

Regulations - core hours and service delivery

GMS (Part 1, General)

Interpretation

3. In these Regulations— ...

"core hours" means the period beginning at 8.00am and ending at 6.30pm on any day from Monday to Friday except Good Friday, Christmas Day or bank holidays;

GMS (Part 5, Contracts: required terms)

Services: general

20.—...

1. A contract must also—
 - a. state the period (if any) for which the services are to be provided except where those services are—
 - i. essential services,
 - ii. additional services funded under the global sum, and
 - iii. out of hours services;
 - b. contain a term which requires the contractor to provide—
 - i. essential services, and
 - ii. additional services funded under the global sum,

at such times, within core hours, as are appropriate to meet the reasonable needs of patients; and

- c. contain a term which requires the contractor to have in place arrangements for its patients to access essential services and additional services funded under the global sum throughout the core hours in case of emergency.

Regulations - subcontracting arrangements during core hours

GMS (Schedule 3, Part 5, Sub contracting)

(1) Subject to sub-paragraph (2), the contractor must not sub-contract any of its rights or duties under the contract in relation to clinical matters to any person unless-

(a) In all cases, including those duties relating to out of hours services to which paragraph 45 applies, it has taken reasonable steps to satisfy itself that-

(i) It is reasonable in all the circumstances to do so, and

(ii) The person to whom any of those rights or duties is sub-contracted is qualified and competent to provide the service; and

(b) Except in cases to which paragraph 45 applies, the contractor has given notice in writing to the board of its intention to sub contract as soon as reasonably practicable before the date on which the proposed sub-contract is intended to come into effect

(2) Sub-paragraph (1)(b) does not apply to a contract for services with a health care professional for the provision by that professional personally of clinical services

(3) A notice given under sub-paragraph (1)(b) must include-

(a) the name and address of the proposed sub-contractor;

(b) the duration of the proposed sub-contract

(c) the services to be covered by the proposed sub-contract; and

(d) the address of any premises to be used for the provision of services under the proposed sub-contract

(4) On receipt of a notice given under sub-paragraph (1)(b), the Board may request such further information relating to the proposed sub-contract as appears to it to be reasonable and the contractor must supply such information to the Board promptly.

(5) The contractor must not proceed with a sub-contract or, if the sub-contract has already taken effect, the contractor must take steps to terminate it, where—

(a) the Board gives notice in writing of its objection to the sub-contract on the grounds that the sub-contract would—

(i) put the safety of the contractor's patients at serious risk, or

(ii) put the Board at risk of material financial loss, and notice is given by the Board before the end of the period of 28 days beginning with the date on which the Board received a notice from the contractor under sub-paragraph (1)(b); or

(b) the sub-contractor would be unable to meet the contractor's obligations under the contract.

(6) A notice given by the Board under sub-paragraph (5)(a) must include a statement of the reasons for the Board's objection

Regulations - patient participation

26.— (1) The contractor must establish and maintain a group known as a "Patient Participation Group" comprising some of its registered patients for the purposes of-

- a. obtaining the views of patients who have attended the contractor's practice about the services delivered by the contractor; and
 - b. enabling the contractor to obtain feedback from its registered patients about those services.
1. The contractor is not required to establish a Patient Participation Group if such a group has already been established by the contractor in accordance with any directions about enhanced services which were given by the Secretary of State under section 98A of the 2006 Act⁽¹⁾ (exercise of functions) before 1st April 2015.
 2. The contractor must make reasonable efforts during each financial year to review the membership of its Patient Participation Group in order to ensure that the Group is representative of its registered patients.
 3. The contractor must—
 - a. engage with its Patient Participation Group, at such frequent intervals throughout the financial year as the contractor must agree with that Group, with a view to obtaining feedback from the contractor's registered patients, in an appropriate and accessible manner which is designed to encourage patient participation, about the services delivered by the contractor; and
 - b. review any feedback received about the services delivered by the contractor, whether by virtue of sub-paragraph (a) or otherwise, with its Patient Participation Group with a view to agreeing with that Group the improvements (if any) which are to be made to those services.

The contractor must make reasonable efforts to implement such improvements to the services delivered by the contractor as are agreed between the contractor and its Patient Participation Group.