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D I R E C T I O N S

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## THE NATIONAL HEALTH SERVICE ACT 2006

### The Primary Medical Services (Directed Enhanced Services) (England) Directions 2007

The Secretary of State gives the following directions in exercise of the powers conferred by sections 8 and 272(7) and (8) of the National Health Service Act 2006<sup>(a)</sup>:

#### Citation, commencement and application

1.—(1) These Directions may be cited as the Primary Medical Services (Directed Enhanced Services) (England) Directions 2007 and shall come into force on 3rd August 2007.

(2) These Directions are given to Primary Care Trusts in England and apply in relation to England only.

#### Interpretation

2. In these Directions—

“the Act” means the National Health Service Act 2006;

“bank holiday” has the same meaning as in the National Health Service (General Medical Services) Regulations 2004<sup>(b)</sup>;

“general practitioner” means a medical practitioner whose name is included in a medical performers list prepared by a Primary Care Trust under regulation 3 of the National Health Service (Performers Lists) Regulations 2004<sup>(c)</sup>;

“GMS contractor” means a person with whom a Primary Care Trust is entering or has entered into a general medical services contract;

“health care professional” means a person who is a member of a profession regulated by a body mentioned in section 25(3) of the National Health Service Reform and Health Care Professions Act 2002<sup>(d)</sup>;

“PMS contractor” means a person with whom a Primary Care Trust is entering or has entered into section 92 arrangements which require the provision by that person of primary medical services;

“primary medical services contract” means—

- (a) a general medical services contract;
- (b) section 92 arrangements which require the provision of primary medical services; or
- (c) contractual arrangements for the provision of primary medical services under section 83(2)(b) of the Act (primary medical services);

“primary medical services contractor” means—

- (a) a GMS or PMS contractor; or

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(a) 2006 c.41.

(b) 2004/291 as amended by S.I. 2004/2694, 2005/893 and 3315 and 2006/1501.

(c) S.I. 2004/585; amended by S.I. 2004/2694, 2005/502, 893 and 3491 and 2006/635 and 3185.

(d) 2002 c.17.

- (b) a person with whom a Primary Care Trust is making or has made contractual arrangements for the provision of primary medical services under section 83(2)(b) of the Act;

“Statement of Financial Entitlements” means any directions given by the Secretary of State under section 87 of the Act (GMS contracts: payments); and

“working day” means any day apart from Saturday, Sunday, Christmas Day, Good Friday or a bank holiday.

### **Establishment etc of directed enhanced services schemes**

3.—(1) Each Primary Care Trust must exercise its functions under section 83 of the Act of providing primary medical services within its area, or securing their provision within its area, by (as part of its discharge of those functions) establishing (if it has not already done so), operating and, as appropriate, revising the following schemes for its area—

- (a) an Improved Access Scheme, the underlying purpose of which is to improve patient access to primary medical services, and which will comprise or include arrangements for—
  - (i) allowing patients requiring routine appointments to consult a general practitioner, on request, to be able to consult a general practitioner, face-to-face or by telephone, by the end of the second working day after the day on which the request was made,
  - (ii) allowing patients requiring routine appointments to consult a general practitioner to be able to book such appointments more than 48 hours in advance,
  - (iii) allowing patients who contact the contractor’s premises by telephone to be able to do so without difficulty, and
  - (iv) allowing patients, as far as is possible, to be able to consult the general practitioner that they request on making the appointment;
- (b) a Choice and Booking Scheme, the underlying purpose of which is to encourage GMS and PMS contractors to—
  - (i) offer patients who they are referring for a first consultant outpatient appointment under the Act a choice of provider; and
  - (ii) use the national Choose and Book system when booking a first consultant outpatient appointment under the Act;
- (c) a Childhood Immunisation Scheme, the underlying purpose of which is to ensure that patients in its area—
  - (i) who have passed their second birthday but not yet their third are able to benefit from the recommended immunisation courses (i.e. those that have been recommended nationally and by the World Health Organisation) for protection against—
    - (aa) diphtheria, tetanus, poliomyelitis, pertussis and Haemophilus influenzae type B (HiB),
    - (bb) measles/mumps/rubella, and
    - (cc) Meningitis C, or
  - (ii) who have passed their fifth birthday but not yet their sixth birthday are able to benefit from the recommended reinforcing doses (i.e. those that have been recommended nationally and by the World Health Organisation) for protection against diphtheria, tetanus, pertussis and poliomyelitis;
- (d) an Influenza and Pneumococcal Immunisation Scheme, the underlying purposes of which is to ensure that patients in its area who are at-risk of influenza or pneumococcal infection are offered immunisation against these infections;
- (e) a Violent Patients Scheme, the underlying purpose of which is to ensure that there are sufficient arrangements in place to provide primary medical services to patients that have

been subject to immediate removal from a patient list of a primary medical services contractor because of an act or threat of violence; and

- (f) a Minor Surgery Scheme, the underlying purpose of which is to ensure that a wide range of minor surgical procedures are made available as part of the primary medical services provided within the Primary Care Trust's area.

(2) Before entering into any arrangements with a primary medical services contractor as part of one of the Schemes mentioned in paragraph (1), a Primary Care Trust must satisfy itself that the contractor with which it is proposing to enter into those arrangements—

- (a) is capable of meeting its obligations under those arrangements including under any plan agreed under those arrangements; and
- (b) in particular, has the necessary facilities, equipment and properly trained and qualified general practitioners, health care professionals and staff to carry out those obligations,

and nothing in these directions shall be taken as requiring a PCT to enter into such arrangements with a contractor if it has not been able to satisfy itself in this way about the contractor.

### **Improved Access Scheme**

4.—(1) As part of its Improved Access Scheme, each Primary Care Trust must offer to each GMS contractor in its area, and each PMS contractor in its area for which it holds a list of registered patients, the opportunity to enter into arrangements in respect of the financial year 2007/2008, thereby affording the contractor a reasonable opportunity to participate in the scheme during the financial year 2007/2008.

(2) The Primary Care Trust shall not be required to enter into arrangements pursuant to paragraph (1) with a contractor unless the contractor has indicated in writing to the Primary Care Trust before 1st February 2008 that it wishes to enter into arrangements, and the arrangements under paragraph (1) shall be entered into before 15th February 2008.

(3) The arrangements must provide—

- (a) for the contractor to provide a plan by the date specified in the arrangements agreed between the contractor and the Primary Care Trust, or within a reasonable period where the arrangements do not specify a date, covering the matters set out in paragraph (4), for the Primary Care Trust to approve;
- (b) for the Primary Care Trust to consider the plan with a view to agreeing it and not to withhold its agreement unreasonably;
- (c) for the contractor to implement the agreed plan in so far as it places obligations upon it;
- (d) for the contractor to co-operate with the Primary Care Trust in facilitating the carrying out of the national patient experience survey in respect of the contractor's practice; and
- (e) in the case of PMS contractors, for the inclusion of the amount of the payments to be made to the contractor for agreeing and meeting its obligations under the arrangements, and those payments must comprise—
  - (i) an initial payment in respect of the plan referred to in sub-paragraph (a) payable once the plan has been agreed by the Primary Care Trust in accordance with sub-paragraph (b);
  - (ii) an initial payment in respect of the contractor giving a written undertaking to participate in, and to continue participation in, the Primary Care Trust's monthly Primary Care Access Survey at least up to 31st March 2008; and
  - (iii) a reward payment, payable following the end of the financial year 2007/2008 and based on the results of the national patient experience survey,

and in determining the appropriate level of those payments the Primary Care Trust must have regard to the amounts of payments under section 7E of the Statement of Financial Entitlements.

(4) The plan —

- (a) must include details of the actions the contractor proposes to take in order to—
    - (i) allow patients requiring routine appointments to consult a general practitioner, on request, to be able to consult a general practitioner, face-to-face or by telephone, by the end of the second working day after the day on which the request was made,
    - (ii) allow patients requiring routine appointments to consult a general practitioner to be able to book such appointments more than 48 hours in advance, and
    - (iii) allow patients who contact the contractor’s premises by telephone to be able to do so without difficulty;
  - (b) must include the arrangements for the provision of information by the Primary Care Trust and by the contractor;
  - (c) must include the arrangements for the monitoring of the plan by the Primary Care Trust; and
  - (d) may include a written commitment signed on behalf of the contractor to participate in, and to continue participation in, the monthly Primary Care Access Survey at least up to 31st March 2008.
- (5) The arrangements shall be incorporated into the contractor’s primary medical services contract.

### **Choice and Booking Scheme**

**5.—**(1) As part of its Choice and Booking Scheme, each Primary Care Trust must offer to each GMS contractor in its area, and each PMS contractor in its area for which it holds a list of registered patients, the opportunity to enter into arrangements in respect of the financial year 2007/2008, thereby affording the contractor a reasonable opportunity to participate in the scheme during the financial year 2007/ 2008.

(2) The Primary Care Trust shall not be required to enter into arrangements pursuant to paragraph (1) with a contractor unless the contractor has indicated in writing to the Primary Care Trust before 1st February 2008 that it wishes to enter into arrangements, and the arrangements under paragraph (1) shall be entered into before 15th February 2008.

(3) The arrangements that a Primary Care Trust enters into with a GMS or PMS contractor as part of its Choice and Booking Scheme may be for—

- (a) the choice element of the Scheme only;
- (b) the Choose and Book element of the scheme only; or
- (c) both the choice and the Choose and Book elements of the scheme (in this direction referred to as “Choice and Booking”).

(4) The arrangements that a Primary Care Trust enters into with a GMS or PMS contractor for Choice and Booking must include—

- (a) a written commitment by the contractor—
  - (i) to support patients in making an informed choice of the provider to which they are to be referred, and
  - (ii) to use the national Choose and Book system in making such referrals;
- (b) a requirement that the contractor ensures that the patient is informed of his option to choose the provider to which they are to be referred;
- (c) a requirement that the contractor makes available to a patient to whom a choice is being offered information and support to help him make an informed choice which should include but is not limited to—
  - (i) the provision of a shortlist of clinically appropriate providers,
  - (ii) discussion with the patient regarding any relevant clinical aspects of the choices available, and

- (iii) discussion with the patient regarding any other relevant matters relating to the choices available or information to the patient as to where he can obtain that information;
- (d) a requirement that the contractor make available to a patient information when making his decision, which must where appropriate include but is not limited to—
  - (i) offering a patient information booklet as provided by the Primary Care Trust, and
  - (ii) providing information about outpatient waiting time for the relevant specialty;
- (e) a requirement that the contractor co-operate with the Primary Care Trust in any review intended to assure the quality of the local choice process from a patient's perspective;
- (f) a requirement that the contractor—
  - (i) ensures that every patient whose referral is being dealt with using the Choose and Book system is—
    - (aa) given a unique booking reference number and a patient password before leaving the practice following the consultation with the general practitioner at which the need for a first consultant outpatient appointment is identified, or
    - (bb) sent a unique booking reference number and a patient password by the end of the next working day following the consultation with the general practitioner at which the need for a first consultation outpatient appointment is identified and where a unique booking reference number and a patient password are so sent they may be sent by any means agreed in discussion between the contractor and the patient or, in the absence of such agreed means, by any reasonable means selected by the contractor,
  - (ii) ensures that the patient is given, at the consultation with the general practitioner at which the need for a first consultant outpatient appointment is identified, either—
    - (aa) an appointment with his chosen provider; or
    - (bb) written information about any action the patient must take in order to complete the process of making his choice and to make a booking, and
  - (iii) subject to paragraph (5), within time-limits agreed with the Primary Care Trust, and set out in the arrangements, generates and attaches a referral letter to any appointment request, either manually or by using a GP integrated IT system;
- (g) a requirement that the contractor co-operate with the Primary Care Trust in facilitating the carrying out of the national patient experience survey in respect of the contractor's practice;
- (h) the arrangements for the provision of information by the Primary Care Trust and by the contractor;
- (i) the arrangements for the monitoring of the arrangements by the Primary Care Trust; and
- (j) in the case of PMS contractors, the amount of the payments to be made to the contractor for agreeing and meeting its obligations under the arrangements, and those payments must comprise—
  - (i) an initial payment for agreeing with the Primary Care Trust to provide patients with the opportunity to make an informed choice in choosing a provider for a first consultant outpatient appointment under the Act,
  - (ii) a reward payment for achieving a specified standard in providing patients with the opportunity to make an informed choice in choosing a provider for a first consultant outpatient appointment under the Act,
  - (iii) an initial payment for agreeing to use the national Choose and Book system, and
  - (iv) a reward payment for using the national Choose and Book system to a specified standard,

and in determining the appropriate level of those payments the Primary Care Trust must have regard to the amounts of payments under section 7F of the Statement of Financial Entitlements,

and the Primary Care Trust must, where necessary, vary the primary medical services contractor's primary medical services contract so that the arrangements comprise part of the contractor's contract and the requirements of the arrangements are conditions of the contract.

(5) The time-limits to be agreed by the Primary Care Trust for a referral for an appointment and referred to in paragraph (4)(f)(iii) must provide that—

- (a) in the case of a referral for a patient who has or is suspected of having cancer or where the referral is urgent, the referral must take place within one working day; and
- (b) in the case of other referrals, the referral must take place within three working days unless the contractor has a good reason for not being able to make a referral within the agreed time-limit.

(6) The arrangements that a Primary Care Trust enters into with a GMS or PMS contractor for the Choice element of the scheme only must comply with paragraph (4)(a)(i), (b) to (e), (g) to (i) and (j)(i) and (ii), and the Primary Care Trust must, where necessary, vary the primary medical services contractor's primary medical services contract so that the arrangements comprise part of the contractor's contract and the requirements of the arrangements are conditions of the contract.

(7) The arrangements that a Primary Care Trust enters into with a GMS or PMS contractor for the Choose and Book element of the scheme only must comply with paragraph (4)(a)(ii), (f), (h), (i), and (j)(iii) and (iv) and the Primary Care Trust must, where necessary, vary the primary medical services contractor's primary medical services contract so that the arrangements comprise part of the contractor's contract and the requirements of the arrangements are conditions of the contract.

### **Childhood Immunisation Scheme**

**6.—**(1) As part of its Childhood Immunisation Scheme, each Primary Care Trust must, each financial year, offer to enter into arrangements with each GMS or PMS contractor in its area, unless—

- (a) it already has such arrangements with the contractor in respect of that financial year; or
- (b) in the case of a GMS contractor, the contractor is not providing the childhood immunisations and pre-school boosters additional service under its general medical services contract,

thereby affording the contractor a reasonable opportunity to participate in the Scheme during that financial year.

(2) The plan setting out the arrangements that a Primary Care Trust enters into, or has entered into, with any primary medical services contractor as part of its Childhood Immunisation Scheme must, in respect of each financial year to which the plan relates, include—

- (a) a requirement that the contractor—
  - (i) develops and maintains a register (its "Childhood Immunisation Scheme Register", which may comprise electronically tagged entries in a wider computer database) of all the children for whom the contractor has a contractual duty to provide childhood immunisation and pre-school booster services (who may already have been immunised, by the contractor or otherwise, or to whom the contractor has offered or needs to offer immunisations),
  - (ii) undertakes to offer the recommended immunisations referred to in direction 3(c) to the children on its Childhood Immunisation Scheme Register (with the aim of maximising uptake in the interests of patients, both individually and collectively), and
  - (iii) undertakes to record the information that it has in its Childhood Immunisation Scheme Register using any applicable national Read codes;

- (b) a requirement that the contractor—
  - (i) develops a strategy for liaising with and informing parents or guardians of children on its Childhood Immunisation Scheme Register about its immunisation programme with the aim of improving uptake, and
  - (ii) provides information on request to those parents or guardians about immunisation;
- (c) a requirement that the contractor takes all reasonable steps to ensure that the lifelong medical records held by a child’s general practitioner are kept up-to-date with regard to the child’s immunisation status, and in particular include—
  - (i) any refusal of an offer of vaccination,
  - (ii) where an offer of vaccination was accepted—
    - (aa) details of the consent to the vaccination or immunisation (where a person has consented on a child’s behalf, that person’s relationship to the child must also be recorded),
    - (bb) the batch number, expiry date and title of the vaccine,
    - (cc) the date of administration of the vaccine,
    - (dd) where two vaccines are administered in close succession, the route of administration and any injection site of each vaccine,
    - (ee) any contraindications to the vaccination or immunisation,
    - (ff) any adverse reactions to the vaccination or immunisation;
- (d) a requirement that the contractor ensures that any health care professional who is involved in administering a vaccine has—
  - (i) any necessary experience, skills and training with regard to the administration of the vaccine, and
  - (ii) training with regard to the recognition and initial treatment of anaphylaxis;
- (e) a requirement that the contractor ensures that—
  - (i) all vaccines are stored in accordance with the manufacturer’s instructions, and
  - (ii) all refrigerators in which vaccines are stored have a maximum/minimum thermometer and that readings are taken from that thermometer on all working days;
- (f) a requirement that the contractor supply its Primary Care Trust with such information as it may reasonably request for the purposes of monitoring the contractor’s performance of its obligations under the plan;
- (g) arrangements for an annual review of the plan which shall include—
  - (i) an audit of the rates of immunisation, which must also cover any changes to the rates of immunisation, and
  - (ii) an analysis of the possible reasons for any changes to the rates of immunisation; and
- (h) in the case of contractors that are not GMS contractors, the payment arrangements for the contractor, which must comprise target payments to the contractor where the contractor—
  - (i) meets its obligations under the plan, and
  - (ii) meets, in respect of the children on the contractor’s Childhood Immunisation Scheme Register, immunisation levels designed to ensure adequate protection, both for individual patients and for the public, against the infectious diseases against which immunisation is being offered (and the Primary Care Trust must take no account of exception reporting in its calculations of target payments),

and in determining the appropriate level of those target payments, the Primary Care Trust must have regard to the target payments and the targets rewarded under Section 8 of the Statement of Financial Entitlements,

and the Primary Care Trust must, where necessary, vary the primary medical services contractor's primary medical services contract so that the plan comprises part of the contractor's contract and the requirements of the plan are conditions of the contract.

### **Influenza and Pneumococcal Immunisation Scheme**

7. As part of its Influenza and Pneumococcal Immunisation Scheme, each Primary Care Trust may enter into arrangements with any primary medical services contractor, but where it does so, the plan setting out the arrangements that a Primary Care Trust enters into, or has entered into, with the primary medical services contractor must, in respect of each financial year to which the plan relates, include—

- (a) a requirement that the contractor develops and maintains a register (its "Influenza and Pneumococcal Scheme Register", which may comprise electronically tagged entries in a wider computer database) of all the at-risk patients to whom the contractor is to offer immunisation against influenza or pneumococcal infection, and for these purposes a patient is at risk of—
  - (i) influenza infection if he is—
    - (aa) aged 65 or over at the end of that financial year,
    - (bb) suffering from chronic respiratory disease (including asthma), chronic heart disease, chronic renal disease, immuno-suppression due to disease or treatment, or diabetes mellitus,
    - (cc) living in long-stay residential or nursing homes or other long-stay health or social care facilities, or
  - (ii) pneumococcal infection if he is aged 65 or over at the end of the financial year;
- (b) a requirement that the contractor undertakes—
  - (i) to offer immunisations against those infections to those at risk patients, and with immunisations against influenza infection—
    - (aa) to make that offer during the period from 1st August to 31st March in that financial year, but
    - (bb) to concentrate the immunisation programme during the period from 1st September to 31st January in that financial year, and
  - (ii) to record the information that it has in its Influenza and Pneumococcal Immunisation Register using any applicable national Read codes;
- (c) a requirement that the contractor develops a proactive and preventative approach to offering these immunisations by adopting robust call and reminder systems to contact at-risk patients, with the aims of—
  - (i) maximising uptake in the interests of at-risk patients, and
  - (ii) meeting any public health targets in respect of such immunisations;
- (d) a requirement that the contractor takes all reasonable steps to ensure that the lifelong medical records held by an at-risk patient's general practitioner are kept up-to-date with regard to his immunisation status, and in particular include—
  - (i) any refusal of an offer of vaccination,
  - (ii) where an offer of vaccination was accepted—
    - (aa) details of the consent to the vaccination or immunisation (where a person has consented on an at-risk patient's behalf, that person's relationship to the at-risk patient must also be recorded),
    - (bb) the batch number, expiry date and title of the vaccine,
    - (cc) the date of administration of the vaccine,
    - (dd) where two vaccines are administered in close succession, the route of administration and the injection site of each vaccine,

- (ee) any contraindications to the vaccination or immunisation,
- (ff) any adverse reactions to the vaccination or immunisation;
- (e) a requirement that the contractor ensures that any health care professional who is involved in administering a vaccine has—
  - (i) any necessary experience, skills and training with regard to the administration of the vaccine, and
  - (ii) training with regard to the recognition and initial treatment of anaphylaxis;
- (f) a requirement that the contractor ensures that—
  - (i) all vaccines are stored in accordance with the manufacturer’s instructions, and
  - (ii) all refrigerators in which vaccines are stored have a maximum/minimum thermometer and that readings are taken from that thermometer on all working days;
- (g) a requirement that the contractor supply its Primary Care Trust with such information as it may reasonably request for the purposes of monitoring the contractor’s performance of its obligations under the plan; and
- (h) the payment arrangements for the contractor,

and the Primary Care Trust must, where necessary, vary the primary medical services contractor’s primary medical services contract so that the plan comprises part of the contractor’s contract and the requirements of the plan are conditions of the contract.

### **Violent Patient Scheme**

**8.**—(1) Each Primary Care Trust must consult the local medical committee (if any) for its area about any proposals it has to establish or revise a Violent Patients Scheme.

(2) As part of its Violent Patients Scheme, each Primary Care Trust may enter into arrangements with any primary medical services contractor, but where it does so—

- (a) the plan setting out those arrangements must provide, in respect of each financial year to which the plan relates, for the payment arrangements for the contractor agreeing and meeting its obligations under the plan; and
- (b) the Primary Care Trust must, where necessary, vary the primary medical services contractor’s contract so that the plan comprises part of the contractor’s contract and the requirements of the plan are conditions of the contract.

### **Minor Surgery Scheme**

**9.** As part of its Minor Surgery Scheme, each Primary Care Trust may enter into arrangements with any primary medical services contractor, but where it does so, the plan setting out the arrangements that a Primary Care Trust enters into, or has entered into, with the primary medical services contractor must, in respect of each financial year to which the plan relates, include—

- (a) which minor surgical procedures are to be undertaken by the contractor and for which patients, and for these purposes, the minor surgical procedures that may be undertaken are any minor surgical procedures that the Primary Care Trust considers the contractor competent to provide, which may include—
  - (i) injections for muscles, tendons and joints,
  - (ii) invasive procedures, including incisions and excisions, and
  - (iii) injections of varicose veins and piles;
- (b) a requirement that the contractor takes all reasonable steps to provide suitable information to patients in respect of whom they are contracted to provide minor surgical procedures about those procedures;
- (c) a requirement that the contractor—

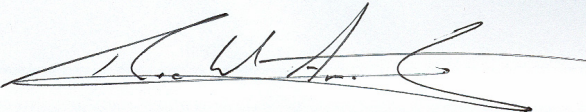
- (i) obtains written consent to the surgical procedure before it is carried out (where a person consents on a patient's behalf, that person's relationship to the patient must be recorded on the consent form), and
- (ii) takes all reasonable steps to ensure that the consent form is included in the lifelong medical records held by the patient's general practitioner;
- (d) a requirement that the contractor ensures that all tissue removed by surgical procedures is sent for histological examination, unless there are acceptable reasons for not doing so;
- (e) a requirement that the contractor ensures that any health care professional who is involved in performing or assisting in any surgical procedure has—
  - (i) any necessary experience, skills and training with regard to that procedure; and
  - (ii) resuscitation skills;
- (f) a requirement that the contractor ensures that it has appropriate arrangements for infection control and decontamination in premises where surgical procedures are undertaken, and for these purposes, the Primary Care Trust may stipulate—
  - (i) the use of sterile packs from the local Central Sterile Service Departments, disposable sterile instruments, or approved sterilisation procedures,
  - (ii) the use of particular infection control policies in relation to, for example, the handling of used instruments and excised specimens, and the disposal of clinical waste;
- (g) a requirement that the contractor ensures that all records relating to all surgical procedures are maintained in such a way—
  - (i) that aggregated data and details of individual patients are readily accessible for lawful purposes, and
  - (ii) as to facilitate regular audit and peer review by the contractor of the performance of surgical procedures under the plan;
- (h) a requirement that the contractor supplies its Primary Care Trust with such information as it may reasonably request for the purposes of monitoring the contractor's performance of its obligations under the plan; and
- (i) the payment arrangements for the contractor,

and the Primary Care Trust must, where necessary, vary the primary medical services contractor's primary medical services contract so that the plan comprises part of the contractor's contract and the requirements of the plan are conditions of the contract.

### **Revocations**

10. The Primary Medical Services (Directed Enhanced Services) (England) Directions 2006 and the Primary Medical Services (Directed Enhanced Services) (England) (Amendment) Directions 2007 are hereby revoked, save to the extent necessary to assess any entitlement to payment in respect of services provided under arrangements made in accordance with those Directions.

Signed by authority of the Secretary of State for Health



Department of Health  
A member of the Senior Civil Service

2 August 2007