STATUTORY INSTRUMENTS

2026 No. 532

NATIONAL HEALTH SERVICE, ENGLAND

The National Health Service (General Medical Services Contracts and Personal Medical Services Agreements) (Amendment) Regulations 2026

Made - - - -	*14th May 2026*
Laid before Parliament	*18th May 2026*
Coming into force - -	*15th June 2026*

The Secretary of State makes these Regulations in exercise of the powers conferred by sections 89(1) and (2), 94(1) and (3) and 272(7) and (8) of the National Health Service Act 2006(**1**).

Citation, commencement and extent

1.—(1) These Regulations may be cited as the National Health Service (General Medical Services Contracts and Personal Medical Services Agreements) (Amendment) Regulations 2026.

(2) These Regulations come into force on 15th June 2026.

(3) These Regulations extend to England and Wales.

Amendment of the National Health Service (General Medical Services Contracts) Regulations 2015

2. The National Health Service (General Medical Services Contracts) Regulations 2015(**2**) are amended in accordance with Schedule 1.

(**1**) 2006 c. 41 ("the 2006 Act"). Section 89 was amended by section 202(2) of and paragraph 34 of Schedule 4 to the Health and Social Care Act 2012 (c. 7) ("the 2012 Act") and paragraph 7 of Schedule 3 to the Health and Care Act 2022 (c. 31) ("the 2022 Act"). Section 94 was amended by paragraph 38 of Schedule 4 to the 2012 Act, paragraph 52 of Schedule 9 to the Crime and Courts Act 2013 (c. 22), and paragraph 11 of Schedule 3 to 2022 Act. See section 275(1) of the 2006 Act for the definition of "prescribed" and "regulations". By virtue of section 271(1) of the 2006 Act, the powers being exercised by the Secretary of State in the making of these Regulations are exercisable only in relation to England.

(**2**) S.I. 2015/1862; relevant amending instruments are S.I. 2018/1114, 2019/1137, 2020/226, 2021/995, 2022/935, 2023/98, 2023/1071, 2024/575 and 2025/727.

Amendment of the National Health Service (Personal Medical Services Agreements) Regulations 2015

3. The National Health Service (Personal Medical Services Agreements) Regulations 2015(**3**) are amended in accordance with Schedule 2.

Signed by authority of the Secretary of State for Health and Social Care

Stephen Kinnock
Minister of State
Department of Health and Social Care

14th May 2026

(**3**) S.I. 2015/1879; relevant amending instruments are S.I. 2018/1114, 2019/995, 2020/226, 2020/911, 2021/995, 2022/935, 2023/98, 2023/1071, 2024/575 and 2025/727.

Schedules

Schedule 1 Regulation 2

Amendments to the National Health Service (General Medical Services Contracts) Regulations 2015

Patient choice: pharmaceutical services

1. In regulation 58—

(a) for the heading substitute "Patient choice: pharmaceutical services";

(b) after paragraph (2), insert—

"(2A) The contractor must, where the patient has a nominated dispenser, consult the patient, or the patient's authorised person, as to their choice of dispenser in respect of each order for drugs, medicines or appliances made by a prescriber under regulation 56.";

(c) for paragraph (4) substitute—

"(4) A contractor must not seek to persuade a patient, or a patient's authorised person, to nominate a dispenser recommended by the prescriber or the contractor.

(5) The contractor must direct the patient, or the patient's authorised person, to the relevant information made available by NHS England about all chemists who are available in the patient's chosen area and who are able to provide the required service where—

(a) a patient does not have a nominated dispenser;

(b) a patient, or a patient's authorised person, asks the contractor to recommend a chemist whom the patient or the patient's authorised person might nominate as the patient's dispenser; or

(c) the contractor refers a patient to a pharmaceutical service.".

Online consultation tool

2. In regulation 71ZD (patient online services: provision of an online consultation tool), for paragraph (2) substitute—

"(2) An "online consultation tool" is an online facility provided using appropriate software which satisfies the condition in paragraph (2A) and through which a patient, or an appropriate person acting on behalf of a person to whom paragraph (4) applies, may make—

(a) a request for advice or information related to the patient's health, or

(b) a clinical or administrative request.

(2A) The condition in this paragraph is that the online facility does not limit the number of requests using the online consultation tool that can be made during core hours or during any period of time within core hours.".

Collection of data relating to use of the online consultation tool and video consultations

3. For regulation 74I substitute—

"**Collection of data relating to use of the online consultation tool and video consultations**

74I.—(1) The contractor must make available to NHS England such information as is specified by NHS England that is available to the contractor in connection with use of the online consultation tool under regulation 71ZD and video consultations under regulation 71ZF.

(2) The contractor must make information available to NHS England under paragraph (1) within such reasonable time frame as may be specified by NHS England.".

Information relating to NHS staff surveys and the Lung Cancer Screening Programme

4. After regulation 74J (recording and reviewing patient safety events), insert—

"**NHS staff surveys**

74K.—(1) The contractor must make available to NHS England such information as specified by NHS England in connection with staff surveys that relate to the contractor's staff.

(2) The contractor must make information available to NHS England under paragraph (1) within such reasonable time frame as may be specified by NHS England.

Information relating to the Lung Cancer Screening Programme

74L.—(1) A contractor must allow the extraction by NHS England, or by persons authorised by NHS England, of data reasonably required for the purpose of the Lung Cancer Screening Programme, from the record that the contractor is required to keep under regulation 67 by such means, and at such intervals, as are notified to the contractor by NHS England.

(2) The contractor must co-operate, in so far as is reasonable, with NHS England, or persons authorised by NHS England, in relation to data extractions under paragraph (1).

(3) In this regulation, "Lung Cancer Screening Programme" means the national programme arranged by NHS England of lung health checks for the purpose of detecting and diagnosing lung cancer, for persons identified by NHS England as recommended for such checks.".

Digital practice area map

5. In regulation 77 (annual return and review), in paragraph (1), after "a digital practice area map", insert ", for approval by NHS England".

Contact with the practice

6. In Schedule 3 (other contractual terms), in paragraph 4 (contact with the practice)—

(a) in sub-paragraph (2), at the beginning, for "The" substitute "Subject to sub-paragraph (2A), the";

(b) after sub-paragraph (2), insert—

"(2A) The contractor must not ask a patient to contact the practice on another day.";

(c) in sub-paragraph (3), at the beginning, for "The" substitute "For matters which the contractor has identified as clinically urgent, the";

(d) after sub-paragraph (3), insert—

"(3A) For matters which the contractor has identified as not clinically urgent, the appropriate response must be provided before the end of the next working day after contact.".

Referral pathways and Directory of Services

7. In Schedule 3, after paragraph 11B, insert—

"**Referral pathways**

11C.—(1) NHS England may notify the contractor of referral pathways that apply to the referral of patients for other services under the Act.

(2) The contractor must, where clinically appropriate, comply with any relevant referral pathways notified under paragraph (1), prior to referring a patient for services under the Act.

(3) In this paragraph—

"Advice and Guidance" means arrangements established by NHS England to enable contractors to obtain consultant-led clinical advice about the management of a patient for the purpose of informing clinical decision making in relation to a referral;

"referral pathways" means arrangements, such as Advice and Guidance, determined by NHS England as applying to the referral of a patient for a service under the Act, including any locally determined arrangements that apply in relation to the contractor's practice area.

Directory of Services

11D.—(1) The contractor must record in the Directory of Services an electronic mail address nominated for the purpose of communicating clinical information relating to the contractor's patients with health service providers.

(2) The contractor must monitor the electronic mail address nominated under paragraph (1) at least once per day during core hours.

(3) In paragraph (1), "Directory of Services" means the national directory of services provided as part of the health service in England, managed by NHS England(**4**).".

Co-operation with NHS England: performance management

8. In Schedule 3, Part 1 (provision of services), after paragraph 16 insert—

"**Co-operation with NHS England: performance management**

16A. The contractor must co-operate with NHS England, in so far as is reasonable, in relation to the performance and improvement of services provided under the contract, including co-operating with the provision of any support, performance review or improvement activity.".

GP registration

9. In Schedule 3, in paragraph 18 (application for inclusion in a list of patients), after sub-paragraph (4) insert—

(**4**) For further information, see: https://digital.nhs.uk/services/directory-of-services-dos

"(4A) Where the contractor receives an application by the method referred to in sub-paragraph (3)(a), they must submit the information provided in the application via the online registration service referred to in sub-paragraph (3)(b), except where the contractor's computerised clinical system does not facilitate interconnectivity with the online registration service supplied by NHS England.".

Sub-contracting out of hours services

10. In Schedule 3, in paragraph 45(4) (sub-contracting out of hours services), for "may" substitute "must".

Information to be included in practice leaflets

11. In Schedule 3, for paragraph 48(p) (information to be included in practice leaflets) substitute —

"(p) the opening hours of the practice premises and all means of contacting the contractor throughout the core hours as required by paragraph 4;".

Schedule 2 Regulation 3

Amendments to the National Health Service (Personal Medical Services Agreements) Regulations 2015

Variation of agreements

1. In regulation 24 (variation of agreements), for paragraph (2)(c) substitute—

"(c) paragraphs 43(8), 43A(9) and 52 of Schedule 2.".

Patient choice: pharmaceutical services

2. In regulation 51—

(a) for the heading substitute "Patient choice: pharmaceutical services";

(b) after paragraph (2), insert—

"(2A) The contractor must, where the patient has nominated a dispenser, consult the patient, or the patient's authorised person, as to their choice of dispenser in respect of each order for drugs, medicines or appliances made by a prescriber under regulation 49.";

(c) for paragraph (4) substitute—

"(4) A contractor must not seek to persuade a patient, or a patient's authorised person, to nominate a dispenser recommended by the prescriber or the contractor.

(5) The contractor must direct the patient, or the patient's authorised person, to the relevant information made available by NHS England about all chemists who are available in the patient's chosen area and who are able to provide the required service where—

(a) a patient does not have a nominated dispenser;

(b) a patient, or a patient's authorised person, asks the contractor to recommend a chemist whom the patient or the patient's authorised person might nominate as the patient's dispenser; or

(c) the contractor refers a patient to a pharmaceutical service.".

Online consultation tool

3. In regulation 64ZD (patient online services: provision of an online consultation tool), for paragraph (2) substitute—

"(2) An "online consultation tool" is an online facility provided using appropriate software which satisfies the condition in paragraph (2A) and through which a patient, or an appropriate person acting on behalf of a person to whom paragraph (4) applies, may make—

(a) a request for advice or information related to the patient's health, or

(b) a clinical or administrative request.

(2A) The condition in this paragraph is that the online facility does not limit the number of requests using the online consultation tool that can be made during core hours or during any period of time within core hours.".

Collection of data relating to use of the online consultation tool and video consultations

4. For regulation 67I substitute—

"**Collection of data relating to use of the online consultation tool and video consultations**

67I.—(1) The contractor must make available to NHS England such information as is specified by NHS England that is available to the contractor in connection with use of the online consultation tool under regulation 64ZD and video consultations under regulation 64ZF.

(2) The contractor must make information available to NHS England under paragraph (1) within such reasonable time frame as may be specified by NHS England.".

Information relating to NHS staff surveys and the Lung Cancer Screening Programme

5. After regulation 67J (recording and reviewing patient safety events), insert—

"**NHS staff surveys**

67K.—(1) The contractor must make available to NHS England such information as specified by NHS England in connection with staff surveys that relate to the contractor's staff.

(2) The contractor must make information available to NHS England under paragraph (1) within such reasonable time frame as may be specified by NHS England.

Information relating to the Lung Cancer Screening Programme

67L.—(1) A contractor must allow the extraction by NHS England, or by persons authorised by NHS England, of data reasonably required for the purpose of the Lung Cancer Screening Programme, from the record that the contractor is required to keep under regulation 60 by such means, and at such intervals, as are notified to the contractor by NHS England.

(2) The contractor must co-operate, in so far as is reasonable, with NHS England, or persons authorised by NHS England, in relation to data extractions under paragraph (1).

(3) In this regulation, "Lung Cancer Screening Programme" means the national programme arranged by NHS England of lung health checks for the purpose of detecting

and diagnosing lung cancer, for persons identified by NHS England as recommended for such checks.".

Digital practice area map

6. In regulation 70 (annual review and return), in paragraph (1), after "a digital practice area map", insert ", for approval by NHS England".

Contact with the practice

7. In Schedule 2 (other required terms), in paragraph 5 (contact with the practice)—

(a) in sub-paragraph (2), at the beginning, for "The" substitute "Subject to sub-paragraph (2A), the";

(b) after sub-paragraph (2), insert—

"(2A) The contractor must not ask a patient to contact the practice on another day.";

(c) in sub-paragraph (3), at the beginning, for "The" substitute "For matters which the contractor has identified as clinically urgent, the";

(d) after sub-paragraph (3), insert—

"(3A) For matters which the contractor has identified as not clinically urgent, the appropriate response must be provided before the end of the next working day after contact.".

Co-operation with NHS England: performance management

8. In Schedule 2, Part 1 (provision of services), after paragraph 11 insert—

"**Co-operation with NHS England: performance management**

11A. The contractor must co-operate with NHS England, in so far as is reasonable, in relation to the performance and improvement of services provided under the agreement, including co-operating with the provision of any support, performance review or improvement activity.".

Referral pathways and Directory of Services

9. In Schedule 2, after paragraph 16B, insert—

"**Referral pathways**

16C.—(1) NHS England may notify the contractor of referral pathways that apply to the referral of patients for other services under the Act.

(2) The contractor must, where clinically appropriate, comply with any relevant referral pathways notified under paragraph (1), prior to referring a patient for services under the Act.

(3) In this paragraph—

"Advice and Guidance" means arrangements established by NHS England to enable contractors to obtain consultant-led clinical advice about the management of a patient for the purpose of informing clinical decision making in relation to a referral;

"referral pathways" means arrangements, such as Advice and Guidance, determined by NHS England as applying to the referral of a patient for a service under the

Act, including any locally determined arrangements that apply in relation to the contractor's practice area.

Directory of Services

16D.—(1) The contractor must record in the Directory of Services an electronic mail address nominated for the purpose of communicating clinical information relating to the contractor's patients with health service providers.

(2) The contractor must monitor the electronic mail address nominated under paragraph (1) at least once per day during core hours.

(3) In paragraph (1), "Directory of Services" means the national directory of services provided as part of the health service in England, managed by NHS England(**5**).".

GP registration

10. In Schedule 2, in paragraph 17 (application for inclusion in a list of patients), after sub-paragraph (4) insert—

"(4A) Where the contractor receives an application by the method referred to in sub-paragraph (3)(a), they must submit the information provided in the application via the online registration service referred to in sub-paragraph (3)(b), except where the contractor's computerised clinical system does not facilitate interconnectivity with the online registration service supplied by NHS England.".

Sub-contracting of clinical matters and out of hours service

11. In Schedule 2, for paragraph 43 (sub-contracting of clinical matters) substitute—

"**Sub-contracting of clinical matters**

43.—(1) The contractor must not sub-contract any of its rights or duties under the agreement in relation to clinical matters to any person unless—

(a) in all cases, including those duties relating to out of hours services to which paragraph 43A (sub-contracting out of hours services) applies, the contractor has taken reasonable steps to satisfy itself that—

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

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

(b) except in cases to which paragraph 43A applies, the contractor has given notice in writing to NHS England of its intention to sub-contract, as soon as reasonably practicable before the date on which the proposed sub-contract is intended to come into effect.

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

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

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

(b) the duration of the proposed sub-contract,

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

(**5**) For further information, see: https://digital.nhs.uk/services/directory-of-services-dos

(d) the address of any premises to be used as practice premises under the proposed sub-contract.

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

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

(a) before the end of the period of 28 days beginning with the date on which NHS England received a notice from the contractor under sub-paragraph (1)(b), NHS England gives notice in writing of its objection to the contract on the grounds that the contract would—

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

(ii) put NHS England at risk of material financial loss, or

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

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

(7) Sub-paragraphs (1) to (6) also apply in relation to any renewal, or material variation, of a contract in relation to clinical matters.

(8) Where NHS England does not give notice of an objection under sub-paragraph (5), the parties to the agreement are deemed to have agreed a variation of the agreement which has the effect of adding the address of any premises which was notified to NHS England under sub-paragraph (3)(d) to the list of practice premises and, in these circumstances, paragraph 52(1) (variation of an agreement) does not apply.

(9) Subject to sub-paragraph (10), a sub-contract entered into by a contractor must prohibit the sub-contractor from sub-contracting any of the clinical services that it has agreed with the contractor to provide under the sub-contract.

(10) A sub-contract entered into by the contractor may allow the sub-contractor to sub-contract clinical services the contractor has agreed to provide under the Network Contract Directed Enhanced Service Scheme, pursuant to the Primary Medical Services (Directed Enhanced Services) Directions(**6**), provided the contractor obtains the written approval of NHS England prior to the sub-contractor sub-contracting those services.

(11) The contractor must not sub-contract any of its rights or duties under the agreement in relation to the provision of essential services to a company or firm that is—

(a) wholly or partly owned by the contractor, or by any former or current employee of, or partner or shareholder in, the contractor,

(b) formed by or on behalf of the contractor, or from which the contractor derives or may derive a pecuniary benefit, or

(c) formed by or on behalf of a former or current employee of, or partner or shareholder in, the contractor, or from which such a person derives or may derive a pecuniary benefit,

where sub-paragraph (12) applies to that company or firm.

(12) This sub-paragraph applies to a company or firm which is or was formed wholly or partly for the purpose of avoiding the restrictions on the sale of goodwill of a medical

(**6**) These directions are available online at: https://www.gov.uk/government/publications/primary-medical-services-directed-enhanced-services-directions. Hard copies are available from the Department of Health and Social Care, 39 Victoria Street, London, SW1H 0EU.

practice in section 259 of the Act(**7**) (sale of medical practices), and Schedule 21 to the Act (prohibition of sale of medical practices), or any regulations made wholly or partly under those provisions of the Act.

Sub-contracting out of hours services

43A.—(1) A contractor must not sub-contract all or part of its duty to provide out of hours services under the agreement to a person other than those specified in sub-paragraph (2) without the prior written approval of NHS England.

(2) The persons specified in this sub-paragraph are—

(a) a person who holds a contract made in accordance with the General Medical Services Contracts Regulations and under such contract is required to provide the equivalent of essential services to its patients during all or part of the out of hours period,

(b) a provider of an agreement which includes the provision of out of hours services,

(c) a health care professional, not falling within paragraph (a) or (b), who is to provide the out of hours services personally under a contract for services, or

(d) a group of medical practitioners, whether in partnership or not, who provide out of hours services for each other under informal rota agreements.

(3) The requirement in sub-paragraph (1) to obtain prior written approval does not apply in any case where a contractor sub-contracts all or part of its duty to provide out of hours services under the agreement on a short term or occasional basis.

(4) An application for approval under sub-paragraph (1) must be made by the contractor in writing to NHS England and must state—

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

(b) the duration of the proposed sub-contract,

(c) the services to be covered by the sub-contract,

(d) the address of any premises to be used as practice premises under the sub-contract, and

(e) the manner in which the sub-contractor proposes to meet the contractor's obligations under the agreement in respect of the services to be covered by the sub-contract.

(5) Before the end of the period of seven days beginning with the date on which NHS England received the application under sub-paragraph (4), NHS England may request such further information relating to arrangements under the proposed sub-contract as appears to it to be reasonable.

(6) Where NHS England receives an application which meets the requirements specified in sub-paragraph (4), or receives any further information requested under sub-paragraph (5) in relation to an application, NHS England must, before the end of the period of 28 days beginning with the date on which it received the application or that information (whichever is the latest)—

(a) approve the application;

(b) approve the application subject to conditions; or

(c) refuse the application.

(**7**) Section 259 was amended by paragraph 132 of Schedule 4 to the Health and Social Care Act 2012 (c. 7) and paragraph 1 of Schedule 1 to the Health and Care Act 2022 (c. 31).

(7) NHS England must not refuse the application if it is satisfied that the arrangements covered by the proposed sub-contract would, in respect of the services to be provided, enable the contractor to satisfactorily meet its obligations under the agreement and would not—

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

(b) put NHS England at risk of material financial loss.

(8) NHS England must give notice in writing to the contractor of its decision on the application and, where it refuses an application, it must include in the notice a statement of the reasons for its refusal.

(9) Where NHS England approves an application under this paragraph, the parties to the agreement are deemed to have agreed a variation of the agreement which has the effect of adding to the list of practice premises, for the purposes of the provision of services in accordance with that application, any premises the address of which was notified to NHS England under sub-paragraph (4)(d) and, in these circumstances, paragraph 52(1) (variation of an agreement) does not apply.

(10) Sub-paragraphs (1) to (9) also apply in relation to any renewal or material variation of a sub-contract in relation to out of hours services.

(11) A sub-contract entered into by a contractor must prohibit the sub-contractor from sub-contracting the out of hours services that it has agreed with the contractor to provide under the sub-contract.".

Information to be included in practice leaflets

12. In Schedule 2, for paragraph 44(m) (information to be included in a practice leaflet) substitute—

"(m) the opening hours of the practice premises and all means of contacting the contractor throughout the core hours as required by paragraph 5;".

EXPLANATORY NOTE

(This note is not part of the Regulations)

Regulation 2 and Schedule 1 to these Regulations amend the National Health Service (General Medical Services Contracts) Regulations 2015 (S.I. 2015/1862) ("the GMS Contracts Regulations"). Regulation 3 and Schedule 2 to these Regulations amend the National Health Service (Personal Medical Services Agreements) Regulations 2015 (S.I. 2015/1879) ("the PMS Agreements Regulations").

The GMS Contracts Regulations and the PMS Agreements Regulations respectively make provision in respect of services provided under a general medical services contract ("GMS Contract") and a personal medical services agreement ("PMS Agreement").

The GMS Contracts Regulations and the PMS Agreements Regulations are amended to:

(a) introduce requirements for a contractor to consult patients on their choice of dispenser and provide a list of chemists in the area in certain circumstances;

(b) reflect that the online consultation tool does not limit the number of requests that can be made during any period of core hours and update the requirements that apply to contractors in relation to contact with the practice;

(c) include time frames in relation to the collection of data relating to use of the online consultation tool and video consultations;

(d) introduce requirements in relation to information required by NHS England in connection with staff surveys and the Lung Cancer Screening Programme;

(e) require the contractor's digital practice area map to be approved by NHS England;

(f) introduce a duty for the contractor to co-operate with NHS England in relation to the performance and improvement of services provided under a GMS Contract or PMS Agreement;

(g) introduce a duty for the contractor to comply with any relevant referral pathways notified by NHS England, prior to referring a patient for services under the National Health Service Act 2006;

(h) introduce requirements in relation to a nominated electronic mail address for the purpose of the Directory of Services;

(i) require contractors to submit paper applications for inclusion in the list of patients via the online registration service;

(j) update the requirements that apply in relation to the sub-contracting of clinical matters and the out of hours service for PMS Agreements and to clarify the application requirements to sub-contracting of the out of hours service in the GMS Contracts; and

(k) require the information in the practice leaflet to include all methods of obtaining access to services throughout core hours.

A full Impact Assessment has not been produced for this instrument as no, or no significant, impact on the private, voluntary or public sector is foreseen.