

**REGS, SFE, BLUE BOOK, STANDARD CONTRACT, IMPLEMENTATION
GUIDANCE, TRANSITIONAL PROVISIONS x 2, PMS and PREMISES
COST DIRECTIONS - CONSULTATION WITH LMC**

1. NHS (GMS Contracts) Regulations 2004 (SI 2004 No. 291)

| Section | Heading | Reg no. | Cross-Refs | Scope |
|--|--|---------------------|---|---|
| Part 1 - General Definition of LMC | Interpretation | 2 | Blue book 7.57 | Confirms Local Medical Committee means a Committee recognised under section 45A of the Act. |
| Part 5 Contracts - Required Terms (28R and 28V) | Duration (Temporary contracts) | 14 (3) | | Either party to a prospective [temporary] contract may invite the LMC to participate in the negotiations intending to lead to such a contract. |
| Part 6 - Functions of LMC | Complaints by GPs against each other | 27 (1) (a) & (b) | | LMC action:- (a) Consideration of complaints by one practitioner against another. (b) Reporting the outcome to the PCT if the consideration has given rise to concerns about the efficiency of services provided. |
| Part 6 - Functions of LMC | GPs who could be unfit to work | 27 (1) (c) & (d) | | (cont'd) (c) Arranging medical examination of a GP where the contractor or PCT is concerned that the GP is incapable of adequately providing services under the contract, with the agreement of the practitioner concerned. (d) Considering the medical report referred to above and providing a written report to the contractor and PCT. |
| Part 6 - Functions of LMC | Definition of "relevant area" | 27 (3) | | "Relevant area" means the area for which the LMC is formed. |
| Schedule 6 - Part 2 - Patients List closures | Rejection of [list] closure notice by the PCT - Assessment Panels | 31(5)(c) | Guidance, Section 2, table 2, step 4, Blue book 617 | An assessment panel will comprise the PCT chief exec, a patient representative and a LMC representative , both from outside the PCT area. |
| Schedule 6 - Part 2 - patients Assignments | Assignments to closed lists: determinations of Assessment Panel | 35 (4) (c) | Blue book, 6.17 Standard contract 262.3 | When most lists in a PCT's area are closed and the PCT wishes to assign patients it must prepare a proposal to be considered by the assessment panel, including details of the proposed assignee practices. The PCT must then notify the STHA, relevant contractors and the LMC that the matter is being referred to the assessment panel. |
| Schedule 6, Part 3 - Prescribing & Dispensing | Excessive prescribing | 46 (2) | Standard Contract, part 13, para 304, PMS Agreements Reg 44 | If a PCT believes a contractor is prescribing in excess of what is reasonably necessary, it shall seek the views of the LMC |

| | | | | |
|---|--|---------|--|--|
| <p>Schedule 6 - Part 4 - Persons who Perform Services</p> <p>GP appraisals</p> | Appraisal and Assessment | 68 (2) | Standard contract 369 | A PCT must consult the LMC regarding its appraisal system. |
| <p>Schedule 6 - Part 5 - Records, Information, Notification and Rights of Entry</p> <p>Annual reviews</p> | Annual Return and Review | 81 (3) | Guidance, Section 3 E, para 3.42 (ii) | Either the contractor or the PCT may request a LMC representative to be present at the contractor's annual contract performance review. |
| <p>Schedule 6 - Part 5 - Records, Information, Notification and Rights of Entry</p> <p>Rights of Entry</p> | <p>Entry and Inspection by PCT</p> <p>Premises inspections</p> | 89 (3) | <p>Standard contract 453</p> <p>CHECK - may now be 468</p> | A PCT must be accompanied by a LMC representative when carrying out a premises inspection visit, unless the contractor has requested otherwise. |
| <p>Schedule 6 - Part 7 Dispute Resolution</p> | Local Resolution of Contract Disputes | 99 (2) | <p>SFE 21.15</p> <p>Guidance 6.34</p> | In the event of disputes, the PCT and contractor must make every effort to resolve their dispute informally. Either of the parties may ask the LMC to participate in such discussions. |
| <p>Schedule 6 - Part 8 - Variation and Termination of Contracts</p> | Termination by the PCT for breach of conditions in Reg 4 - Consultation with the LMC | 111 (4) | Guidance 6.43 et seq., 6.39 | When the PCT is deciding whether (a) to terminate a contract or (b) conditionally continue the contract for an interim period of up to six months, it should, if practicable, consult the LMC before deciding which option to pursue. |
| <p>Schedule 6 - Part 8 - Variation and Termination of Contracts</p> | Consultation with the LMC | 120 (1) | Guidance 6.43 et seq., 6.39 | Whenever a PCT is considering terminating a contract or imposing contract sanctions, it should consult the LMC before doing so, if possible. |
| <p>Schedule 6 - Part 8 - Variation and Termination of Contracts</p> | Consultation with the LMC | 120 (2) | Guidance 6.43 et seq., 6.39 | Regardless of whether the LMC has been consulted, the PCT must notify the LMC as soon as possible, in writing, of any decision to terminate or impose sanctions. |
| <p>Schedule 7 - Out of Hours Services</p> | Application for approval of an out of hours arrangement | 2 (3) | Standard contract 404 | The PCT must consult the LMC before refusing to grant approval of a proposal for OOH arrangements. |
| <p>Schedule 7 - Out of Hours Services</p> | Review of Approval | 4 (4) | Standard contract 411 | Except in the case of an immediate withdrawal of approval, the PCT cannot withdraw approval without first consulting the LMC. |

| | | | | |
|---|--|-------|-----------------------|--|
| Schedule 7 - Out of Hours Services | Review of Approval | 4 (5) | Standard contract 422 | The PCT must notify the LMC if it decides to withdraw approval immediately. |
| Schedule 7 - Out of Hours Services | Immediate withdrawal of approval other than following review | 6 (4) | Standard contract 422 | The PCT must notify the LMC if it withdraws approval immediately in the interests of the contractor's patients. |

2. SFE 2004/05
(excluding dispensing and oxygen sets)

| | | | | |
|--|--|--------------|---|--|
| <p>Part 6 - Administrative provisions:</p> <p>Dispute Resolution Procedures</p> | <p>Local Resolution of contract disputes</p> | <p>21.15</p> | <p>Regs, Part 7, 99 (2)</p> | <p>In the event of disputes relating to the SFE, the PCT and contractor must make every effort to resolve the matter informally. Either of the parties may ask the LMC to participate in such discussions.</p> |
| <p>Part 6 - Administrative provisions</p> <p>Protocol in respect of locum cover payments</p> | <p>Adoption of protocol</p> | <p>21.17</p> | <p>Guidance 4.15 and tables 13, 14 & 21</p> | <p>PCTs are directed to adopt a protocol which they must take all reasonable steps to agree with the LMC. The protocol should set out how PCTs are likely to exercise their discretionary powers and, where they are obliged to make payments, the circumstances in which the payments are likely to be less than the maximum amount.</p> |

3. "Investing in General Practice" (Blue Book) February 2003

(excluding sections relating to remote/rural areas)

| | | | | |
|--|--|------------|----------------------------------|---|
| Part 2 More Flexible Provision of Services | Enhanced Services (commissioning) | 2.15 (iii) | Guidance 1.12 | Enhanced services schemes may be developed in response to local need and either of the parties could ask the LMC to support it in this process. |
| Part 2 More Flexible Provision of Services | New ability for PCOs to provide or commission care | 2.40 | Guidance 2.10, 2.11 | In reaching decisions on commissioning services a practice does not wish to provide, the PCT must consult , as appropriate, patients, patients forums and LMCs. |
| Part 2 More Flexible Provision of Services | New ability for PCOs to provide or commission care | 2.41 | Guidance 2.10, 2.11 | PCTs may enter into further contracts for parallel additional services alongside those provided by practices. Normally, it would be considered good practice to discuss these issues with the LMC. |
| Part 3 Rewarding Quality and Outcomes | Recording and reviewing arrangements | 3.38 (i) | Guidance 3.4.2, Regs. 81.3 | Either party to the annual practice quality review visit may request the involvement of the LMC. |
| Part 4, Developing human resources and modernising infrastructure | Human resource management - career structure | 4.3 (iii) | | Outlines a modular approach to planning GP careers including a "clinical leadership" element which may include membership of LMCs. Recognises this may necessitate a reduced clinical commitment. |
| Part 4, Developing human resources and modernising infrastructure | Appraisal (costs associated with remediation) | 4.12 | | When it is determined that a doctor requires remedial training, the exact proportion of the cost to be provided by the WDCs (or their equivalents) will be discussed with the LMC. |
| Part 4, Developing human resources and modernising infrastructure | Premises - quality standards | 4.52 | | Minimum standards assessment inspection teams will include representatives of the LMC and PCT. |
| Part 4, Developing human resources and modernising infrastructure | Premises - branch/split site surgeries | 4.58 | | If, following a branch surgery inspection visit, the PCT has identified shortcomings it will consult the LMC. |

| | | | | |
|--|---|----------------|---|--|
| Part 5, Investing in Primary Care | Investment in enhanced services | 5.10 | Guidance 1.12 | PCTs will be required to consult local practices, LMCs and patients' fora about the level of investment they propose to make in enhanced services. |
| Part 6, Better Services for Patients | Practice assignment and choice of practice - practice list closures | 6.17 (stage 3) | Guidance table 2, Regs 31 Standard contract 262.3 | Assessment panels will consider rejected list closure notices and consider how requests for new patient registrations should be dealt with where there is mass closure. The panel will comprise a PCT CEO, a patient representative, an LMC representative and a StHA representative. |
| Part 7, Underpinning the Contract | Vacancies and practice splits | 7.18 | | Development of new contractual arrangements for affected GPs following a practice split will include consultation with the LMC. |
| Part 7, Underpinning the Contract | Vacancies and practice splits | 7.19 | | The LMC will be consulted on all proposals in relation to retirement of single-handed GPs and greenfield sites. |
| Part 7, Underpinning the Contract | Greenfield sites | 7.20 | | In the event open competition is required between potential providers of services in a new practice, the LMC will be consulted. |
| Part 7, Underpinning the Contract | Contract review | 7.26 | | Practices or PCTs may elect to have an LMC representative present at the annual contract review and/or quality review. |
| Part 7, Underpinning the Contract | Remedial notices | 7.29 | | Either the contractor or the PCT may ask to have LMC involvement in discussions on how to resolve a contract breach. |
| Part 7, Underpinning the Contract | Remedial notices | 7.31 | Guidance 6.42, Regs Pt 8, reg 120 | When a practice fails to act upon a remedial notice or the breach is so serious that it cannot be resolved, several options are open to the PCT and it should consult the LMC before taking action. However, the PCT can take urgent action without consultation if patients or public funds are at risk. |

| | | | | |
|--|--|------|--|---|
| Part 7, Underpinning the Contract | Dispute resolution | 7.43 | Guidance 6.34, Regs. Pt 7, Reg 99 (2). SFE 21.15 | In the event of disputes, the PCT and contractor should attempt local resolution. This may include a conciliation meeting. Either party can request the presence of the LMC at the conciliation meeting. |
| Part 7, Underpinning the Contract | Appeals - level 1 local resolution of non-contractual issues (equivalent to initial representations under SFA para 80) | 7.54 | | Subject to local agreement [on the process], an aggrieved practice will have access to a PCT local review panel. This panel may include LMC membership , as well as the PCT chairman, a GPO subcommittee appointed member and a lay person, depending on the nature of the dispute. |
| Part 7, Underpinning the Contract | Local Medical Committees (LMCs) and their equivalents | 7.57 | | <p>Notes that the LMC role is broadly analogous to that under current contractual arrangements.</p> <p>In addition, new contract responsibilities include:-</p> <ul style="list-style-type: none"> • Assignments • Contract review • Quality assessment visits • Local dispute resolution <p>LMCs will also be consulted on:-</p> <ul style="list-style-type: none"> • Local variations to practice contracts <ul style="list-style-type: none"> • Practice splits • Establishment of new practices (including greenfield sites) • Breaches or failures of the practice contract • Proposed commissioning arrangement for enhanced services • Re-provision of additional services when a practice has opted out |
| Part 7, Underpinning the Contract | Local Medical Committees (LMCs) and their equivalents | 7.57 | Reg 2 | Confirms continuing statutory recognition of LMCs and arrangements for collection of levies. |

4. Standard Contract (Final - 27th Feb 2004)

| | | | | |
|--|--|-----------------|--|--|
| Part 4 - Commencement of Contract | Duration of the contract | 16, footnote 13 | Regs, Part 5, 14 (3) | Either party to a prospective temporary contract may invite the LMC to participate in the negotiations intending to lead to such a contract. |
| Part 12, Patients | Rejection of closure notice by PCT - Assessment panels | 251.3 | Regs. Sch. 6, Part 2, Reg. 31(5)(c) Guidance, Section 2, table 2, step 4 | An assessment panel will comprise the PCT chief exec, a representative of patients in an another PCT's area and a LMC representative, again from an outside area. |
| Part 12, Patients | Assignments to closed lists: determination of the assessment panel | 262.3 | Regs. Sch. 6, Part 2, Reg. 35(4)(c) Blue Book 6.17 | The PCT must notify the LMC , among others, of the determination of the assessment panel. |
| Part 13 - Prescribing and Dispensing | Excessive prescribing | 304 | Regs, Sch 6, para 46 (2), PMS Agreements Regs 44 | If a PCT believes a contractor is prescribing in excess of what is reasonably necessary, it shall seek the views of the LMC |
| Part 14, Persons who Perform Services | Appraisal and assessment | 369 | Regs, Sch 6, Part 4, Reg. 68 | The PCT must consult the LMC regarding its appraisal system. |
| Part 14, Persons who Perform Services | Application for approval of OOH arrangements | 404 | Regs, Sch 7, 2(3)(h) | The PCT must consult the LMC before refusing to grant approval of a proposed OOH arrangement. |
| Part 14, Persons who Perform Services | Review of approval of OOH arrangements | 411 | Regs, Sch 7, 4 (4) | Except in the case of an immediate withdrawal of approval, the PCT cannot withdraw approval without first consulting the LMC. |
| Part 14, Persons who Perform Services | Immediate withdrawal of OOH approval other than following review | 422 | Regs, Sch 7, 4 (5) and 6 (4) | The PCT must notify the LMC if it decides to withdraw approval immediately in the interests of the contractor's patients. |
| Part 15, Records, Information, Notification and Rights of Entry | Annual return and review | 453 | Regs, Sch. 6, Pt 5, 81(3), Guidance Section 3 E, para 3.42 (ii) | Either the contractor of the PCT may request a LMC representative to be present at the contractor's annual contract performance review. |
| Part 15, Records, Information, Notification and Rights of Entry | Rights of entry - premises inspections | 468 | Regs Sch 6, Pt 5 89.3, | A PCT must be accompanied by a LMC representative when carrying out a premises inspection visit, |
| Part 24, Dispute Resolution Procedures | Local resolution of contract disputes | 519 | Regs. Sch 6, Pt 7, 99(2) SFE 21.15, Gdnce 6.39 | Either the contractor or the PCT can ask the LMC to participate in local resolution of disputes. |

| | | | | |
|--|---|------------|---|---|
| <p>Part 25, Variation and Termination of the Contract</p> | <p>Termination by the PCT for breach of conditions in Reg 4</p> | <p>555</p> | <p>Regs 120 (1), Guidance 6.39, et seq.</p> | <p>Whenever a PCT is considering terminating a contract or continuing the contract for an interim period with PCT-provided GP assistance, it should consult the LMC before doing so, if practicable.</p> |
| <p>Part 25, Variation and Termination of the Contract</p> | <p>Consultation with the LMC</p> | <p>592</p> | | <p>When the PCT is considering terminating a contract or imposing a contract sanction it should consult the LMC before doing so, if practicable.</p> |
| <p>Part 25, Variation and Termination of the Contract</p> | <p>Consultation with the LMC</p> | <p>593</p> | <p>Regs 120 (2), Guidance 6.34, et seq.</p> | <p>Regardless of whether the LMC has been consulted, the PCT must notify the LMC in writing, as soon as possible, of any decision to terminate or impose sanctions. This obligation survives termination of the contract</p> |
| <p>Part 26, Non-Survival of Terms</p> | <p>LMC</p> | <p>601</p> | | <p>Only a limited number of contract terms survive expiry or termination of the contract, including clause [593] above</p> |

5. Implementation Guidance (December 2003) excluding dispensing

| | | | | |
|--|---|-----------------|---|--|
| Part 1 - Executive Summary | Enhanced services commissioning | 1.12 | Blue book 2.15, 5.10 | PCTs must seek to obtain LMC agreement that the enhanced services they propose to commission count within the definition of enhanced services for financial monitoring purposes. |
| Part 2 - Flexible Provision of Services | PCT direct provision (PCT medical services or PCTMS) | 2.10 | Blue book 2.40, 2.41 | If PCTs propose to become large-scale providers of primary medical services they are expected to discuss this first with the StHA and consult the LMC . |
| Part 2 - Flexible Provision of Services | Common principles - consultation | 2.11 (iv) | | The PCT must involve and consult ... the LMC and patients forums (where appropriate) about (a) planning the provision of services, (b) development of proposals for changes in the way those services are provided, and (c) decisions affecting the operation of those services. |
| Part 2 - Flexible Provision of Services | "Brownfield Sites" (pre-existing surgeries that were but are no longer delivering essential services) | 2.16 | | Before making a decision about how to secure primary medical services in "brownfield sites", e.g. when a s/h GP retires, the PCT is expected to consult the LMC . The options are to (a) advertise a vacancy, (b) invite interest from existing contractors, or (c) employ a GP using the PCTMS route. |
| Part 2 - Flexible Provision of Services | List closure procedure - assessment panel determination | Table 2 Stage 4 | Regs. 30 - 37 31 and 35 in particular, Blue book 6.17 | Composition of assessment panel: - PCT chief exec (from another PCT), a patient rep and an LMC rep . The StHA will not be represented. |
| Part 3 - Improving Quality | Annual review | E 3.42 (ii) | Regs. Part 5 81 (3), Blue book 3.38 | Either the contractor or the PCT may involve the LMC in an annual review visit , but if a mutually convenient date cannot be found the visit should not be delayed. |
| Part 3 - Improving Quality | Ensuring equity and probity - (achievement payments) | G 3.68 (i) | | If monthly reports/annual visits reveal questions of data accuracy and these have not been remedied to the satisfaction of the PCT, the PCT may rescore quality achievement points, following consultation with the LMC . |
| Part 3 - Improving Quality | Ensuring equity and probity - (achievement payments) | G 3.68 (ii) | | If the PCT has evidence that a contractor has been systematically and inappropriately referring patients to secondary care in order to maximise achievement points, the PCT could rescore the achievement points calculation, again following consultation with the LMC . |

| | | | | |
|--|--|---|--|--|
| Part 4 - Modernising Infrastructure | Ongoing support and development - (locum support) | 4.15 & table 13 - infrastructure milestones | SFE 21.17 | PCTs should develop and agree a policy for locum cover and payment arrangements with the LMC. PCTs are advised to develop policies and consult the LMC during March 2004. |
| Part 5 - Financing Primary Medical Services | Table 14 - Contractor entitlements | Section 9 - Locum payments | SFE 21.17 | Refers back to development of policy and confirms payment. |
| Part 5 - Financing Primary Medical Services | How allocations to PCTs will work | 5.29 - (iii) Enhanced services funds | | Planned spending against the local enhanced services spending floor must be signed off by the PEC and discussed with the LMC. |
| Part 6 - Contracting Process | Dispute resolution | C 6.34 | Regs Part 7 - 99 (2) and SFE 21.15, Blue book 7.43 | In the event of contract disputes, the PCT and contractor must make every effort to resolve the matter informally. Either of the parties may ask the LMC to participate in such discussions. |
| Part 6 - Contracting Process | Contract termination, breach and sanctions - Termination | D 6.42 (i) | Regs Part 8, 120 (1), Blue book 7.31 | In the event a PCT decides to exercise its discretion and serve notice of immediate contract termination, it must consult the LMC immediately. |
| Part 6 - Contracting Process | Contract termination, breach and sanctions - termination | D 6.43 (i) and (ii) | Regs Part 8, 120 (1) | The PCT may terminate a contract in two specific circumstances following changes in the partnership structure. (1) when the change will have a serious impact on the ability of the parties to perform their contractual obligations. (2) in the event of a sudden and/or acrimonious partnership split where its not apparent who has the right to retain the contract. In both cases the LMC must be consulted. |
| Part 6 - Contracting Process | Contract termination, breach and sanctions - termination - temporary contracts | D 6.46 (i) | Regs, Part 8 | PCTs should consult the LMC before refusing the holder of a temporary contract a permanent contract. |
| Part 6 - Contracting Process | Contract termination, breach and sanctions - termination - Remedial and breach notices | D 6.51 | | In the event of a series of minor breaches, the PCT may be considering issuing a termination notice. The LMC should be consulted before any decision is reached. |
| | | | | |

| | | | | |
|------------------------------------|-------------------------------------|---------------------------|-----------|--|
| Part 7 - Implementation | PCT milestones and activities | Table 21, milestone 25 | SFE 21.17 | Agreed [with LMC] written local policies for locum reimbursement to be in place by March 2004. |
|------------------------------------|-------------------------------------|---------------------------|-----------|--|

6. GMS Transitional & Consequential Provisions (SI 2004 no. 433, March 2004)

| | | | | |
|--|---|---------------|--|---|
| <p>Part 2 - Entitlement to Contracts -</p> <p>Entitlement to a GMS contract as an individual practitioner</p> | <p>Contracting with suspended doctors</p> | <p>3 (7)</p> | | <p>A PCT must consult the LMC if it is considering refusing a contract to a s/h doctor who is (a) suspended (para 3), or (b) suffering from ill health and is under the existing R25 procedures (para 6), or (c) is a full-time member of the armed services.</p> <p>If the PCT is considering refusal under para 3 (6) (Reg 25), it shall have regard to the LMC's written report made under Reg 25 (9) of the 1992 Regs.</p> |
| <p>Part 2 - Entitlement to Contracts -</p> <p>Duration of entitlement to a GMS contract</p> | <p>Contracting with a doctor who had originally been refused a contract</p> | <p>6 (3)</p> | | <p>Where a GP has been refused a contract and the PCT has temporary R25 arrangements in place, and before 31st March 2005, the PCT is satisfied after consultation with the LMC that the GP is able to provide services under a GMS contract, that person shall (subject to articles 7 and 12) only continue to be entitled to enter into such a contract (whether following a default contract or not) until the end of six weeks after the date on which the PCT was so satisfied, or where, before the end of the 6 weeks, either party has referred the terms of the contract to the Secretary of State, but that dispute has not been determined or withdrawn, the end of 28 days from the date on which the parties were notified of the determination of the dispute or the dispute was withdrawn.</p> |
| <p>Part 2 - Entitlement to Contracts -</p> <p>Entitlement to a contract under S 176 (3) of the Act</p> | <p>Refusal to enter into a default contract</p> | <p>13 (7)</p> | | <p>If a PCT is considering refusing to enter into a default contract, it must consult the LMC first.</p> |
| <p>Guidance - Transitional Rules - Patient Lists</p> | <p>Amendment of practice areas</p> | <p>71</p> | | <p>Where several contractors are seeking to amend their "practice area" in a way that withdraws services from certain localities, the PCT may wish to discuss staggering the proposed changes. It is recommended that the LMC is involved in these discussions</p> |

7. GMS and PMS Transitional & Consequential Provisions (SI 2004 no. 865, March 2004)

| | | | | |
|--|--|-----|---|---|
| Part 2, Transitional Provisions relating to GMS | Medical Examination of medical practitioners (old Reg 25) | 31 | | Where, before 31.3.04, a PCT has required a medical examination under the old R 25 (5) and the examination has not yet taken place, the LMC shall proceed with the arrangements, provided the GP consents. |
| Part 2, Transitional Provisions relating to GMS | Annual reports | 36 | ? seems to refer to ToS | The annual report for the 12 months ending 31st March 2004 shall include the info specified in para 3 of Sch 2 of the 1992 regs - provided the PCT cannot obtain the info elsewhere and provided the PCT has consulted the LMC. |
| Part 4 - Transitional Provisions relating to PMS | Interpretation of transitional agreements | 60 | | Definition of LMC |
| Part 7 - Transitional arrangements (Service Comm & Tribunal Regs) | Determination of a PCT made on or after the relevant date (SC Reg 8) - | 98 | | Following the determination of a Service Committee, the PCT may decide to limit the number of patients a GP may care for. The LMC should be consulted on this. |
| Part 7 - Transitional arrangements (Service Comm & Tribunal Regs) | Investigation of Certification (SC Reg 16) | 101 | See also guidance for PCTs entitled "The New GMS contract & the Service Comm & Tribunal Regs - Changes to the 1992 Regulations) | Confirms that Service committee arrangements and process will still apply to matters which have been referred to the LMC prior to 1 April 2004, or where the case relates to events which took place prior to 1 April 2004, or any appeal to the SoS or possible appeal relating thereto. |
| Part 7 - Transitional arrangements (Service Comm & Tribunal Regs) | Investigation of Record Keeping (SC Reg 17) | 102 | As above | As above |
| Part 7 - Transitional arrangements (Service Comm & Tribunal Regs) | Decision as to treatment for which fees may be charged (SC Reg 18) | 103 | As above | As above |
| Part 7 - Transitional arrangements (Service Comm & Tribunal Regs) | Functions of Local Medical Committees | 104 | | Confirms statutory recognition of the relevant LMC for the purpose of exercising continuing Service Committee functions. |

8. NHS (Personal Medical Services Agreements) Regulations 2004 (SI 2004 no. 627)

| | | | | |
|--|-----------------------|----|--|--|
| Part 3 - Prescribing & Dispensing | Excessive Prescribing | 44 | Mirrors GMS Regs and standard contract | If a PCT believes a contractor is prescribing in excess of what is reasonably necessary, it shall seek the views of the LMC |
|--|-----------------------|----|--|--|

9. Premises Costs Directions 2004

| | | | | |
|--|--|--------|--|--|
| Part 2 - Premises Development and Improvement | Initial consideration of premises development or improvement proposals | 9 | | PCTs must consult the LMC before deciding whether to include a contractor's proposal for development or improvement in their estates strategy for investment prioritisation. |
| Part 5 - Recurring Premises Costs | Minimum standards condition attached to all payments | 52 (b) | | Payments may only be made if premises meet the minimum standards. In the event a contractor has failed to bring his premises up to the minimum standards, despite agreement to do so, the PCT may serve a remedial notice requiring him to do so. The LMC must be consulted before the remedial notice is issued. |