 have due regard to guidance published by the Commissioner;
  - 10.5B.4 participate in Primary Care Network meetings, in so far as is reasonable;
  - 10.5B.5 take reasonable steps to provide information to its Registered Patients about the Services, including information on how to access the services and any changes to them; and
  - 10.5B.6 ensure that it has in place suitable arrangements to enable the sharing of data to support the delivery of the Services, business administration and analysis activities.

10.5C For the purposes of Clauses 10.5A and 10.5B:

- 10.5C.1 "Primary Care Network" means a network of contractors and other providers of services which has been approved by the Commissioner, serving an identified geographical area with a minimum population of 30,000 people; and
- 10.5C.2 "the Scheme" and "the Services" have the meanings given in Clause 10.5A."

## Clause 23

4. After clause **23.8**, insert the following new clause:

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- “23A**  
23A.1           **Electronic Repeat Dispensing Services**  
Subject to Clauses 19.3 to 19.9, 20, 22 and 23.4 to 23.6, where a Prescriber orders a drug, medicine or Appliance by means of an Electronic Repeatable Prescription, the Prescriber must issue the prescription in a format appropriate for Electronic Repeat Dispensing Services where:
- 23A.1.1                   it is clinically appropriate to do so for that Patient on that occasion; and
- 23A.1.2                   the Patient consents.
- 23A.2           For the purposes of Clause 23A.1, "Electronic Repeat Dispensing Services" means pharmaceutical services or local pharmaceutical services which involve the provision of drugs, medicines or Appliances by a Nominated Dispenser in accordance with an Electronic Repeatable Prescription which has a specified number of identical issues of drugs, medicines or Appliances associated with it for dispensation over a period of time up to but not exceeding 12 months.”.

## **Clause 31**

5. Immediately before clause **31.124A**, insert the following heading:

**“NHS e-Referral Service (e-RS)”.**

6. After clause **31.124A**, insert the following new clauses:

**“Direct booking by NHS 111**

- 31.124B           The Contractor must ensure that as a minimum the following number of appointments during Core Hours for its Registered Patients are made available per day for direct booking by NHS 111:
- 31.124B.1           one, where a contractor has 3,000 Registered Patients or fewer; or
- 31.124B.2           one for each whole 3,000 Registered Patients, where a Contractor has more than 3,000 Registered Patients.
- 31.124C           The Contractor must:

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- 31.124C.1 configure its computerised systems to allow direct booking by NHS 111;
  - 31.124C.2 monitor its booking system for appointments booked by NHS 111;
  - 31.124C.3 assess the Post Event Message received from NHS 111 in order to decide whether an alternative to the booked appointment should be arranged, such as a telephone call to the Patient or an appointment with another Health Care Professional and where appropriate, make those arrangements; and
  - 31.124C.4 co-operate with the Commissioner in its oversight of direct booking by NHS 111 by providing any information relating to direct booking by NHS 111 which is reasonably required by the Commissioner.
- 31.124D The requirements in Clauses 31.124B and 31.124C do not apply where:
- 31.124D.1 the Commissioner and the Contractor have agreed to suspend the requirements for operational reasons; or
  - 31.124D.2 the Contractor does not have access to computer systems and software which would enable it to offer the service described in Clause 31.124B.
- 31.124E In Clauses 31.124B to 31.124D, "Post Event Message" means the electronic message which is sent to a contractor at the end of a telephone call to NHS 111."

## Clause 32

7. For clause **32.15A**, substitute the following:

- "32.15A The Contractor must, when complying with the requirements in Clause 32.15.1:
- 32.15A.1 ensure that a minimum of 25% of its appointments per day during Core Hours are made available for online booking, whether or not those appointments are booked online, by telephone or in person, to include all appointments which must be made available for direct booking by NHS 111 in accordance with Clauses 31.124B to 31.124E); and

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32.15A.2 consider whether it is necessary, in order to meet the needs of its Registered Patients, to increase the proportion of appointments which are available for its Registered Patients to book online and, if so, increase that number.”.

8. After clause **32.15A**, insert the following new clause:

“32.15B In the case of appointments required to be made available for direct booking by NHS 111 in accordance with Clauses 31.124B to 31.124E, those appointments can be released to be booked by a Contractor's Registered Patients by any means in the two hour period within Core Hours prior to the appointment time, or such other period agreed pursuant to a Local Arrangement, if they have not been booked by NHS 111 prior to this time.”.

9. Omit **clauses 32.16, 32.19 and 32.20**.

10. After clause **32.16A**, insert the following new clause:

“32.16B In addition to complying with the requirements in Clauses 32.15 and 32.16A, the Contractor must offer to its Newly Registered Patients, the facility to access online all information entered onto the Patient's medical record on or after 1st October 2019 in so far as its computerised clinical systems and redaction software allows unless:

32.16B.1 in the reasonable opinion of the Contractor, access to such information would not be in the Patient's best interests because it is likely to cause serious harm to:

32.16B.1.1 the Patient's physical or mental health; or

32.16B.1.2 the physical or mental health of any other person; or

32.16B.2 the information includes a reference to any third party who has not consented to its disclosure.”.

11. After clause **32.18**, insert the following new clause:

“32.18A In Clauses 32.15 to 32.18:

32.18A.1 “Local Arrangement” means an arrangement between the Contractor and the Commissioner as



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to the timeframe within which appointments not booked by NHS 111 can be released for booking by the Contractor's Registered Patients; and

32.18A.2 "Newly Registered Patient" means a person who becomes a Registered Patient on or after 1st October 2019."

## Clause 34E

12. After **clause 34E**, insert the following new clause:

**"34F            MHRA Central Alerting System**

34F.1            The Contractor must:

34F.1.1            provide to the MHRA on request, an electronic mail address which is registered to the Contractor's Practice;

34F.1.2            monitor that address;

34F.1.3            if that address ceases to be registered to the Practice, notify the MHRA immediately of its new electronic mail address; and

34F.1.4            provide to the MHRA on request, one or more mobile telephone numbers for use in the event the Contractor is unable to receive electronic mail."

## Clause 35

13. Omit **clauses 35.2 to 35.5**.

## Clause 36

14. After **clause 36**, insert the following new clauses:

**"36A            Use of NHS primary care logo**

36A.1            Where the Contractor chooses to apply the NHS primary care logo to signage, stationery, leaflets, posters, its Practice Website or to any other form of written representation relating to the primary care services it provides, it must have regard to guidance

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concerning use of the NHS primary care logo produced by the Commissioner.

**36B Marketing campaigns**

36B.1 The Contractor must participate in a manner reasonably requested by the Commissioner in up to 6 marketing campaigns in each Financial Year.

**36C Advertising Private Services**

36C.1 The Contractor must not advertise the provision of Private Services, either itself or through any other person, whether the Contractor provides the Private Services itself or they are provided by another person, by any written or electronic means where the same are used to advertise the Primary Medical Services it provides.”.

## Clause 49

15. In **clause 49.5.1**, after the words “provide information to the Patients regarding other services it provides (other than under the Contract) only where appropriate”, insert the following new wording:

“and in accordance with the restriction on advertising Private Services in Clause 36C”.

16. After **clause 49.5**, insert the following new clauses:

“49.5A The Contractor shall not, either itself or through any other person, demand or accept from any of its Patients a fee or other remuneration, for its own benefit or another’s benefit, for the completion, in relation to the Patient’s mental health, of:

49.5A.1 a mental health evidence form; or

49.5A.2 any examination of the Patient or of the Patient’s medical record in order to complete the form;

the purpose of which is to assist creditors in deciding which action to take where the debtor has a mental health problem.

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49.5B The Contractor shall not, either itself or through any other person, demand or accept from a person who is not a Patient of the Contractor, a fee or other remuneration, for its own benefit or another's benefit, for either of the following services provided on Practice Premises to which Clause 3.6.2 applies, unless those services are provided outside of Core Hours:

49.5B.1 for treatment consisting of an immunisation for which the Contractor receives no remuneration from the Commissioner when provided to its Patients and which is requested in connection with travel abroad; or

49.5B.2 for prescribing or providing drugs or medicines for malaria chemoprophylaxis.”.

## Clause 61

17. In **clause 61.1.4**, after the words “Industrial & Provident Society, ” insert the following wording:

“a Co-Operative Society, a Community Benefit Society, ”.

18. In **clause 61.2.8.2**, for “sections 56A to 56K of the Bankruptcy (Scotland) Act 1985”, substitute “Part 13 of the Bankruptcy (Scotland) Act 2016”.

## Clause 68

19. In **clause 68.2.5**, after the words “Industrial & Provident Society, ” insert the following wording:

“a Co-Operative Society, a Community Benefit Society, ”.

## Schedule 1

20. The following amendments are made to paragraph 1.2 of **Schedule 1**:

20.1. In the definition of “APMS Directions”, for “the Alternative Provider Medical Services Directions of 2016”, substitute “the Alternative Provider Medical Services Directions 2019”;

20.2. Omit the definition of “GPSOC accredited computer systems and software”;

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20.3. After the definition of “Medical Register”, insert the following new definition:

**“the MHRA**   the Medicines and Healthcare products Regulatory Agency;”

20.4. After the definition of “Practice Premises”, insert the following new definition:

**“Practice Website**                                 any website through which the Contractor advertises the Primary Medical Services it provides;”

20.5. After the definition of “Primary Medical Services”, insert the following new definition:

**“Private Services**                                 the provision of any treatment which would amount to Primary Medical Services if it was provided under or by virtue of a contract or agreement to Part 4 of the 2006 Act applies;”

## Schedule 11

21. For the table in **Schedule 11**, substitute the following table:

<i><b>Indicator ID</b></i>	<i><b>Indicator Description</b></i>
<i>Clinical domain</i>	
CHD003	The percentage of patients with coronary heart disease whose last measured cholesterol (measured in the preceding 12 months) is 5 mmol/l or less
CKD002	The percentage of patients on 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 on 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
CVD-PP002	The percentage of patients diagnosed with hypertension (diagnosed after or on 1st April 2009) who are given lifestyle advice in the preceding 12 months for: smoking cessation, safe alcohol consumption and healthy diet
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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DMO11	The percentage of patients with diabetes, on the register, who have a record of retinal screening in the preceding 12 months
EP002	The percentage of patients 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 drugs who have a record of information and counselling about contraception, conception and pregnancy in the preceding 12 months
LD002	The percentage of patients on the learning disability register with Down's syndrome aged 18 or over who have a record of blood TSH in the preceding 12 months
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
MH007	The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of alcohol consumption in the preceding 12 months
MH008	The percentage of women aged 25 or over and who have not attained the age of 65 with schizophrenia, bipolar affective disorder and other psychoses whose notes record that a cervical screening test has been performed in the preceding 5 years
PAD002	The percentage of patients with peripheral arterial disease in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less
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
PAD004	The percentage of patients with peripheral arterial disease with a record in the preceding 12 months that aspirin or an alternative anti-platelet is being taken
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
SMOK001	The percentage of patients aged 15 or over whose notes record smoking status in the preceding 24 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"

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I/We [ ] acknowledge receipt of the notice of variation dated [ ] of which the above is a duplicate.  
I/We acknowledge that this notice will take effect from [ ].

Signed:

[on behalf of ]:

Print name:

Date: