

31.3.2 wishes to remain on the Contractor's List of Patients, the Patient may remain on the List of Patients if the Contractor so agrees, notwithstanding that the Patient no longer resides in the Patient Registration Area.

31.4 Where a Patient remains on the Contractor's List of Patients as a consequence of Clause 31.3, the Parties shall treat the Outer Boundary Area as part of the Patient Registration Area for the purposes of the application of any other terms and conditions of the Contract in respect of that Patient.

List of Patients

31.5 The Contractor's List of Patients is open.

31.6 Not used.

31.7 The Commissioner shall prepare and keep up to date a List of the Patients:

31.7.1 who have been accepted by the Contractor for inclusion in its List of Patients under Clauses 31.8 to 31.12 and who have not subsequently been removed from that list under Clauses 31.23 to 31.58; and

31.7.2 who have been assigned to the Contractor under Clauses 31.101, to 31.104 and whose assignment has not subsequently been rescinded.

Application for inclusion in a List of Patients

31.8 The Contractor may, if its List of Patients is open, accept an application for inclusion in its List of Patients made by or on behalf of any person, whether or not resident in the Patient Registration Area or included, at the time of that application, in the List of Patients of another Contractor or Contractor of primary medical services.

31.9 The Contractor may, if its List of Patients is closed, only accept an application for inclusion in its List of Patients from a person who is an Immediate Family Member of a Registered Patient whether or not

resident in the Patient Registration Area or included, at the time of that application, in the List of Patients of another provider of primary medical services.

31.10 Subject to Clause 31.11, an application for inclusion in the Contractor's List of Patients shall be made by delivering to the Practice Premises a medical card or an application signed (in either case) by the applicant or person authorised by the applicant to sign on his behalf.

31.11 An application may be made:

31.11.1 on behalf of any Child:

31.11.1.1 by either parent, or in the absence of both parents, the guardian or other adult who has care of the Child;

31.11.1.2 by a person duly authorised by a local authority to whose care the Child has been committed under the Children Act 1989; or

31.11.1.3 by a person duly authorised by a voluntary organisation by which the Child is being accommodated under the provisions of that Act; or

31.11.2 on behalf of any adult who lacks the capacity to make such an application, or to authorise such an application to be made on their behalf, by a relative of that person, the primary carer of that person, a donee of a lasting power of attorney granted by that person or a deputy appointed for that person by the court under the provisions of the Mental Capacity Act 2005.

31.12 Where the Contractor has accepted an application for inclusion in its List of Patients, it shall:

31.12.1 notify the Patient (or, in the case of a Child or an adult who lacks capacity, the person who made the application on their 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

- 31.12.2 record in writing any such preference expressed by or on behalf of the Patient.

Temporary Residents

- 31.13 The Contractor may, if its List of Patients is open, accept a person as a Temporary Resident provided it is satisfied that the person is:

31.13.1 temporarily resident away from his normal place of residence and is not being provided with Essential Services (or their equivalent) under any other arrangement in the locality where he is temporarily residing; or

31.13.2 moving from place to place and not for the time being resident in any place.

- 31.14 For the purposes of Clause 31.13, a person shall be regarded as temporarily resident in a place if, when he arrives in that place, he intends to stay there for more than twenty four (24) hours but not more than three (3) months.

- 31.15 Where the Contractor wishes to terminate its responsibility for a person accepted as a Temporary Resident before the end of three (3) months or such shorter period for which it had agreed to accept him as a Patient, the Contractor shall notify the Patient either orally or in writing and its responsibility for that person shall cease seven (7) days after the date on which the notification was given.

- 31.16 At the end of three (3) months, or on such earlier date as its responsibility for the Patient has come to an end, the Contractor shall notify the Commissioner in writing of any person whom it accepted as a Temporary Resident.

Refusal of applications for inclusion in the List of Patients or for acceptance as a Temporary Resident

- 31.17 The Contractor shall only refuse an application made under Clauses 31.8 to 31.16 if it has reasonable grounds for doing so which do not relate to the applicant's race, gender, social class, age, religion, sexual orientation, appearance, disability or medical condition.
- 31.18 The reasonable grounds referred to in Clause 31.17 shall, in the case of applications made under Clauses 31.8 to 31.12 include the ground that the applicant does not live in the Patient Registration Area, or lives in the Outer Boundary Area.
- 31.19 If the Contractor refuses an application made under Clauses 31.8 to 31.1.6, it shall, within fourteen (14) days of its decision, notify the applicant (or, in the case of a Child or an adult who lacks capacity, the person making the application on their behalf) in writing of the refusal and the reason for it.
- 31.20 The Contractor shall keep a written record of refusals of applications made under Clauses 31.8 to 31.12 and of the reasons for them and shall make this record available to the Commissioner on request.

Patient preference of practitioner

- 31.21 Where the Contractor has accepted an application for inclusion in its List of Patients, it shall:
- 31.21.1 notify the Patient (or, in the case of a Child or an adult who lacks capacity, the person making the application on their 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
 - 31.21.2 record in writing any such preference expressed by or on behalf of the Patient.

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.

Removals from the list at the request of the Patient

31.23 The Contractor shall notify the Commissioner in writing of any request for removal from its List of Patients received from a Registered Patient.

31.24 Where the Commissioner receives notification from the Contractor under Clause 31.23, or receives a request from the Patient to be removed from the Contractor's List of Patients, it shall remove that person from the Contractor's List of Patients.

31.25 A removal under Clause 31.24 shall take effect:

31.25.1 on the date on which the Commissioner receives notification of the registration of the person with another provider of Essential Services (or their equivalent); or

31.25.2 fourteen (14) days after the date on which the notification or request made under Clauses 31.23 or 31.24 respectively is received by the Commissioner,

whichever is the sooner.

31.26 The Commissioner shall, as soon as practicable, notify in writing:

31.26.1 subject to Clause 31.27, the Patient; and

31.26.2 the Contractor

that the Patient's name will be or has been removed from the Contractor's List of Patients on the date referred to in Clause 31.25.

31.27 In Clauses 31.26, 31.28.2, 31.35.1, 31.41, 31.42, 31.47 31.54 and 31.61 a reference to a request received from, or advice, information or

notification required to be given to, a Patient shall include a request received from or advice, information or notification required to be given to:

- 31.27.1 in the case of a Patient who is a Child, a parent or other person referred to in Clause 31.11; or
- 31.27.2 in the case of an adult Patient who lacks the capacity to make the relevant request or receive the relevant advice, information or notification, a relative of that person, the Primary Carer of that person, a donee of a lasting power of attorney granted by that person or a deputy appointed for that person by the court under the provisions of the Mental Capacity Act 2005.

Removals from the list at the request of the Contractor

31.28 Subject to Clauses 31.36 to 31.43, where the Contractor has reasonable grounds for wishing a Patient to be removed from its List of Patients which do not relate to the applicant's race, gender, social class, age, religion, sexual orientation, appearance, disability or medical condition, the Contractor shall:

- 31.28.1 notify the Commissioner in writing that it wishes to have the Patient removed; and
- 31.28.2 subject to Clause 31.29, notify the Patient in writing of its specific reasons for requesting removal.

31.29 Where the circumstances of the removal are such that it is not appropriate for a more specific reason to be given, and in the reasonable opinion of the Contractor, there has been a breakdown of trust between the Patient and the Contractor, the reason given under Clause 31.28 may consist of a statement that there has been an irrevocable breakdown in the relationship between the Patient and the Contractor.

31.30 Before the Contractor can request a removal in accordance with Clause 31.28, it shall, except where the reason for removal relates to a

change of address, issue a warning to the Patient that he is at risk of removal unless:

- 31.30.1 it is not reasonably practicable for it to do so; or
- 31.30.2 it has reasonable grounds for believing that the issue of such a warning would be harmful to the physical or mental health of the Patient or would put at risk the safety of the Contractor, or other persons.

31.31 The Contractor shall record in writing the date of any warning given in accordance with Clause 31.30 or the reason why no such warning was given.

31.32 The Contractor shall keep a written record of removals under Clause 31.28 which shall include the reason for removal given to the Patient, the circumstances of the removal and in cases where Clause 31.29 applies, the grounds for a more specific reason not being appropriate, and the Contractor shall make this record available to the Commissioner on request.

31.33 A removal requested in accordance with Clause 31.28 shall, subject to Clause 31.34, take effect from the date on which the person is registered with another provider of Essential Services (or their equivalent), or the eighth day after the Commissioner receives the notice, whichever is the sooner.

31.34 Where, on the date on which the removal would take effect under Clause 31.33, the Contractor is treating the Patient at intervals of less than seven (7) days, the Contractor shall inform the Commissioner in writing of that fact and the removal shall take effect on the eighth (8th) day after the Commissioner receives notification from the Contractor that the person no longer needs such treatment, or on the date on which the Board receives notification that the person is registered with another provider of Essential Services (or their equivalent), whichever is the sooner.

31.35 The Commissioner shall notify in writing:

31.35.1 subject to Clause 31.28, the Patient; and

31.35.2 the Contractor,

that the Patient's name has been or will be removed from the Contractor's List of Patients on the date referred to in Clause 31.33 or 31.34.

Removal of violent Patients from the list

31.36 Where the Contractor wishes a Patient to be removed from its List of Patients with immediate effect on the grounds that:

31.36.1 the Patient has committed an act of violence against any of the persons specified in Clause 31.37 or behaved in such a way that any such person has feared for his safety; and

31.36.2 it has reported the incident to the police,

the Contractor shall notify the Commissioner in accordance with Clause 31.37.

31.37 The persons referred to in Clause 31.36 are:

31.37.1 a medical practitioner;

31.37.2 in the case of a Contract with a partnership, any partner in that partnership;

31.37.3 in the case of a Contract with a company, any legal and beneficial owner of shares in that company;

31.37.4 any member of the Contractor's staff;

31.37.5 any person employed or engaged by the Contractor to perform or assist in the performance of Services under the Contract; or

31.37.6 any other person present on the Practice Premises or in the place where the attendance of the medical practitioner or other Health Care Professional occurs.

31.38 Notification under Clause 31.36 may be given by any means including telephone or fax but if not given in writing such notification shall

subsequently be confirmed in writing within seven (7) days (and for this purpose a faxed notification is not a written one).

- 31.39 The Commissioner shall acknowledge in writing receipt of a request from the Contractor under Clause 31.36.
- 31.40 A removal requested in accordance with Clause 31.36 shall take effect at the time the Contractor makes the telephone call to the Commissioner, or sends or delivers the notification to the Commissioner.
- 31.41 Where, pursuant to Clauses 31.36 to 31.40, the Contractor has notified the Commissioner that it wishes to have a Patient removed from its List of Patients with immediate effect, it shall, subject to Clause 31.41, inform the Patient concerned unless:
- 31.41.1 it is not reasonably practicable for it to do so; or
 - 31.41.2 it has reasonable grounds for believing that the issue of such a warning would be harmful to the physical or mental health of the Patient or would put at risk the safety of the Contractor or other persons.
- 31.42 Where the Commissioner has removed a Patient from the Contractor's List of Patients in accordance with Clause 31.40 it shall, subject to Clause 31.37, give written notice of the removal to that Patient.
- 31.43 Where a Patient is removed from the Contractor's List of Patients in accordance with Clauses 31.36 to 31.42, the Contractor shall record in the Patient's medical records that the Patient has been removed under this Clause and the circumstances leading to his removal.

Removals from the list by the Commissioner

- 31.44 The Commissioner must remove a Patient from the Contractor's List of Patients if that Patient has subsequently been registered with another provider of Essential Services (or their equivalent) within England, or it has received notice from a Health Board, a Local Health Board or a Health and Social Services Board that the Patient has subsequently

been registered with a provider of Essential Services (or their equivalent) outside England.

- 31.45 A removal in accordance with Clause 31.44 shall take effect on the date on which notification of acceptance by the new provider was received or with the consent of the Commissioner, on such other date as has been agreed between the Contractor and the new provider.
- 31.46 The Commissioner shall notify the Contractor in writing of persons removed from its List of Patients under Clause 31.44.

Removals from list of patients who have moved

- 31.47 Subject to Clause 31.48, where the Commissioner is satisfied that a person on the Contractor's List of Patients no longer resides in the Patient Registration Area, the Commissioner shall, subject to Clause 31.37:
- 31.47.1 inform that Patient and the Contractor that the Contractor is no longer obliged to visit and treat the Patient;
- 31.47.2 advise the Patient either to obtain the Contractor's agreement to the continued inclusion of the Patient on its List of Patients or to apply for registration with another provider of Essential Services (or their equivalent); and
- 31.47.3 inform the Patient that if, after the expiration of thirty (30) days from the date of the letter of advice referred to in Clause 31.47.2, he has not acted in accordance with the advice and informed it accordingly, the Commissioner will remove him from the Contractor's List of Patients.
- 31.48 If, at the expiration of the period of thirty (30) days referred to in Clause 31.47.3, the Commissioner has not been notified of the action taken, it shall remove the Patient from the Contractor's List of Patients and, subject to Clause 31.37, inform him and the Contractor accordingly.
- 31.49 Where the address of a Patient who is on the Contractor's List of Patients is no longer known to the Commissioner, the Commissioner shall:

- 31.49.1 give to the Contractor notice in writing that it intends, at the end of the period of six (6) months commencing with the date of the notice, to remove the Patient from the Contractor's List of Patients; and
- 31.49.2 at the end of that period, remove the Patient from the Contractor's List of Patients unless, within that period, the Contractor satisfies the Commissioner that it is still responsible for providing Essential Services to that Patient.

Removal from the list of patients absent from the United Kingdom etc.

31.50 The Commissioner shall remove a Patient from the Contractor's List of Patients where it receives notification that that Patient:

31.50.1 intends to be away from the United Kingdom for a period of at least three (3) months;

31.50.2 is in Armed Forces of the Crown (except in the case of a patient to whom clauses 31.142 to 31.146 apply);

31.50.3 is serving a prison sentence of more than two (2) years or sentences totalling in the aggregate more than that period;

31.50.4 has been absent from the United Kingdom for a period of more than three (3) months; or

31.50.5 has died.

31.51 A removal in accordance with Clause 31.50 shall take effect:

31.51.1 in the cases referred to in Clauses 31.50.1 to 31.50.3 from the date of the departure, enlistment or imprisonment or the date on which the Commissioner first receives notification of the departure, enlistment or imprisonment whichever is the later;

31.51.2 in the cases referred to in Clauses 31.50.4 and 31.50.5 from the date on which the Commissioner first receives notification of the absence or death.

31.52 The Commissioner shall notify the Contractor in writing of Patients removed from its List of Patients under Clause 31.50.

Removal from the List of Patients accepted elsewhere as Temporary Residents

31.53 The Commissioner shall remove from the Contractor's List of Patients a Patient who has been accepted as a Temporary Resident by another

Contractor or other provider of Essential Services (or their equivalent) where it is satisfied, after due inquiry:

- 31.53.1 that the Patient's stay in the place of temporary residence has exceeded three (3) months; and
 - 31.53.2 that the Patient has not returned to his normal place of residence or any other place within the Patient Registration Area.
- 31.54 The Commissioner shall notify the Contractor and, subject to Clause 31.27, where practicable, the Patient, of a removal under Clause 31.53.
- 31.55 A notification to the Patient under Clause 31.54 shall inform him of:
- 31.55.1 his entitlement to make arrangements for the provision to him of Essential Services (or their equivalent), including by the Contractor by whom he has been treated as a Temporary Resident; and
 - 31.55.2 the name, postal and email address of the Commissioner.

Removal from a list of pupils at a school etc.

- 31.56 Where the Contractor provides Essential Services under the Contract to pupils at, or staff of, a school, the Commissioner shall remove from the Contractor's List of Patients any such patients who do not appear on particulars of persons who are pupils at, or staff of, that school provided by that school.
- 31.57 Where the Commissioner has made a request to a school to provide the particulars mentioned in Clause 31.56 and has not received them, it shall consult the Contractor as to whether it should remove from its List of Patients any persons appearing on that list as pupils at, or staff of, that school.
- 31.58 The Commissioner shall notify the Contractor in writing of Patients removed from its List of Patients under Clause 31.56

Termination of responsibility for Patients not registered with the Contractor

- 31.59 Where the Contractor:
- 31.59.1 has received an application for the provision of medical services other than Essential Services:
 - 31.59.1.1 from a person who is not included in the Contractor's List of Patients;
 - 31.59.1.2 from a person whom it has not accepted as a Temporary Resident; or
 - 31.59.1.3 on behalf of a person mentioned in Clauses 31.59.1.1 and 31.59.1.2, from one of the persons specified in Clause 31.11; and
 - 31.59.2 has accepted that person as a Patient for the provision of the Service in question, its responsibility for that Patient shall be terminated in the circumstances referred to in Clause 31.60.
- 31.60 The circumstances referred to in Clause 31.59 are:
- 31.60.1 the Patient informing the Contractor that he no longer wishes it to be responsible for provision of the service in question;
 - 31.60.2 in cases where the Contractor has reasonable grounds for terminating its responsibility which do not relate to the person's race, gender, social class, age, religion, sexual orientation, appearance, disability or medical condition, the Contractor informing the Patient that it no longer wishes to be responsible for providing him with the service in question; or
 - 31.60.3 it coming to the notice of the Contractor that the Patient:

31.60.3.1 no longer resides in the Patient Registration Area for which the Contractor has agreed to provide the service; or

31.60.3.2 is no longer included in the List of Patients of the other contractor to whose Registered Patients the Contractor has agreed to provide the service in question.

31.61 If the Contractor wishes to terminate its responsibility for a patient under Clause 31.60.2, it shall notify the Patient of the termination and the reason for it.

31.62 The Contractor shall keep a written record of terminations under Clause 31.59 to 31.61 and of the reasons for them and shall make this record available to the Commissioner on request.

31.63 A termination under Clause 31.60.2 shall take effect:

31.63.1 from the date on which the notice is given where the grounds for termination are those specified in Clause 31.36; or

31.63.2 in all other cases, fourteen (14) days from the date on which the notice is given.

Application for Closure of Lists of Patients

31.64 Where the Contractor which wishes to close its List of Patients, it must send a written application (the "Application") to close its list to the Commissioner. The Application must include the following details:

31.64.1 the options which the Contractor has considered, rejected or implemented in an attempt to relieve the difficulties which the Contractor has encountered in respect of its Open List of Patients and, if any of the options were implemented, the level of success in reducing or extinguishing such difficulties;

31.64.2 any discussions between the Contractor and its Patients and a summary of those discussions including whether in

- the opinion of those Patients the List of Patients should or should not be closed;
- 31.64.3 any discussions between the Contractor and other providers in the Patient Registration Area and a summary of the opinion of the other providers as to whether the List of Patients should or should not be closed;
- 31.64.4 the period of time during which the Contractor wishes its List of Patients to be closed and that period must not be less than three (3) months and not more than 12 months;
- 31.64.5 any reasonable support from the Commissioner which the Contractor considers would enable its List of Patients to remain Open or would enable the period of proposed closure to be minimised;
- 31.64.6 any plans the Contractor may have to alleviate the difficulties mentioned in that Application during the period the List of Patients may be closed in order for that list to re-open at the end of the proposed closure period without the existence of those difficulties; and
- 31.64.7 any other information which the Contractor considers ought to be drawn to attention of the Commissioner.
- 31.65 The Commissioner must acknowledge receipt of the Application within a period of seven (7) days starting on the date the Application was received by the Commissioner.
- 31.66 The Commissioner must consider the Application and may request such other information from the Contractor which it requires to enable it to consider the Application.
- 31.67 The Commissioner must enter into discussions with the Contractor concerning:
- 31.67.1 the support which the Commissioner may give the Contractor; or
- 31.67.2 changes which the Commissioner or Contractor may make,

to enable the Contractor to keep its List of Patients Open.

- 31.68 The Commissioner and the Contractor must, throughout the discussions referred to in Clause 31.67, use its reasonable endeavours to achieve the aim of keeping the Contractor's List of Patients Open.
- 31.69 The Commissioner or the Contractor may, at any stage during the discussions, invite the Local Medical Committee for the area in which the Contractor provides Services under the Contract to attend any meetings arranged between the Commissioner and the Contractor to discuss the Application.
- 31.70 The Commissioner may consult such persons as it appears to the Commissioner as may be affected by the closure of the Contractor's List of Patients, and if it does so, the Commissioner must provide to the Contractor a summary of the views expressed by those consulted in respect of the Application.
- 31.71 The Commissioner must enable the Contractor to consider and comment on all the information before the Commissioner makes a decision in respect of the Application.
- 31.72 The Contractor may withdraw its Application at any time before the Commissioner makes a decision in respect of that Application.
- 31.73 Within a period of 21 days starting on the date of receipt of the Application (or within such longer period as the Parties may agree), the Commissioner must make a decision:
- 31.73.1 to approve the Application and determine the date the closure is to take effect and the date the List of Patients is to re-open; or
 - 31.73.2 to reject the Application.
- 31.74 The Commissioner must notify the Contractor of its decision to approve the Application in accordance with Clauses 31.75 to 31.76, or in the case where the Application is rejected, in accordance with Clauses 31.82 to 31.84.

31.74.1 The Contractor must not submit more than one application to close its List of Patients in any period of 12 months starting on the date on which the Commissioner makes its decision on the Application unless:

31.74.1.1 Clauses 31.82 to 31.84 apply; or

31.74.1.2 there has been a change in circumstances of the Contractor which affects its ability to deliver the Services under the Contract.

Approval of Application to Close the Contractor's List of Patients

31.75 Where the Commissioner approves the application to close the Contractor's List of Patients, it must--

31.75.1 notify the Contractor of its decision in writing as soon as possible and the notification (the "Closure Notice") must include the details referred to in Clause 31.76; and

31.75.2 at the same time as it notifies the Contractor, send a copy of the Closure Notice to the Local Medical Committee for the area in which the Contractor provides Services under the Contract and to any person it consulted in accordance with Clause 31.70.

31.76 The Closure Notice must include:

31.76.1 the period of time for which the Contractor's List of Patients will be closed which must be:

31.76.1.1 the period specified in the application to close the List of Patients; or

31.76.1.2 in the case where the Commissioner and the Contractor have agreed in writing a different period, that different period,

and in either case, the period must be not less than three (3) months and not more than 12 months;

31.76.2 the date from which the closure of the List of Patients is to take effect; and

31.76.3 the date from which the List of Patients is to re-open.

31.77 Subject to Clause 31.100, the Contractor must close its List of Patients with effect from the date the closure of the List of Patients is to take effect and the List of Patients must remain closed for the duration of the closure period as specified in the Closure Notice.

31.78 Not used

31.79 Not used

31.80 Not used

31.81 Not used

Rejection of an Application to Close the Contractor's List of Patients

31.82 Where the Commissioner rejects an application to close the Contractor's List of Patients it must--

31.82.1 notify the Contractor of its decision in writing as soon as possible and the notification must include the reasons for the rejection of the application; and

31.82.2 at the same time as it notifies the Contractor, send a copy of the notification to the Local Medical Committee for the area in which the Contractor provides Services under the Contract and to any person it consulted in accordance with Clause 31.70.

31.83 Subject to Clause 31.84, if the Commissioner makes a decision to reject the Contractor's application to close its List of Patients, the Contractor must not make a further application until--

31.83.1 the end of the period of three (3) months, starting on the date of the decision of the Commissioner to reject; or

31.83.2 the end of the period of three (3) months, starting on the date of the final determination in respect of a dispute arising from the decision to reject the application made pursuant to the Dispute Resolution Procedure, whichever is the later.

31.84 The Contractor may make a further application to close its List of Patients where there has been a change in the circumstances of the Contractor which affects its ability to deliver services under the Contract.

31.85 Not used

31.86 Not used

31.87 Not used

Application for an Extension of a closure period

31.88 The Contractor may apply to extend a closure period by sending a written application to extend the closure period no later than eight (8) weeks before the date that period is due to expire.

31.89 The application to extend the closure period must include:

31.89.1 details of the options the Contractor has considered, rejected or implemented in an attempt to relieve the difficulties which have been encountered during the closure period or which may be encountered when the closure period expires;

31.89.2 the period of time during which the Contractor wishes its List of Patients to remain closed, which extended period of desired closure must not be more than 12 months;

31.89.3 details of any reasonable support from the Commissioner which the Contractor considers would enable its List of Patients to re-open or would enable the proposed extension of the closure period to be minimised;

- 31.89.4 details of any plans the Contractor may have to alleviate the difficulties mentioned in the application to extend the closure period in order for the List of Patients to re-open at the end of the proposed extension of the closure period without the existence of those difficulties; and
 - 31.89.5 any other information which the Contractor considers ought to be drawn to the attention of the Commissioner.
- 31.90 The Commissioner must acknowledge receipt of the application for an extension of the closure period within a period of seven (7) days starting on the date the application was received by the Commissioner.
- 31.91 The Commissioner must consider the application for an extension of the closure period and may request such other information from the Contractor which it requires to enable it to consider that application.
- 31.92 The Commissioner may enter into discussions with the Contractor concerning--
 - 31.92.1 the support which the Commissioner may give the Contractor; or
 - 31.92.2 changes which the Commissioner or Contractor may make to enable the Contractor to re-open its List of Patients.
- 31.93 Within a period of 14 days starting on the date of receipt of the application to extend the closure period (or within such longer period as the parties may agree), the Commissioner must make a decision as to whether to approve or reject the application to extend the closure period.
- 31.94 The Commissioner must notify the Contractor of its decision to approve or reject the application to extend the closure period as soon as possible after making its decision.
- 31.95 Where the Commissioner approves the application to extend the closure period, it must--

- 31.95.1 notify the Contractor of its decision in writing and the notification (the "Extended Closure Notice") shall include the details referred to in Clause 31.96; and
 - 31.95.2 at the same time as it notifies the Contractor, send a copy of the Extended Closure Notice to the Local Medical Committee for the area in which the Contractor provides the Services under the Contract and to any person it consulted in accordance with Clause 31.70.
- 31.96 The Extended Closure Notice must include:
- 31.96.1 the period of time for which the Contractor's List of Patients will remain closed which must be--
 - 31.96.1.1 the period specified in the application to extend the closure period; or
 - 31.96.1.2 in the case where the Commissioner and the Contractor have agreed in writing a different period to the period specified in the application to extend the closure period, the period which is agreed,

and in either case, the period (the "**Extended Closure Period**"), must not be less than three (3) months and not more than 12 months;
 - 31.96.2 the date from which the Extended Closure Period is to take effect; and
 - 31.96.3 the date on which the List of Patients is to re-open.
- 31.97 Where the Commissioner rejects an application to extend the closure period it must:
- 31.97.1 notify the Contractor of its decision in writing and the notification must include the reasons for the rejection of the application; and

31.97.2 at the same time as it notifies the Contractor, send a copy of the notification to the Local Medical Committee for the area in which the Contractor provides the Services under the Contract.

31.98 Where an application for an extension of the closure period is made in accordance with Clauses 31.88 and 31.89, the List of Patients will remain closed pending:

31.99 the determination by the Commissioner of the application for an extension of the closure period; or

31.99.1 the Contractor ceasing to pursue any dispute arising from the application for an extension of the closure period pursuant to the NHS Dispute Resolution Procedure (or any court proceedings),
whichever is the later.

Re-opening of List of Patients

31.100 The Contractor may re-open its List of Patients if, before the expiry of the closure period, the Commissioner and the Contractor agree that the Contractor should re-open its List of Patients.

Assignment of patients to lists - open lists

31.101 The Commissioner may, subject to Clause 31.105, assign a new Patient to the Contractor whose List of Patients is open.

31.102 In this clause, and in Clauses 31.103 and 31.104 and Clauses 31.106 to 31.120, a "new" Patient means a person who:

31.102.1 not used;

31.102.2 has been refused inclusion in a List of Patients, or has not been accepted as a Temporary Resident by a provider;
and

31.102.3 wishes to be included in the List of Patients of the Contractor.

Assignment of patients to lists - closed lists

- 31.103 The Commissioner may not assign a Patient to the Contractor where it has closed its List of Patients except in the circumstances specified in Clause 31.104.
- 31.104 The Commissioner may, subject to Clause 31.105, assign a new patient to the Contractor when it has closed its List of Patients if:
- 31.104.1 the Assessment Panel has determined under the applicable provision of Schedule 5 of the PMS Agreements Regulations that patients may be assigned to the Contractor, and that determination has not been overturned either by a determination of the Secretary of State or (where applicable) by a court; and
 - 31.104.2 the Commissioner has entered into discussions with the Contractor regarding the assignment of a patient if such discussions are required under Clauses 31.118 to 31.120.

Factors relevant to assignments

- 31.105 In making an assignment to the Contractor under Clauses 31.101 to 31.104, the Commissioner shall have regard to:
- 31.105.1 the wishes and circumstances of the Patient to be assigned;
 - 31.105.2 the distance between the Patient's place of residence and the Practice Premises;
 - 31.105.3 any request made by the Contractor to remove the Patient from its List of Patients within the preceding period of six (6) months starting on the date on which the application for assignment is received by the Commissioner;
 - 31.105.4 whether, during the six (6) months ending on the date on which the application for assignment is received by the Commissioner, the Patient's name has been removed from the List of Patients on the grounds referred to in:

- 31.105.4.1 Clauses 31.28 to 31.35 (Removals from the List at the request of the Contractor);
- 31.105.4.2 Clauses 31.36 to 31.43 (Removal of Violent Patients from the List of Patients); or
- 31.105.4.3 the equivalent provision in relation to arrangements made under section 83(2) of the 2006 Act, or under a contract made in accordance with the GMS Contracts Regulations;
- 31.105.5 in a case in which Clause 31.105.4.2 applies (or the equivalent provisions as mentioned in Clause 31.105.4.3 apply) whether the Contractor has appropriate facilities to deal with such Patients; and
- 31.105.6 such other matters as the Commissioner considers to be relevant.

Assignments to closed lists: determination of the Assessment Panel

- 31.106 If the Commissioner wishes to assign new patients to providers who have closed their list of patients (including the Contractor), it must prepare a proposal to be considered by the Assessment Panel.
- 31.107 The Commissioner must notify in writing:
 - 31.107.1 providers (including the Contractor) who provide primary medical services under arrangements made under section 83(2) of the 2006 Act or under a Contract made in accordance with the GMS Contracts Regulations 2004, which:
 - 31.107.1.1 have closed their list of patients; and
 - 31.107.1.2 may, in the opinion of the Commissioner, be affected by the determination of the Assessment Panel; and

- 31.107.2 the Local Medical Committee (if any) for the area in which the providers (including the Contractor) referred to in clause 31.107.1 provide Essential Services (or their equivalent), that it has referred the matter to the Assessment Panel.
- 31.108 The Commissioner must ensure that the Assessment Panel is appointed to consider and determine its proposal made under Clause 31.106, and the composition of the Assessment Panel shall be as described in Clause 31.109.
- 31.109 The members of the Assessment Panel must be:
- 31.109.1 a member of the Commissioner who is a director;
- 31.109.2 a patient representative who is a member of the Local Health and Wellbeing Commissioner or Local Healthwatch organisation; and
- 31.109.3 a member of a Local Medical Committee but not a member of the Local Medical Committee formed for the area in which the Contractor provides Essential Services.
- 31.110 In reaching its determination, the Assessment Panel must have regard to relevant factors including:
- 31.110.1 whether the Commissioner has attempted to secure the provision of Essential Services (or their equivalent) for new patients other than by means of its proposed assignment to a provider (including the Contractor) with a closed list of patients; and
- 31.110.2 whether the workload of those providers (including the Contractor) is likely to be affected by any decision to assign such patients to their list of patients.
- 31.111 The Assessment Panel must reach a determination within a period of 28 days starting on the date on which the Assessment Panel was appointed.
- 31.112 The Assessment Panel:

- 31.112.1 must determine whether the Commissioner may assign patients to a provider (including the Contractor) which has a closed list of patients; and
- 31.112.2 if it so determines that the Commissioner may make such an assignment, must determine in the case where there is more than one provider, those providers to which patients may be assigned.

31.113 The Assessment Panel may determine that the Commissioner may assign new patients to provider other than the providers (including the Contractor) specified in Clause 31.106, as long as the Contractors were notified under Clause 31.107.1.

31.114 The Assessment Panel's determination must include its comments on the matters referred to in Clause 31.110, and must be notified in writing to those Contractors referred to in Clause 31.107.1.

**Assignments to closed lists: Dispute Resolution
Procedure relating to determinations of the Assessment
Panel**

31.115 Where the Assessment Panel determines in accordance with the applicable provisions of Schedule 5 to the PMS Agreements Regulations that the Commissioner may assign new patients to Contractors which have closed their lists of patients, and the Contractor is specified in that determination, the Contractor may refer the matter to the Secretary of State to review the determination of the Assessment Panel.

31.116 Where, pursuant to Clause 31.115, the Contractor wishes to refer the matter to the Secretary of State either by itself, or jointly with other provider specified in the determination of the Assessment Panel, it must, either by itself or together with the other providers, within the period of seven (7) days beginning with the date of the determination of the Assessment Panel, send to the Secretary of State a written request for dispute resolution which shall include or be accompanied by:

- 31.116.1 the names and addresses of the parties to the dispute;
- 31.116.2 a copy of the Contract (or contracts); and
- 31.116.3 a brief statement describing the nature and circumstances of the dispute.

31.117 Where a matter is referred to the Secretary of State in accordance with Schedule 5 to PMS Agreement Regulations it shall be reviewed in accordance with the procedure specified in Schedule 5, Part 2, paragraph 35.

Assignments to closed lists: assignments of patients by the Commissioner

31.118 Before the Commissioner may assign a patient to the Contractor where it has closed its list, it shall, subject to Clause 31.120, enter into discussions with the Contractor regarding additional support that the Commissioner can offer the Contractor, and the Commissioner shall use its best endeavours to provide appropriate support.

31.119 In the discussions referred to in Clause 31.118, both parties shall use reasonable endeavours to reach agreement.

31.120 The requirement in Clause 31.118 to enter into discussions applies:

- 31.120.1 to the first assignment of a patient to the Contractor; and
- 31.120.2 to any subsequent assignment to that Contractor to the extent that it is reasonable and appropriate having regard to the numbers of patients who have been or may be assigned to it and the period of time since the last discussions under Clause 31.118 took place.

Patients aged 75 and over: Accountable GP

31.121 The Contractor must ensure that for each of its Registered Patients aged 75 and over there is assigned an Accountable GP.

31.122 The Accountable GP must:

- 31.122.1 take lead responsibility for ensuring that all Services are, to the extent that their provision is considered necessary to meet the needs of the patient, delivered to the Patient;
 - 31.122.2 take all reasonable steps to recognise and appropriately respond to the physical and psychological needs of the Patient in a timely manner;
 - 31.122.3 ensure that the Patient receives a Health Check if, and within a reasonable period after, one has been requested; and
 - 31.122.4 work co-operatively with other health and social care professionals who may become involved in the care and treatment of the Patient to ensure the delivery of a multi-disciplinary care package designed to meet the needs of the Patient
- 31.123 The Contractor must –
- 31.123.1 inform the Patient, in such manner as is considered appropriate by the Practice, of the assignment to them of an Accountable GP which must state the name and contact details of the Accountable GP and the role and responsibilities of the Accountable GP in respect of the Patient;
 - 31.123.2 inform the Patient as soon as any circumstances arise in which the Accountable GP is not able, for any significant period, to carry out their duties towards the Patient; and
 - 31.123.3 where the Practice considers it to be necessary, assign a replacement Accountable GP to the Patient and give notice to the Patient accordingly.
- 31.124 The Contractor must comply with the requirement in clause 31.122.1:
- 31.124.1 in the case of any person who is included in the List of Patients immediately before 1 April 2014 and:

- 31.124.1.1 is aged 75 or over on or before that date, by 30 June 2014; or
- 31.124.1.2 who attains the age of 75 after that date, within 21 days from the date on which that person attained that age; or
- 31.124.2 in the case of any person aged 75 or over who is accepted by the Contractor as a Registered Patient on or after 1 April 2014, within 21 days from the date on which that person is so accepted.

Registered Patients from outside Patient Registration Area; variation of contractual terms

- 31.125 Where the Contractor provides Essential Services, the Contractor may, on or after 1 October 2014, accept on its List of Patients, or subsequently wish to remove a person who resides outside of the Patient Registration Area whereupon the Commissioner and the Contractor shall vary the Contract in order to comply with the requirements of Direction 16 of the APMS Directions.

Savings in respect of the Patient Choice Extension Scheme

- 31.126 Where, before 1 April 2014 a Patient is included in the Contractor's List of Patients pursuant to arrangements entered into by the Contractor and the Commissioner under the Patient Choice Extension Scheme and the terms of the Contract were varied pursuant to Direction 14 of the APMS Directions as it had effect immediately before that date, the Patient may remain registered with the Contractor's Practice and any variation to the Contract which exempts the Contractor's Practice from obligations or liabilities under those arrangements continues to operate for such period as the patient remains so registered and paragraph 6 of the above mentioned Direction 14 as it had effect immediately before 1 April 2014 continues to have effect in relation to an APMS contract where, before that date, the Contractor had entered into

arrangements with the Commissioner under the Patient Choice Extension Scheme.

Newly registered patients – alcohol dependency screening

31.127 Where under clause 31.7 a Patient has been:

31.127.1 accepted onto the Contractor's List of Patients; or

31.127.2 assigned to that list by the Board,

the Contractor must take action to identify any such Patient over the age of 16 who is drinking alcohol at increasing or higher risk levels with a view to seeking to reduce the alcohol related health risks to that Patient.

31.128 The Contractor must comply with the requirement in clause 31.127 by screening the Patient using either one of the two shortened versions of the World Health Organisation Alcohol Use Disorders Identification ("AUDIT") questionnaire⁹ which are known as:

31.128.1 FAST (which has four questions); or

31.128.2 AUDIT-C (which has three questions).

31.129 Where, under clause 31.128, the Contractor identifies a Patient as positive using either of the shortened versions of the AUDIT questionnaire specified in clause 31.128, the remaining questions of the full ten question AUDIT questionnaire are to be used by the Contractor to determine increasing risk, higher risk or likely dependent drinking.

31.130 Where a Patient is identified as drinking at increasing or higher risk levels, the Contractor must:

31.130.1 offer the Patient appropriate advice and lifestyle counselling;

⁹ The World Health Organisation Alcohol Use Disorders Identification Test (AUDIT) questionnaire can be accessed at http://www.who.int/substance_abuse/activities/sbi/en/. Further information about the test, and the questionnaires themselves, are available in hard copy from NHS England, PO Box 16738, Redditch, B97 7PT

- 31.130.2 respond to any other need identified in the Patient which relates to the Patient's levels of drinking, including by providing any additional support or treatment required for people with mental health issues; and
 - 31.130.3 in any case where the Patient is identified as a dependent drinker, offer the Patient a referral to such specialist services as are considered clinically appropriate to meet the needs of the Patient.
- 31.131 Where a patient is identified as drinking at increasing or higher risk levels or as a dependent drinker, the Contractor must ensure that the Patient is:
- 31.131.1 assessed for anxiety and depression;
 - 31.131.2 offered screening for anxiety or depression; and
 - 31.131.3 where anxiety or depression is diagnosed, provided with any treatment and support which may be required under the agreement, including referral for specialist mental health treatment.
- 31.132 The Contractor must make relevant entries, including the results of the completed questionnaire referred to in clause 31.128, in the Patient's record that the Contractor is required to keep under clause 32.

Patients Living with Frailty

- 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 Index¹⁰ 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 Record¹¹, advise the Patient about the benefits of having an enriched Summary Care Record and activate that record at the Patient's request.

¹⁰ 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.

¹¹ 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.

31.132D The Contractor must, using codes agreed by the Commissioner for the purpose, record in the Patient's Summary Care Record any appropriate information relating to clinical interventions provided to a Patient under this Clause.

Accountable GPs

31.133 A Contractor must ensure that for each of its Registered Patients (including patients under the age of 16) there is assigned an Accountable GP.

31.134 The Accountable GP must take the lead responsibility for ensuring that any services which the Contractor is required to provide under the Contract are, to the extent that their provision is considered necessary to meet the needs of the Patient, coordinated and delivered to the Patient.

31.135 The Contractor must –

31.135.1 inform the Patient, as soon as reasonably practicable and in such manner as is considered appropriate by the Practice, of the assignment to the Patient of an Accountable GP and must state the name and contact details of the Accountable GP and the role and responsibilities of the Accountable GP in respect of the Patient;

31.135.2 inform the Patient as soon as any circumstances arise in which the Accountable GP is not able, for any significant period, to carry out the duties of an Accountable GP in respect of the Patient; and

31.135.3 where the Practice considers it to be necessary, assign a replacement Accountable GP to the Patient and give notice to the Patient accordingly.

31.136 The Contractor must comply with the requirement in sub-clause 31.135.1:

- 31.136.1 by 30th June 2015, in the case of any person who is included in the Contractor's List of Patients immediately before 1 April 2015; or
 - 31.136.2 in the case of any person who is accepted by the Contractor as a Registered Patient on or after 1 April 2015, within 21 days from the date on which that patient is so accepted.
- 31.137 The requirement in clause 31.133 does not apply to:
- 31.137.1 any Patient of the Contractor who is aged 75 or over, or who attains the age of 75, on or after 1 April 2015; or
 - 31.137.2 any other patient of the Contractor if the Contractor has been informed that the Patient does not wish to have an Accountable GP.
- 31.138 Where, under sub-clause 31.135.1, the Contractor informs a Patient of the assignment to them of an Accountable GP, the Patient may express a preference as to which general medical practitioner within the Contractor's Practice the Patient would like to have as the Patient's Accountable GP and, where such a preference has been expressed, the Contractor must make reasonable efforts to accommodate the request.
- 31.139 Where, under sub-clause 31.137.2, the Contractor has been informed by or in relation to a Patient that the Patient does not wish to have an Accountable GP, the Contractor must record that fact in the Patient's record that the Contractor is required to keep under clause 32.
- 31.140 The Contractor must, by no later than 31st March 2016, include information about the requirement to assign an Accountable GP to each of its new and existing Registered Patients:
- 31.140.1 on the Contractor's practice website (if it has one); and
 - 31.140.2 in the Contractor's practice leaflet.

- 31.141 Where the Contractor does not have a practice website, the Contractor must include the information referred to in clause 31.140 on its profile page on NHS Choices¹².

Inclusion in list of patients: armed forces personnel

- 31.142 The Contractor may, if its List of Patients is open, include a person to whom clause 31.143 applies in its List of Patients for a period of up to two years and clause 31.50.2 does not apply in respect of any person included in the Contractor's List of Patients by virtue of clauses 31.142 to 31.146.
- 31.143 This clause applies to a person who is:
- 31.143.1 a serving member of the Armed Forces of the Crown who has received written authorisation from defence Medical Services¹³ to receive primary medical services from the Contractor's Practice; and
 - 31.143.2 living or working within the Contractor's Patient Registration Area during the period in respect of which that written authorisation is given.
- 31.144 Where the Contractor has accepted a person to whom clause 31.143 applies onto its List of Patients, the Contractor must:
- 31.144.1 obtain a copy of the patient's medical record or a summary of that record from Defence Medical Services; and
 - 31.144.2 provide regular updates to Defence Medical Services at such intervals as are agreed with Defence Medical Services about any care and treatment which the Contractor has provided to the Patient.

¹² NHS Choices is the website available at <http://www.nhs.uk> which provides information from the National Health Service on conditions, treatments and local services including GP services

¹³ Defence Medical Service is an umbrella organisation within the Ministry of Defence which is responsible for the provision of medical, dental and nursing services in the United Kingdom to members of the armed forces of the Crown.

31.145 At the end of the period of two years, or on such earlier date as the Contractor's responsibility for the Patient has come to an end, the Contractor must:

31.145.1 Notify Defence Medical Services in writing that its responsibility for that person has come to an end; and

31.145.2 Update the Patient's medical record, or summary of that record, and return it to Defence Medical Services.

31.146 In clauses 31.142 to 31.145, "primary medical services" are the medical services which are provided by the Contractor's Practice under the Contract to which Part 4 of the 2006 Act applies.

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, 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.

RECORDS, INFORMATION, NOTIFICATION AND RIGHTS OF ENTRY

32 Patient Records

32.1 In this Clause "computerised records" means records created by way of entries on a computer.

32.2 The Contractor shall keep adequate records of its attendance on and treatment of its Patients and shall do so:

32.2.1 on forms supplied to it for the purpose by the Commissioner; or

- 32.2.2 with the written consent of the Commissioner, by way of computerised records; or
- 32.2.3 in a combination of those two (2) ways.
- 32.3 The Contractor shall include in the records referred to in Clause 32.2 clinical reports sent in accordance with Clause 10.1.
- 32.4 The consent of the Commissioner required by Clause 32.2.2 shall not be withheld or, once given, withdrawn provided the Commissioner is satisfied, and continues to be satisfied, that:
- 32.4.1 the computer system upon which the Contractor proposes to keep the records has been accredited by the Secretary of State or another person on his behalf in accordance with "General Practice Systems of Choice Level 2";
- 32.4.2 the security measures audit and system management functions incorporated into the computer system as accredited in accordance with Clause 32.4.1 have been enabled; and
- 32.4.3 the Contractor is aware of, and has signed an undertaking that it will have regard to the guidelines contained in "the Good Practice Guidelines for GP Electronic Records (Version 4)", published on 21 March 2011 or in any document which it has been notified by the Commissioner has replaced that document.
- 32.5 Where a Patient's records are computerised records the Contractor shall, as soon as possible following a request from the Commissioner, allow the Commissioner to access the information recorded on its computer system by means of the audit function referred to in Clause 32.4.2 to the extent necessary for the Commissioner to check that the audit function is enabled and functioning correctly.
- 32.6 The Contractor shall send the complete records relating to a Patient to the Commissioner:

- 32.6.1 as soon as possible, at the request of the Commissioner;
or
 - 32.6.2 where a person on its list dies, before the end of the period of fourteen (14) days beginning with the date on which it was informed by the Commissioner of the death, or (in any other case) before the end of the period of one month beginning with the date on which it learned of the death and the Contractor's obligations pursuant to this Clause, and Clause 32.7 below shall survive the termination or expiry of the Contract.
- 32.7 To the extent that a Patient's records are computerised records, the Contractor complies with Clause 32.6 if it sends to the Commissioner a copy of those records:
- 32.7.1 in written form; or
 - 32.7.2 with the written consent of the Commissioner in any other form.
- 32.8 The consent of the Commissioner to the transmission of information other than in written form for the purposes of Clause 32.7.2 shall not be withheld or withdrawn provided it is satisfied, and continues to be satisfied, with the following matters:
- 32.8.1 the Contractor's proposals as to how the record will be transmitted;
 - 32.8.2 the Contractor's proposals as to the format of the transmitted record;
 - 32.8.3 how the Contractor will ensure that the record received by the Commissioner is identical to that transmitted; and
 - 32.8.4 how a written copy of the record can be produced by the Commissioner.
- 32.9 Where the Contractor keeps computerised records, the Contractor shall not disable, or attempt to disable, either the security measures or

the audit and system management functions referred to in Clause 32.4.2.

Summary Care Record

- 32.10 The Contractor must, in any case where there is a change to the information included in a Patient's medical record, enable an automated upload of Summary Information to the Summary Care Record, at least on a daily basis, using the approved systems provided to it by the Commissioner.
- 32.11 The requirement in clause 32.10 does not apply to the Contractor where:
- 32.11.1 the Contractor does not have access to computer systems and software which would enable it to carry out automated uploads of the Summary Information; and
 - 32.11.2 the Contractor has, by 30 September 2014, publicised its plans to enable it to achieve that requirement by no later than 31 March 2015 by displaying a statement of intent at the Practice Premises and, where the Practice has a website, on the Practice website.

Electronic transfer of patient records

- 32.12 The Contractor must use the GP2GP Facility for the safe and effective transfer of any Patient Records:
- 32.12.1 in a case where a new Patient registers with the Practice, to the Practice from another provider of primary medical services (if any) with which the Patient was previously registered; or
 - 32.12.2 in a case where the Contractor receives a request from another provider of primary medical services with which the Patient has registered, in order to respond to that request.
- 32.13 The requirement in clause 32.12 does not apply to the Contractor where:

32.13.1 the Contractor does not have access to computer systems and software which would enable it to use the GP2GP Facility to effect the transfer of Patient Records to another provider of primary medical services with a patient list; and

32.13.2 the Contractor has, by 30 September 2014, publicised its plans to enable it to achieve that requirement by 31 March 2015 by displaying a statement of intent at the Practice Premises and, where the Practice has a website, on the Practice website.

32.13A Clause 32.12 and 32.13 do not apply in the case of a Temporary Resident.

Clinical correspondence: requirement for NHS number

32.14 The Contractor must include the NHS Number of a Registered Patient as the primary identifier in all Clinical Correspondence issued by the Contractor which relates to that Patient except where, in exceptional circumstances outside of the Contractor's control, it is not possible for the Contractor to ascertain the patient's NHS Number.

Patient online services

32.15 The Contractor must promote and offer to its Registered Patients the facility for a Patient:

32.15.1 to book, view, amend, cancel and print appointments online;

32.15.2 to order repeat prescriptions for drugs, medicines or appliances online; and

32.15.3 to view and print a list of any drugs, medicines or appliances in respect of which the Patient has a repeat prescription

in a manner which is capable of being electronically integrated with the computerised clinical systems of the Contractor using appropriate systems authorised by the Commissioner.

32.15A A Contractor must, when complying with the requirement in sub-clause 32.15.1, consider whether it is necessary, in order to meet the reasonable needs of its Registered Patients, to take action to comply with the requirement in sub-clause 32.15.1 so as to increase the proportion of appointments which are available for its Registered Patients to book online and, if so, take such action.

32.16 The Contractor must promote and offer to its Registered Patients, in circumstances where the medical records of its Patients are held on the Contractor's computerised clinical systems, the facility for a Patient to:

32.16.1 access online any Summary Information derived from the Patient's medical records and any other data which the Contractor has agreed that the Patient may access; and

32.16.2 view online, electronically export or print any Summary Information derived from the Patient's medical records and any other data which the Contractor has agreed that the Patient may access.

32.16A A Contractor must promote and offer to its Registered Patients, in circumstances where the medical records of its Registered Patients are held on the Contractor's computerised clinical systems, the facility for any such Patient to access online all information from the Patient's medical record which is held in coded form unless:

32.16A.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:

32.16A.1.1 to the Patient's physical or mental health, or

- 32.16A.1.2 to the physical or mental health of any other person;
 - 32.16A.2 the information includes a reference to any third party who has not consented to its disclosure; or
 - 32.16A.3 the information in the Patient's medical record contains a free text entry and it is not possible under the Contractor's computerised clinical systems to separate that free text entry from other information in that medical record which is held in coded form.
- 32.17 Where the Contractor has a practice website, the Contractor must also promote and offer to its Registered Patients the facility referred to in clauses 32.15.1 and 32.15.2 on that practice website.
- 32.18 The requirements in clause 32.15 do not apply where the Contractor does not have access to computer systems and software which would enable it to offer the online services described in clause 32.15 to its Registered Patients.
- 32.19 The requirements in clause 32.16:
- 32.19.1 do not apply where the Contractor does not have access to computer systems and software which would enable it to offer the online services described in clause 32.16; and
 - 32.19.2 only apply until such time as the Contractor is able to fully comply with the requirements in clause 32.16A.
- 32.20 The requirements in clause 32.16A do not apply where:
- 32.20.1 the Contractor does not have access to GPSOC accredited computer systems and software which would enable it to offer the online services described in that sub-paragraph to its Registered Patients; and
 - 32.20.2 the Contractor has, by 30 September 2015, publicised its plans to enable it to achieve that requirement by 31 March 2016 by displaying a statement of intent at the Practice

Premises and, where the practice has a website, on the practice website.

33 Confidentiality of Personal Data

- 33.1 The Contractor shall nominate a person with responsibility for practices and procedures relating to the confidentiality of Personal Data (as defined in the Data Protection Act 1998) held by it.
- 33.2 The Contractor shall maintain the confidentiality of Personal Data entrusted to it in accordance with the provisions of the Data Protection Act 1998.
- 33.3 The Contractor shall have regard to the Provisions of the Confidentiality and Disclosure of Information: General Medical Services, Personal Medical Services and Alternative Contractor Medical Services Code of Practice (as amended or reissued from time to time).

34 Provision of Information to a Medical Officer Etc.

- 34.1 The Contractor must, if satisfied that the Patient consents:
 - 34.1.1 supply in writing to any person specified in Clause 34.3, within such reasonable period as that person may specify, such clinical information as any of the persons mentioned in Clauses 34.3.1 to 34.3.4 considers relevant about a Patient to whom the Contractor or a person acting on behalf of the Contractor has issued or has refused to issue a medical certificate; and
 - 34.1.2 answer any inquiries by any person mentioned in Clause 34.3 about:
 - 34.1.2.1 a Prescription Form or medical certificate issued or created by, or on behalf of, the Contractor, or