

HEALTH AND PERSONAL SOCIAL SERVICES (NORTHERN IRELAND) ORDER 1972

HEALTH AND SOCIAL SERVICES BOARD MEDICAL SERVICES DIRECTIONS (NORTHERN IRELAND) 2005

The Department of Health, Social Services and Public Safety(a), in exercise of the powers conferred on it by Article 17 and of the Health and Personal Social Services (Northern Ireland) Order 1972(b), and of all other powers enabling it in that behalf, hereby gives the following Directions:

PART 1 GENERAL

Citation, commencement and interpretation

1.—(1) These Directions, which may be cited as the Health and Social Services Board Medical Services Directions (Northern Ireland) 2005, are given to Health and Social Services Boards and shall come into operation on 25th August 2005.

(2) In these Directions—

“the Order” means the Health and Personal Social Services (Northern Ireland) Order 1972;

“Board” means the Health and Social Services Board that has established the practice;

“core hours” has the same meaning as in the GMS Contracts Regulations;

“the GMS Contracts Regulations” means the Health and Personal Social Services (General Medical Services Contracts) Regulations (Northern Ireland) 2004(c);

“essential services” means the services described in regulation 15(3), (5), (6) and (8) of the GMS Contracts Regulations (essential services) provided during core hours, or services that are equivalent to those services;

“general medical practitioner” has the same meaning as in regulation 2 of the GMS Contracts Regulations;

“GP Registrar” has the same meaning as in regulation 2 of the GMS Contracts Regulations;

“health care professional” has the same meaning as in Article 15C of the 1972 Order(d);

“independent nurse prescriber” means a person who falls within paragraphs (b) and (c) of the definitions of “independent nurse prescriber” in Regulation 2 of the GMS Contracts Regulations;

“medical officer” means a medical practitioner who is—

(a) employed or engaged by the Department for Social Development, or

(b) provided by an organisation in pursuance of an agreement entered into with the Department for Social Development;

“Medical Register” means the registers kept under section 2 of the Medical Act 1983(e);

“normal hours” means those days and hours on which and times at which services are normally to be provided by the practice and may be different for different services;

“out of hours period” means—

(a) See S.I. 1999/283 (N.I. 1) Article 3(6)

(b) S.I. 1972/1265 (N.I. 14)

(c) S.R. 2004 No. 140 as amended by S.R. 2005 No. 230 and S.R. 2005 No. 368

(d) Article 15C was amended by Article 6 of the Primary Medical Services (Northern Ireland) Order 2004 (N.I. 2) (“the 2004 Order”)

(e) 1983 c.54; section 2 was amended by S.I. 1996/1591 and 2002/3135.

(a) the period beginning at 6.30pm on any day from, and including, Monday to Thursday and ending at 8am on the following day,

(b) the period between 6.30pm on, and including, Friday and 8am on the following Monday, and

(c) any public or local holiday agreed with the Board;

“out of hours services” means services required to be provided in all or part of the out of hours period which would be essential services if provided by a practice to its registered patients in core hours;

“patient” means—

(a) a registered patient,

(b) a temporary resident,

(c) persons to whom the practice is required to provide immediately necessary treatment, and

(d) any other person to whom the practice is to provide treatment in accordance with the practice statement;

“practice” means a practice established by a Board for the purposes of its provision of primary medical services under Article 56(2)(a) of the Order^(a);

“practice’s list of patients” means the list maintained in respect of a practice by the Board under direction 10;

“practice premises” means the premises specified in the practice statement;

“practice statement” means the statement prepared pursuant to direction 2;

“prescriber” means –

(a) a medical practitioner,

(b) an independent nurse prescriber, and

(c) a supplementary prescriber,

who is engaged or employed by a Board for the purposes of the practice;

“prescription form” means a form provided by the Agency and issued by a prescriber to enable a person to obtain pharmaceutical services and does not include a repeatable prescription;

“primary medical services performers list” means the list of persons performing primary medical services prepared in accordance with regulations made under Article 57G of the Order^(b) (persons performing primary medical services);

“registered patient” means a person who is recorded by the Board as being on the practice’s list of patients or whom the practice has accepted for inclusion on its list of patients; and

“repeatable prescriber” means a prescriber who is engaged or employed by a Board for the purposes of a practice which provides repeatable prescribing services;

“repeatable prescribing services” means services which involve the prescribing of drugs, medicines or appliances on a repeatable prescription;

“repeatable prescription” means a prescription contained in a form provided by the Agency and issued by a prescriber to enable a person to obtain pharmaceutical services and which-

(a) is generated by a computer but signed by a prescriber, and

(b) indicates that the drugs, medicines or appliances ordered on that form may be provided more than once and specifies the number of occasions on which they may be provided;

“supplementary prescriber” has the same meaning as in the GMS Contracts Regulations;

“temporary resident” means a person accepted by a practice as a temporary resident pursuant to the requirements of the practice statement and for whom the practice’s responsibility has not been terminated in accordance with the procedure specified in that statement.

(a) Article 56 was inserted into the Order by Article 3 of the 2004 Order
(b) Article 57G was inserted into the Order by Article 8 of the 2004 Order

Practice statements

2.—(1) Where a Board wishes to provide primary medical services pursuant to Article 56(2)(a) of the Order, it shall establish one or more practices for this purpose and shall in respect of each practice prepare a practice statement which shall set out—

- (a) the services to be provided;
- (b) the address of each of the premises to be used for the provision of such services;
- (c) to whom the practice is to provide services, including, where appropriate, by reference to an area within which a person resident would be entitled to receive services from the practice;
- (d) if the practice is to provide essential services—
 - (i) the procedure (if any) by which a person—
 - (aa) applies for inclusion in;
 - (bb) is accepted for inclusion in;
 - (cc) is refused inclusion in; or
 - (dd) is removed from,the practice’s list of patients prepared by the Board in accordance with direction 10, and
 - (ii) the circumstances in which and the procedure (if any) by which—
 - (aa) a patient can be accepted as a temporary resident by the practice; and
 - (bb) responsibility for a patient accepted as a temporary resident can be terminated;
- (e) the alternative procedure (if any) by which a person can receive primary medical services from the practice, other than as a registered patient or a temporary resident;
- (f) the circumstances in which and the procedure by which (if any) the Board may assign patients to the practice;
- (g) where applicable, the status of the practice’s list of patients, namely whether that list is open or closed to applications from patients for inclusion in its list, and in what circumstances the status of the list may change; and
- (h) such further details and requirements in relation to the administration and running of the practice as the Board considers appropriate.

(2) The Board shall ensure that—

- (a) the practice operates in accordance with the requirements and procedures specified in the practice statement; and
- (b) the practice statement is amended, as necessary, to reflect any changes to the matters specified in paragraph (1)(a) to (h).

(3) A practice may, in particular, consist of—

- (a) one or more employees of the Board;
- (b) one or more health care professionals providing services to the Board under a contract for services; or
- (c) a combination of sub-paragraphs (a) and (b).

PART 2

PROVISION OF SERVICES

Services to patients

3. Where a practice provides essential services, the Board shall ensure that the practice—

- (a) provides those services, and such other services that the practice statement specifies, to the practice's patients, at such times, within core hours, as are appropriate to meet the reasonable needs of those patients; and
- (b) has in place arrangements for its patients to access such services throughout the core hours in case of emergency.

Premises

4. The Board shall ensure that the practice premises used for the provision of primary medical services are—

- (a) suitable for the delivery of those services; and
- (b) sufficient to meet the reasonable needs of the practice's patients.

Telephone services

5.—(1) The Board shall ensure that the practice not be a party to any contract or other arrangement under which the number for telephone services to be used—

- (a) by patients to contact the practice for any purpose related to the provision of primary medical services; or
- (b) by any other person to contact the practice in relation to services provided as part of the health service,

starts with the digits 087, 090 or 091 or consists of a personal number, unless the service is provided free to the caller.

(2) In this paragraph, "personal number" means a telephone number which starts with the number 070 followed by a further 8 digits.

Attendance at practice premises

6.—(1) Where a practice provides essential services, the Board shall ensure that any patient who—

- (a) has not previously made an appointment; and
- (b) attends at the practice premises during the normal hours for essential services,

is provided with such services by an appropriate health care professional during that surgery period except in the circumstances specified in paragraph (2).

(2) The circumstances referred to in paragraph (1) are that—

- (a) it is more appropriate for the patient to be referred elsewhere for services under the Order; or
- (b) he is then offered an appointment to attend again within a time which is appropriate and reasonable having regard to all the circumstances and his health would not thereby be jeopardised.

(3) In the case of a patient whose medical condition is such that—

- (a) attendance on the patient is required; and
- (b) it would be inappropriate for him to attend at the practice premises,

the Board shall ensure that the practice provides services to that patient at whichever, in the practice's judgement, is the most appropriate of the places set out in paragraph (4).

(4) The places referred to in paragraph (3) are—

- (a) the place recorded in the patient's medical records as being his last home address;
- (b) such other place as the practice has informed the patient is the place where it has agreed to visit and treat the patient; or
- (c) some other place in the practice's area.

(5) Nothing in paragraphs (3) and (4) shall prevent the practice from—

- (a) arranging for the referral of a patient without first seeing the patient, in a case where the medical condition of that patient makes that course of action appropriate; or
- (b) visiting the patient in circumstances where paragraphs (3) and (4) do not place it under an obligation to do so.

Clinical reports

7.—(1) Where a practice provides any clinical services (other than out of hours services^(a) or services under a private arrangement) to a patient who is not on its list of patients, the Board shall ensure that it prepares a clinical report relating to the consultation, and any treatment provided.

(2) The Board shall send any report prepared under paragraph (1)—

- (a) to the person with whom the patient is registered for the provision of essential services (or their equivalent); or
- (b) if the person referred to in sub-paragraph (a) is not known to it, to the Board, Primary Care Trust established under section 16A of the National Health Services Act 1977^(b), Local Health Board established under section 16BA of that Act^(c) or Health Board established under the National Health Service (Scotland) Act 1978^(d), in whose area the patient is resident unless it is that Board.

Standards for out of hours services

8. Where a practice provides out of hours services, the Board shall ensure that, in the provision of such services, the practice meets any quality standards which have been approved by the Department and specified in writing by the Board in relation to the provision of those services.

Duty of co-operation

9.—(1) Where a practice provides essential services, but it does not provide to its registered patients or to persons whom it has accepted as temporary residents—

- (a) a particular service; or
- (b) out of hours services, either at all or in respect of some periods or some services,

the Board shall ensure that the practice complies with the requirements specified in paragraph (2).

(2) The requirements referred to in paragraph (1) are that the practice shall—

- (a) co-operate in so far as is reasonable with any person responsible for the provision of that service or those services;
- (b) comply in core hours with any reasonable request for information from such a person relating to the provision of that service or those services; and
- (c) in the case of out of hours services, take reasonable steps to ensure that any patient who contacts its practice premises during the out of hours period is provided with information about how to obtain services during that period.

(3) Where a practice is to cease to be required to provide—

- (a) a particular service; or
- (b) out of hours services, either at all or in respect of some periods or some services,

the Board shall ensure that either it or the practice (as appropriate) complies with any reasonable request from a person specified in paragraph (4) for information relating to the provision of that service or those services.

^(a) Requirements for the preparation of clinical reports in relation to out of hours services are covered by the standards/requirements for such services referred to in direction 7.

^(b) 1977 c. 9; section 16A was inserted by the Health Act 1999 (c. 8), section 2(1)

^(c) Section 16BA is inserted by section 6 of the National Health Service Reform and Health Care Professions Act 2002 c.17

^(d) 1978 c.29

- (4) The persons specified for the purposes of paragraph (3) are—
- (a) any person with whom the Board intends to, or has, entered into a general medical services contract under Article 57 of the Order or other contract or arrangement for the provision of the service or services that the practice is ceasing to provide; or
 - (b) any other Board in whose area patients that received that service or those services from that practice reside.
- (5) Nothing in this direction shall require a Board to ensure that a practice which does not provide out of hours services makes itself available during the out of hours period.

Amendments to the practice statement

10.—(1) Where the practice statement is amended pursuant to direction 2(2)(b) and, as a result of that amendment, there is to be a change in the range of services provided to the practice’s patients, the Board shall ensure that patients are notified of the amendment in such manner as the Board or the practice sees fit, either by the Board or the practice.

PART 3

PATIENTS

Patient lists

- 11.**—(1) Where a practice is to provide essential services, the Board shall prepare and keep up to date a list of patients—
- (a) who have been accepted by the practice for inclusion in its list of patients in accordance with requirements that are set out in the practice statement, and who have not subsequently been removed from that list in accordance with the procedure set out in that statement; and
 - (b) where applicable, who have been assigned to the practice in accordance with requirements that are specified in the practice statement and whose assignment has not been rescinded in accordance with any procedure specified in that statement.

Patient preference of practitioner

- 12.**—(1) Where a practice provides essential services, the Board shall ensure that the practice—
- (a) notifies the patient (or any other person who made the application for inclusion in the practice’s list of patients on the patient’s 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
 - (b) records in writing any such preference expressed by or on behalf of the patient.
- (2) The Board shall ensure that the practice endeavours to comply with any reasonable preference expressed under paragraph (1) but the practice need not do so if the preferred performer—
- (a) has reasonable grounds for refusing to provide services to the patient; or
 - (b) does not routinely perform the service in question on behalf of the practice.

PART 4

PRESCRIBING AND DISPENSING

Prescribing

13.—(1) The Board shall ensure that a practice complies with the requirements in paragraphs 38 to 43(1) and 47 (prescribing) of Schedule 5 to the GMS Contracts Regulations but as if—

- (a) references to “contractor” were to “practice”;
- (b) references to “regulation 24(2)(b)” in paragraph 40 were to “direction 25”; and

(2) For the purposes of this direction, in its application to a practice whose practice statement includes the provision of contraceptive services, drugs includes contraceptive substances and appliances includes contraceptive appliances.

PART 5

PERSONS WHO PERFORM SERVICES

Qualifications of performers

14.—(1) Subject to paragraph (2), the Board shall ensure that no medical practitioner performs primary medical services in relation to a practice unless he is—

- (a) included in the Board’s primary medical services performers list;
- (b) not suspended from that list or from the Medical Register; and
- (c) not subject to interim suspension under section 41A of the Medical Act 1983 (interim orders)(a).

(2) Paragraph (1)(a) shall not apply in the case of—

- (a) a person who is provisionally registered under section 15 (provisional registration), 15A (provisional registration for EEA nationals) or 21 (provisional registration) of the Medical Act 1983(b) acting in the course of his employment in a resident medical capacity in an approved medical practice; or
- (b) a GP Registrar who has applied to the Board to have his name included in its primary medical services performers list until the first of the following events arises—
 - (i) the Board notifies him of its decision on that application; or
 - (ii) the end of a period of two months, starting with and including the date on which his vocational training scheme began.

(3) Further, the Board shall ensure that—

- (a) no health care professional other than one to whom paragraph (1) applies performs clinical services in relation to the practice unless he is appropriately registered with his relevant professional body and his registration is not currently suspended; and
- (b) no health care professional performs any clinical services in relation to that practice unless he has such clinical experience and training as are necessary to enable him properly to perform such services.

(4) In paragraph (2)(b)(ii), “vocational training scheme” has the meaning given in regulation 2 of the Health and Personal Social Services (Primary Medical Services Performers Lists) Regulations (Northern Ireland) 2004(c).

Conditions for employment and engagement

15.—(1) Before employing or engaging any person to assist in the provision of primary medical services, the Board shall take reasonable care to satisfy itself that the person in question is both suitably qualified and competent to discharge the duties for which he is to be employed or engaged.

(2) When considering the competence and suitability of any person for the purpose of paragraph (1), the Board shall have regard, in particular, to—

- (a) that person’s academic and vocational qualifications;

(a) 1983 c.54. Section 41A was inserted by S.I. 2000/1803.

(b) Section 15A was inserted by regulations 2 and 3 of S.I. 2000/3041 and section 21 was amended by S.I. 2002/3135.

(c) S.R. 2004 No. 149

- (b) his education and training; and
- (c) his previous employment or work experience.

Training

16.The Board shall ensure that for any health care professional who is—

- (a) performing clinical services in a practice; or
- (b) employed or engaged to assist in the performance of such services,

there are in place arrangements for the purpose of maintaining and updating his skills and knowledge in relation to the services which he is performing or assisting in performing.

17.The Board shall ensure that it affords to each employee in the practice reasonable opportunities to undertake appropriate training with a view to maintaining that employee's competence.

Arrangements for GP Registrars

18.—(1) The Board shall only employ a GP Registrar in a practice subject to the conditions in paragraph (2).

(2) The conditions referred to in paragraph (1) are that the Board shall not, by reason only of having employed or engaged a GP Registrar, reduce the total number of hours for which other medical practitioners perform primary medical services in the practice or for which other staff assist them in the performance of those services.

(3) A Board which employs a GP Registrar in a practice shall—

- (a) offer him terms of employment in accordance with the rates and subject to the conditions contained in any guidance given by the Department concerning the grants, fees, travelling and other allowances payable to GP Registrars; and
- (b) take into account, and ensure the practice takes into account, any guidance issued by the Department in relation to the GP Registrar Scheme.

Signing of documents

19.—(1) In addition to any other requirements relating to such documents whether in these directions or otherwise, the Board shall ensure that the practice secures that the documents specified in paragraph (2) include—

- (a) the clinical profession of the health care professional who signed the document; and
- (b) the name of the Board on whose behalf it is signed.

(2) The documents referred to in paragraph (1) are—

- (a) certificates issued in accordance with direction 26, unless regulations relating to particular certificates provide otherwise;
- (b) prescription form and repeatable prescriptions; and
- (c) any other clinical documents.

Terms of service for salaried general medical practitioners employed to provide services from a practice

20. Where, on or after 25th August 2005, a Board offers employment to a general medical practitioner to provide primary medical services in relation to a practice, it must offer that employment on terms which are no less favourable than those contained in the "Model terms and conditions of service for a salaried

general practitioner employed by a Primary Care Trust” published by the British Medical Association and the NHS Confederation as item 1.4 of the supplementary documents to the new GMS contract 2003(a).

PART 6

RECORDS, LEAFLET, REPORTS TO A MEDICAL OFFICER AND GIFTS

Patient records

21.—(1) The Board shall ensure that the practice keeps adequate records of its attendance on and treatment of patients.

(2) Where the practice provides essential services, and it keeps any of the records referred to in paragraph (1) by way of computerised records, the Board shall ensure that—

- (a) the computer system upon which the practice keeps those records has been accredited by the Department or another person on his behalf in accordance with “General Medical Practice Computer Systems- Requirements for Accreditation – RFA99” version 1.0, 1.1 or 1.2 (DTS/Nurse Prescribing)(b);
- (b) the security measures, audit and system management functions incorporated into the computer system as accredited in accordance with sub-paragraph (a) have been enabled;
- (c) the practice does not disable, or attempt to disable, either the security measures or the audit and system management functions referred to in sub-paragraph (b); and
- (d) the practice is aware of, and has regard to, any guidelines issued by the Department and notified in writing to the practice by the Board, and any document amending such guidelines which has been notified to the practice by the Board.

Confidentiality of personal data

22. The Board shall ensure that the practice has a person who is responsible for practices and procedures relating to the confidentiality of personal data held by the practice.

Practice leaflet

23.—(1) Where a practice provides essential services, the Board shall ensure that there is in relation to that practice a document (in this direction called a practice leaflet) which shall include the information specified in Schedule 1 and—

- (a) which is reviewed at least once in every period of 12 months and amended as necessary to maintain its accuracy; and
- (b) which is made available (including any subsequent updates), to the practice’s patients and prospective patients.

Reports to a medical officer

24.—(1) The Board shall ensure that a practice, if the practice is satisfied that the patient consents—

- (a) supplies in writing to a medical officer within such reasonable period as that officer, or an officer of the Department for Social Development on his behalf and at his direction, may

(a) This document is published jointly by the General Practitioners Committee of the British Medical Association and the NHS Confederation. It is available on the NHS Confederation’s website at www.nhsconfed.org/gms or a copy may be obtained by writing to the NHS Confederation, 1, Warwick Row, London SW1E 5ER.

(b) RFA99 is published by the NHS Information Authority. Version 1.0 was published in October 1999, version 1.1 in February 2001 and version 1.2 (DTS/Nurse Prescribing) in August 2003. Copies are available on the NHS Information Authority’s website at www.nhsia.nhs.uk/sat/specification/pages. Copies may also be obtained by writing to the NHS Information Authority, Systems Accreditation and Testing team, Aqueous 2, Aston Cross, Rocky Lane, Birmingham B6 5RQ.

specify, such clinical information as the medical officer considers relevant about a patient to whom the practice has issued or has refused to issue a medical certificate; and

- (b) answers any inquiries by a medical officer, or by an officer of the Department for Social Development on his behalf and at his direction, about a prescription form or medical certificate issued by the practice or about any statement which the practice has made in a report.

(2) For the purpose of satisfying itself that the patient has consented as required by paragraph (1), the practice may (unless it has reason to believe the patient does not consent) rely on an assurance in writing from the medical officer, or any officer of the Department for Social Development, that he holds the patient's written consent.

Gifts

25.—(1) The Board shall ensure that the practice keeps a register of gifts which—

- (a) are given to any of the persons specified in paragraph (2) by or on behalf of—
 - (i) a patient,
 - (ii) a relative of a patient, or
 - (iii) any person who provides or wishes to provide services to the practice; and
- (b) have, in its reasonable opinion, an individual value of more than £100.00.

(2) The persons referred to in paragraph (1) are—

- (a) the practice;
- (b) any person employed by the Board for the purposes of the practice;
- (c) any general medical practitioner engaged by the Board for the purposes of the practice;
- (d) any spouse of a person specified in sub-paragraphs (b) or (c); or
- (e) any person (whether or not of the opposite sex) whose relationship with a person specified in sub-paragraph (b) or (c) has the characteristics of the relationship between husband and wife.

(3) Paragraph (1) does not apply where—

- (a) there are reasonable grounds for believing that the gift is unconnected with services provided or to be provided by the practice;
- (b) the practice is not aware of the gift; or
- (c) the practice is not aware that the donor wishes to provide services to the practice.

(4) The Board shall ensure that the practice takes reasonable steps to ensure that it is informed of gifts which fall within paragraph (1) and which are given to the persons specified in paragraph (2)(b) to (e).

(5) The register referred to in paragraph (1) shall include the following information—

- (a) the name of the donor;
- (b) in a case where the donor is a patient, the patient's Central Health Index number or Health and Care number or, if the number is not known, his address;
- (c) in any other case, the address of the donor;
- (d) the nature of the gift;
- (e) the estimated value of the gift; and
- (f) the name of the person or persons who received the gift.

PART 7

FEES AND CHARGES

Fees and charges

26.—(1) The Board shall ensure that the practice, and any person performing primary medical services for the practice, does not, either itself or himself, or through any other person, demand or accept a fee or other remuneration, for its own or another's benefit—

- (a) from any registered patient of the practice, for—
 - (i) the provision of any treatment, whether under Article 56(2)(a) of the Order or otherwise, or
 - (ii) any prescription or repeatable prescription for any drug, medicine or appliance,except insofar as the Board is entitled to charge for any such treatment or prescription by virtue of or under any statutory provision, and it expressly authorises the practice to make such a charge;
- (b) from any patient of the practice other than a registered patient, for—
 - (i) the provision of any treatment under Article 56(2)(a) of the Order, or
 - (ii) any prescription or repeatable prescription for any drug, medicine or appliance in connection with that treatment.

(2) Where a person applies to a practice for the provision of services and claims to be entitled to be treated by the practice without paying a fee or other remuneration, and the practice has reasonable doubts about that person's claim, the Board shall ensure that the practice gives any necessary treatment but nothing in this direction shall prevent the Board, insofar as it is entitled to do so under any statutory provision, from authorising the practice to demand and accept a reasonable fee for any such treatment, if it ensures that the practice gives that person a receipt.

(3) Where a person from whom a practice received a fee under paragraph (2) applies to the Board for a refund within 14 days of payment of the fee (or such longer period not exceeding a month as it may allow if it is satisfied that the failure to apply within 14 days was reasonable) and the Board is satisfied that the person was entitled to be treated by it without paying a fee or other remuneration when the treatment was given, the Board shall pay that amount to the person who paid the fee.

PART 8

CERTIFICATES

Certificates

27.—(1) The Board shall ensure that, in the course of providing primary medical services, the practice issues free of charge to a patient or his personal representatives any medical certificate of a description prescribed in column 1 of Schedule 2 which is relevant to any service that the practice provides pursuant to the practice statement, which is reasonably required under or for the purposes of the statutory provisions specified in relation to the certificate in column 2 of that Schedule, except where, for the condition to which the certificate relates, the patient—

- (a) is being attended by a medical practitioner who is not employed or engaged by the Board in relation to the practice; or
- (b) is not being treated by or under the supervision of a health care professional.

(2) The exception in paragraph (1)(a) shall not apply where the certificate is issued pursuant to regulation 2(1)(b) of the Social Security (Medical Evidence) Regulations (Northern Ireland) 1976(a)

(a) S.I. 1976 No. 175. Regulation 2 is amended by S.R. 1982 No. 153, S.R. 1987 No. 117, S.R. 1992 No. 83, S.R. 1994 No. 468 and S.R. 1995 No. 149.

(which provides for the issue of a certificate in the form of a special statement by a doctor on the basis of a written report made by another doctor).

Signed on behalf of the Department of Health, Social Services and Public Safety on 4th August 2005

Dr J F Livingstone
Senior Officer of the Department of Health, Social Services and Public Safety

SCHEDULE 1

Direction 22

INFORMATION TO BE INCLUDED IN A PRACTICE LEAFLET

A practice leaflet shall include—

- 1.** The name of the Board.
- 2.** The full name of each person performing services in relation to the practice.
- 3.** In the case of each health care professional performing services in relation to the practice, his professional qualifications.
- 4.** Whether the practice undertakes the teaching or training of health care professionals or persons intending to become health care professionals.
- 5.** Where services are, pursuant to the practice statement, only to be provided to persons resident in a particular area, the area (by reference to a sketch diagram, plan or postcode) within which a person resident would be entitled to receive services from the practice.
- 6.** The address of each of the practice's premises.
- 7.** The practice's telephone and fax number and the address of its website (if any).
- 8.** Whether the practice's premises have suitable access for disabled patients and, if not, the alternative arrangements for providing services to such patients.
- 9.** How to register as a patient or, where appropriate, otherwise receive services as a patient from the practice.
- 10.** The right of patients to express a preference of practitioner in accordance with direction 11 and the means of expressing such a preference.
- 11.** The services available to registered patients.
- 12.** The opening hours of the practice's premises and the method of obtaining access to services throughout the core hours.
- 13.** The criteria for home visits and the method of obtaining such a visit.
- 14.** The arrangements for services in the out of hours period (whether or not provided by the practice) and how the patient may access such services.
- 15.** The method by which patients are to obtain repeat prescriptions.
- 16.** How patients may make a complaint or comment on the provision of service.
- 17.** The rights and responsibilities of the patient, including keeping appointments.
- 18.** The action that may be taken where a patient is violent or abusive to any member of staff of the Board or other persons present on the practice's premises or in the place where treatment is provided the practice.
- 19.** Details of who has access to patient information (including information from which the identity of the individual can be ascertained) and the patient's rights in relation to disclosure of such information.
- 20.** The fact that details of primary medical services in the area may be obtained from the Board.

SCHEDULE 2

Direction 26

LIST OF PRESCRIBED MEDICAL CERTIFICATES

<i>Description of medical certificate</i>	<i>Short title of enactment under or for the purpose of which certificate required</i>
1. To support a claim or to obtain payment either personally or by proxy; to prove incapacity to work or for self-support for the purposes of an award by the Department; or to enable proxy to draw pensions etc.	Naval and Marine Pay and Pensions Act 1865 (a) Air Force (Constitution) Act 1917 (b) Pensions (Navy, Army, Air Force and Mercantile Marine) Act 1939 (c) Personal Injuries (Emergency Provisions) Act 1939 (d) Pensions (Mercantile Marine) Act 1942 (e) Polish Resettlement Act 1947 (f) Social Security Administration (Northern Ireland) Act 1992 (g) Social Security Contributions and Benefits (Northern Ireland) Act 1992 (h)
2. To establish pregnancy for the purpose of obtaining welfare foods	Article 13 of the Social Security (Northern Ireland) Order 1988 (i)
3. To secure registration of still-birth	Article 15 of the Births and Deaths Registration (Northern Ireland) Order 1976 (j)
4. To enable payment to be made to an institution or other person in case of mental disorder of persons entitled to payment from public funds.	Article 128 of the Mental Health (Northern Ireland) Order 1986 (k)
5. To establish unfitness for jury service	Juries (Northern Ireland) Order 1996 (l)
6. To support late application for reinstatement in civil employment or notification of non-availability to take up employment owing to sickness.	Reserve Forces (Safeguarding of Employment) Act 1985 (m) Reserve Forces Act 1980 (n) Reserve Forces Act 1996 (o)

(a) 1865 c.73

(b) 1917 c.51

(c) 1939 c.83

(d) 1939 c.82

(e) 1942 c.26

(f) 1947 c.19

(g) 1992 c.8

(h) 1992 c.7

(i) S.I. 1998/594 (N.I. 2); Article 13 is amended by Schedule 7 to the Social Security (Northern Ireland) Order 1990 (S.I. 1990/1511 (N.I. 15)) and by paragraph 35(1) and (2) of Schedule 2 to the Social Security (Consequential Provisions) (Northern Ireland) Act 1992 (c. 9).

(j) S.I. 1976/1041 (N.I. 14) as amended by the Still-Birth (Definition) (Northern Ireland) Order 1992 (S.I. 1992/1310 (N.I. 10))

(k) S.I. 1986/595 (N.I. 4)

(l) S.I. 1996/1141 (N.I. 6)

(m) 1985 c.17

(n) 1980 c.9

(o) 1996 c.14

7. To enable a person to be registered as an absent voter on grounds of physical incapacity Representation of the People Act 1983(**a**)
Northern Ireland Assembly Elections Order 1982(**b**)
The Local Elections (Northern Ireland) Order 1985(**c**)
8. To support applications for certificates conferring exemption from charges in respect of drugs, medicines and appliances. Health and Personal Social Services (Northern Ireland) Order 1972(**d**)

(**a**) 1983 c.50
(**b**) S.I. 1982/1135
(**c**) S.I. 1985/454 substituted by Schedule 2 to S.I. 1987/168
(**d**) 1972 (N.I. 14)