EXPLANATORY MEMORANDUM TO

THE NATIONAL HEALTH SERVICE (GENERAL MEDICAL SERVICES CONTRACTS AND PERSONAL MEDICAL SERVICES AGREEMENTS) (AMENDMENT) REGULATIONS 2025

2025 No. 727

1. Introduction

1.1 This explanatory memorandum has been prepared by the Department of Health and Social Care (DHSC) and is laid before Parliament by Command of His Majesty.

2. Declaration

2.1 Stephen Kinnock, Minister of State at the Department of Health and Social Care can confirm that this Explanatory Memorandum meets the required standard.

2.2 Lucy Witter, Deputy Director for General Practice Policy at DHSC, can confirm that this Explanatory Memorandum meets the required standard.

3. Contact

3.1 Emily Ashford at the DHSC (email:generalpracticemailbox@dhsc.gov.uk; telephone: 020 7104 7200) can be contacted with any queries regarding the instrument.

Part One: Explanation, and context, of the Instrument

4. Overview of the Instrument

What does the legislation do?

4.1 This instrument amends the regulations underpinning the framework for General Medical Services (GMS) contracts and Personal Medical Services (PMS) agreements to implement changes to the terms required to be contained in those contracts and agreements.

4.2 This instrument amends the following Regulations relating to the provision of primary medical services in England:

(a) the National Health Service (General Medical Services Contracts) Regulations 2015 (S.I. 2015/1862) (the "GMS Contracts Regulations") which set out the framework for General Medical Services (GMS) contracts; and

(b) the National Health Service (Personal Medical Services Agreements) Regulations 2015 (S.I. 2015/1879) (the "PMS Agreements Regulations"), which set out the framework for Personal Medical Services (PMS) agreements.

Where does the legislation extend to, and apply?

4.3 The extent of this instrument (that is, the jurisdiction(s) which the instrument forms part of the law of) is England and Wales.

4.4 The territorial application of this instrument (that is, where the instrument produces a practical effect) is England.

5. Policy Context

What is being done and why?

5.1 Every GP practice must hold a National Health Service (NHS) General Practice (GP) contract to run an NHS-commissioned general practice. The contract sets out mandatory requirements and services for all GP practices, as well as making provisions for several types of other services that practices may provide, if they so choose. There are three different types of GP contract arrangements in England: GMS, PMS and Alternative Provider Medical Services (APMS). These regulations relate to GMS and PMS contracts only; the terms of APMS contracts are governed by separate directions, which will also be amended to implement these amendments. All types of contracts are managed by NHS England (NHSE) or Integrated Care Boards (ICBs).

5.2 With the exception of the changes to Directed Enhanced Services, the amendments made by these Regulations are being made to implement policies announced in Changes to the GP Contract in 2025/26 (which was published by NHS England (NHSE) on 28 February 2025 and is available at: https://www.england.nhs.uk/long-read/changes-to-the-gp-contract-in-2025-26/#changes-to-the-gp-contract-in-2025-26).

Directed Enhanced Services

5.3 This amendment does not change policy. This amendment is intended to update reference to Directed Enhanced Services and introduce and apply a definition.

Contact with the practice

5.4 This amendment will, from 1 October 2025, require that GMS and PMS contracts contain a provision requiring contractors to have their online consultation tool, which its patients may use to contact the practice, switched on during core hours (8am-6.30pm). Under amended contractual provision, GP practices will be permitted, if they wish, to display guidance on their online consultation tool, on their website and in their practice premises explaining that urgent clinical requests should be made via telephone or by attending the practice, and not via the online consultation tool.

5.5 This is intended to improve online access to general practice for patients and provide parity between online access and other modes of access, i.e., attending the practice and telephone.

GP Connect

5.6 This amendment will, from 1 October 2025, update the GP contract regulations to require that GMS and PMS contracts include a requirement that GP contractors take steps to ensure their computerised clinical system is operational continuously to enable read only access to patients' care records by other providers through GP Connect. GP Connect is a service provided by NHS England that allows access to GP patient records by other providers for the purposes of direct patient care. This will include authorised providers such as Care Quality Commission (CQC) registered health or care service providers, medical examiners and CQC registered providers of private healthcare. As a separate process to these regulations, private providers that are assured by NHS England to use GP Connect are required by NHS England to gain and record explicit permission from the patient to view the patient's record held by the GP practice.

5.7 The regulations are also being amended from 1 October 2025 to require that GMS and PMS contracts include a contractual requirement that GP contractors enable the functionality in their computerised clinical systems that allows consultation

summaries to be sent to the contractor by other providers through GP connect. This will enable consultation summaries from consultations undertaken in a pharmacy to be sent to GPs to be added to the patient's GP record.

5.8 These amendments are intended to allow for interconnectivity with other care settings for the purpose of direct patient care.

Patient Guidance – "You and Your General Practice"

5.9 This amendment is a new requirement that will require GMS and PMS contracts to contain provision requiring contractors to provide a link on the practice website which directs people to the GP patient guidance "You and Your General Practice", published on NHS England's website.

5.10 The guidance, "You and Your General Practice", summarises and translates key service expectations in a clear document that is easy to understand for patients. This will assist practices in explaining what patients can expect from them, increasing accountability for both practices and patients, and will support clear communication between practices, staff and patients.

Patient Safety

5.11 This amendment will require the GMS and PMS contracts to include a new requirement that all GP practices must register for an administrator account within the Learn from Patient Safety Events (LFPSE) service, for the purposes of oversight of patient safety events recorded within their practice.

5.12 The LFPSE service makes it possible for staff across all NHS healthcare settings to record safety events and enables a more dynamic interaction with patient safety event information.

Out of Area Registration

5.13 This amendment requires GMS and PMS contracts to require GP contractors to seek commissioner approval in certain circumstances for the prospective registration of out of area patients.

5.14 The approval will be required in circumstances set out in a notice to the contractor. Therefore, alongside the regulatory change, the commissioner will set out a policy detailing circumstances in which their approval is required and setting out the considerations that will be taken into account when considering applications in those circumstances. The considerations set out by the commissioner could also include a criteria relating to the pace of change in that percentage or the proximity of out of area patients relative to the practice catchment area.

5.15 This amendment is intended to avoid cases where a significant and disproportional percentage of a GP practice's patient list is made up of out of area registered patients, and the corresponding concerns regarding arrangements for access to the full range of primary medical services, such as face-to-face consultations and screening services, for these patients.

Changes to the constitution of a partnership

5.16 The amendment will make it explicit that where a partnership dissolves without a nominated successor agreed by all partners, the commissioner can terminate the contract.

5.17 Secondly, the amendment will make clear the circumstances in which a contract can continue with more than one of the former partners following termination or dissolution of the partnership.

5.18 These changes will ensure the contract aligns with longstanding commissioning custom, avoid confusion over the future of the contract the practice holds when there is conflict between partners and make it clear what is required of partners when changes to the partnership are being made.

Removal from the list of patients who are violent

5.19 This amendment requires changes to GMS and PMS contracts to clarify the circumstances in which a contractor can seek removal of a patient from its list on the basis that the patient had previously been removed from the list of another provider due to an act or threat of violence. Patients may only be removed from a newly registered practice in cases where the patient was immediately removed from their previous practice following an act or threat of violence, and where the incident was reported to the police and the commissioner notified in the timeframe specified under these regulations. This will help prevent patients being a position where they are unable to access care.

Removal from the list of patients whose address is unknown

5.20 This amendment will require GMS and PMS contracts to be amended to reduce the notice timeframe for the removal of a patient whose address is no longer known from six months to three months.

5.21 The notice for removal of a patient whose address is no longer known is sent from NHS England to the contractor. The purpose of this amendment is to improve efficiency and support practices to keep their patient lists up to date.

What was the previous policy, how is this different?

Contact with the practice

5.22 There is an existing provision in the GMS and PMS regulations that requires GMS and PMS contracts to require GP practices to have an online consultation tool which its patients may use to contact the practice online to seek advice or information in relation to the patient's health or make a clinical or administrative request. The existing provision relating to contact with the practice requires GMS and PMS contracts to require practices to provide patients with an appropriate response, if the patient contacts the practice by attending the practice premises, by telephone, through the practice's online consultation tool or through an electronic communication method.

5.23 Previously, it was not explicit that practices were required to have their consultation tool available for patient use for the duration of core hours. The contractual change will mean that practices are required to have all means of contacting the practice including their online consultation tool available to patients during core hours (8am to 6.30pm). It is open to practices to notify patients that urgent requests should not be submitted via the consultation tool.

GP Connect

5.24 There are no previous provisions in the GMS or PMS regulations requiring contracts to mandate the use of GP Connect. Historically, the use of GP Connect has been variable as it has not been mandated through the GP contract. This amendment will require GMS and PMS contracts to be amended to mandate that certain functionality

in GP Connect is enabled. This will facilitate interconnectivity between authorised systems and support better information sharing for direct patient care.

Patient Guidance – "You and Your General Practice"

5.25 There is an existing provision in the GMS and PMS regulations requiring contracts to provide for contractors to have and maintain an online presence. This amendment will amend this existing provision to require practices to include a link to a patient guidance document "You and Your General Practice" published on the NHS England website, on their individual practice website.

Patient Safety

5.26 There are no previous provisions in the GMS or PMS regulations that require contracts to place a requirement on practices to have a registered administrator account with the LFPSE system.

Out of Area Registration

5.27 There is an existing provision in the GMS and PMS regulations that sets out the requirements for out of area registrations and allows for contractors to accept onto its list of patients a person who resides outside of the contractor's practice area. These requirements were introduced to enable and support greater patient choice of GP practice, but this remained voluntary for GP practices.

5.28 The amendment to the regulations includes a new requirement that contractors will be required to seek commissioner approval on the prospective registration of out of area patients where the commissioner has determined that such approval should be required in certain circumstances, notified the contractor of those circumstances and those circumstances apply.

Changes to the constitution of a partnerships

5.29 The previous provisions regarding dissolutions of partnerships were not explicit about what should happen in a situation where a partnership dissolves without a nominated successor, which can lead to contract disputes. Furthermore, the previous provisions allowed some members of a partnership to authorise changes to the composition of a partnership without being accepted by commissioners with the agreement of all partners.

5.30 The amendment intends to make it clear that in the situation where a partnership dissolves without all partners agreeing a nominated successor, the commissioner can terminate the contract. For GPs, these changes will mean that they should ensure their partnership contract includes clear provisions for a possible situation where there is a breakdown in the relationships between partners within a practice.

Removal from the list of patients who are violent

5.31 The previous provisions regarding the removal from the list of patients who are violent were not clear and have allowed inappropriate application of the contract, contributing to gaps in patient care. The previous policy had resulted in cases where a practice did not immediately remove the patient or immediately report an incident of a patient being violent to the police, resulting in the referral of the patient to a Violent Patient Scheme being delayed. The patient was unable to register at an alternative practice during this time, which led to the patient being unable to access care.

5.32 The amendment intends to provide clarity in the regulations on timescale and process following an incident of a patient being violent. The amendment will clarify that scope for immediate removal of a patient from the practice list on the basis of a previous

removal from the list of another practice for an act or threat of violence is limited to cases of previous immediate removal. In cases of immediate removal the patient must be referred to the Violent Patient Scheme by written notice to the commissioner within 7 days, to ensure that the patient has continued access to primary medical care services.

Removal from the list of patients whose address is unknown

5.33 There are existing provisions within the GMS and PMS regulations that require NHS England to inform the relevant GP practice that they intend to remove a patient from the registered list, unless the contractor satisfies NHS England that the person is a patient to whom it is still responsible for providing essential services. The notice period for NHS England to inform to remove a patient from the registered list whose address is unknown was six months, and this has been reduced to three months.

6. Legislative and Legal Context

How has the law changed?

6.1 Part 4 of the NHS Act 2006 requires NHS England to secure the provision of primary medical services in England. It makes provision for regulations to be made to govern the terms of contracts under which primary medical services are provided. This instrument is being made to amend existing regulations to reflect the terms which will form part of the GP contract.

Why was this approach taken to change the law?

6.2 This is the only possible approach to make the necessary changes.

7. Consultation

Summary of consultation outcome and methodology

7.1 DHSC and NHSE has consulted the England General Practitioners Committee (GPC England), part of the British Medical Association (BMA), on this instrument. Drafts of the proposed amendments were shared with the GPC England for consultation. GPC England made comments regarding a specific element of the drafting relating to changes to the constitution of a partnerships; we engaged constructively with their feedback and made amendments where possible.

8. Applicable Guidance

8.1 NHSE have issued guidance to support the implementation of the policies relating to the following provisions:

a) Patient Safety Strategy Requirements - https://www.england.nhs.uk/patient-safety/the-nhs-patient-safety-strategy/

Part Two: Impact and the Better Regulation Framework

9. Impact Assessment

9.1 A full impact assessment has not been prepared for this instrument because it does not meet the requirements for conducting an impact assessment.

Impact on businesses, charities and voluntary bodies

9.2 There is no, or no significant, impact on business, charities or voluntary bodies.

9.3 The legislation does not impact small or micro businesses. Although many general practices are small businesses, they are nevertheless exempt from the Small Firm Impact Test.

9.4 There is no, or no significant, impact on the public sector.

10. Monitoring and review

What is the approach to monitoring and reviewing this legislation?

10.1 NHSE (on behalf of the Secretary of State for Health and Social Care) are responsible for monitoring the implementation of, and compliance with, this instrument. However, the Secretary of State is ultimately responsible for this instrument and the policies it implements.

10.2 The instrument does not include a statutory review clause.

Part Three: Statements and Matters of Particular Interest to Parliament

11. Matters of special interest to Parliament

11.1 None.

12. European Convention on Human Rights

12.1 As the instrument is subject to negative resolution procedure and does not amend primary legislation, no statement is required.

13. The Relevant European Union Acts

13.1 This instrument is not made under the European Union (Withdrawal) Act 2018, the European Union (Future Relationship) Act 2020 or the Retained EU Law (Revocation and Reform) Act 2023 ("relevant European Union Acts").