

Health Bill

EXPLANATORY NOTES

Explanatory notes to the Bill, prepared by the Department of Health and Social Care, have been ordered to be published as HL Bill 52—EN.

EUROPEAN CONVENTION ON HUMAN RIGHTS

Baroness Merron has made the following statement under section 19(1)(a) of the Human Rights Act 1998:

In my view the provisions of the Health Bill are compatible with the Convention rights.

Health Bill

[AS BROUGHT FROM THE COMMONS]

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[AS BROUGHT FROM THE COMMONS]

A

B I L L

TO

Make provision about health and social care.

BE IT ENACTED by the King's most Excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by the authority of the same, as follows:—

Abolition of NHS England

1 Abolition of NHS England

NHS England is abolished.

2 Transfer schemes in connection with abolition of NHS England

- (1) The Secretary of State may make one or more schemes for the transfer of property, rights and liabilities from NHS England to any one or more of the following— 5
- (a) the Secretary of State;
 - (b) an integrated care board;
 - (c) a company formed under section 223 of the National Health Service Act 2006; 10
 - (d) a Special Health Authority;
 - (e) an NHS trust;
 - (f) an NHS foundation trust;
 - (g) a Local Health Board; 15
 - (h) any other public body.
- (2) The things that may be transferred under a transfer scheme include—
- (a) property, rights and liabilities that could not otherwise be transferred;
 - (b) property acquired, and rights and liabilities arising, after the making of the scheme; 20
 - (c) criminal liabilities.
- (3) A transfer scheme may—
- (a) create rights, or impose liabilities, in relation to property, rights or liabilities transferred;

- (b) make provision about the continuing effect of things done by NHS England in respect of anything transferred;
 - (c) make provision about the continuation of things (including legal proceedings) in the process of being done by, on behalf of or in relation to NHS England in respect of anything transferred; 5
 - (d) make provision for references to NHS England in an instrument or other document in respect of anything transferred to be treated as references to the transferee;
 - (e) make provision for the shared ownership or use of property;
 - (f) make provision which is the same as or similar to the TUPE regulations; 10
 - (g) make other consequential, supplementary, incidental or transitional provision.
- (4) In subsection (3)(f), “the TUPE regulations” means the Transfer of Undertakings (Protection of Employment) Regulations 2006 (S.I. 2006/246). 15
- (5) A transfer scheme may provide –
- (a) for modifications by agreement;
 - (b) for modifications to have effect from the date when the original scheme came into effect.
- (6) In this section references to rights and liabilities include rights and liabilities relating to a contract of employment. 20

3 Transfer schemes under section 2: taxation

- (1) The Treasury may by regulations make provision varying the way in which a relevant tax has effect in relation to –
- (a) anything transferred under a scheme under section 2, or 25
 - (b) anything done for the purposes of, or in relation to, a transfer under such a scheme.
- (2) The provision which may be made under subsection (1)(a) includes in particular provision for –
- (a) a tax provision not to apply, or to apply with modifications, in relation to anything transferred; 30
 - (b) anything transferred to be treated in a specified way for the purposes of a tax provision;
 - (c) the Secretary of State to be required or permitted to determine, or specify the method for determining, anything which needs to be determined for the purposes of any tax provision so far as relating to anything transferred. 35
- (3) The provision which may be made under subsection (1)(b) includes in particular provision for –
- (a) a tax provision not to apply, or to apply with modifications, in relation to anything done for the purposes of or in relation to the transfer; 40

- (b) anything done for the purposes of, or in relation to, the transfer to have or not have a specified consequence or be treated in a specified way;
 - (c) the Secretary of State to be required or permitted to determine, or specify the method for determining, anything which needs to be determined for the purposes of any tax provision so far as relating to anything done for the purposes of, or in relation to, the transfer. 5
- (4) The power to make regulations under this section includes power to make—
 - (a) consequential, supplementary, incidental, transitional or saving provision; 10
 - (b) different provision for different purposes.
- (5) Regulations under this section are to be made by statutory instrument.
- (6) Regulations under this section are subject to annulment in pursuance of a resolution of the House of Commons.
- (7) In this section— 15
 - “relevant tax” means income tax, corporation tax, capital gains tax, value added tax, stamp duty or stamp duty reserve tax;
 - “tax provision” means a provision of an enactment about a relevant tax.

Secretary of State’s functions

4 Reducing inequalities 20

For section 1C of the National Health Service Act 2006 substitute—

“1C Duty as to reducing inequalities

In exercising functions in relation to the health service, the Secretary of State must have regard to the need to—

- (a) reduce inequalities between the people of England with respect to their ability to access health services, and 25
- (b) reduce inequalities between the people of England with respect to the outcomes achieved for them by the provision of health services.”

5 Patient involvement and choice 30

In the National Health Service Act 2006, after section 1C insert—

“1CA Duty to promote involvement of each patient

In exercising functions in relation to the health service, the Secretary of State must promote the involvement of patients, and their carers and representatives (if any), in decisions which relate to— 35

- (a) the prevention or diagnosis of illness in the patients, or
- (b) their care or treatment.

1CB Duty as to patient choice

In exercising functions in relation to the health service, the Secretary of State must act with a view to enabling patients to make choices with respect to aspects of health services provided to them.”

6 Promoting innovation

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In the National Health Service Act 2006, after section 1CB (inserted by section 5 of this Act) insert—

“1CC Duty to promote innovation

- (1) In exercising functions in relation to the health service, the Secretary of State must promote innovation in the provision of health services (including innovation in the arrangements made for their provision). 10
- (2) The Secretary of State may make payments as prizes to promote innovation in the provision of health services in England.
- (3) A prize may relate to—
 - (a) work at any stage of innovation (including research); 15
 - (b) work done at any time (including work before the commencement of this section).
- (4) The Secretary of State may establish a committee to give advice about the exercise of the power conferred by subsection (2), and may pay remuneration and allowances to members.” 20

7 Education and training

- (1) Section 1F of the National Health Service Act 2006 (duty as to education and training) is amended as follows.
- (2) For subsection (1) substitute—
 - “(1) The Secretary of State must exercise functions under the relevant enactments with a view to ensuring that— 25
 - (a) there are sufficient people with appropriate education and training to meet the workforce needs of the health service, and
 - (b) there is an effective system in place for the planning and delivery of education and training of people to meet those needs.” 30
- (3) In subsection (2) omit “and NHS England”.

8 Directions to exercise Secretary of State's functions

For section 7B of the National Health Service Act 2006 substitute—

“Directions to others to exercise Secretary of State's functions etc

7B Directions to integrated care boards to exercise Secretary of State's functions

5

- (1) The Secretary of State may by direction provide for any functions of the Secretary of State which relate to the health service to be exercised by one or more integrated care boards.
- (2) A direction under subsection (1) may include provision prohibiting or restricting an integrated care board from making delegation arrangements in relation to a function that is exercisable by it by virtue of the direction. 10
- (3) In subsection (2), “delegation arrangements” means arrangements made by an integrated care board for the exercise of a function by someone else. 15
- (4) The Secretary of State may make payments to an integrated care board in respect of the exercise by it of a function by virtue of a direction under subsection (1).
- (5) As soon as reasonably practicable after giving a direction under subsection (1), the Secretary of State must publish it. 20
- (6) Any rights acquired, or liabilities (including liabilities in tort) incurred, in respect of the exercise by an integrated care board of any function by virtue of this section are enforceable by or against it (and no other person).”

9 Secretary of State's power to provide assistance

25

After section 12D of the National Health Service Act 2006 insert—

“Secretary of State's power to provide assistance

12DA Secretary of State's power to provide assistance

- (1) The Secretary of State may provide assistance or support to—
 - (a) a person providing or proposing to provide services as part of the health service; 30
 - (b) a public authority, where the assistance or support is in relation to the education or training of anyone employed, or considering becoming employed, in an activity which involves or is connected with the provision of services as part of the health service; 35
 - (c) a person otherwise carrying out or proposing to carry out activities that the Secretary of State considers to be beneficial to the health service.

- (2) The assistance that may be provided under subsection (1) includes –
 - (a) financial assistance;
 - (b) making available –
 - (i) the services of a person employed in the civil service of the state, or 5
 - (ii) any other resources of the Secretary of State.
- (3) Assistance or support under subsection (1) may be provided on such terms as may be agreed, including terms as to the making of payments by or to the Secretary of State.
- (4) In this section a reference to a public authority includes a public authority anywhere in the British Islands.” 10

10 Secretary of State's duty as respects variation in provision of health services

For section 12E of the National Health Service Act 2006 substitute –

“12E Secretary of State's duty as respects variation in provision of health services 15

The Secretary of State must not exercise any functions in relation to the health service for the purpose of causing a variation in the proportion of health services provided by the public or private sector, or the proportion of health services provided by different kinds of legal entity, unless the Secretary of State considers that to do so is in the interests of the health service.” 20

11 General power to direct integrated care boards

- (1) The National Health Service Act 2006 is amended as follows.
- (2) For sections 14Z61 and 14Z62 and the italic heading before those sections substitute – 25

“Powers of direction

14Z61 Directions as to exercise of integrated care board functions

- (1) The Secretary of State may give integrated care boards directions as to the exercise of their functions.
- (2) The directions that may be given include a direction as to – 30
 - (a) whether or not to exercise a power;
 - (b) when or how a function is, or is not, to be exercised;
 - (c) conditions that must be met before a function is exercised (for example, conditions relating to the provision of information, consultation or approval); 35
 - (d) matters to be taken into account in exercising a function.
- (3) Where –

- (a) provision is made for the exercise of a function to be contingent on an integrated care board having formed an opinion (however the provision is expressed), and
 - (b) the Secretary of State has formed that opinion,
- a direction may be given under subsection (1) that requires the board to exercise the function without itself forming that opinion. 5
- (4) See also section 14Z62 for exceptions to—
 - (a) the power to give directions under subsection (1), and
 - (b) the need to comply with such directions.
- (5) As soon as reasonably practicable after giving a direction under subsection (1), the Secretary of State must publish it. 10
- (6) The fact that the Secretary of State has a function under any other enactment in relation to the exercise of functions by integrated care boards is not to be read as limiting the power conferred by subsection (1). 15
- (7) The reference in subsection (6) to a function of the Secretary of State does not include a function of making subordinate legislation.

14Z62 Directions under 14Z61: exceptions

- (1) A direction under section 14Z61 may not be given in relation to the appointment or employment of a particular individual. 20
- (2) A direction under section 14Z61 may not be given in relation to a decision about the services to be provided to a particular individual for or in connection with the prevention, diagnosis or treatment of illness.
- (3) A direction under section 14Z61 may not be given in relation to the provision of any drug, medicine or other treatment, or the use of any diagnostic technique, if the direction is inconsistent with a recommendation or guidance given by NICE. 25
- (4) An integrated care board is not required to comply with a direction under section 14Z61 in relation to the provision of any drug, medicine or other treatment, or the use of any diagnostic technique, to the extent that the direction is inconsistent with a subsequent recommendation or guidance given by NICE. 30

14Z62A Performance: significant failure

- (1) This section applies where the Secretary of State considers— 35
 - (a) that—
 - (i) an integrated care board is failing or has failed to discharge any one or more of its functions, and
 - (ii) the failure is significant, or
 - (b) that— 40

- (i) there is a significant risk of an integrated care board failing to discharge any one or more of its functions, and
 - (ii) the failure would be significant.
- (2) The Secretary of State may – 5
 - (a) direct the integrated care board to cease to perform some or all functions for such period or periods as may be specified in the direction;
 - (b) do either or both of the following – 10
 - (i) discharge any of the functions to which the direction relates, or make arrangements for any other person to discharge them on the Secretary of State's behalf;
 - (ii) direct another integrated care board to perform any of the functions on behalf of the integrated care board.
- (3) The Secretary of State may – 15
 - (a) direct the chief executive of the integrated care board to cease to perform some or all functions for such period or periods as may be specified in the direction;
 - (b) do either or both of the following – 20
 - (i) exercise, on behalf of the chief executive, any of the functions that are the subject of the direction, or
 - (ii) direct the chief executive of another integrated care board to perform any of those functions on behalf of the chief executive, in such manner and within such period or periods as may be specified in the direction. 25
- (4) The Secretary of State may – 30
 - (a) terminate the appointment of the integrated care board's chief executive, and
 - (b) direct the chair of the board as to which individual to appoint as a replacement and on what terms.
- (5) Where the Secretary of State exercises a power under this section the Secretary of State must publish the reasons for doing so.
- (6) Before exercising the power conferred by subsection (2)(b)(ii) or (3)(b)(ii) the Secretary of State must consult the integrated care board to which they are proposing to give the direction or to whose chief executive they are proposing to give the direction. 35
- (7) Where a direction is given under subsection (3)(a) to the chief executive of an integrated care board, that board must co-operate with any chief executive to whom a direction is given under subsection (3)(b)(ii).
- (8) For the purpose of this section – 40
 - (a) a failure to discharge a function includes a failure to discharge it properly, and

- (b) a failure to discharge a function properly includes a failure to discharge it consistently with what the Secretary of State considers to be the interests of the health service.”

Commissioning

12 Commissioning functions: responsibility

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- (1) The National Health Service Act 2006 is amended as follows.
- (2) In section 3 (duties of integrated care boards as to commissioning certain health services) –
 - (a) in subsection (3), for “NHS England” substitute “the Secretary of State”;
 - (b) for subsection (4) substitute –
 - “(4) In exercising its functions under this section, an integrated care board must act consistently with the discharge by the Secretary of State of the duty under section 1(1) (duty to promote a comprehensive health service).”
- (3) In section 3A (power of integrated care boards to commission certain health services) –
 - (a) in subsection (3), for “NHS England” substitute “the Secretary of State”;
 - (b) for subsection (4) substitute –
 - “(4) In exercising its functions under this section, an integrated care board must act consistently with the discharge by the Secretary of State of the duty under section 1(1) (duty to promote a comprehensive health service).”
- (4) For section 3B substitute –
 - “3B Regulation-making power to require Secretary of State to commission services**
 - (1) Regulations may require the Secretary of State to arrange, to such extent as the Secretary of State considers necessary to meet all reasonable requirements, for the provision as part of the health service of –
 - (a) services or facilities for members of the armed forces or their families;
 - (b) such other services or facilities as may be prescribed.
 - (2) In deciding whether it would be appropriate to prescribe a service or facility under subsection (1)(b) the Secretary of State must have regard to the following –
 - (a) the number of individuals who require the provision of the service or facility;
 - (b) the cost of providing the service or facility;
 - (c) the number of persons able to provide the service or facility.

- (3) Regulations under this section requiring the Secretary of State to arrange for the provision of services or facilities for a group of people may include provision making the Secretary of State “responsible” for any of those people for the purposes of section 130M(4)(a) of the Mental Health Act 1983 (advance choice documents: England). 5
- (4) The reference in subsection (1)(a) to members of the armed forces is a reference to persons who are members of—
 - (a) the regular forces within the meaning of the Armed Forces Act 2006, or
 - (b) the reserve forces within the meaning of that Act.” 10
- (5) In section 4 (high security psychiatric services)—
 - (a) in subsection (1), for “NHS England must arrange for the provision” substitute “The Secretary of State must arrange for the provision as part of the health service”;
 - (b) in subsection (2) omit “and paragraph 15 of Schedule 4 (NHS trusts)”;
 - (c) for subsections (3) and (3A) substitute—
 - “(3) The arrangements must ensure that high security psychiatric services are provided only at hospital premises at which services are provided only for the people mentioned in subsection (1). 20
 - (3A) The Secretary of State may give directions to a person who provides high security psychiatric services about the provision by that person of those services.
 - (3B) A direction may be given under subsection (3A) to a person other than a public authority only if the Secretary of State is satisfied that the person would be required to comply with the direction by virtue of a condition of the person’s licence under Chapter 3 of Part 3 of the Health and Social Care Act 2012.” 25

13 Commissioning arrangements: conferral of discretions

After section 5 of the National Health Service Act 2006 insert— 30

“5A Commissioning arrangements: conferral of discretion

- (1) Arrangements made by the Secretary of State or an integrated care board in the exercise of their commissioning functions may confer discretions on a person with whom the arrangements are made in relation to anything to be provided under the arrangements. 35
- (2) In this section “commissioning functions” means functions in arranging for the provision of anything as part of the health service.”

14 Primary care services

Schedule 1—

- (a) confers functions on integrated care boards in relation to commissioning primary care services, 40

- (b) transfers related functions from NHS England to the Secretary of State, and
- (c) contains other amendments relating to primary care services.

15 Public involvement in commissioning by Secretary of State

After section 5A of the National Health Service Act 2006 (inserted by section 13 of this Act) insert—

“Public involvement

5B Public involvement in commissioning by Secretary of State

- (1) This section applies in relation to any health services which are, or may be, provided pursuant to arrangements made by the Secretary of State (“commissioning arrangements”). 10
- (2) The Secretary of State must make arrangements to secure that users or potential users of those services are involved (whether by being consulted or provided with information or in other ways)—
 - (a) in the planning of the commissioning arrangements, 15
 - (b) in the development and consideration of proposals by the Secretary of State for changes in the commissioning arrangements where the implementation of the proposals would have an impact on—
 - (i) the manner in which the services are delivered to the individuals, or 20
 - (ii) the range of health services available to them, and
 - (c) in decisions of the Secretary of State affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact. 25
- (3) The reference in subsection (2)(b) to the delivery of services is a reference to their delivery at the point when they are received by users.
- (4) The reference in subsection (2) to users or potential users of a service includes any carers or representatives of users or potential users of the service. 30
- (5) This section does not require the Secretary of State to make arrangements in relation to matters to which a trust special administrator’s draft or final report under section 65F or 65I relates before the Secretary of State has made a decision under section 65K.” 35

16 Regulations about commissioning by integrated care boards

- (1) The National Health Service Act 2006 is amended as follows.
- (2) Omit sections 6E to 6G (regulations as to the exercise of functions by NHS England or integrated care boards etc).

- (3) After section 14Z45 insert –

“Duties in relation to commissioning

14Z45A Waiting times

- (1) Regulations may impose duties on integrated care boards with respect to waiting times for treatments or other services which they arrange in the exercise of their commissioning functions. 5
- (2) The regulations may include provision as to arrangements that integrated care boards must make, in the exercise of their functions, to address cases in which a specified treatment or other specified service is not provided within a specified period. 10

14Z45B Patient choice

- (1) Regulations must make provision as to the arrangements that integrated care boards must make, in the exercise of their commissioning functions, for enabling people to whom any specified treatments or other specified services are to be provided to make choices with respect to specified aspects of them. 15
- (2) The regulations may make other provision for the purpose of securing that, in the exercise of their commissioning functions, integrated care boards protect and promote the rights of people to make choices in relation to treatments or other services, where those rights – 20
 - (a) arise by virtue of regulations under subsection (1), or
 - (b) are described in the NHS Constitution.

14Z45C Enforcement of section 14Z45B regulations

- (1) The Secretary of State may investigate whether an integrated care board has failed or is likely to fail to comply with a requirement imposed by regulations under section 14Z45B (a “patient choice requirement”). 25
- (2) Where an investigation under subsection (1) is being or has been carried out, the Secretary of State may accept an undertaking from the integrated care board that it will, within a period specified in the undertaking – 30
 - (a) put in place specified measures for the purpose of preventing failures to comply with patient choice requirements or mitigating the effect of such failures, or
 - (b) take specified steps to remedy a failure to comply with patient choice requirements. 35
- (3) Where the Secretary of State accepts an undertaking under subsection (2), the Secretary of State may not –
 - (a) continue to carry out any ongoing investigation under subsection (1) so far as relating to matters to which the undertaking relates, or 40

- (b) give a direction under section 14Z61 in relation to those matters or a direction under section 14Z62A on grounds relating to the discharge of its functions in relation to those matters, unless the integrated care board fails to comply with the undertaking.
- (4) If an integrated care board from which the Secretary of State has accepted an undertaking under subsection (2) complies partially with the undertaking, the Secretary of State must take the partial compliance into account in deciding whether to do something mentioned in subsection (3)(a) or (b). 5
- (5) Schedule 1C makes further provision about undertakings. 10
- (6) The Secretary of State must publish guidance about how the Secretary of State intends to exercise the powers conferred by this section and Schedule 1C.

14Z45D Appeals against individual commissioning decisions

- (1) Regulations may confer a right of appeal on a person against a decision by an integrated care board about the treatments or other services to be provided to that particular person. 15
- (2) The regulations may in particular make provision—
 - (a) for the establishment of one or more panels to consider appeals;
 - (b) about the composition of a panel and the terms of appointment of members of a panel; 20
 - (c) for the payment of remuneration or allowances to members of a panel;
 - (d) about the powers of a panel;
 - (e) about procedure (including time limits); 25
 - (f) about the provision of staff by an integrated care board to assist a panel.”
- (4) In section 14Z64 (interpretation), at the appropriate place insert—
 - ““commissioning functions”, in relation to an integrated care board, means the functions of the board in arranging for the provision of anything as part of the health service;”.
 30
- (5) In section 272 (orders, regulations, rules and directions), in subsection (6) omit paragraph (zzc).
- (6) Omit Schedule 1ZA (patient choice: undertakings by integrated care boards).
- (7) Schedule 2 inserts into the National Health Service Act 2006 a new Schedule 1C to that Act (patient choice: undertakings by integrated care boards). 35

17 Duty to have regard to impact on services in border areas

After section 14Z45D of the National Health Service Act 2006 (appeals against commissioning decisions) (inserted by section 16 of this Act) insert—

“14Z45E Duty to have regard to impact on services in border areas

In making decisions in the exercise of its commissioning functions, an integrated care board must, so far as relevant, have regard to the likely impact of those decisions on the provision of health services to persons who reside in an area of Wales or Scotland that is close to the border with England.” 5

Integrated care boards 10

18 Transfer schemes in connection with integrated care boards

In section 14Z28 of the National Health Service Act 2006 (transfer schemes in connection with integrated care boards)—

- (a) omit subsection (1);
- (b) for subsections (2) to (5) substitute— 15

“(2) The Secretary of State may, in connection with the establishment of an integrated care board, make a scheme for the transfer of property, rights or liabilities to the board from—

- (a) an NHS trust established under this Act,
- (b) an NHS foundation trust, or 20
- (c) a Special Health Authority established under section 28.

(3) The Secretary of State may, in connection with the variation of the constitution of an integrated care board or the abolition of an integrated care board, make a scheme for the transfer of the board’s property, rights or liabilities to— 25

- (a) the Secretary of State, or
- (b) an integrated care board.

(4) The reference in subsection (3) to the variation of the constitution of an integrated care board is to its variation by order under section 14Z25 or under provision included in its constitution by virtue of paragraph 15 of Schedule 1B. 30

(5) The Secretary of State must exercise the power under subsection (3) so as to ensure that on the abolition of an integrated care board, all of the board’s liabilities (other than criminal liabilities) are transferred.” 35

19 Integrated care boards: duty as to visiting etc

After section 14Z36 of the National Health Service Act 2006 insert—

“14Z36A Duty as to visiting etc

- (1) Each integrated care board must, in the exercise of its functions, promote appropriate opportunities for anyone provided with accommodation in pursuance of arrangements made by the board to receive visitors. 5
- (2) Each integrated care board must, in the exercise of its functions, promote the option for relevant patients attending hospitals or hospices provided in pursuance of arrangements made by the board to have someone accompany them, so far as appropriate. 10
- (3) In subsection (2) “relevant patient” means an outpatient, day patient or other person attending a hospital or hospice for the provision of care or treatment that does not involve an overnight stay.”

20 Integrated care boards: power to provide assistance 15

For section 14Z48 of the National Health Service Act 2006 substitute—

“14Z48 Power to provide assistance

- (1) An integrated care board may provide assistance or support to—
 - (a) a person providing or proposing to provide services as part of the health service; 20
 - (b) a person otherwise carrying out or proposing to carry out activities that the board considers to be beneficial to the health service.
- (2) The assistance that may be provided under subsection (1) includes—
 - (a) financial assistance; 25
 - (b) making available—
 - (i) the services of a person employed by the integrated care board, or
 - (ii) any other resources of the board.
- (3) Assistance or support under subsection (1) may be provided on such terms as may be agreed, including terms as to the making of payments by or to the integrated care board.” 30

21 Performance assessments of integrated care boards

For section 14Z59 of the National Health Service Act 2006 substitute—

“14Z59 Performance assessments of integrated care boards 35

- (1) The Secretary of State must conduct a performance assessment of each integrated care board in respect of each financial year.

- (2) A performance assessment is an assessment of how well the integrated care board has discharged its functions during that year.
- (3) The Secretary of State must publish a report in respect of each financial year containing a summary of the results of each performance assessment conducted under this section in respect of that year.” 5

22 Membership of integrated care boards

In Schedule 1B to the National Health Service Act 2006 (constitution of integrated care boards), in paragraph 8—

- (a) for sub-paragraphs (2) to (4) substitute—

“(2) The constitution must provide for the ordinary members appointed as mentioned in sub-paragraph (1)(b) to include— 10

- (a) at least one member nominated jointly by the local authorities whose areas coincide with, or include the whole or any part of, the integrated care board’s area, and 15

- (b) at least one member nominated by the mayor of each mayoral strategic authority whose area coincides with, or includes the whole or any part of, the integrated care board’s area (if any).

(3) The constitution must set out the process for nominating the ordinary members mentioned in sub-paragraph (2). 20

(4) A person participating in the process for nominating the ordinary members as mentioned in sub-paragraph (2) must have regard to any guidance published by the Secretary of State as to the selection of candidates.”; 25

- (b) omit sub-paragraph (5);

- (c) for sub-paragraph (7) substitute—

“(7) In this paragraph—

“local authority” has the meaning given by section 2B(5);

“mayoral combined authority” means a combined authority for an area for which provision is made in an order under section 107A of the Local Democracy, Economic Development and Construction Act 2009 for there to be a mayor; 30

“mayoral combined county authority” means a combined county authority for an area for which provision is made in regulations under section 27(1) of the Levelling-up and Regeneration Act 2023 for there to be a mayor; 35

“mayoral strategic authority” means— 40

- (a) a mayoral combined authority,
- (b) a mayoral combined county authority, or
- (c) the Greater London Authority.”

*Integration and planning***23 Joint planning by integrated care boards and their partners**

- (1) The National Health Service Act 2006 is amended as follows.
- (2) For the italic heading before section 14Z52 substitute “Annual report”.
- (3) Omit sections 14Z52 to 14Z57 (joint forward plans and capital resource use plans for integrated care boards and their partners). 5
- (4) In section 14Z58 (annual report)—
 - (a) in subsection (2) omit paragraph (b);
 - (b) after subsection (3) insert—
 - “(3A) In this Chapter “relevant Health and Wellbeing Board”, in relation to an integrated care board, means a Health and Wellbeing Board established by a local authority whose area coincides with, or includes the whole or any part of, the area of the integrated care board. 10
 - (3B) In this Act “financial year”, in relation to an integrated care board, means— 15
 - (a) the period beginning with the date on which the integrated care board is established and ending with the 31 March following that date, and
 - (b) each successive period of twelve months beginning with 1 April.” 20
- (5) In section 14Z64 (interpretation), in the definition of “relevant Health and Wellbeing Board”, for “14Z52(7)” substitute “14Z58(3A)”.
- (6) In section 275 (interpretation), in the definition of “financial year” in subsection (1), for “14Z52(8)” substitute “14Z58(3B)”. 25
- (7) In Schedule 4 (NHS trusts: constitution etc), in paragraph 12 omit sub-paragraph (1A).

24 Abolition of integrated care partnerships and strategies

- In the Local Government and Public Involvement in Health Act 2007 omit the following— 30
- (a) in section 116 (health and social care: joint strategic needs assessments), subsection (5A);
 - (b) sections 116ZA and 116ZB (integrated care partnerships and integrated care strategies).

25 Neighbourhood health plan 35

- (1) The Local Government and Public Involvement in Health Act 2007 is amended in accordance with subsections (2) and (3).
- (2) In section 116A (joint local health and wellbeing strategies)—

- (a) in the heading, for “joint local health and wellbeing strategies” substitute “neighbourhood health plans”;
 - (b) for subsections (1) to (2A) substitute—
 - “(1) This section applies where an assessment of relevant needs is prepared under section 116 by a responsible local authority and each of its partner integrated care boards. 5
 - (2) The responsible local authority and each of its partner integrated care boards must prepare a plan (a “neighbourhood health plan”) setting out how the assessed needs in relation to the responsible local authority’s area are to be met by the exercise of functions of— 10
 - (a) the responsible local authority, or
 - (b) its partner integrated care boards.
 - (2A) But the responsible local authority and its partner integrated care boards need not prepare a new neighbourhood health plan if, having considered the assessment of relevant needs, they consider that the existing plan is sufficient.”; 15
 - (c) in subsection (3), for “strategy” substitute “plan”;
 - (d) for subsections (4) and (5) substitute—
 - “(4) In preparing a plan under this section, the responsible local authority and each of its partner integrated care boards must have regard to any guidance issued by the Secretary of State. 20
 - (5) In preparing a plan under this section, the responsible local authority and each of its partner integrated care boards must involve the people who live or work in the area of the responsible local authority.”; 25
 - (e) in subsections (6) and (7), for “strategy” substitute “plan”.
- (3) For section 116B substitute—
- “116B Duty to have regard to assessments and plans**
- A responsible local authority and each of its partner integrated care boards must, in exercising any functions, have regard to the following so far as relevant— 30
- (a) any assessment of relevant needs prepared under section 116 in relation to the responsible local authority’s area, and
 - (b) any neighbourhood health plan prepared under section 116A by the responsible local authority and its partner integrated care boards.” 35
- (4) In section 14Z58 of the National Health Service Act 2006 (integrated care boards: annual report), in subsection (2)(d), for “joint local health and wellbeing strategy to which it was required to have regard under section 116B(1)” substitute “neighbourhood health plan to which it was required to have regard under section 116B”. 40

- (5) In section 17 of the National Health Service (Wales) Act 2006 (plans for improving health etc), in subsection (6)(g) and (h), for “joint local health and wellbeing strategies” substitute “neighbourhood health plans”.
- (6) In the following provisions of the Children and Families Act 2014 for “joint local health and wellbeing strategy” substitute “neighbourhood health plan” – 5
 - (a) in section 26 (joint commissioning arrangements), subsection (7);
 - (b) in section 27 (duty to keep education and care provision under review), subsection (4).

NHS trusts

26 NHS trust accounts

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- (1) In Schedule 4 to the National Health Service Act 2006 (NHS trusts), for paragraph 11A substitute –
 - “11A (1) An NHS trust must keep proper accounts and proper records in relation to the accounts.
 - (2) An NHS trust must prepare annual accounts in respect of each financial year. 15
 - (3) The Secretary of State may direct an NHS trust to prepare accounts in respect of such period or periods as may be specified in the direction.
 - (4) The Secretary of State may give directions to an NHS trust as to – 20
 - (a) the methods and principles according to which any accounts under this paragraph must be prepared, and
 - (b) the form and content of any accounts prepared under this paragraph.
 - (5) For the audit of the annual accounts, see the Local Audit and Accountability Act 2014 (and, in particular, section 4 of that Act). 25
 - (6) Accounts prepared under sub-paragraph (3) are also to be audited under that Act if the Secretary of State so directs.
 - (7) The Comptroller and Auditor General may examine –
 - (a) the annual accounts, or accounts prepared under sub-paragraph (3), and any records relating to them, and 30
 - (b) any report on them by the auditor.
 - (8) An NHS trust must send to the Secretary of State –
 - (a) a copy of its annual accounts and of any accounts prepared under sub-paragraph (3), and 35
 - (b) any report of the auditor on them.
 - (9) An NHS trust must comply with sub-paragraph (8) by such date as the Secretary of State may direct.
 - (10) In this paragraph “financial year”, in relation to an NHS trust, means – 40

- (a) the period –
 - (i) beginning with the date on which the NHS trust is established, and
 - (ii) ending with the next 31 March, and
 - (b) each successive period of twelve months beginning with 1 April.” 5
 - (2) In section 4 of the Local Audit and Accountability Act 2014 (general requirements for audit), for subsection (6) substitute –
 - “(6) In relation to an NHS trust, “accounts” means –
 - (a) the annual accounts of the NHS trust prepared under paragraph 11A(2) of Schedule 4 to the National Health Service Act 2006; 10
 - (b) any accounts of the NHS trust prepared under paragraph 11A(3) of that Schedule in respect of which a direction has been given under paragraph 11A(6) of that Schedule.”
- 27 Tidying up provisions about audit of NHS trust accounts** 15
- (1) In Schedule 4 to the National Health Service Act 2006 (NHS trusts), in paragraph 12, in sub-paragraph (2)(b), for the words from “section 8” to the end substitute “paragraph 1 of Schedule 7 to the Local Audit and Accountability Act 2014”.
 - (2) In Schedule 12 to the Local Audit and Accountability Act 2014 omit paragraph 76 (which made a transitory modification the effect of which is made permanent by subsection (1)). 20

Special Health Authorities

28 Special Health Authorities: establishment and exercise of functions

- (1) The National Health Service Act 2006 is amended as follows. 25
- (2) In section 28 (Special Health Authorities), in subsection (1), after “this Act” insert “or any other Act”.
- (3) In section 29 (exercise of Special Health Authority functions) –
 - (a) in subsection (1) omit “under section 7”;
 - (b) in subsection (2)(a) omit “under section 7 or this section”. 30
- (4) In section 271 (territorial limit of exercise of functions), in subsection (3), after paragraph (a) insert –
 - “(aa) Chapter 4 of Part 2 (Special Health Authorities),”.

29 Special Health Authorities: staff transfers etc

- (1) Schedule 6 to the National Health Service Act 2006 (Special Health Authorities) is amended as follows. 35
- (2) In paragraph 3 –

- (a) for sub-paragraph (8) substitute –
 - “(8) Regulations may –
 - (a) provide for the transfer of officers from a Special Health Authority to –
 - (i) another Special Health Authority, or 5
 - (ii) an integrated care board;
 - (b) provide for arrangements under which the services of an officer of a Special Health Authority are placed at the disposal of –
 - (i) another Special Health Authority, 10
 - (ii) an integrated care board,
 - (iii) a local authority, or
 - (iv) the Secretary of State.”;
 - (b) in sub-paragraph (12)(a), for “another Special Health Authority or of NHS England,” substitute “– 15
 - (i) another Special Health Authority,
 - (ii) an integrated care board, or
 - (iii) the Secretary of State;”
- (3) In paragraph 13, for “the Secretary of State, another Special Health Authority or NHS England” substitute “– 20
 - (a) another Special Health Authority,
 - (b) an integrated care board, or
 - (c) the Secretary of State.”

NHS foundation trusts

30 Constitution of NHS foundation trusts 25

Schedule 3 makes provision about the constitution of NHS foundation trusts and, among other things –

- (a) removes the role of members and the council of governors;
- (b) confers powers to make regulations about membership of the board of directors; 30
- (c) confers powers to suspend directors.

31 Authorisation of NHS foundation trusts

In section 35 of the National Health Service Act 2006 (authorisation of NHS foundation trusts) omit subsections (5) and (6) (consultation).

32 NHS foundation trusts etc: audit of accounts 35

Schedule 4 contains –

- (a) amendments that subject NHS foundation trusts to the same audit requirements under the Local Audit and Accountability Act 2014 as NHS trusts, and
- (b) amendments to that Act which are consequential on the abolition of NHS England.

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33 Abolition of register of NHS foundation trusts

In the National Health Service Act 2006 omit –

- (a) section 39 (register of NHS foundation trusts);
- (b) section 50 (fees).

34 Limits on expenditure of NHS foundation trusts

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For sections 42B and 42C of the National Health Service Act 2006 substitute –

“42B Limits on expenditure

- (1) The Secretary of State may by order impose limits on the expenditure that may be incurred by an NHS foundation trust in respect of a single financial year.
- (2) The Secretary of State must consult the trust before making the order.
- (3) The Secretary of State must publish each order under this section.
- (4) An order under this section may be made at any time during or before the financial year to which it relates.
- (5) A trust that is the subject of an order under this section must not breach a limit imposed by the order.

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42C Guidance in relation to orders under section 42B

- (1) The Secretary of State must publish guidance about the exercise of the power to make orders under section 42B, including guidance about –
 - (a) the circumstances in which the Secretary of State is likely to make an order, and
 - (b) the method that the Secretary of State will use to determine a limit.
- (2) The Secretary of State must have regard to the guidance in exercising the power to make orders under section 42B.”

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35 NHS foundation trusts: final accounts for predecessors

- (1) The National Health Service Act 2006 is amended as follows.
- (2) In section 36 (effect of authorisation), after subsection (4) insert –
 - “(4A) The NHS foundation trust must prepare accounts for the final accounting period when the body was an NHS trust.

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- (4B) Paragraph 18 of Schedule 7 to this Act, and section 4 of the Local Audit and Accountability Act 2014, apply in relation to those accounts as they apply in relation to the NHS foundation trust's annual accounts.
- (4C) In subsection (4A) "final accounting period" means the period— 5
- (a) beginning with the later of—
 - (i) the day on which the NHS trust was established, and
 - (ii) 1 April before the day on which the authorisation is given, and
 - (b) ending when the authorisation is given." 10
- (3) In section 56AA (acquisitions under section 56A: supplementary) after subsection (3) insert—
- “(3A) The acquiring NHS foundation trust must prepare accounts for the final accounting period of the acquired NHS foundation trust or NHS trust. 15
- (3B) Paragraph 18 of Schedule 7 to this Act and section 4 of the Local Audit and Accountability Act 2014 apply in relation to those accounts as they apply in relation to the NHS foundation trust's annual accounts.
- (3C) In subsection (3A) "final accounting period" means the period—
- (a) beginning with the later of— 20
 - (i) the day on which the acquired NHS foundation trust or NHS trust was established, and
 - (ii) 1 April before the day on which the application is granted, and
 - (b) ending when the application is granted." 25

36 Conversion of failing NHS foundation trust into NHS trust

- (1) The National Health Service Act 2006 is amended as follows.
- (2) In section 25 (NHS trusts)—
- (a) omit subsection (2);
 - (b) in subsection (3), for "NHS trust order" substitute "order under this section". 30
- (3) In section 56AA (acquisitions under section 56A: supplementary), in subsection (1)(d), for "NHS trust order" substitute "order under section 25".
- (4) After section 57A insert—

"Conversion of failing NHS foundation trusts

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57B Conversion of failing NHS foundation trust into NHS trust

- (1) The Secretary of State may make an order converting a body that is an NHS foundation trust into a National Health Service trust ("NHS trust") if—

- (a) it has failed to comply with a condition of its licence under Chapter 3 of Part 3 of the Health and Social Care Act 2012, or
 - (b) it has otherwise failed to comply with any requirement imposed on it by or under any enactment.
- (2) An order under subsection (1) must specify when it takes effect (see paragraph 5 of Schedule 4 for further provision about matters to be included in the order). 5
- (3) In deciding whether to make an order under subsection (1) the Secretary of State must (among other things) consider—
 - (a) the seriousness of the failure, 10
 - (b) the health and safety of patients,
 - (c) the quality of the provision by the trust of goods and services,
 - (d) the financial position of the trust, and
 - (e) the way that the trust is being run.
- (4) Before making an order under subsection (1) the Secretary of State must consult— 15
 - (a) the trust,
 - (b) any integrated care board in whose area the trust has hospitals, establishments or facilities, and
 - (c) any other person to whom the trust provides goods or services under this Act and whom the Secretary of State considers it appropriate to consult. 20
- (5) Where an order is made under subsection (1) the Secretary of State may, for the purpose of ensuring compliance with provision made by the order or by regulations under paragraph 4 of Schedule 4— 25
 - (a) terminate the appointment of the chair or any executive or non-executive director of the trust;
 - (b) appoint a person to be the chair or an executive or non-executive director of the trust.
- (6) The powers conferred by subsection (5) lapse at the end of the period of one year beginning with the day on which the order is made. 30
- (7) When an order under subsection (1) takes effect the body—
 - (a) ceases to be an NHS foundation trust (and, accordingly, the constitution required by Schedule 7 ceases to have effect), and
 - (b) is established as an NHS trust, in accordance with provision made by the order, to provide goods and services for the purposes of the health service. 35
- (8) Schedule 9A makes transitional provision in connection with the conversion of an NHS foundation trust into an NHS trust in pursuance of an order under subsection (1). 40

57C Guidance about conversion

- (1) The Secretary of State must publish guidance about the matters that the Secretary of State proposes to consider in deciding whether to make an order under section 57B(1) (including about the matters mentioned in subsection 57B(3)). 5
- (2) Before publishing guidance or revised guidance under subsection (1) the Secretary of State must consult such persons as the Secretary of State considers appropriate."
- (5) In section 276 (index of defined expressions) omit the entry for "NHS trust order". 10
- (6) In Schedule 4 (NHS trusts) –
 - (a) in the heading before paragraph 5, for "first NHS trust order" substitute "order establishing an NHS trust";
 - (b) in paragraph 5 –
 - (i) for sub-paragraphs (1) and (2) substitute – 15

"(1) An order under section 25 or 57B establishing an NHS trust must specify –

 - (a) the name of the NHS trust,
 - (b) the functions of the NHS trust,
 - (c) the number of executive directors and non-executive directors, and 20
 - (d) where the NHS trust has a significant teaching commitment, a provision to secure the inclusion in the non-executive directors referred to in paragraph (c) of a person appointed from a university with a medical or dental school specified in the order. 25
 - (1A) The first order under section 25 in relation to an NHS trust must also specify –
 - (a) the operational date of the NHS trust, and 30
 - (b) if a scheme is to be made under paragraph 8, the Special Health Authority or Local Health Board which is to make the scheme.
 - (2) The functions which may be specified in an order under section 25 or 57B include a duty to provide goods or services so specified at or from a hospital or other establishment or facility so specified."; 35
 - (ii) in sub-paragraph (5), for "the NHS trust" substitute "an NHS trust established under section 25";
 - (iii) omit sub-paragraph (6); 40
 - (c) in paragraphs 6(1) and (2), 7(1), (2) and (3) and 8(6)(a), for "NHS trust order" substitute "order under section 25".
 - (7) Schedule 5 to this Act inserts into the National Health Service Act 2006 a new Schedule 9A to that Act (conversion of failing NHS foundation trusts).

37 Licence conditions for failing NHS foundation trusts

- (1) The Health and Social Care Act 2012 is amended as follows.
- (2) Omit the italic heading before section 111 (“Transitional provision”).
- (3) For section 111 substitute—

“111 Imposition of licence conditions on NHS foundation trusts

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- (1) Where the Secretary of State is satisfied that the governance of an NHS foundation trust is such that the trust will fail to comply with the conditions of its licence, the Secretary of State may include in the licence such conditions relating to governance as the Secretary of State considers appropriate for the purpose of reducing that risk. 10
- (2) The reference to the governance of an NHS foundation trust being such that the trust will fail to comply with the conditions of its licence includes circumstances in which the board of directors is failing—
 - (a) to secure compliance with conditions in the trust’s licence, or
 - (b) to take steps to reduce the risk of a breach of a condition in the trust’s licence. 15
- (3) Where a warning notice under section 29A of the Health and Social Care Act 2008 is given to an NHS foundation trust, the Secretary of State may include in the trust’s licence such conditions as the Secretary of State considers appropriate in connection with the matters to which the notice relates. 20
- (4) The Secretary of State may modify a condition included under subsection (1) or (3).
- (5) Where the Secretary of State is satisfied that the trust has breached or is breaching a condition included under subsection (1) or (3), the Secretary of State may by notice require the trust— 25
 - (a) to remove one or more of the executive directors and appoint interim executive directors;
 - (b) to suspend one or more of the executive directors from office for a specified period; 30
 - (c) not to reappoint, within a specified period, an executive director who is removed or suspended by virtue of paragraph (a) or (b).
- (6) Where the Secretary of State is satisfied that a person has failed or is failing to comply with a notice under subsection (5), the Secretary of State may do anything that the trust may be required to do under that subsection. 35
- (7) Subsection (5) does not prevent the Secretary of State from exercising in relation to a condition included in a licence under subsection (1) or (3) the powers conferred by sections 105 and 106 (discretionary requirements and enforcement undertakings). 40

- (8) Where the Secretary of State includes a condition under subsection (1) or (3), the Secretary of State may also make such incidental or consequential modifications as the Secretary of State considers necessary or expedient of any other condition of the licence concerned which is affected. 5
 - (9) Where the Secretary of State includes a condition under subsection (1) or (3) by modifying a standard condition of the licence concerned, the modification does not prevent any other part of the condition from continuing to be regarded as a standard condition for the purposes of this Chapter. 10
 - (10) In this section, a reference to failing to discharge functions includes a reference to failing to discharge those functions properly.”
 - (4) Omit sections 112 to 114 (which provide for section 111 to apply for a limited duration only).
- 38 Financial assistance in special administration cases** 15
- (1) The Health and Social Care Act 2012 is amended as follows.
 - (2) In section 134 (duty to establish mechanisms for providing financial assistance) –
 - (a) in subsection (1) omit paragraph (b) and the “or” before it;
 - (b) in subsection (2)(a) omit “or under section 65D(12) of the National Health Service Act 2006”. 20
 - (3) In section 136 (applications), in subsection (10), for paragraph (a) (but not the “and” at the end) substitute –
 - “(a) “special administrator” means a person appointed as a health special administrator under Chapter 5,”. 25
 - (4) In section 144 (investment principles and reviews), in subsection (3) omit paragraph (b) (but not the “and” at the end).

NHS trusts and NHS foundation trusts

39 Trust special administration

- Schedule 6 contains amendments to do with special administration for NHS trusts and NHS foundation trusts, including – 30
- (a) amendments arising out of the abolition of NHS England, and
 - (b) amendments removing the statutory objective for trust special administration in relation to NHS foundation trusts.

*Joint working and delegation arrangements***40 Joint working and delegation arrangements**

- (1) The National Health Service Act 2006 is amended in accordance with subsections (2) to (8).
- (2) Omit section 7A (exercise of Secretary of State's public health functions) and the italic heading before that section. 5
- (3) In section 65Z5 (joint working and delegation arrangements)—
 - (a) after subsection (1) insert—

“(1A) The Secretary of State may arrange for any functions of the Secretary of State which relate to the health service in England to be exercised by or jointly with any one or more of the following—

 - (a) a relevant body;
 - (b) a local authority (within the meaning of section 2B);
 - (c) a combined authority; 15
 - (d) a combined county authority;
 - (e) such other person as may be prescribed.”;
 - (b) in subsection (2) omit paragraph (a);
 - (c) in subsection (3)(a), after “(1)” insert “or (1A)”;
 - (d) in subsection (4)(b)— 20
 - (i) for “body” substitute “person”;
 - (ii) for “it” substitute “them”;
 - (e) in subsections (5) and (6), for “body”, in each place it occurs, substitute “person”.
- (4) For section 65Z6 substitute— 25

“65Z6 Joint committees and pooled funds

- (1) This section applies where—
 - (a) a function is exercisable jointly by one or more persons by virtue of an arrangement under section 65Z5, or
 - (b) a function is otherwise exercisable jointly by a relevant body and one or more of the following— 30
 - (i) a relevant body;
 - (ii) a local authority (within the meaning of section 2B);
 - (iii) a combined authority;
 - (iv) a combined county authority. 35
- (2) The persons by whom the function is exercisable jointly may—
 - (a) arrange for the function to be exercised by a committee of persons appointed by them;
 - (b) arrange for one or more of the persons, or a committee appointed as mentioned in paragraph (a), to establish and maintain a pooled fund. 40

- (3) A pooled fund is a fund –
 - (a) which is made up of payments received in accordance with the arrangement from any of the following who is a party to the arrangement –
 - (i) relevant bodies; 5
 - (ii) the Secretary of State; and
 - (b) out of which payments may be made in accordance with the arrangement towards expenditure incurred in the exercise of functions in relation to which the arrangements are made.
- (4) Arrangements under this section may be made on such terms as may be agreed between the parties, including terms as to payment. 10
- (5) In this section “relevant body” has the meaning given by section 65Z5(2).”
- (5) In section 65Z7 (joint working and delegation: guidance by NHS England) –
 - (a) in the heading, for “NHS England” substitute “the Secretary of State”; 15
 - (b) in subsection (1) –
 - (i) for “NHS England” substitute “The Secretary of State”;
 - (ii) for “their powers” substitute “powers by relevant bodies”.
- (6) In section 73A (appointment of directors of public health) –
 - (a) in subsection (1) – 20
 - (i) omit paragraph (c);
 - (ii) in paragraph (ca) omit “with another body”;
 - (b) in subsection (3)(a), for sub-paragraph (ii) (but not the “and” at the end), substitute –
 - “(ii) subsection (1)(ca),”. 25
- (7) In each of sections 73B and 73C (which relate to the exercise of public health functions by local authorities), in subsection (2) –
 - (a) omit paragraph (c);
 - (b) in paragraph (ca) omit “with another body”.
- (8) In section 26 of the Local Government Act 1974 (matters subject to investigation), in subsection (1)(d) omit “7A,”. 30

41 Arrangements between NHS bodies and local authorities

- (1) Section 75 of the National Health Service Act 2006 (arrangements between NHS bodies and local authorities) is amended as follows.
- (2) In subsection (6), for the words from “consultation” to the end substitute “the making of arrangements by virtue of this section”. 35
- (3) Omit subsections (7A) to (7L).
- (4) In subsection (8), at the appropriate place insert –
 - ““local authority” includes –

- (a) a combined authority,
- (b) a combined county authority, and
- (c) the Greater London Authority;”.

Pharmaceutical services

42 Dispensing medical practitioners etc

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- (1) The National Health Service Act 2006 is amended as follows.
- (2) In section 132 (persons authorised to provide pharmaceutical services)—
 - (a) for subsection (1) substitute—

“(1) Except as may be provided for by or under regulations, no arrangements may be made by an integrated care board with a person providing primary medical services under Part 4 to provide pharmaceutical services.”;
 - (b) in subsection (3), for “medical practitioners” substitute “persons providing primary medical services under Part 4”;
 - (c) in subsection (4)—
 - (i) for paragraph (a) substitute—

“(a) as to grounds on which an integrated care board may, or must, refuse to grant an application for inclusion in a list referred to in subsection (3),”;
 - (ii) in paragraph (aa) omit “of medical practitioners”;
 - (iii) in paragraph (b), for “NHS England by a medical practitioner” substitute “an integrated care board by a person”;
 - (iv) omit paragraph (c).
- (3) In section 134 (pilot schemes), in subsection (8) omit “by a medical practitioner or dental practitioner to a patient of his”.
- (4) In Schedule 12 (LPS schemes), in paragraph 1(8) omit “by a medical practitioner or dental practitioner to a patient of his”.

43 Inadequate provision of pharmaceutical services

- (1) Section 133 of the National Health Service Act 2006 (inadequate provision of pharmaceutical services) is amended as follows.
- (2) For subsection (1) substitute—

“(1) Subsection (2) applies if the Secretary of State is satisfied that a situation or event has caused or is likely to cause a disruption resulting in the inadequate provision of pharmaceutical services in England or in an area within England.”
- (3) In subsection (2)—
 - (a) after “Secretary of State” insert “may by direction”;

- (b) for paragraph (a) (but not the “and” at the end) substitute —
 - “(a) require an integrated care board to make other arrangements,”;
- (c) in paragraph (b) omit “may”.
- (4) After subsection (2) insert — 5
 - “(3) A direction under subsection (2) must specify the period for which it has effect.
 - (4) The period must not be more than 6 months.
 - (5) But the Secretary of State may by further direction extend the period for which a direction under subsection (2) has effect by up to 6 months at a time. 10
 - (6) The Secretary of State must publish any directions under this section.”

44 **Pharmaceutical services: appeals etc**

Schedule 7 makes provision about the destination of appeals, and jurisdiction to determine certain matters, currently governed by Part 7 of the National Health Service Act 2006 (pharmaceutical services and local pharmaceutical services). 15

Finance

45 **Consolidated accounts**

For section 65Z4 of the National Health Service Act 2006 substitute — 20

“65Z4 Consolidated accounts for certain NHS bodies

- (1) The Secretary of State must, in respect of each financial year, prepare a set of accounts that consolidates the annual accounts of —
 - (a) all integrated care boards,
 - (b) all NHS trusts established under this Act, and 25
 - (c) all NHS foundation trusts.
- (2) The Secretary of State must send a copy of the consolidated accounts to the Comptroller and Auditor General.
- (3) The Comptroller and Auditor General must —
 - (a) examine, certify and report on the consolidated accounts, and 30
 - (b) send a copy of the report to the Secretary of State.
- (4) The Secretary of State must lay before Parliament a copy of —
 - (a) the consolidated accounts, and
 - (b) the Comptroller and Auditor General’s report on them.”

46 Schemes for meeting liabilities

In section 71 of the National Health Service Act 2006 (schemes for meeting liabilities etc of certain health service bodies), in subsection (2), for paragraph (ha) substitute—

“(ha) a company formed under section 223 other than by an integrated care board by virtue of section 223A,”. 5

47 NHS England’s funding and financial responsibilities

- (1) In the National Health Service Act 2006 omit—
 - (a) the italic heading (“NHS England”) before section 223B;
 - (b) sections 223B to 223F (NHS England funding and financial responsibilities). 10
- (2) In the Health and Care Act 2022 omit sections 27 and 28 (NHS England’s financial responsibilities and expansion of NHS England’s duties in respect of expenditure).

48 Integrated care boards’ funding and financial responsibilities 15

- (1) The National Health Service Act 2006 is amended as follows.
- (2) For sections 223G to 223GB substitute—

“223G Allotment of sums to integrated care boards

- (1) The Secretary of State must, in respect of each financial year, allot an amount to each integrated care board towards meeting the expenditure of the board attributable to the performance of its functions in that year. 20
- (2) An amount is allotted to an integrated care board by the Secretary of State notifying the board in writing of the allotted amount.
- (3) The Secretary of State must pay the allotted amount to an integrated care board in such instalments and at such times as the Secretary of State considers appropriate. 25
- (4) In determining the amount to be allotted to an integrated care board in respect of a financial year, the Secretary of State may take into account the expenditure of the board during any previous financial year. 30
- (5) The Secretary of State may make a new allotment under this section increasing or reducing a previous allotment.
- (6) A sum falling to be paid to an integrated care board under this section is payable subject to such conditions as to records, certificates or otherwise as the Secretary of State may determine. 35

223GA Directions about use and management of resources

- (1) The Secretary of State may give integrated care boards directions about their use or management of financial or other resources.
- (2) The directions that may be given under subsection (1) to an integrated care board include – 5
 - (a) a direction imposing limits on expenditure or resource use by the board;
 - (b) a direction to pay sums to the Secretary of State in respect of charges or other sums referable to the valuation or disposal of assets. 10
- (3) A direction under subsection (1) may include conditions relating to the approval of the Secretary of State.
- (4) If an integrated care board fails to comply with a direction under subsection (1) relating to the use or management of sums paid to the board under section 223G, the Secretary of State may direct the board to repay some or all of those sums. 15
- (5) The Secretary of State must publish any directions under this section.

223GB Expenditure on service integration

- (1) A direction under section 223GA that requires an integrated care board to use an amount (a “designated amount”) of the sums paid to the board under section 223G in respect of a financial year for purposes relating to service integration may – 20
 - (a) require the integrated care board to transfer some or all of the designated amount into one or more funds (“pooled funds”) established under arrangements under section 75(2)(a) (“pooling arrangements”); 25
 - (b) impose requirements relating to the preparation and agreement by the integrated care board and one or more relevant local authorities of a plan for how to use the designated amount (a “spending plan”); 30
 - (c) impose requirements relating to the approval of a spending plan by the Secretary of State;
 - (d) impose requirements relating to the inclusion of performance objectives in a spending plan;
 - (e) impose requirements relating to the meeting of any performance objectives included in a spending plan or specified by the Secretary of State. 35
- (2) Nothing in subsection (1) limits the power to give directions under section 223GA.
- (3) The payments that may be made out of a pooled fund into which a designated amount is transferred include payments to a local authority which is not party to the pooling arrangements in question in connection with the exercise of its functions under Part 1 of the 40

Housing Grants, Construction and Regeneration Act 1996 (disabilities facilities grants).

- (4) A reference in this section to service integration is a reference to the integration of the provision of health services with the provision of health-related services or social care services, as referred to in section 14Z42. 5
- (5) In this section—
 - “health services” means services provided as part of the health service in England;
 - “relevant local authority”, in relation to an integrated care board, means a local authority whose area coincides with, or includes the whole or any part of, the area of the board.” 10
- (3) In section 223GC (financial duties of integrated care boards: expenditure limits), in subsection (2), for “NHS England” substitute “The Secretary of State”. 15
- (4) Omit section 223K (payments in respect of quality).
- (5) In section 275 (interpretation), in subsection (5) omit paragraph (a).

49 Joint duties of integrated care boards and providers

- (1) In the National Health Service Act 2006—
 - (a) for section 223L substitute— 20
 - “223L Joint financial objectives for integrated care boards etc**
 - (1) The Secretary of State may set joint financial objectives for an integrated care board and one or more of its partner NHS trusts and NHS foundation trusts.
 - (2) An integrated care board, NHS trust or NHS foundation trust must seek to achieve any financial objectives under this section that applies to it. 25
 - (3) For the purposes of this section an NHS trust or NHS foundation trust is a “partner” of an integrated care board if the trust provides services for the purposes of the health service to people for whom the integrated care board is responsible.”; 30
 - (b) omit sections 223M and 223N (financial duties of integrated care boards etc: use of resources);
 - (c) omit the italic heading (“Directions about resources etc to be taken into account”) before section 223O; 35
 - (d) omit section 223O (resources etc relevant to section 223D, 223E or 223M);
 - (e) in Schedule 12A (pharmaceutical remuneration), in paragraph 2(9), for “sections 223GC and 223M(1)(b)” substitute “section 223GC”.
- (2) In the Health and Care Act 2022 omit section 30 (expansion of financial duties of integrated care boards and their partners). 40

*Regulation of health and adult social care services***50 Licence conditions**

In section 96 of the Health and Social Care Act 2012 (limits on power to set or modify licence conditions), in subsection (2), after paragraph (h) insert—

- “(ha) for the purpose of promoting or securing compliance by licence holders with obligations arising under or by virtue of any enactment;”.

51 Service of documents

(1) The Health and Social Care Act 2012 is amended as follows.

(2) In section 148 (permitted methods of service)—

(a) before subsection (1) insert—

“(A1) A notice required by section 100, 114C, 114D or 114E to be given or sent to a person may be given or sent to them—

- (a) by being delivered to them personally,
(b) by being sent to them by post, or
(c) by being sent to them by an electronic communication.”;

(b) in subsection (1), after “under” insert “any other provision of”;

(c) in subsection (2), after “subsection” insert “(A1)(b) or”;

(d) in subsection (3)—

- (i) after “subsection” insert “(A1)(c) or”;
(ii) for “in accordance with section 149” substitute “(and in accordance with section 149, where applicable)”;

(e) in subsection (5), after “clerk” insert “or a director”;

(f) in subsection (6)(a), for “NHS England” substitute “the Secretary of State”;

(g) in subsection (7), after “clerk” insert “or a director”;

(3) In section 149 (electronic communication)—

(a) for subsection (1) substitute—

“(A1) This section applies in relation to any notice required to be given or sent to or served on a person under any provision of this Part other than—

- (a) section 100 (modification of standard licence conditions);
(b) section 114C (the NHS payment scheme: impact assessment and consultation);
(c) section 114D (objections to proposed NHS payment scheme);
(d) section 114E (amendments of the NHS payment scheme).

- (1) If the notice is sent by an electronic communication it is to be treated as given, sent or served only if the requirements of subsection (2) or (3) are met.”;
- (b) in subsections (2), (3) and (4), for “NHS England”, in each place it occurs, substitute “the Secretary of State”;
- (c) in subsection (5), for “NHS England” substitute “The Secretary of State”.

5

Information

52 Single patient record

- (1) The National Health Service Act 2006 is amended as follows. 10
 - (2) Before section 251 (but after the italic heading “Patient information”) insert—
- “250E Single patient record**
- (1) The Secretary of State may by regulations make provision for the purpose of establishing a system for making patient information readily available to— 15
 - (a) patients who have received health care as part of the health service in England or have received social care in England, and
 - (b) people involved in the provision to patients of health care or social care in England.
 - (2) The regulations may, in particular, make provision— 20
 - (a) conferring functions on public authorities in connection with the establishment or operation of the system;
 - (b) requiring or authorising the disclosure or other processing of patient information, or information held in connection with it, for the purpose of making it available through the system; 25
 - (c) requiring or authorising the making available of patient information, or information held in connection with it, through the system, including—
 - (i) making it available to people other than a patient on the patient’s behalf; 30
 - (ii) making it available to people involved in the provision to patients of health care or social care anywhere in the British Islands;
 - (d) conferring on the Secretary of State, the Care Quality Commission or a Special Health Authority the power to impose financial penalties in circumstances specified in the regulations (see further section 250F). 35
 - (3) The regulations may provide that the processing of information in accordance with the regulations does not breach any obligation of confidence owed by the person processing the information. 40

- (4) In making the regulations the Secretary of State must have regard to the need to ensure that adequate safeguards are in place to prevent the improper use of information made available under the regulations.
- (5) Nothing in subsection (1) or (2) limits the processing of information available by means of the system for any purpose for which it could otherwise lawfully be processed. 5
- (6) Before making regulations under this section the Secretary of State must consult such persons as the Secretary of State considers appropriate.
- (7) In this section – 10
 - “health care” includes all forms of health care whether relating to physical or mental health and also includes procedures that are similar to forms of medical or surgical care but are not provided in connection with a medical condition;
 - “patient” includes an individual who needs or receives social care or whose need for such care is being assessed; 15
 - “patient information” means information (however recorded) which relates to the physical or mental health or condition of a person, to the diagnosis of their condition or to their care or treatment, whether or not the person’s identity is ascertainable from the information; 20
 - “processing” has the same meaning as in Parts 5 to 7 of the Data Protection Act 2018 (see section 3(4) of that Act);
 - “social care” includes all forms of personal care and other practical assistance provided for individuals who are in need of such care or other assistance by reason of age, illness, disability, pregnancy, childbirth, dependence on alcohol or drugs, or any other similar circumstances. 25

250F Enforcement of regulations under section 250E

- (1) This section makes further provision about regulations which include provision made by virtue of section 250E(2)(d) conferring power on the Secretary of State, the Care Quality Commission or a Special Health Authority (“the enforcement authority”) to impose a financial penalty. 30
- (2) The amount of the financial penalty is to be specified in, or determined in accordance with, the regulations. 35
- (3) The regulations must include provision –
 - (a) requiring the enforcement authority, before imposing a financial penalty on a person, to give the person written notice (a “notice of intent”) of the proposed financial penalty;
 - (b) ensuring that the person is given an opportunity to make representations about the proposed financial penalty; 40
 - (c) requiring the enforcement authority, after the period for making representations, to decide whether to impose the financial penalty;

- (d) requiring the enforcement authority, if it decides to impose the financial penalty, to give the person notice in writing (a “final notice”) imposing the penalty;
 - (e) enabling a person on whom a financial penalty is imposed to appeal to the First-tier Tribunal in accordance with the regulations; 5
 - (f) as to the powers of the Tribunal on such an appeal.
- (4) The regulations may include provision—
 - (a) enabling a notice of intent or final notice to be withdrawn or amended; 10
 - (b) requiring a final notice to be withdrawn in circumstances specified in the regulations;
 - (c) for a financial penalty to be increased by an amount specified in or determined in accordance with the regulations in the event of late payment; 15
 - (d) for the recovery of financial penalties in the county court.”
- (3) In section 271 (territorial limit of exercise of functions), in subsection (3), after paragraph (da) insert—
 - “(db) sections 250E and 250F (single patient record),”.
- (4) In section 272 (orders, regulations, rules and directions), in subsection (6), after paragraph (zd) insert— 20
 - “(ze) regulations under section 250E,”.

53 Information about health service products

- (1) Section 264B of the National Health Service Act 2006 (disclosure of information about health service products) is amended as follows. 25
- (2) In subsection (1)—
 - (a) omit paragraph (a);
 - (b) after paragraph (b) insert—
 - “(ba) a person with whom the Secretary of State or an integrated care board has made arrangements under this Act to provide health services as part of the health service in England;”;
 - (c) in paragraph (j), for “(a)” substitute “(b)”.
- (3) In subsection (2)(b), for “subsection (4)” substitute “subsections (4) and (6)”.
- (4) In subsection (3)(a), for “(1)(a) or (b)” substitute “(1)(b) or (ba)”. 35
- (5) After subsection (5) insert—
 - “(6) Where—
 - (a) a service provider provides services to a person falling within subsection (1)(b) to (i), and

- (b) in consequence, confidential or commercially sensitive information is disclosed to the service provider under subsection (1)(j),
the service provider may disclose the confidential or commercially sensitive information to that person. 5
- (7) A person to whom confidential or commercially sensitive information is disclosed under subsection (6) may not –
 - (a) use the information for any purpose other than the purpose for which they could have used it if it had been disclosed to them under subsection (1) by the Secretary of State; 10
 - (b) disclose the information to another person.”

54 Health and social care information: delegation of functions

- (1) The Health and Social Care Act 2012 is amended as follows.
- (2) Omit the following (which confer powers to delegate functions of the Secretary of State under various provisions in Part 9 of the 2012 Act) – 15
 - (a) section 251ZD;
 - (b) section 274;
 - (c) section 277C;
 - (d) section 277F.
- (3) After section 251ZE insert – 20

“Exercise of functions under Chapter 1

251ZF Exercise of functions of Secretary of State by others

- (1) The Secretary of State may make arrangements for a person prescribed by regulations under this subsection to exercise some or all of the functions of the Secretary of State under this Chapter other than – 25
 - (a) a function under section 251ZC (public censure of relevant IT providers);
 - (b) a function of making regulations.
- (2) Arrangements under subsection (1) may –
 - (a) provide for the Secretary of State to make payments to the person, and 30
 - (b) make provision as to the circumstances in which such payments are to be repaid to the Secretary of State.
- (3) Section 304(9) applies in relation to the power to make arrangements under subsection (1) as it applies to a power of the Secretary of State to give directions under this Act.” 35

- (4) In Part 9, at the end insert—

“CHAPTER 5

EXERCISE OF FUNCTIONS UNDER PART 9

277G Power to direct public bodies to exercise Secretary of State’s functions

- (1) The Secretary of State may — 5
- (a) direct a public body that exercises functions in, or in relation to, England to exercise some or all of the Secretary of State’s relevant information functions;
- (b) give the public body directions about the exercise of those functions, including directions about the processing of information that the body obtains in exercising those functions. 10
- (2) Any rights acquired, or liabilities (including liabilities in tort) incurred, in respect of the exercise by a body of any function by virtue of a direction under this section are enforceable by or against that body (and no other person) unless or to the extent that the direction provides otherwise. 15
- (3) The Secretary of State must publish any directions under this section.
- (4) In this section—
- “adult social care”—
- (a) includes all forms of personal care and other practical assistance provided for individuals who, by reason of age, illness, disability, pregnancy, childbirth, dependence on alcohol or drugs, or any other similar circumstances, are in need of such care or other assistance, but 20
- (b) does not include anything provided by an establishment or agency for which Her Majesty’s Chief Inspector of Education, Children’s Services and Skills is the registration authority under section 5 of the Care Standards Act 2000; 25
- “health care” includes all forms of health care whether relating to physical or mental health and also includes procedures that are similar to forms of medical or surgical care but are not provided in connection with a medical condition; 30
- “health services” means services which must or may be provided as part of the health service in England; 35
- “processing” has the same meaning as in Parts 5 to 7 of the Data Protection Act 2018 (see section 3(4) of that Act);
- “public body” means a body or other person whose functions—
- (a) are of a public nature, or
- (b) include functions of that nature; 40
- “relevant information function” means any of the following functions other than a function of making regulations—

- (a) a function of the Secretary of State conferred by or under—
 - (i) any provision of Chapter 1 (information standards), other than section 251ZC (public censure of relevant IT providers); 5
 - (ii) any provision of Chapter 2 (health and social care information etc), other than section 267 (power to establish accreditation scheme);
 - (iii) any provision of Chapter 3 (information about adult social care); 10
 - (iv) paragraph 7B(1)(d) of Schedule 1 to the National Health Service Act 2006 (processing of information resulting from weighing or measuring of children etc);
 - (v) section 2 of the Access to Medical Treatments (Innovation) Act 2016 (database of innovative treatments); 15
 - (vi) sections 7A and 19 of the Medicines and Medical Devices Act 2021 (information systems about medicines and medical devices); 20
- (b) a function of the Secretary of State that is exercisable in relation to the development or operation of information or communications systems in connection with the provision of health services or of adult social care in England; 25
- (c) any other functions of the Secretary of State that—
 - (i) relate to the processing of information in connection with the provision of health care or adult social care in England, and
 - (ii) are specified in regulations made by the Secretary of State for the purposes of this paragraph.” 30

55 Health and social care information systems etc

Schedule 8 amends Chapter 2 of Part 9 of the Health and Social Care Act 2012 to— 35

- (a) extend its extent to Scotland and Northern Ireland,
- (b) transfer functions of NHS England to the Secretary of State, and
- (c) make other changes to do with information systems.

56 Sharing information about births and deaths

In section 42 of the Statistics and Registration Service Act 2007 (sharing of information about births and deaths etc), in subsection (4A), after paragraph (d) insert— 40

- “(da) an NHS trust established under the National Health Service Act 2006,

(db) an NHS foundation trust,”.

Social care

57 Care and support: involvement of others and visitors

In section 1 of the Care Act 2014 (promoting individual well-being), in subsection (3) —

5

(a) after paragraph (e) insert —

“(ea) the importance of the individual being able to involve other people in such decisions and of those people receiving the information and support necessary to facilitate that involvement;”;

10

(b) after paragraph (f) insert —

“(fa) the importance of the individual having appropriate opportunities to receive visitors;

(fb) in the case of a person who is provided with accommodation in a care home, the importance of them having appropriate opportunities to take trips outside of the care home;”.

15

Arrangements with devolved authorities and Crown dependencies

58 Arrangements with devolved authorities etc about information services

Before section 295 of the Health and Social Care Act 2012 (but after the italic heading “Arrangements with devolved authorities etc”) insert —

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“294A Arrangements with devolved authorities etc about information services

(1) The Secretary of State may —

(a) make arrangements with the Scottish Ministers or a Scottish health body for the provision by the Secretary of State of services or facilities in connection with the processing of information for the purposes of —

25

(i) the Scottish health service, or

(ii) the provision of social care in, or in relation to, Scotland;

30

(b) make arrangements with the Welsh Ministers or a Welsh health body for the provision by the Secretary of State of services or facilities in connection with the processing of information for the purposes of —

(i) the Welsh health service, or

(ii) the provision of social care in, or in relation to, Wales;

35

(c) make arrangements with a Northern Ireland department or a Northern Ireland health body for the provision by the Secretary of State of services or facilities in connection with the processing

of information for the purposes of the Northern Ireland health service;

- (d) make arrangements with a public body in the Isle of Man or Channel Islands for the provision by the Secretary of State of services or facilities in connection with the processing of information for purposes connected with the provision in, or in relation to, the Isle of Man or Channel Islands of—
 - (i) health care, or
 - (ii) social care.
- (2) Arrangements under this section may be on such terms as may be agreed between the parties, including terms as to payment.

294B Delegation of functions under section 294A

- (1) The Secretary of State may—
 - (a) direct a public body that exercises functions in, or in relation to, England to exercise some or all of the Secretary of State’s functions under section 294A or under arrangements under that section;
 - (b) give the public body directions about the exercise of those functions including directions about the processing of information that the body obtains in exercising those functions.
- (2) Any rights acquired, or liabilities (including liabilities in tort) incurred, in respect of the exercise by a body of any function by virtue of a direction under this section are enforceable by or against that body (and no other person) unless or to the extent that the direction provides otherwise.
- (3) The Secretary of State must publish any directions under this section.”

59 Arrangements with devolved authorities about commissioning

- (1) The Health and Social Care Act 2012 is amended as follows.
- (2) For section 295 substitute—

“295 Arrangements to commission services for devolved authorities

- (1) The Secretary of State may—
 - (a) make arrangements with the Scottish Ministers or a Scottish health body for the Secretary of State to commission services or facilities for the purposes of the Scottish health service;
 - (b) make arrangements with the Welsh Ministers or a Welsh health body for the Secretary of State to commission services or facilities for the purposes of the Welsh health service;
 - (c) make arrangements with a Northern Ireland department for the Secretary of State to commission services or facilities for the purposes of the Northern Ireland health service.

- (2) Arrangements under this section may be made on such terms as may be agreed between the parties, including terms as to payment.”
- (3) Omit section 296 (arrangements between NHS England and Scottish Ministers etc).

60 Arrangements with devolved authorities about education etc 5

For section 296A of the Health and Social Care Act 2012 substitute—

“296A Arrangements with devolved authorities in respect of education and training

- (1) The Secretary of State may make arrangements with the Scottish Ministers, the Welsh Ministers or a Northern Ireland department (“a devolved authority”) for the Secretary of State— 10
 - (a) to exercise on behalf of the devolved authority any function of that authority that corresponds to a function of the Secretary of State that relates to the education and training of people to meet the workforce needs of the health service continued under section 1 of the National Health Service Act 2006; 15
 - (b) to provide services or facilities in so far as the devolved authority requires them in connection with the exercise of such a function.
- (2) Arrangements under this section may be on such terms as may be agreed between the parties.” 20

61 Delegation of functions under certain arrangements with devolved authorities

After section 296A of the Health and Social Care Act 2012 insert—

“296B Delegation of functions under section 295 and 296A arrangements

- (1) The Secretary of State may— 25
 - (a) direct a public body that exercises functions in, or in relation to, England to exercise some or all of the Secretary of State’s functions under arrangements under section 295 or 296A;
 - (b) give the public body directions about the exercise of those functions, including directions about the processing of information that the body obtains in exercising those functions. 30
- (2) Any rights acquired, or liabilities (including liabilities in tort) incurred, in respect of the exercise by a body of any function by virtue of a direction under this section are enforceable by or against that body (and no other person) unless or to the extent that the direction provides otherwise. 35
- (3) The Secretary of State must publish any directions under this section.”

62 Advice and assistance to Crown dependencies

For section 298 of the Health and Social Care Act 2012 substitute—

“298 Advice or assistance to public authorities in the Isle of Man or Channel Islands

- (1) The Secretary of State or an integrated care board may provide advice or assistance to any public body in the Isle of Man or Channel Islands for purposes connected with the provision of health care. 5
- (2) Advice or assistance under this section may be provided on such terms, including terms as to payment, as the person providing the advice or assistance considers appropriate.” 10

63 Sections 58 to 62: interpretation

After section 298 of the Health and Social Care Act 2012 insert—

“298A Sections 294A to 298: interpretation

In sections 294A to 298—

“commission”, in relation to a service, means arrange for the provision of; 15

“facilities” has the meaning given by section 275 of the National Health Service Act 2006;

“health care” includes all forms of health care whether relating to physical or mental health and also includes procedures that are similar to forms of medical or surgical care but are not provided in connection with a medical condition; 20

“Northern Ireland health body” means—

- (a) a special health and social care agency established under Article 3 of the Health and Personal Social Services (Special Agencies) (Northern Ireland) Order 1990 (S.I. 1990/247 (N.I. 3)), 25
- (b) a Health and Social Care trust established under Article 10 of the Health and Personal Social Services (Northern Ireland) Order 1991 (S.I. 1991/194 (N.I. 1)), 30
- (c) the Health and Social Care Regulation and Quality Improvement Authority (so named by section 1 of the Health and Social Care (Reform) Act (Northern Ireland) 2009),
- (d) the Regional Agency for Public Health and Social Well-being established under section 12 of the Health and Social Care (Reform) Act (Northern Ireland) 2009, or 35
- (e) the Regional Business Services Organisation established under section 14 of the Health and Social Care (Reform) Act (Northern Ireland) 2009; 40

- “Northern Ireland health service” means the system of health and social care referred to in section 2 of the Health and Social Care (Reform) Act (Northern Ireland) 2009;
- “processing” has the same meaning as in Parts 5 to 7 of the Data Protection Act 2018 (see section 3(4) of that Act); 5
- “public body” means a body or other person whose functions—
- (a) are of a public nature, or
 - (b) include functions of that nature;
- “Scottish health body” means—
- (a) a Health Board or Special Health Board constituted under section 2 of the National Health Service (Scotland) Act 1978, or 10
 - (b) the Common Services Agency for the Scottish Health Service constituted by section 10 of that Act;
- “Scottish health service” means the health service continued under section 1 of the National Health Service (Scotland) Act 1978; 15
- “social care” includes all forms of personal care and other practical assistance provided for individuals who, by reason of age, illness, disability, pregnancy, childbirth, dependence on alcohol or drugs, or any other similar circumstances, are in need of such care or other assistance; 20
- “Welsh health body” means—
- (a) an NHS trust established under the National Health Service (Wales) Act 2006,
 - (b) a Special Health Authority established under that Act, or 25
 - (c) a Local Health Board;
- “Welsh health service” means the health service continued under section 1 of the National Health Service (Wales) Act 2006.”

NICE 30

64 NICE recommendations: decisions about time for compliance

In section 237 of the Health and Social Care Act 2012 (NICE recommendations etc), after subsection (8) insert—

- “(8A) Provision made under subsection (8)(b) may include provision about the period within which a recommendation is to be complied with (including provision for the period to be determined by NICE or the Secretary of State).” 35

Care Quality Commission

65 Transfer of HSSIB’s functions to CQC

- (1) The Health Services Safety Investigations Body is abolished. 40

- (2) Schedule 9 transfers the Health Services Safety Investigations Body’s functions to the Care Quality Commission and makes other consequential amendments.

66 Transfer schemes in connection with abolition of HSSIB

- (1) The Secretary of State may make one or more schemes for the transfer of property, rights and liabilities from the Health Services Safety Investigations Body to the Care Quality Commission. 5
- (2) The things that may be transferred under a transfer scheme include—
- (a) property, rights and liabilities that could not otherwise be transferred;
 - (b) property acquired, and rights and liabilities arising, after the making of the scheme; 10
 - (c) criminal liabilities.
- (3) A transfer scheme may—
- (a) create rights, or impose liabilities, in relation to property, rights or liabilities transferred;
 - (b) make provision about the continuing effect of things done by the Health Services Safety Investigations Body in respect of anything transferred; 15
 - (c) make provision about the continuation of things (including legal proceedings) in the process of being done by, on behalf of or in relation to the Health Services Safety Investigations Body in respect of anything transferred; 20
 - (d) make provision for references to the Health Services Safety Investigations Body in an instrument or other document in respect of anything transferred to be treated as references to the Care Quality Commission; 25
 - (e) make provision for the shared ownership or use of property;
 - (f) make provision which is the same as or similar to the TUPE regulations;
 - (g) make other consequential, supplementary, incidental or transitional provision. 30
- (4) In subsection (3)(f), “the TUPE regulations” means the Transfer of Undertakings (Protection of Employment) Regulations 2006 (S.I. 2006/246).
- (5) A transfer scheme may provide—
- (a) for modifications by agreement;
 - (b) for modifications to have effect from the date when the original scheme came into effect. 35
- (6) In this section, references to rights and liabilities include rights and liabilities relating to a contract of employment.

67 Transfer schemes under section 66: taxation

- (1) The Treasury may by regulations make provision varying the way in which a relevant tax has effect in relation to— 40

- (a) anything transferred under a scheme under section 66, or
 - (b) anything done for the purposes of, or in relation to, a transfer under such a scheme.
- (2) The provision which may be made under subsection (1)(a) includes in particular provision for – 5
 - (a) a tax provision not to apply, or to apply with modifications, in relation to anything transferred;
 - (b) anything transferred to be treated in a specified way for the purposes of a tax provision;
 - (c) the Secretary of State to be required or permitted to determine, or specify the method for determining, anything which needs to be determined for the purposes of any tax provision so far as relating to anything transferred. 10
- (3) The provision which may be made under subsection (1)(b) includes in particular provision for – 15
 - (a) a tax provision not to apply, or to apply with modifications, in relation to anything done for the purposes of, or in relation to, the transfer;
 - (b) anything done for the purposes of, or in relation to, the transfer to have or not have a specified consequence or be treated in a specified way; 20
 - (c) the Secretary of State to be required or permitted to determine, or specify the method for determining, anything which needs to be determined for the purposes of any tax provision so far as relating to anything done for the purposes of, or in relation to, the transfer.
- (4) The power to make regulations under this section includes power to make – 25
 - (a) consequential, supplementary, incidental, transitional or saving provision;
 - (b) different provision for different purposes.
- (5) Regulations under this section are to be made by statutory instrument.
- (6) Regulations under this section are subject to annulment in pursuance of a resolution of the House of Commons. 30
- (7) In this section –
 - “relevant tax” means income tax, corporation tax, capital gains tax, value added tax, stamp duty or stamp duty reserve tax;
 - “tax provision” means a provision of an enactment about a relevant tax. 35

68 Reviews and investigations of commissioning

- (1) Section 48 of the Health and Social Care Act 2008 (special reviews and investigations) is amended as follows.
- (2) In subsection (1), after “subsection (2)(ba)” insert “, (baa)”.

- (3) In subsection (2), for paragraph (ba) substitute—
- “(ba) the exercise of the functions of an integrated care board in arranging for the provision of NHS care under—
 - (i) the National Health Service Act 2006, or
 - (ii) section 117 of the Mental Health Act 1983 (after-care),
 - (baa) the exercise of any prescribed functions of the Secretary of State in arranging for the provision of NHS care under the enactments mentioned in paragraph (ba)(i) or (ii),”.

69 Time limit for bringing proceedings

- (1) In section 90 of the Health and Social Care Act 2008 (proceedings for offences), in subsection (2), for “3 years” substitute “5 years”.
- (2) The amendment made by subsection (1) does not apply in relation to proceedings for an offence committed before it comes into force.

Healthwatch England and Local Healthwatch organisations

70 Abolition of Healthwatch England

- (1) The Healthwatch England committee is abolished.
- (2) Schedule 10 contains consequential amendments.

71 Abolition of arrangements with Local Healthwatch organisations

Schedule 11 contains amendments which—

- (a) remove the obligation on local authorities to make arrangements for certain activities to be carried on by Local Healthwatch organisations, and
- (b) ensure that local authorities and integrated care boards perform or arrange for the performance of corresponding activities.

Medicines and medical devices

72 Regulations: reference to agreements and standards

- (1) The Medicines and Medical Devices Act 2021 is amended as follows.
- (2) In section 2 (power to make regulations about human medicines), after subsection (4) insert—
 - “(4A) Regulations under subsection (1) making provision in reliance on section 3, 4, 5 or 7 may refer to international agreements or standards relating to human medicines, including agreements or standards as they have effect from time to time.”

- (3) In section 16 (manufacture, marketing and supply) for subsection (2) substitute—

“(2) The provision that may be made in reliance on subsection (1)(a) includes provision that—

- (a) refers to international agreements, including such agreements as they have effect from time to time; 5
- (b) refers to international standards, including such standards as they have effect from time to time;
- (c) refers to United Kingdom standards that are specified in a list published by the Secretary of State from time to time. 10

- (3) Regulations made under section 15(1) that contain provision made in reliance on subsection (1)(a) about relevant requirements (or exceptions from them) may include provision in relation to a medical device where—

- (a) the device complies with regulatory requirements applicable somewhere outside the United Kingdom which is specified in regulations, and 15
- (b) a description of the device and the regulatory requirements applicable to it are contained in a list published by the Secretary of State from time to time. 20

- (4) In this section “United Kingdom standard” means a standard that is—

- (a) set by the British Standards Institution, or
- (b) primarily developed for use in the United Kingdom, or part of the United Kingdom.”

73 Medical Devices Regulations 2002: mutual recognition agreements 25

- (1) The Medical Devices Regulations 2002 (S.I. 2002/618) are amended as follows.
- (2) For regulation 1A (Schedules) substitute—

“1A Schedule

Schedule 2A has effect.”

- (3) In regulation 2 (interpretation), in paragraph (1)— 30
- (a) in the definition of “mutual recognition agreement”, in paragraph (a), for “country listed in Schedule 2” substitute “country specified in a list published by the Secretary of State from time to time”;
 - (b) in the definition of “third country conformity assessment body”, for “established in a country which is listed in Schedule 2 and designated in accordance with a relevant” substitute “designated in accordance with a”. 35
- (4) Omit Schedule 2 (mutual recognition agreements).

74 Disclosure of information relating to medicines

- (1) The Medicines and Medical Devices Act 2021 is amended as follows. 40

- (2) In the heading of Chapter 2 of Part 2 omit “International agreements:”.
- (3) In section 8 (disclosure of information in accordance with international agreements)—
- (a) in the heading omit “in accordance with international agreements”;
 - (b) for subsections (2) and (3) substitute—5
 - “(2) The relevant authority may disclose such information—
 - (a) for the purposes of enabling or facilitating the exercise by a public authority of any of its functions,
 - (b) for the purposes of enabling or facilitating the carrying out by a person of an activity relating to human medicines,10
 - (c) for the purposes of giving effect to an international agreement or arrangement (and the disclosure that may be made for this purpose includes disclosure to a person outside the United Kingdom),15
 - (d) for the purposes of civil proceedings or the prevention, investigation, detection or prosecution of criminal offences, or
 - (e) for the purposes of warning members of the public about matters in relation to human medicines.20
 - (3) The relevant authority may not disclose patient information in reliance on subsection (2)(c) without the consent of the person to whom the information relates.
 - (3A) The relevant authority may not disclose commercially sensitive information in reliance on subsection (2) unless the relevant authority considers that the disclosure is appropriate, having taken into account the public interest as well as the interests of any person to whom the commercially sensitive information relates.25
 - (3B) In considering whether the disclosure of commercially sensitive information in reliance on subsection (2) is appropriate the overarching objective of the relevant authority must be to safeguard public health (taking into account the safety and availability of human medicines) where that is relevant to the disclosure in question.30
35
 - (3C) Where information to which this section applies is disclosed to a person in reliance on subsection (2)(a), (b), (c) or (d), the person may not use or further disclose the information except—
 - (a) with the agreement of the relevant authority and for a purpose mentioned in subsection (2), or40
 - (b) in accordance with an enactment or order of a court or tribunal.”;
 - (c) in subsection (4), for “subsections (5) and” substitute “subsection”;
 - (d) omit subsection (5);
 - (e) in subsection (6)—45

- (i) omit the “or” at the end of paragraph (a);
- (ii) at the end of paragraph (b) insert “, or
- (c) contravenes any obligation or restriction created or arising by or under the Windsor Framework, whether or not an obligation or restriction to which section 7A(2) of the European Union (Withdrawal) Act 2018 applies.”; 5
- (f) in subsection (8) –
 - (i) omit the definition of “relevant person”;
 - (ii) at the appropriate place insert – 10
 - ““Windsor Framework” has the meaning given by section 20(1) of the European Union (Withdrawal) Act 2018.”

75 Disclosure of information relating to medical devices

- (1) Section 39 of the Medicines and Medical Devices Act 2021 (disclosure of information relating to medical devices) is amended as follows. 15
- (2) For subsections (2) to (7) substitute –
 - “(2) The Secretary of State may disclose such information –
 - (a) for the purposes of enabling or facilitating the exercise by a public authority of any of its functions,
 - (b) for the purposes of enabling or facilitating the carrying out by a person of an activity relating to medical devices, 20
 - (c) for the purposes of giving effect to an international agreement or arrangement (and the disclosure that may be made for this purpose includes disclosure to a person outside the United Kingdom), 25
 - (d) for the purposes of civil proceedings or the prevention, investigation, detection or prosecution of criminal offences, or
 - (e) for the purposes of warning members of the public about matters in relation to a medical device.
 - (3) The Secretary of State may not disclose patient information in reliance on subsection (2)(c) without the consent of the person to whom the information relates. 30
 - (4) The Secretary of State may not disclose commercially sensitive information in reliance on subsection (2) unless the Secretary of State considers that the disclosure is appropriate, having taken into account the public interest as well as the interests of any person to whom the commercially sensitive information relates. 35
 - (5) In considering whether the disclosure of commercially sensitive information in reliance on subsection (2) is appropriate the overarching objective of the Secretary of State must be to safeguard public health (taking into account the safety and availability of medical devices) where that is relevant to the disclosure in question.” 40

- (3) In subsection (8) –
 - (a) in the words before paragraph (a), for “subsection (3) or (4)” substitute “subsection (2)(a), (b), (c) or (d)”;
 - (b) in paragraph (a), for “subsection (3) or (4)” substitute “subsection (2)”.
 - (4) In subsection (10)(c), for “the Protocol on Ireland/Northern Ireland in the EU withdrawal agreement” substitute “the Windsor Framework (as defined by section 20(1) of the European Union (Withdrawal) Act 2018)”.
 - (5) In subsection (12) –
 - (a) omit the definition of “relevant person”;
 - (b) at the appropriate place insert –
 - ““Windsor Framework” has the meaning given by section 20(1) of the European Union (Withdrawal) Act 2018.”

76 Consultation about medicines and medical devices regulations

- (1) Section 45 of the Medicines and Medical Devices Act 2021 (consultation) is amended as follows.
 - (2) In subsection (1), for “a provision of Part 1, 2, 3 or 4” substitute “Part 1 or 3”.
 - (3) After subsection (1) insert –
 - “(1ZA) Before making regulations under Part 2, 4 or 5 the relevant authority must –
 - (a) carry out a public consultation, or
 - (b) consult such persons as it considers appropriate.”
 - (4) In subsection (3), at the beginning insert “Where a public consultation is carried out”.
 - (5) In subsection (4), in the words before paragraph (a), for “subsection (1)” substitute “subsection (1ZA)”.

77 Medicines and medical devices regulations: parliamentary procedure

In section 47 of the Medicines and Medical Devices Act 2021 (regulations: procedure), for subsection (3) substitute –

- “(3) Regulations under Part 1 are subject to the draft affirmative procedure.
 - (3A) Regulations under Part 2 –
 - (a) are subject to the negative procedure if they contain only provision of one or more of the following descriptions –
 - (i) provision made in reliance on section 6(1)(a) (fees);
 - (ii) provision amending the meaning of “appropriate practitioner” or “approved country health professional” for the purposes of Part 12 of the Human Medicines Regulations 2012 (see regulation 214 of those regulations);

- (iii) provision amending any of the following provisions of the Human Medicines Regulations 2012 –
 - regulations 217C(3) or 217CA(3) (original pack dispensing for products containing relevant substances: definition of “relevant substance”), 5
 - Schedule 13 (prescription only medicines for which community practitioner nurse prescribers are appropriate practitioners),
 - Schedule 15 (requirements for specific products subject to general sale), 10
 - Schedule 16 (patient group directions and vaccine group directions),
 - Schedule 17 (exemption for sale, supply or administration by certain persons),
 - Schedule 18 (substances that may not be sold or supplied by a pharmacist without a prescription in reliance on emergency provisions), 15
 - Schedule 19 (medicinal products for parenteral administration in an emergency), or
 - Schedule 21 (medicinal products at high dilutions); 20
 - (iv) provision amending regulation 250 of the Human Medicines Regulations 2012 (restrictions on persons to be supplied with medicinal products: exceptions) for the purpose of changing the products to which any exception from time to time provided for by that regulation applies; 25
 - (v) provision that is consequential on provision of a description mentioned in any of sub-paragraphs (ii) to (iv); 30
 - (b) are subject to the made affirmative procedure if they –
 - (i) contain only provision that is made in reliance on section 7 (emergencies),
 - (ii) contain a declaration that the person making them considers that they need to be made urgently to protect the public from an imminent risk of serious harm to health, and 35
 - (iii) are not within paragraph (a);
 - (c) are subject to the draft affirmative procedure if they are not within paragraphs (a) or (b). 40
- (3B) Regulations under Part 3 –
 - (a) are subject to the negative procedure if they contain only provision made in reliance on section 12(1)(a) (fees), and
 - (b) are subject to the draft affirmative procedure if they are not within paragraph (a). 45
- (3C) Regulations under Part 4 –

- (a) are subject to the negative procedure if they contain only provision of one or more of the following descriptions –
 - (i) provision made in reliance on –
 - section 17(1)(a) (fees), or
 - paragraph 9 of Schedule 2 (supplementary provision about civil sanctions); 5
 - (ii) provision amending or revoking regulation 1ZA of the Medical Devices Regulations 2002 (expiry of certain provisions) or consequential on such provision;
- (b) are subject to the made affirmative procedure if they – 10
 - (i) contain only provision made in reliance on section 18 (emergencies), and
 - (ii) contain a declaration that the person making them considers that they need to be made urgently to protect the public from an imminent risk of serious harm to health; 15
- (c) are subject to the draft affirmative procedure if they are not within paragraph (a) or (b).”

78 Medical devices etc: parliamentary procedure for certain fees regulations

In Schedule 7 to the European Union (Withdrawal) Act 2018 (regulations), in paragraph 12 – 20

- (a) in sub-paragraph (1) for “relate to altering the amount of a fee or charge to reflect changes in the value of money” substitute “fall within sub-paragraph (1A)”. 20
- (b) after sub-paragraph (1) insert – 25
 - “(1A) Provision falls within this sub-paragraph if it relates to –
 - (a) altering the amount of a fee or charge to reflect changes in the value of money,
 - (b) altering the amount of a fee or charge to be charged in connection with the exercise of a function which a public authority has by virtue of provision made under section 8C in connection with the EU medical devices Regulations, or 30
 - (c) altering the amount of a fee or charge to be charged under the Blood Safety and Quality Regulations 2005 (S.I. 2005/50). 35
 - (1B) In sub-paragraph (1A)(b) “the EU medical devices Regulations” means –
 - (a) Regulation (EU) 2017/745 of the European Parliament and of the Council of 5 April 2017 on medical devices, amending Directive 2001/83/EC, Regulation (EC) No 178/2002 and Regulation (EC) No 1223/2009 and repealing Council Directives 90/385/EEC and 93/42/EEC, or 40

- (b) Regulation (EU) 2017/746 of the European Parliament and of the Council of 5 April 2017 on in vitro diagnostic medical devices and repealing Directive 98/79/EC and Commission Decision 2010/227/EU, as they have effect from time to time by virtue of Article 5(4) of the Windsor Framework.” 5

New medical devices licensing regime for GB etc

79 Medical devices regulation: Great Britain

At the beginning of Part 4 of the Medicines and Medical Devices Act 2021 insert— 10

“CHAPTER A1

MEDICAL DEVICES REGULATIONS (GREAT BRITAIN)

14A Licensing of medical devices

- (1) The Secretary of State may by regulations (“medical devices regulations”)— 15
- (a) prohibit a person from carrying out the following activities in the course of business otherwise than in accordance with a product licence—
- (i) supplying medical devices; 20
- (ii) advertising medical devices; 20
- (b) prohibit a person from carrying out the following activities in the course of business otherwise than in accordance with a personal licence—
- (i) manufacturing medical devices; 25
- (ii) importing medical devices; 25
- (iii) supplying medical devices by way of wholesale dealing;
- (c) prohibit a person from carrying out a clinical investigation in relation to a medical device otherwise than in accordance with a personal licence.
- (2) In subsection (1)(b)(ii) the reference to importing medical devices is to— 30
- (a) importing medical devices into the United Kingdom as a result of their entry into Great Britain, or
- (b) removing medical devices to Great Britain from Northern Ireland. 35
- (3) The Secretary of State’s overarching objective in making medical devices regulations, and in exercising any functions under them, is to safeguard public health.
- (4) In considering whether the exercise of a function would contribute to that objective, the Secretary of State must have regard to— 40

- (a) the safety of medical devices;
 - (b) the availability of medical devices;
 - (c) the likelihood of the United Kingdom being seen as a favourable place in which to—
 - (i) carry out research relating to medical devices, 5
 - (ii) develop medical devices, or
 - (iii) manufacture or supply medical devices.
- (5) In this Chapter—
 - “personal licence” means a licence, issued by the Secretary of State, authorising the licence holder to carry out an activity mentioned in subsection (1)(b) or (c) in relation to a medical device of a description specified in the licence; 10
 - “product licence” means a licence, issued by the Secretary of State, authorising the supply or advertising of a medical device of a description specified in the licence (whether by the licence holder or otherwise). 15
- (6) Nothing in the later provisions of this Chapter limits the breadth of the power conferred by subsection (1).

14B Grant of licences

- (1) Medical devices regulations may make provision about the grant of licences. 20
- (2) The provision that may be made includes provision—
 - (a) requiring the Secretary of State not to grant a licence unless satisfied as to matters specified in the regulations;
 - (b) requiring the Secretary of State to have regard, in deciding whether to grant a licence, to matters specified in the regulations. 25

14C Licence conditions

- (1) Medical devices regulations may make provision about licence conditions. 30
- (2) The provision that may be made includes provision—
 - (a) enabling the Secretary of State to include conditions in a licence;
 - (b) requiring the Secretary of State to include in a licence a condition specified in the regulations;
 - (c) specifying conditions that, by virtue of the regulations, are to be treated as included in every licence. 35
- (3) The provision that may be made includes provision about the variation of conditions included in a licence.
- (4) Conditions may, in particular—
 - (a) impose requirements on the licence holder, or 40

- (b) in the case of a product licence, impose requirements relating to the supply or advertising (by anyone) of the medical device to which the licence relates.
- (5) Conditions imposing requirements on a licence holder may, in particular—
 - (a) require the monitoring, investigation or evaluation of the safety or performance of a medical device;
 - (b) require the provision of information to the Secretary of State;
 - (c) require the appointment by the licence holder of an individual who is resident in the United Kingdom and is authorised or required to act on the licence holder's behalf in relation to matters of a specified description.

14D Duration of licences etc

Medical devices regulations may make provision about the duration, renewal, variation, suspension, revocation or transfer of licences. 15

14E Exemptions for public health purposes

- (1) Medical devices regulations may authorise the Secretary of State to grant a temporary exemption from any provision of the regulations for the purposes of protecting public health.
- (2) The regulations may provide for an exemption to be subject to conditions set out in the regulations or published by the Secretary of State. 20

14F Register of licences

Medical devices regulations may include provision for or in connection with the establishment of a public register containing information about licences. 25

14G Offences

- (1) Medical devices regulations may create offences in relation to—
 - (a) a failure to comply with specified provisions of the regulations, or
 - (b) the provision of false or misleading information to a person for the purposes of anything required or authorised by the regulations.
- (2) The regulations must provide for any such offence to be punishable—
 - (a) on summary conviction in England and Wales, by imprisonment for a term not exceeding the maximum term for summary offences or a fine (or both), or

- (b) on summary conviction in Scotland, to imprisonment for a term not exceeding 12 months or a fine not exceeding level 5 on the standard scale (or both).
- (3) In subsection (2)(a) “the maximum term for summary offences” means — 5
 - (a) if the offence is committed before the time when section 281(5) of the Criminal Justice Act 2003 comes into force, six months;
 - (b) if the offence is committed after that time, 51 weeks.

14H Enforcement

Medical devices regulations may confer functions on the Secretary of State or a local weights and measures authority in relation to the enforcement of the regulations. 10

14I Fees

- (1) Medical devices regulations may make provision for the charging of fees that are payable — 15
 - (a) in connection with an application for the grant of a licence, or
 - (b) by the holder of a licence.
- (2) Fees must not exceed an amount specified in, or determined in accordance with, the regulations.
- (3) The amount, or method for determining it, may take into account the cost of exercising any functions conferred by virtue of the regulations. 20
- (4) The regulations may confer power on the Secretary of State to waive fees.

14J Interpretation

- (1) In this Chapter — 25
 - “clinical investigation” means an investigation that involves human subjects, or specimens from the human body, and is undertaken to assess the safety or performance of a medical device;
 - “grant”, in relation to a licence, includes vary or renew; 30
 - “licence” means a product licence or personal licence;
 - “manufacturing” includes assembling;
 - “medical devices regulations” has the meaning given by section 14A(1);
 - “personal licence” has the meaning given by section 14A(5); 35
 - “product licence” has the meaning given by section 14A(5);
 - “supplying” includes —
 - (a) agreeing to supply, or
 - (b) offering or exposing for supply.

- (2) In this Chapter –
 - (a) a reference to doing anything in the course of business includes doing it in connection with the provision of services in pursuance of arrangements made under any legislation;
 - (b) a reference to the supply of a medical device by way of wholesale dealing includes the supply of it to a person who receives it for the purposes of providing services to a patient or for the purposes of supplying it to a patient. 5
- (3) The Secretary of State may by regulations make provision as to the circumstances in which a person is to be treated, or is not to be treated, as carrying on an activity “in the course of business” for the purposes of section 14A(1).” 10

80 Power to restate medical devices law in Northern Ireland

After section 14J of the Medicines and Medical Devices Act 2021 (inserted by section 79 of this Act) insert – 15

“CHAPTER A2

POWER TO RESTATE LAW IN NORTHERN IRELAND

14K Power to restate law in Northern Ireland

- (1) The Secretary of State may by regulations restate, to any extent, the Northern Ireland medical devices legislation. 20
- (2) In this section, “the Northern Ireland medical devices legislation” means –
 - (a) regulations under section 15(1) (before its repeal by section 82 of the Health Act 2026),
 - (b) the Medical Devices Regulations 2002 (S.I. 2002/618), 25
 - (c) the Medical Devices (Northern Ireland Protocol) Regulations 2021, and
 - (d) the EU Medical Devices Regulations.
- (3) A restatement may use words or concepts that are different from those used in the law being restated. 30
- (4) A restatement may make any change which the Secretary of State considers appropriate for one or more of the following purposes –
 - (a) resolving ambiguities;
 - (b) removing doubts or anomalies;
 - (c) facilitating improvement in the clarity or accessibility of the law (including by omitting anything which is legally unnecessary). 35
- (5) The provision that may be made by the regulations may be made by modifying any enactment.”

81 Power to amend meaning of “medical device”

In section 42 of the Medicines and Medical Devices Act 2021 (interpretation of Part 4), after subsection (2) insert—

- “(3) The Secretary of State may by regulations make provision about the meaning of “medical device” in this Part (including by amending this section).” 5

82 Further and consequential amendments relating to medical devices

- (1) The Medicines and Medical Devices Act 2021 is amended as follows.
- (2) Omit Chapter 1 of Part 4 (medical devices - regulations: general).
- (3) The repeal of Chapter 1 of Part 4 of the Medicines and Medical Devices Act 2021 by subsection (2) does not affect any regulations made under section 15(1) of that Act before its repeal in so far as they extend to Northern Ireland. 10
- (4) In section 21 (compliance notices)—
 - (a) in subsection (1) omit “involved in marketing or supplying a medical device”; 15
 - (b) in subsection (1A)(a), for “15” substitute “14A(1)”; 20
 - (c) for subsection (5) substitute—

“(5) Where—

 - (a) there is a failure to comply with a medical devices provision as it extends to Northern Ireland, and
 - (b) the person mentioned in subsection (1) is a manufacturer for the purposes of any provision in the EU Medical Devices Regulations,

a notice under subsection (2) may be served on the manufacturer or on another person who has been designated by the manufacturer to act as their representative (or both). 25

(5A) Nothing in subsection (5) limits the circumstances in which a notice can otherwise be given to a person by giving it to someone on their behalf.”
- (5) In section 34 (recovery of expenses of enforcement), in subsection (1)(a), before paragraph (i) insert— 30

“(ai) regulations under section 14A(1).”
- (6) In section 42 of the Medicines and Medical Devices Act 2021 (interpretation of Part 4), in subsection (2) omit the definition of “manufacturer”.
- (7) For section 43 substitute— 35

“43 Power to make consequential etc provision

- (1) Regulations under this Act may make consequential provision.
- (2) The Secretary of State may by regulations—
 - (a) make provision that—

- (i) is consequential on regulations under section 14A(1) (medical devices regulations in Great Britain), and
 - (ii) extends to Northern Ireland;
 - (b) make provision that—
 - (i) is consequential on regulations under section 14K(1) (power to restate medical devices law in Northern Ireland), and
 - (ii) extends to England and Wales or Scotland.
- (3) The provision that may be made by regulations under section 14A(1) by virtue of subsection (1) of this section, or by regulations under subsection (2)(b) of this section, includes provision amending—
 - (a) an Act (including this Act),
 - (b) an Act of the Scottish Parliament, or
 - (c) an Act of Senedd Cymru.
- (4) The provision that may be made by regulations under section 14K(1) by virtue of subsection (1) of this section, or by regulations under subsection (2)(a) of this section, includes provision amending—
 - (a) an Act (including this Act), or
 - (b) Northern Ireland legislation.
- (5) Regulations under this Act may—
 - (a) make supplementary, incidental, transitional, transitory or saving provision;
 - (b) make different provision for different purposes;
 - (c) make different provision for different areas;
 - (d) make provision for all cases to which the power applies or for those cases subject to specified exceptions or for any specified cases or descriptions of case.
- (6) This section does not apply in relation to—
 - (a) regulations under sections 50 or 51 (commencement and transitional provision);
 - (b) regulations under paragraph 9 of Schedule 2 (supplementary provision about civil sanctions)."
- (8) In section 45 (consultation), in subsection (3)—
 - (a) for "15(1)" substitute "14A(1)";
 - (b) for "15" substitute "14A(4)".
- (9) In section 47 (regulations: procedure), for subsection (3C) (inserted by section 77 of this Act) substitute—

"(3C) Regulations under Part 4—

 - (a) are subject to the negative procedure if they contain only provision made in reliance on paragraph 9 of Schedule 2 (supplementary provision about civil sanctions);
 - (b) are subject to the draft affirmative procedure if they are not within paragraph (a).

- (3D) Regulations under Part 5—
 - (a) are subject to the negative procedure if they do not contain provision made in reliance on section 43(3) or (4);
 - (b) are subject to the draft affirmative procedure if they are not within paragraph (a).” 5
- (10) Omit Part 6 (duty to report on operation of medicines and medical devices legislation within 5 years of passing of Act).
- (11) In Schedule 2 (medical devices: civil sanctions)—
 - (a) in paragraph 1(1), before paragraph (a) insert—
 - “(za) regulations under section 14A(1),”; 10
 - (b) in paragraph 4(1)(a), before sub-paragraph (i) insert—
 - “(ai) regulations under section 14A(1),”; 10
 - (c) in paragraph 5(1)(a), before sub-paragraph (i) insert—
 - “(ai) regulations under section 14A(1),”; 10
 - (d) in paragraph 13(1), in paragraph (a), after “under” insert “regulations under section 14A(1),” 15

Civil contingencies

83 Civil contingencies: category 1 responders

- (1) In Schedule 1 to the Civil Contingencies Act 2004 (responders), after paragraph 4B insert— 20
 - “5 A National Health Service trust established under the National Health Service Act 2006 if, and in so far as, it has the function of providing—
 - (a) ambulance services, or
 - (b) hospital accommodation and services in relation to accidents and emergencies.” 25
- (2) In the Welsh Ministers (Transfer of Functions) Order 2018 (S.I. 2018/644) omit article 47(2) (which makes transitory modifications the effects of which are replicated by the amendment made by subsection (1)).

Minor and consequential amendments 30

84 Minor and consequential amendments

Schedule 12 contains minor and consequential amendments, including amendments—

- (a) transferring various functions of NHS England to the Secretary of State, and 35
- (b) repealing certain of NHS England’s functions.

General

85 Power to make consequential provision

- (1) The Secretary of State may by regulations make provision that is consequential on this Act.
- (2) Regulations under this section may amend, repeal or revoke provision made by primary legislation passed or made—
 - (a) before this Act, or
 - (b) later in the same session of Parliament as this Act
 (as well as amending or revoking provision made under such primary legislation).
- (3) The power to make regulations under this section includes power to make—
 - (a) supplementary, incidental, transitional or saving provision;
 - (b) different provision for different purposes.
- (4) Regulations under this section are to be made by statutory instrument.
- (5) A statutory instrument containing regulations under this section that amend, repeal or revoke provision made by primary legislation (whether alone or with other provision) may not be made unless a draft of the instrument has been laid before and approved by a resolution of each House of Parliament.
- (6) Any other statutory instrument containing regulations under this section is subject to annulment in pursuance of a resolution of either House of Parliament.
- (7) In this section “primary legislation” means—
 - (a) an Act,
 - (b) an Act or Measure of Senedd Cymru,
 - (c) an Act of the Scottish Parliament, or
 - (d) Northern Ireland legislation.

86 Financial provision

There is to be paid out of money provided by Parliament—

- (a) any expenditure incurred by the Secretary of State under or by virtue of this Act, and
- (b) any increase attributable to this Act in the sums payable under any other Act out of money so provided.

87 Extent

- (1) This Act extends to England and Wales only, subject as follows.
- (2) The following extend to England and Wales, Scotland and Northern Ireland—
 - (a) sections 2 and 3 (transfer schemes in connection with abolition of NHS England);

- (b) section 54(4) (health and social care information: delegation of functions);
 - (c) section 55 and Schedule 8 (health and social care information systems etc);
 - (d) section 58 (arrangements with devolved authorities etc about information services); 5
 - (e) section 61 (delegation of functions under arrangements with devolved authorities);
 - (f) section 63 (sections 58 to 62: interpretation);
 - (g) paragraph 4 of Schedule 9 in so far as it inserts section 51P of the Health and Social Care Act 2008; 10
 - (h) sections 85 and 86, this section and sections 88 and 89.
- (3) Sections 73 and 79 extend to England and Wales and Scotland only.
- (4) Section 80 extends to Northern Ireland only.
- (5) An amendment, repeal or revocation made by any provision of this Act not mentioned in subsection (2) has the same extent as the provision amended, repealed or revoked. 15

88 Commencement

- (1) Sections 85 and 87, this section and section 89 come into force on the day on which this Act is passed. 20
- (2) The following comes into force at the end of the period of two months beginning with the day on which this Act is passed—
- (a) section 69 (Care Quality Commission: time limit for bringing proceedings);
 - (b) sections 72 to 78 (Medicines and medical devices). 25
- (3) The other provisions of this Act come into force on such day as the Secretary of State may by regulations appoint.
- (4) Different days may be appointed for different purposes.
- (5) In relation to section 71 or Schedule 11, different days may be appointed for different areas. 30
- (6) The Secretary of State may by regulations make transitional or saving provision in connection with the coming into force of any provision of this Act.
- (7) The power to make regulations under subsection (6) includes power to make different provision for different purposes.
- (8) Regulations under this section are to be made by statutory instrument. 35

89 Short title

This Act may be cited as the Health Act 2026.

SCHEDULES

SCHEDULE 1

Section 14

CONFERRAL OF PRIMARY CARE FUNCTIONS ON INTEGRATED CARE BOARDS ETC

PART 1

CONFERRAL OF FUNCTIONS ETC

5

Preliminary

- 1 The National Health Service Act 2006 is amended as follows.

Medical services

- 2 For section 83 and the italic heading before it substitute—

“Meaning of primary medical services

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82A Primary medical services for purposes of this Act

- (1) Regulations may provide that services of a prescribed description must, or must not, be regarded as primary medical services for the purposes of this Act.
- (2) Regulations under this section may, in particular, describe services by reference to the manner or circumstances in which they are provided.

15

Duty of integrated care boards to arrange primary medical services

82B Duty of integrated care boards to arrange primary medical services

- (1) Each integrated care board must exercise its powers so as to secure the provision of primary medical services to such extent as it considers necessary to meet the reasonable requirements of the people for whom it has responsibility.
- (2) For the purposes of this section an integrated care board has responsibility for—
 - (a) the group of people for whom it has core responsibility (see section 14Z31), and
 - (b) such other people as may be prescribed (whether generally or in relation to a prescribed service).

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General functions

83 General power to make arrangements

- (1) An integrated care board may make such arrangements for the provision of primary medical services as it considers appropriate for the purpose of discharging its functions under section 82B (and may, in particular, make contractual arrangements with any person). 5
- (2) The arrangements that may be made by an integrated care board under this section include arrangements for the performance of a service outside its area (whether or not in England).
- (3) The powers under this section are in addition to the powers conferred by sections 84 and 92. 10

83A Publication of information

Each integrated care board must publish information about such matters as may be prescribed in relation to the primary medical services provided under this Act.” 15

- 3 (1) Section 84 (general medical services contracts: introductory) is amended as follows.
 - (2) In subsection (1), for “The Board” substitute “An integrated care board”.
 - (3) In subsection (3) for “the Board” substitute “the integrated care board”.
 - (4) For subsection (4) substitute — 20
 - “(4) The services to be provided under a general medical services contract may include services which are not primary medical services.
 - (4A) The services to be provided under a general medical services contract entered into by an integrated care board may include services to be performed outside its area (whether or not in England).” 25
 - (5) In subsection (5), for “the Board” substitute “the integrated care board”.
- 4 In section 86 (persons eligible to enter into GMS contracts), in subsection (1), for “The Board” substitute “An integrated care board”.
- 5 In section 87 (GMS contracts: payments), in subsection (3)(d), for “the Board” substitute “an integrated care board”. 30
- 6 In section 89 (GMS contracts: other required terms), in subsection (4)(a), for “the Board” substitute “an integrated care board”.
- 7 (1) Section 91 (persons performing primary medical services) is amended as follows.
 - (2) In subsection (1) — 35
 - (a) for “the Board” substitute “an integrated care board”;
 - (b) for “NHS England” substitute “the Secretary of State”.

- (3) In subsection (2), for paragraph (b) substitute –
 - “(b) an integrated care board is responsible for a primary medical service if it secures its provision under or by virtue of any enactment.”
- (4) In subsection (3)(j), for “NHS England” substitute “the Secretary of State”. 5
- (5) In subsection (4)(a), (b) and (d), for “NHS England” substitute “the Secretary of State”.
- (6) In subsection (5), before paragraph (a) insert –
 - “(za) ensuring that only suitable persons are included in a list,
 - (zb) addressing inappropriate conduct,”. 10
- (7) Omit subsection (6).
- 8 (1) Section 92 (arrangements for the provision of primary medical services) is amended as follows.
 - (2) In the heading, for “the Board” substitute “an integrated care board”.
 - (3) For subsection (1), substitute – 15
 - “(1) An integrated care board may make agreements, other than arrangements pursuant to section 83 or general medical services contracts, under which primary medical services are provided.”
- 9 (1) Section 93 (persons with whom agreements may be made under section 92) is amended as follows. 20
 - (2) In subsection (1), for “The Board” substitute “An integrated care board”.
 - (3) In subsection (3), for the definition of “the Northern Ireland health service” substitute –
 - ““the Northern Ireland health service” means the system of health and social care referred to in section 2 of the Health and Social Care (Reform) Act (Northern Ireland) 2009,”. 25
- 10 (1) Section 94 (regulations about section 92 arrangements) is amended as follows.
 - (2) In subsection (2), for “the Board” substitute “an integrated care board”.
 - (3) In subsection (3), for paragraph (ca) substitute – 30
 - “(ca) provide that section 92 arrangements made by an integrated care board may be made in relation to services to be performed outside its area (whether or not in England),”.
 - (4) In subsection (6), for “the Board” substitute “an integrated care board”.
 - (5) In subsection (7), in the words before paragraph (a), for the words from “as” to “the” substitute “as to the”. 35
- 11 Omit section 96 (assistance and support: primary medical services) and the italic heading before it.

- 12 (1) Section 97 (Local Medical Committees) is amended as follows.
- (2) In subsection (1), for “The Board may recognise a committee formed for an area, which it is satisfied” substitute “An integrated care board may recognise a committee formed for an area that includes the whole or part of the integrated care board’s area if it is satisfied that the committee”. 5
- (3) In subsection (3)(b), for “the Board” substitute “the integrated care board”.
- (4) In subsection (6), for “the Board” substitute “an integrated care board”.
- (5) In subsection (10) –
- (a) for “The Board” substitute “An integrated care board”;
- (b) in paragraphs (a) and (b), for “the Board” substitute “the integrated care board”. 10
- 13 Omit section 98A (power to direct integrated care boards) and the italic heading before it.

Dental services

- 14 For section 99 and the italic heading before it substitute – 15
- “Meaning of primary dental services*

98C Primary dental services for purposes of this Act

- (1) Regulations may provide that services of a prescribed description must, or must not, be regarded as primary dental services for the purposes of this Act. 20
- (2) Regulations under this section may, in particular, describe services by reference to the manner or circumstances in which they are provided.

*Duty of integrated care boards to arrange primary dental services***99 Duty of integrated care boards to arrange primary dental services** 25

Each integrated care board must exercise its powers so as to secure the provision of primary dental services within its area to such extent as it considers necessary to meet the reasonable requirements of people seeking to obtain those services there.

General functions 30**99A General power to make arrangements**

- (1) An integrated care board may make such arrangements for the provision of primary dental services as it considers appropriate for the purpose of discharging its functions under section 99 (and may, in particular, make contractual arrangements with any person). 35

- (2) The powers in this section are in addition to the powers conferred by sections 100 and 107.

99B Publication of information

Each integrated care board must publish information about such matters as may be prescribed in relation to the primary dental services provided under this Act.”

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- 15 (1) Section 100 (general dental services contracts: introductory) is amended as follows.

- (2) In subsection (1), for “The Board” substitute “An integrated care board”.

- (3) In subsection (3) –

10

(a) for “the Board” substitute “the integrated care board”;

(b) in paragraph (a) omit the words from “(which” to the end.

- (4) After subsection (3) insert –

“(3A) The services to be provided under a general dental services contract may include services which are not primary dental services.”

15

- (5) In subsection (4), for “the Board” substitute “the integrated care board”.

- 16 In section 102 (persons eligible to enter into GDS contracts), in subsection (1), for “The Board” substitute “An integrated care board”.

- 17 In section 103 (GDS contracts: payments), in subsection (3)(d), for “the Board” substitute “an integrated care board”.

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- 18 In section 104 (GDS contracts: other required terms), in subsection (3), for “the Board” substitute “an integrated care board”.

- 19 (1) Section 106 (persons performing primary dental services) is amended as follows.

- (2) In subsection (1) –

25

(a) for “the Board” substitute “an integrated care board”;

(b) for “NHS England” substitute “the Secretary of State”.

- (3) In subsection (2), for paragraph (b) substitute –

“(b) an integrated care board is responsible for a primary dental service if it secures its provision under or by virtue of any enactment.”

30

- (4) In subsection (3)(j), for “NHS England” substitute “the Secretary of State”.

- (5) In subsection (4)(a), (b) and (d), for “NHS England” substitute “the Secretary of State”.

- (6) In subsection (5), before paragraph (a) insert –

35

“(za) ensuring that only suitable persons are included in a list,

(zb) addressing inappropriate conduct.”

-
- (7) Omit subsection (6).
- 20 (1) Section 107 (arrangements for the provision of primary dental services) is amended as follows.
- (2) In the heading, for “the Board” substitute “an integrated care board”.
- (3) For subsection (1) substitute – 5
- “(1) An integrated care board may make agreements, other than arrangements pursuant to section 99A or general dental services contracts, under which primary dental services are provided.”
- (4) Omit subsection (6).
- 21 (1) Section 108 (persons with whom agreements may be made under section 107) is amended as follows. 10
- (2) In subsection (1), for “The Board” substitute “An integrated care board”.
- (3) In subsection (3), for the definition of “the Northern Ireland health service” substitute –
- ““the Northern Ireland health service” means the system of health and social care referred to in section 2 of the Health and Social Care (Reform) Act (Northern Ireland) 2009;”.
- 22 (1) Section 109 (regulations about section 107 arrangements) is amended as follows. 15
- (2) In subsection (2), for “the Board” substitute “an integrated care board”. 20
- (3) In subsection (3) omit paragraph (ca).
- (4) In subsection (6), for “the Board” substitute “an integrated care board”.
- (5) In subsection (7), in the words before paragraph (a), for the words from “as” to “terms” substitute “as to the terms”.
- 23 Omit section 112 (assistance and support: primary dental services) and the italic heading before it. 25
- 24 (1) Section 113 (Local Dental Committees) is amended as follows.
- (2) In subsection (1), for “The Board may recognise a committee formed for an area, which it is satisfied” substitute “An integrated care board may recognise a committee formed for an area that includes the whole or part of the integrated care board’s area if it is satisfied that the committee”. 30
- (3) In subsection (3) –
- (a) in paragraph (a) omit sub-paragraph (i);
- (b) in paragraph (b), for “the Board” substitute “the integrated care board”. 35
- (4) In subsection (6), for “the Board” substitute “an integrated care board”.
- (5) In subsection (10) –
- (a) for “The Board” substitute “An integrated care board”;

- (b) in paragraphs (a) and (b), for “the Board” substitute “the integrated care board”.

- 25 Omit section 114A (power to direct integrated care boards) and the italic heading before it.

Ophthalmic services

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- 26 Before section 115 (and the italic heading before it) insert—
“*Meaning of primary ophthalmic services*”

114B Primary ophthalmic services for purposes of this Act

- (1) Regulations may provide that services of a prescribed description must, or must not, be regarded as primary ophthalmic services for the purposes of this Act (but these regulations may not affect the duty in section 115(1)(a)). 10
- (2) Regulations under this section may, in particular, describe services by reference to the manner or circumstances in which they are provided.” 15
- 27 In the italic heading before section 115, for “the Board” substitute “integrated care boards”.
- 28 (1) Section 115 (primary ophthalmic services) is amended as follows.
- (2) For the heading substitute “Duty of integrated care boards to arrange primary ophthalmic services”. 20
- (3) For subsection (1) substitute—
- “(1) Each integrated care board must exercise its powers so as to secure the provision, within its area, of the following primary ophthalmic services—
- (a) the sight-testing service mentioned in subsection (2), 25
- (b) such other primary ophthalmic services as may be prescribed, and
- (c) to the extent that it considers necessary to meet all reasonable requirements, any further primary ophthalmic services.”
- (4) Omit subsections (1A), (4), (4A), (5), (7) and (8). 30
- 29 After section 116 insert—

“General functions

116A General powers to make arrangements

- (1) An integrated care board may make such arrangements for the provision of primary ophthalmic services as it considers appropriate for the purpose of discharging its functions under section 115 (and may, in particular, make contractual arrangements with any person). 35

- (2) The powers in this section are in addition to the power conferred by section 117.

116B Publication of information

Each integrated care board must publish information about such matters as may be prescribed in relation to the primary ophthalmic services provided under this Act.”

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- 30 (1) Section 117 (general ophthalmic services contracts: introductory) is amended as follows.

- (2) In subsection (1), for “The Board” substitute “An integrated care board”.

- (3) In subsection (3) for “the Board” substitute “the integrated care board”. 10

- (4) For subsection (4) substitute –

“(4) The services to be provided under a general ophthalmic services contract may include services which are not primary ophthalmic services.”

- (5) In subsection (5), for “the Board” substitute “the integrated care board”. 15

- 31 In section 118 (persons eligible to enter into GOS contracts), in subsection (1), for “The Board” substitute “An integrated care board”.

- 32 In section 119 (exclusion of contractors), in subsection (1), for “the Board” substitute “an integrated care board”.

- 33 In section 120 (GOS contracts: payments), in subsection (3)(d), for “the Board” substitute “an integrated care board”. 20

- 34 In section 121 (GOS contracts: other required terms), in subsection (3)(a), for “the Board” substitute “an integrated care board”.

- 35 (1) Section 123 (persons performing primary ophthalmic services) is amended as follows. 25

- (2) In subsection (1) –

- (a) for “the Board” substitute “an integrated care board”;
(b) for “NHS England” substitute “the Secretary of State”.

- (3) In subsection (2), for paragraph (b) substitute –

“(b) an integrated care board is responsible for a primary ophthalmic service if it secures its provision under or by virtue of any enactment.” 30

- (4) In subsection (3)(j), for “NHS England” substitute “the Secretary of State”.

- (5) In subsection (4)(a), (b) and (d), for “NHS England” substitute “the Secretary of State”. 35

- (6) In subsection (5), before paragraph (a) insert –

- “(za) ensuring that only suitable persons are included in a list,
(zb) addressing inappropriate conduct.”

- (7) Omit subsection (7).
- 36 Omit section 124 (assistance and support: primary ophthalmic services) and the italic heading before it.
- 37 (1) Section 125 (Local Optical Committees) is amended as follows.
- (2) In subsection (1), for “The Board may recognise a committee formed for an area, which it is satisfied” substitute “An integrated care board may recognise a committee formed for an area that includes the whole or part of the integrated care board’s area if it is satisfied that the committee”. 5
- (3) In subsection (3)(b), for “the Board” substitute “the integrated care board”.
- (4) In subsection (7), for “the Board” substitute “an integrated care board”. 10
- (5) In subsection (10) –
- (a) for “The Board” substitute “An integrated care board”;
- (b) in paragraphs (a) and (b), for “the Board” substitute “the integrated care board”.
- 38 Omit section 125A (power to direct integrated care boards) and the italic heading before it. 15

Pharmaceutical services

- 39 (1) Section 126 (arrangements for pharmaceutical services) is amended as follows.
- (2) In subsection (1), for “NHS England” substitute “Each integrated care board”. 20
- (3) In subsection (3), for “persons who are in England” substitute “people for whom the integrated care board has responsibility”.
- (4) In subsection (6), for “NHS England” substitute “an integrated care board”.
- (5) After subsection (8) insert – 25
- “(8A) For the purposes of this section an integrated care board has responsibility for –
- (a) the group of people for whom it has core responsibility (see section 14Z31), and
- (b) such other people as may be prescribed (whether generally or in relation to a prescribed service).” 30
- (6) In subsection (9), for the definition of “the Northern Ireland health service” substitute –
- ““the Northern Ireland health service” means the system of health and social care referred to in section 2 of the Health and Social Care (Reform) Act (Northern Ireland) 2009.” 35
- 40 (1) Section 127 (arrangements for additional pharmaceutical services) is amended as follows.

-
- (2) In subsection (1) –
- (a) in paragraph (a) –
 - (i) for “NHS England” substitute “an integrated care board”;
 - (ii) for “persons in England” substitute “people for whom the integrated care board has responsibility”; 5
 - (b) in paragraph (b), for “NHS England” substitute “an integrated care board”.
- (3) In subsection (2), for “NHS England” substitute “an integrated care board”.
- (4) In subsection (3), for “the Drug Tariff or in such other” substitute “such”.
- (5) After subsection (3) insert – 10
- “(3A) For the purposes of this section an integrated care board has responsibility for –
- (a) the group of people for whom it has core responsibility (see section 14Z31), and
 - (b) such other people as may be prescribed (whether generally 15 or in relation to a prescribed service).”
- (6) In subsection (4) omit the definition of “Drug Tariff”.
- 41 (1) Section 128 (terms and conditions, etc) is amended as follows.
- (2) In subsection (1), for “NHS England” substitute “an integrated care board”.
 - (3) In subsection (4), for “NHS England” substitute “An integrated care board”. 20
 - (4) In subsection (5), for “NHS England” substitute “an integrated care board”.
- 42 (1) Section 129 (regulations as to pharmaceutical services) is amended as follows.
- (2) In subsection (1), for “NHS England” substitute “an integrated care board”.
 - (3) In subsection (2) – 25
 - (a) in paragraph (a) –
 - (i) for “NHS England” substitute “an integrated care board”;
 - (ii) for “from premises in England” substitute “at or from premises in its area”;
 - (b) in paragraph (b) – 30
 - (i) in the words before sub-paragraph (i), for “NHS England” substitute “an integrated care board”;
 - (ii) in sub-paragraph (ii), after “premises” insert “at or”;
 - (c) in paragraph (c), for “NHS England” substitute “an integrated care board”; 35
 - (d) in paragraph (d) –
 - (i) in sub-paragraph (i), after “provided” insert “at or”;
 - (ii) in sub-paragraph (ii), after “provide” insert “at or”;
 - (iii) in the words after sub-paragraph (ii), after “provide” insert “at or”. 40

-
- (4) In subsection (2ZA), for “NHS England” substitute “An integrated care board”.
 - (5) Omit subsection (2ZB).
 - (6) In subsection (2A), for “NHS England” substitute “An integrated care board”.
 - (7) In subsection (2B), after “premises” insert “at or”.
 - (8) In subsection (2C) –
 - (a) in the words before paragraph (a), for “NHS England” substitute “an integrated care board”;
 - (b) in paragraphs (a) and (b), for “NHS England” substitute “the integrated care board”.
 - (9) In subsection (3A), for “NHS England” substitute “an integrated care board”.
 - (10) In subsection (4) –
 - (a) in the words before paragraph (a), for “NHS England” substitute “an integrated care board”;
 - (b) in paragraphs (b) and (c), for “NHS England” substitute “the integrated care board”.
 - (11) In subsection (5) –
 - (a) for “NHS England” substitute “the integrated care board”;
 - (b) after “at” insert “or from”.
 - (12) In subsection (6) –
 - (a) in paragraph (za), for “NHS England” substitute “an integrated care board”;
 - (b) in paragraph (a), for “NHS England” substitute “an integrated care board”;
 - (c) in paragraph (b) –
 - (i) for “NHS England”, in the first place it occurs, substitute “an integrated care board”;
 - (ii) for “NHS England”, in the second place it occurs, substitute “the board”;
 - (d) in paragraph (c) –
 - (i) for “NHS England”, in the first place it occurs, substitute “an integrated care board”;
 - (ii) for “NHS England”, in the second place it occurs, substitute “the board”;
 - (e) in paragraph (d) omit “an application to NHS England”;
 - (f) in paragraph (e) –
 - (i) after “premises”, in the first place it occurs, insert “at or”;
 - (ii) for “NHS England” substitute “the integrated care board”;
 - (g) in each of paragraphs (f), (g), (h), (i), (j) and (k) for “NHS England”, in each place it occurs, substitute “an integrated care board”.

-
- (13) In subsection (8)(b), for “NHS England” substitute “an integrated care board”.
- (14) In subsection (10A), for “NHS England” substitute “An integrated care board”.
- 43 In section 130 (regulations under section 129: appeals, etc), in subsection (2) – 5
- (a) for “NHS England”, in the first place it occurs, substitute “an integrated care board”;
- (b) for “the decision of NHS England” substitute “any such refusal”.
- 44 (1) Section 131 (power to charge) is amended as follows. 10
- (2) In subsection (1), for “NHS England” substitute “an integrated care board”.
- (3) In subsection (2)(b), for “NHS England” substitute “the integrated care board”.
- (4) In subsection (3)(b), for “NHS England” substitute “the integrated care board”. 15
- (5) In subsection (5), for “NHS England” substitute “the integrated care board”.
- 45 (1) Section 132 (persons authorised to provide pharmaceutical services) is amended as follows.
- (2) In subsection (3) –
- (a) for “NHS England”, in the first place it occurs, substitute “each integrated care board”; 20
- (b) for “NHS England”, in the second place it occurs, substitute “the integrated care board”.
- (3) In subsection (4) –
- (a) in paragraph (d), for “NHS England” substitute “an integrated care board”; 25
- (b) in paragraph (e) –
- (i) for “NHS England” substitute “an integrated care board”;
- (ii) for “Primary Care Trust” substitute “board”.
- (4) In subsection (5) – 30
- (a) for “NHS England”, in the first place it occurs, substitute “an integrated care board”;
- (b) for “NHS England”, in the second place it occurs, substitute “the board”.
- 46 (1) Section 134 (pilot schemes) is amended as follows. 35
- (2) In subsection (1), for “NHS England” substitute “An integrated care board”.
- (3) In subsection (2) –
- (a) in paragraph (a), for “NHS England” substitute “an integrated care board”;

-
- (b) in paragraph (b), after “provided” insert “to people for whom the integrated care board has responsibility”.
- (4) After subsection (2) insert –
- “(2A) For the purposes of this section an integrated care board has responsibility for –
- 5
- (a) the group of people for whom it has core responsibility (see section 14Z31), and
- (b) such other people as may be prescribed (whether generally or in relation to a prescribed service).”
- (5) After subsection (4) insert –
- 10
- “(4A) Regulations may make provision about the remuneration to be paid to persons who provide services under a pilot scheme, including provision about determination of the remuneration and who is liable to pay it (and the provision that may be made by virtue of this paragraph includes provision corresponding to any provision that
- 15
- may be made by regulations under section 164).”
- (6) In subsection (5), for “NHS England” substitute “an integrated care board”.
- 47 (1) Section 136 (designation of priority neighbourhoods or premises) is amended as follows.
- (2) In subsection (1), for “NHS England” substitute “an integrated care board”.
- 20
- (3) In subsection (2) –
- (a) in paragraph (b), for “NHS England” substitute “an integrated care board”;
- (b) for paragraph (d) substitute –
- “(d) requiring a designation to be cancelled in prescribed
- 25
- circumstances.”
- 48 In section 137 (reviews of pilot schemes), in subsection (3), for paragraph (a) (but not the “and” at the end) substitute –
- “(a) the integrated care board that established the pilot scheme,”.
- 49 (1) Section 138 (variation and termination of pilot schemes) is amended as follows.
- 30
- (2) In subsection (1), for “NHS England” substitute “integrated care boards”.
- (3) In subsections (2) and (3), for “NHS England” substitute “the integrated care board concerned”.
- 50 (1) Section 140 (funding of preparatory work) is amended as follows.
- 35
- (2) In subsection (1), for “NHS England” substitute “the Secretary of State or an integrated care board”.
- (3) In subsection (3)(b) and (c), for “NHS England” substitute “the Secretary of State or an integrated care board”.

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- 51 In section 141 (application of Act) omit paragraph (b) and the “but” before it.
- 52 In section 144 (local pharmaceutical services schemes) for “NHS England or the Secretary of State” substitute “integrated care boards”.
- 53 Omit section 147 (assistance and support: local pharmaceutical services) and the italic heading before it. 5
- 54 (1) Section 147A (performers of pharmaceutical services and assistants) is amended as follows.
- (2) For subsection (1) substitute –
- “(1) Regulations may make provision for the preparation, maintenance and publication by the Secretary of State or an NHS body of one or more lists of – 10
- (a) persons approved by the Secretary of State or the NHS body for the purpose of assisting in the provision of pharmaceutical services which an integrated care board arranges; 15
- (b) persons approved by the Secretary of State or the NHS body for the purpose of performing local pharmaceutical services.”
- (3) In subsection (2)(a), for “NHS England” substitute “an integrated care board”. 20
- (4) In subsection (3)(f), (i) and (k), for “NHS England” substitute “the Secretary of State or the NHS body”.
- (5) In subsection (5)(a), (b) and (d), for “NHS England” substitute “the Secretary of State or the NHS body”.
- (6) In subsection (6), before paragraph (a) insert – 25
- “(za) ensuring that only suitable persons are included in a list,
(zb) addressing inappropriate conduct.”
- (7) In subsection (7), for “NHS England”, in each place it occurs, substitute “the Secretary of State or the NHS body”.
- (8) In subsection (8), for “NHS England”, in both places it occurs, substitute “the Secretary of State or the NHS body”. 30
- (9) In subsection (9), for “NHS England”, in both places it occurs, substitute “the Secretary of State or the NHS body”.
- (10) Omit subsection (10).
- 55 (1) Section 147B (further provision about regulations under section 147A) is amended as follows. 35
- (2) In subsection (2)(d) omit “NHS England by”.
- (3) In subsection (3), for “by NHS England” substitute “as mentioned in subsection (2)(a) to (d)”.

- 56 (1) Section 148 (conditional inclusion in pharmaceutical lists) is amended as follows.
- (2) In subsection (1) –
- (a) for paragraph (a) substitute –
- “(a) that a person included in a pharmaceutical list is subject to conditions determined by the integrated care board in whose list the person is included,”;
- (b) in paragraphs (b), (c) and (e), for “NHS England” substitute “the integrated care board”.
- (3) Omit subsection (2).
- (4) In subsection (3) –
- (a) in paragraph (a) –
- (i) for “NHS England”, in the first place it occurs, substitute “the integrated care board”;
- (ii) for “their” substitute “its”;
- (iii) for “NHS England”, in the second place it occurs, substitute “the integrated care board”.
- (b) in paragraph (b)(ii) and (iii), for “NHS England”, in each place it occurs, substitute “the integrated care board”.
- (5) In subsection (4), for “NHS England”, in each place it occurs, substitute “the integrated care board”.
- (6) In subsection (6), for “NHS England” substitute “an integrated care board”.
- 57 (1) Section 150A (notices and penalties) is amended as follows.
- (2) In subsection (1) –
- (a) for “NHS England”, in the first place it occurs, substitute “an integrated care board”;
- (b) for “NHS England”, in the second place it occurs, substitute “the integrated care board”.
- (3) In subsection (2), for “NHS England” substitute “integrated care boards”.
- 58 (1) Section 151 (disqualification of practitioners) is amended as follows.
- (2) In subsection (1), for “NHS England” substitute “an integrated care board”.
- (3) In subsection (5), for “NHS England” substitute “the integrated care board”.
- (4) In subsection (6), for “NHS England” substitute “The integrated care board”.
- 59 (1) Section 152 (contingent removal) is amended as follows.
- (2) In subsection (1), for “NHS England” substitute “the integrated care board”.
- (3) In subsection (3), for “NHS England” substitute “the integrated care board”.
- (4) In subsection (4), for “NHS England” substitute “An integrated care board”.
- 60 (1) Section 154 (suspension) is amended as follows.

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- (2) In subsection (1) –
- (a) in the words before paragraph (a), for “NHS England” substitute “an integrated care board”;
 - (b) in paragraph (b), for sub-paragraph (i) substitute –
 - “(i) the practitioner,”. 5
- (3) In subsection (3), for “NHS England” substitute “the integrated care board”.
- (4) In subsection (4) –
- (a) for “NHS England”, in the first place it occurs, substitute “the integrated care board”;
 - (b) for “NHS England”, in the second place it occurs, substitute “the board”. 10
- (5) In subsection (6)(b) and (c), for “NHS England” substitute “the integrated care board”.
- (6) In subsection (8), for “NHS England” substitute “the integrated care board”.
- 61 (1) Section 155 (suspension pending appeal) is amended as follows. 15
- (2) In subsection (1), for “NHS England” substitute “an integrated care board”.
 - (3) In subsection (3), for “NHS England” substitute “the integrated care board”.
 - (4) For subsection (5) substitute –
 - “(5) If an integrated care board suspends a practitioner under this section it may revoke the suspension.” 20
 - (5) In subsection (6), for “NHS England” substitute “an integrated care board”.
- 62 (1) Section 157 (review of decisions) is amended as follows.
- (2) In subsection (1) –
 - (a) for “NHS England” substitute “An integrated care board”;
 - (b) after “suspension”, in the first place it occurs, insert “by the board”. 25
 - (3) In subsection (2)(a), for “NHS England” substitute “the integrated care board”.
 - (4) In subsection (3), for “NHS England” substitute “the integrated care board”.
- 63 (1) Section 158 (appeals) is amended as follows.
- (2) In subsection (1), for “NHS England” substitute “an integrated care board”. 30
 - (3) In subsection (2), for “NHS England” substitute “The integrated care board”.
 - (4) In subsections (3) and (4), for “NHS England” substitute “the integrated care board”.
 - (5) In subsection (5) –
 - (a) for “NHS England”, in the first place it occurs, substitute “the integrated care board”; 35
 - (b) for “NHS England”, in the second place it occurs, substitute “the board”.

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- (6) In subsection (6), for “NHS England” substitute “The integrated care board”.
- (7) In subsection (7), for “NHS England” substitute “integrated care boards”.
- 64 In section 160 (notification of decisions), for “NHS England” substitute “an integrated care board”.
- 65 In section 161 (withdrawal from lists), in paragraphs (a) and (b), for “NHS England” substitute “an integrated care board”. 5
- 66 (1) Section 162 (regulations about decisions under this Chapter) is amended as follows.
- (2) In subsection (1), for “NHS England” substitute “an integrated care board”.
- (3) In subsections (2)(b) and (c) and (3), for “NHS England” substitute “the integrated care board”. 10
- 67 (1) Section 164 (remuneration for persons providing pharmaceutical services) is amended as follows.
- (2) For subsections (1) to (5) substitute –
- “(1) Regulations must make provision about the remuneration to be paid to persons who provide pharmaceutical services under Chapter 1 of this Part, including provision about – 15
- (a) determination of the remuneration;
- (b) who is liable to pay the remuneration.
- (2) The regulations may include provision about the remuneration to be paid to those persons in respect of the instruction of any person in matters relating to those services. 20
- (3) Regulations made by virtue of subsection (1)(a) must include provision about –
- (a) who is to determine the remuneration (the “determining authority”), and 25
- (b) the things in respect of which remuneration is payable (and the regulations may provide for things in respect of which remuneration is payable to be determined by the determining authority). 30
- (3A) See also section 165 (which makes further provision about determinations under the regulations).
- (3B) Regulations made by virtue of subsection (1)(b) must make the Secretary of State liable to pay any remuneration determined under the regulations, subject to subsection (3C). 35
- (3C) The regulations may –
- (a) specify services in respect of which the integrated care board is liable to make payments;
- (b) specify elements of remuneration in respect of which the integrated care board is liable to make payments.” 40

-
- (3) In subsection (6), for the words from the beginning to “under this section and” substitute “Regulations under subsection (1)”.
- (4) In subsection (7) –
- (a) after “Regulations” insert “under subsection (1)”;
 - (b) in paragraph (a), for “this section” substitute “the regulations”. 5
- (5) In subsection (8A), in the words before paragraph (a), after “Regulations” insert “under subsection (1)”.
- (6) In subsection (9), after “Regulations” insert “under subsection (1)”.
- (7) In subsection (10) –
- (a) omit “or section 165”; 10
 - (b) for “this section”, in the second place it occurs, substitute “regulations under subsection (1)”.
- 68 (1) Section 165 (section 164: supplementary) is amended as follows.
- (2) Before subsection (1) insert –
- “(A1) This section applies in relation to determinations under regulations under section 164(1).” 15
- (3) In subsection (6), for the words before paragraph (a) substitute “A determination may, in particular, relate to –”.
- 69 For section 165A substitute –
- “165A Pharmaceutical remuneration: further provision” 20**
- Schedule 12A makes further provision in connection with remuneration paid by the Secretary of State to persons providing pharmaceutical services or local pharmaceutical services.”
- 70 (1) Section 166 (indemnity cover) is amended as follows.
- (2) In subsection (2)(b) – 25
- (a) for “NHS England”, in the first place it occurs, substitute “an integrated care board”;
 - (b) for “NHS England”, in the second and third places it occurs, substitute “the board”.
- (3) In subsection (3), in the definition of “indemnity cover”, for “NHS England” substitute “an integrated care board”. 30
- 71 (1) Section 167 (Local Pharmaceutical Committees) is amended as follows.
- (2) In subsection (1) for “NHS England may recognise a committee formed for an area which it is satisfied” substitute “An integrated care board may recognise a committee formed for an area that includes the whole or part of the integrated care board’s area if it is satisfied that the committee”. 35
- (3) In subsection (2) –
- (a) in paragraph (a), for “NHS England” substitute “an integrated care board”;

-
- (b) in paragraph (b), for “NHS England” substitute “the integrated care board that recognises the committee”.
- (4) In subsection (3) –
- (a) in paragraph (a), for “NHS England” substitute “an integrated care board”; 5
- (b) in paragraph (b), for “NHS England” substitute “the integrated care board that recognises the committee”.
- (5) In subsections (6) and (7), for “NHS England” substitute “an integrated care board”.
- (6) In subsection (9) – 10
- (a) for “NHS England”, in the first place it occurs, substitute “An integrated care board”;
- (b) for “NHS England”, in the second place it occurs, substitute “the board”.
- (7) For subsections (10) and (11) substitute – 15
- “(10) The amount of any sums allotted under subsection (9) must be deducted by the relevant person from pharmaceutical remuneration payable by them to persons of whom the committee is representative under subsection (1)(a) in such proportions as the Secretary of State may determine. 20
- (11) In subsection (10) –
- “pharmaceutical remuneration” means remuneration payable by the Secretary of State or an integrated care board to persons providing pharmaceutical services;
- “relevant person” means – 25
- (a) the Secretary of State, or
- (b) if the Secretary of State so directs, the integrated care board that allotted the sums under subsection (9).”
- 72 Omit section 168A (exercise of functions) and the italic heading before it.
- 73 (1) Schedule 11 (pilot schemes) is amended as follows. 30
- (2) In paragraph 1(1)(a), for “NHS England” substitute “an integrated care board”.
- (3) In paragraph 2 –
- (a) in sub-paragraphs (1) and (2) for “NHS England” substitute “an integrated care board”; 35
- (b) omit sub-paragraphs (3) to (6).
- (4) In paragraph 3(2) and (3)(a) and (b), for “NHS England” substitute “the integrated care board”.
- (5) In paragraph 4 –
- (a) in sub-paragraph (1), for “NHS England” substitute “an integrated care board”; 40

-
- (b) in sub-paragraph (2), for “NHS England” substitute “The integrated care board”;
 - (c) in sub-paragraph (4), for “NHS England” substitute “the integrated care board”.
 - (6) In paragraph 5(1)(a) and (3), for “NHS England” substitute “the integrated care board”. 5
 - (7) In paragraph 7 –
 - (a) for sub-paragraph (1) substitute –
 - “(1) If the Secretary of State notifies an integrated care board in accordance with paragraph 3(3)(a) that proposals for a pilot scheme have been approved, the board must implement those proposals.”; 10
 - (b) in sub-paragraph (2), for “NHS England” substitute “an integrated care board”;
 - (c) in sub-paragraph (3) omit “(either under sub-paragraph (1) or generally)”; 15
 - (d) omit sub-paragraph (4).
 - (8) After paragraph 7 insert –
 - “8 As soon as is reasonably practicable after implementing proposals for a pilot scheme, the integrated care board concerned must publish details of the scheme.” 20
- 74 (1) Schedule 12 (local pharmaceutical services schemes) is amended as follows.
- (2) In paragraph 1 –
 - (a) for sub-paragraph (1) substitute –
 - “(1) Integrated care boards may establish LPS schemes.”; 25
 - (b) in sub-paragraph (2) –
 - (i) for paragraph (a) substitute –
 - “(a) made by an integrated care board in accordance with this Schedule;”;
 - (ii) in paragraph (b), for “(otherwise than by the commissioner)” substitute “, otherwise than by the board, to people for whom the board has responsibility”; 30
 - (c) after sub-paragraph (2) insert –
 - “(2ZA) For the purposes of this paragraph an integrated care board has responsibility for – 35
 - (a) the group of people for whom it has core responsibility (see section 14Z31), and
 - (b) such other people as may be prescribed (whether generally or in relation to a prescribed service).”; 40
 - (d) omit sub-paragraphs (2B) and (2C);

- (e) in sub-paragraph (5), for “NHS England” substitute “an integrated care board”;
 - (f) in sub-paragraph (6), for “, an NHS foundation trust and NHS England” substitute “ and an NHS foundation trust”.
- (3) In paragraph 2 – 5
 - (a) in sub-paragraph (1), for “NHS England” substitute “an integrated care board”;
 - (b) in sub-paragraph (2) –
 - (i) in paragraph (b), for “NHS England” substitute “an integrated care board”; 10
 - (ii) for paragraph (d) substitute –
 - “(d) requiring a designation to be cancelled in prescribed circumstances.”
- (4) In paragraph 3 – 15
 - (a) in sub-paragraph (2), for “the commissioner” substitute “the integrated care board”;
 - (b) in sub-paragraph (3) –
 - (i) after paragraph (d) insert –
 - “(da) make provision about the remuneration to be paid to persons who provide services under an LPS scheme, including provision about determination of the remuneration and who is liable to pay it (and the provision that may be made by virtue of this paragraph includes provision corresponding to any provision that may be made by regulations under section 164),”;20
 - (ii) in paragraph (k), for “NHS England or the Secretary of State” substitute “an integrated care board”. 25
- 75 (1) Schedule 12A (pharmaceutical remuneration) is amended as follows. 30
- (2) In paragraph 1(b), for “NHS England” substitute “the Secretary of State”.
- (3) In paragraph 2 –
 - (a) in sub-paragraph (1), for “NHS England must determine the” substitute “The Secretary of State may determine”;
 - (b) in sub-paragraph (3), for “NHS England” substitute “The Secretary of State”; 35
 - (c) for sub-paragraph (4) substitute –
 - “(4) The Secretary of State must apportion the sums paid by the Secretary of State in respect of each designated element during the financial year among all integrated care boards, in such manner as the Secretary of State thinks appropriate.”;40

	(d) in sub-paragraph (5), for “NHS England” substitute “the Secretary of State”;	
	(e) in sub-paragraph (6) –	
	(i) in the words before paragraph (a), for “NHS England” substitute “the Secretary of State”;	5
	(ii) in paragraph (a), for “it would otherwise pay” substitute “would otherwise be paid”;	
	(iii) in paragraph (b), for “it” substitute “the Secretary of State”;	
	(f) omit sub-paragraph (7);	
	(g) for sub-paragraph (8) substitute –	10
	“(8) In determining the amount to be allotted to an integrated care board under section 223G, the Secretary of State must take into account the effect of this Schedule.”;	
	(h) in sub-paragraph (9), for “sections 223GC and 223M(1)(b)” substitute “section 223GC”.	15
(4)	in paragraph 3 –	
	(a) in sub-paragraph (2) –	
	(i) for “NHS England”, in the first place it occurs, substitute “The Secretary of State”;	
	(ii) for “NHS England”, in the second place it occurs, substitute “the Secretary of State”;	20
	(b) in sub-paragraph (3), for “NHS England” substitute “the Secretary of State”.	
(5)	omit paragraph 4 and the italic heading before it.	
<i>Charging</i>		25
76	In section 176 (dental charging), in subsection (3), for “NHS England” substitute “an integrated care board”.	
77	(1) Section 180 (payments in respect of costs of optical appliances and sight tests) is amended as follows.	
	(2) In subsection (1), for “NHS England” substitute “an integrated care board”.	30
	(3) In subsection (3) –	
	(a) in paragraph (za) –	
	(i) for “NHS England”, in the first place it occurs, substitute “an integrated care board”;	
	(ii) for “NHS England”, in the second place it occurs, substitute “the board”;	35
	(b) in paragraph (a) –	
	(i) for “NHS England”, in the first place it occurs, substitute “an integrated care board”;	
	(ii) for “NHS England”, in the second place it occurs, substitute “the board”;	40

- (c) in paragraph (b) –
 - (i) for “NHS England”, in the first place it occurs, substitute “an integrated care board”;
 - (ii) for “NHS England”, in the second place it occurs, substitute “the board”. 5
- (4) In subsection (6A) –
 - (a) for “NHS England”, in the first place it occurs, substitute “An integrated care board”;
 - (b) for “NHS England’s”, in the second place it occurs, substitute “the board’s”. 10

PART 2

CONSEQUENTIAL AMENDMENTS ETC

Dentists Act 1984

- 78 The Dentists Act 1984 is amended as follows.
- 79 In section 40 (definition of business of dentistry), in subsection (2)(aa), for “under a contract under section 100 of the National Health Service Act 2006” substitute “in accordance with arrangements under section 99A of the National Health Service Act 2006 or a contract under section 100 of that Act”. 15
- 80 In section 53 (interpretation), in subsection (3)(a)(i), for “92 or 107” substitute “83, 92, 99A or 107”. 20

Access to Health Records Act 1990

- 81 In section 1 of the Access to Health Records Act 1990 (“Health record” and related expressions) as it has effect under the law of England and Wales, in subsection (2), for paragraphs (a) and (aa) substitute – 25
 - “(a) in the case of a record made by a health professional performing primary medical services under a general medical services contract made with an integrated care board or a Local Health Board, the person or body who entered into the contract with the integrated care board or Local Health Board (or, in a case where more than one person so entered into the contract, any such person); 30
 - (aza) in the case of a record made by a health professional performing such services under a contract made with an integrated care board under section 100 of the National Health Service Act 2006 (general dental services contracts), the person or body who entered into the contract with the integrated care board (or, in a case where more than one person so entered into the contract, any such person); 35
 - (aa) in the case of a record made by a health professional performing such services in accordance with arrangements 40

under section 83, 92, 99A or 107 of the National Health Service Act 2006, or section 50 or 64 of the National Health Service (Wales) Act 2006, with an integrated care board or a Local Health Board, the person or body which made the arrangements with the integrated care board or Local Health Board (or, in a case where more than one person so made the arrangements, any such person);”.

Trade Union and Labour Relations (Consolidation) Act 1992

- 82 (1) Section 279 of the Trade Union and Labour Relations (Consolidation) Act 1992 (health service practitioners) is amended as follows. 10
- (2) In subsection (1)(a), for “NHS England” substitute “an integrated care board”.
- (3) For subsection (2) substitute—
- “(2) In this Act “worker” also includes an individual regarded in their capacity as one who works or normally works or seeks to work as a person performing primary medical services, primary dental services or primary ophthalmic services— 15
- (a) in accordance with arrangements made by an integrated care board under section 83, 92, 99A, 107 or 116A of the National Health Service Act 2006; 20
- (b) in accordance with arrangements made by a Local Health Board under section 50 or 64 of the National Health Service (Wales) Act 2006;
- (c) under a contract under section 84, 100 or 117 of the National Health Service Act 2006 entered into by the individual with an integrated care board; 25
- (d) under a contract under section 42 or 57 of the National Health Service (Wales) Act 2006 entered into by the individual with a Local Health Board,
- and “employer” in relation to such an individual, regarded in that capacity, means that body.” 30

Health Service Commissioners Act 1993

- 83 In section 2A of the Health Service Commissioners Act 1993 (persons subject to investigation), in subsection (1)—
- (a) in paragraph (a), for “NHS England” substitute “an integrated care board”; 35
- (b) in paragraph (b), after “services” insert “or local pharmaceutical services”;
- (c) in paragraph (c)—
- (i) for “or primary dental services” substitute “, primary dental services or primary ophthalmic services”; 40
- (ii) for “92 or 107” substitute “83, 92, 99A, 107 or 116A”;

(d) omit paragraph (d).

Employment Rights Act 1996

84 (1) Section 43K of the Employment Rights Act 1996 (extension of meaning of “worker” etc. for Part 4A) is amended as follows.

(2) In subsection (1) –

5

(a) after paragraph (b) insert –

“(bza) works or worked as a person providing services under arrangements made by the person with an integrated care board under section 83, 84, 92, 99A, 100, 107, 116A, 117 or 134 of, or Schedule 12 to, the National Health Service Act 2006,”;

10

(b) in paragraph (ba), omit the words from “with NHS England” to “2006 or”;

(c) in paragraph (c)(i), for “NHS England” substitute “an integrated care board”.

15

(3) In subsection (2) –

(a) after paragraph (a) insert –

“(aza) in relation to a worker falling within paragraph (bza) of that subsection, the integrated care board referred to in that paragraph,”;

20

(b) in paragraph (aa) omit “NHS England, or”;

(c) in paragraph (b), for “NHS England or the board” substitute “the integrated care board or Health Board”.

Freedom of Information Act 2000

85 In Part 3 of Schedule 1 to the Freedom of Information Act 2000 (NHS in England and Wales), in paragraph 43A(a), for “92 or 107” substitute “83, 92, 99A, 107 or 116A”.

25

Health and Social Care (Community Health and Standards) Act 2003

86 In section 150 of the Health and Social Care (Community Health and Standards) Act 2003 (liability to pay NHS charges), in subsection (7)(d), for “99” substitute “99A”.

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Health Act 2006

87 In Schedule 8 to the Health Act 2006 (minor and consequential amendments) omit paragraph 30 and the italic heading above it.

National Health Service Act 2006

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88 The National Health Service Act 2006 is amended as follows.

89 (1) Section 259 (sale of medical practices) is amended as follows.

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- (2) In subsection (4)(e), for “83(2)” substitute “83”.
- (3) In subsection (4A), for “83(2)”, in the first place it occurs, substitute “83”.
- (4) In subsection (5), in the definition of “relevant area”, after paragraph (b) insert –
- “(ba) in relation to an integrated care board, in a case where a person has at any time provided or performed services by arrangement or contract with the board, means the prescribed area (at the prescribed time).”
- 90 In section 276 (index of defined expressions) –
- (a) in the entry relating to “primary dental services” for “section 99” substitute “section 98C”;
- (b) in the entry relating to “primary medical services” for “section 83” substitute “section 82A”;
- (c) in the entry relating to “primary ophthalmic services” for “section 115” substitute “section 114B”.
- 91 In Schedule 4 (NHS trusts), for paragraph 24 and the italic heading before it substitute –
- “Provision of primary care services*
- 24 An NHS trust may –
- (a) enter into arrangements under Part 4 or 5 for the provision of services, or
- (b) be a member of a body that does so.”

National Health Service (Wales) Act 2006

- 92 (1) Section 51 (persons with whom agreements may be made under section 50 for the provision of primary medical services) is amended as follows.
- (2) In subsection (1) –
- (a) in paragraph (d)(ii), after “section 64 arrangements,” insert “section 83 arrangements,”;
- (b) in paragraph (e), after “a section 64 employee,” insert “a section 83 employee,”.
- (3) In subsection (3) –
- (a) for the definition of “the Northern Ireland health service” substitute –
- ““the Northern Ireland health service” means the system of health and social care referred to in section 2 of the Health and Social Care (Reform) Act (Northern Ireland) 2009;”

- (b) after the definition of “section 17C employee” insert –
- ““section 83 arrangements” means arrangements for the provision of services made under section 83 of the National Health Service Act 2006,”;
- (c) after the definition of “section 107 arrangements” insert – 5
- ““section 83 employee” means an individual who, in connection with the provision of services in accordance with section 83 arrangements, is employed by a person providing or performing those services,”.
- 93 (1) Section 65 (persons with whom agreements may be made under section 64 for the provision of primary dental services) is amended as follows. 10
- (2) In subsection (1) –
- (a) in paragraph (d)(ii), after “section 92 arrangements,” insert “section 99A arrangements,”;
- (b) in paragraph (e), after “a section 92 employee,” insert “a section 99A employee,”. 15
- (3) In subsection (3) –
- (a) for the definition of “the Northern Ireland health service” substitute –
- ““the Northern Ireland health service” means the system of health and social care referred to in section 2 of the Health and Social Care (Reform) Act (Northern Ireland) 2009,”;
- (b) after the definition of “section 92 arrangements” insert – 20
- ““section 99A arrangements” means arrangements for the provision of services made under section 99A of the National Health Service Act 2006,”;
- (c) after the definition of “section 92 employee” insert – 25
- ““section 99A employee” means an individual who, in connection with the provision of services in accordance with section 99A arrangements, is employed by a person providing or performing those services,”.
- 30
- 94 In section 80 (arrangements for pharmaceutical services), in subsection (9), for the definition of “the Northern Ireland health service” substitute –
- ““the Northern Ireland health service” means the system of health and social care referred to in section 2 of the Health and Social Care (Reform) Act (Northern Ireland) 2009.” 35

Health Act 2009

- 95 In section 2 of the Health Act 2009 (duty to have regard to NHS constitution), in subsection (6) –

- (a) for paragraph (a) substitute –
 - “(a) section 83 (arrangements for provision of primary medical services);”;
- (b) after paragraph (c) insert –
 - “(ca) section 99A (arrangements for provision of primary dental services);”;
- (c) after paragraph (e) insert –
 - “(ea) section 116A (arrangements for provision of primary ophthalmic services);”.

Domestic Abuse Act 2021 10

- 96 In section 80 of the Domestic Abuse Act 2021 (prohibition on charging for the provision of medical evidence of domestic abuse), in subsection (5)(a), for sub-paragraph (ii) substitute –
 - “(ii) any arrangements made under section 83 of that Act;”.

Health and Care Act 2022

- 97 The Health and Care Act 2022 is amended as follows.
- 98 Omit sections 22 and 23 (commissioning primary care services and transfer schemes).
- 99 Omit Schedule 3 (commissioning primary care services etc). 20

SCHEDULE 2

Section 16

PATIENT CHOICE: UNDERTAKINGS BY INTEGRATED CARE BOARDS

- 1 In the National Health Service Act 2006, after Schedule 1B insert –
 - “SCHEDULE 1C

Section 14Z45C

PATIENT CHOICE: UNDERTAKINGS BY INTEGRATED CARE BOARDS 25

Introductory

- 1 This Schedule makes further provision about undertakings under section 14Z45C.

Procedure

- 2 (1) The Secretary of State must publish a procedure for entering into undertakings. 30

- (2) The Secretary of State may revise the procedure and, if it is revised, must publish the procedure as revised.
- (3) The Secretary of State must consult such persons as the Secretary of State considers appropriate before publishing or revising the procedure. 5
- 3 (1) Where the Secretary of State accepts an undertaking, the Secretary of State must publish the undertaking.
- (2) But the Secretary of State must not under sub-paragraph (1) publish any part of an undertaking which contains information which the Secretary of State is satisfied is – 10
 - (a) commercial information the disclosure of which would, or might, significantly harm the legitimate business interests of the person to whom it relates;
 - (b) information relating to the private affairs of an individual the disclosure of which would, or might, significantly harm that person's interests. 15

Variation of terms

- 4 The terms of an undertaking (including, in particular, the action specified under it and the period so specified within which the action must be taken) may be varied if both the integrated care board giving the undertaking and the Secretary of State agree. 20

Compliance certificates

- 5 (1) Where the Secretary of State is satisfied that an undertaking has been complied with, the Secretary of State must issue a certificate to that effect (referred to in this Schedule as a “compliance certificate”). 25
- (2) An integrated care board which has given an undertaking may at any time make an application to the Secretary of State for a compliance certificate.
- (3) The application must be made in such form, and accompanied by such information, as the Secretary of State requires. 30
- (4) The Secretary of State must decide whether or not to issue a compliance certificate, and give notice to the applicant of the decision, before the end of the period of 14 days beginning with the day after that on which the application is received. 35
- 6 (1) An appeal lies to the First-tier Tribunal against a decision of the Secretary of State to refuse an application for a compliance certificate.
- (2) The grounds for an appeal under this paragraph are that the decision was – 40
 - (a) based on an error of fact,

- (b) wrong in law, or
 - (c) unfair or unreasonable.
- (3) On an appeal under this paragraph, the Tribunal may confirm the Secretary of State’s decision or direct that it is not to have effect.

5

Inaccurate, incomplete or misleading information

- 7 Where the Secretary of State is satisfied that an integrated care board which has given an undertaking has supplied the Secretary of State with inaccurate, misleading or incorrect information in relation to the undertaking –
- (a) the Secretary of State may treat the integrated care board as having failed to comply with the undertaking, and
 - (b) if the Secretary of State decides so to treat the integrated care board, the Secretary of State must by notice revoke any certificate of compliance given to that integrated care board.”

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SCHEDULE 3

Section 30

CONSTITUTION OF NHS FOUNDATION TRUSTS

Mental Health Act 1983

- 1 In section 142B of the Mental Health Act 1983 (delegation of powers of managers of NHS foundation trusts), in subsection (2) –
- (a) for “Paragraph 15(3)” substitute “Paragraph 17(2)”;
 - (b) for “a public benefit corporation” substitute “an NHS foundation trust”.

20

National Health Service Act 2006

25

- 2 The National Health Service Act 2006 is amended as follows.
- 3 For section 30 substitute –

“30 NHS foundation trusts

- (1) This Chapter makes provision about NHS foundation trusts.
- (2) An NHS foundation trust may be created by virtue of –
 - (a) section 36 (conversion of NHS trusts),
 - (b) section 56 (mergers), or
 - (c) section 56B (separations).
- (3) See also section 56A (which provides for the reconstitution of an NHS foundation trust in the context of acquisitions).

30

35

- (4) An NHS foundation trust is a body corporate.
- (5) Schedule 7 makes further provision about the constitution of NHS foundation trusts.”
- 4 In section 33 (applications by NHS trusts), for subsection (4) substitute—
- “(4) Once an NHS trust has made the application— 5
- (a) the provisions of the proposed constitution which give effect to paragraphs 4 to 10 of Schedule 7 have effect, but only for the purpose of establishing the initial directors, and enabling the board of directors to make preparations for the performance of their functions; 10
- (b) the NHS trust may do anything which appears to it to be necessary or expedient for the purpose of preparing it for NHS foundation trust status.”
- 5 In section 35 (authorisation of NHS foundation trusts), in subsection (2)—
- (a) omit paragraph (b); 15
- (b) in paragraph (c) omit “a council of governors, and”.
- 6 For section 37 substitute—
- “37 Amendments of constitution**
- An NHS foundation trust may make amendments of its constitution with the approval of the Secretary of State.” 20
- 7 Omit section 39A (panel for advising governors).
- 8 In section 43 (provision of goods and services), in subsection (3D), for “more than half of the members of the council of governors of the trust voting approve” substitute “the Secretary of State approves”.
- 9 Omit section 51A (significant transactions). 25
- 10 In section 56 (mergers) omit subsection (1A).
- 11 In section 56A (acquisitions) omit subsection (2).
- 12 In section 56B (separations) omit subsection (2).
- 13 In section 57A (dissolution) omit subsection (2).
- 14 Omit sections 59 to 61 (membership and elections etc of council of governors). 30
- 15 For Schedule 7 to the National Health Service Act 2006 substitute—

“SCHEDULE 7

Section 30

CONSTITUTION OF NHS FOUNDATION TRUSTS

Requirement for a constitution

35

- 1 (1) An NHS foundation trust must have a constitution.

- (2) As well as any provision authorised or required to be made by any other provision of this Schedule, the constitution may make further provision (other than provision as to the powers of the NHS foundation trust) consistent with this Schedule.

Name 5

- 2 (1) The constitution must specify the name of the NHS foundation trust.

- (2) The name must include the words “NHS foundation trust”.

Principal purpose

- 3 The constitution must specify the NHS foundation trust’s principal purpose (as to which, see section 43(1)). 10

Composition of board of directors

- 4 An NHS foundation trust is to have a board of directors.

- 5 (1) The board of directors is to consist of—
(a) executive directors, one of whom is the chief executive (and accounting officer) and another the finance director, and
(b) non-executive directors, one of whom is the chair. 15

- (2) Unless or except to the extent that regulations provide otherwise, the executive directors must include—
(a) at least one person who is a registered medical practitioner or a registered dentist (within the meaning of the Dentists Act 1984), and
(b) at least one other person who is a registered nurse or a registered midwife. 20 25

- (3) An executive director is a director who is an employee of the NHS foundation trust, and a non-executive director is a director who is not an employee of the NHS foundation trust, subject to any regulations under sub-paragraph (4).

- (4) The Secretary of State may by regulations make provision with respect to the circumstances in which a person who is not an employee of the NHS foundation trust is, on appointment as a director, to be regarded as an executive rather than a non-executive director. 30

Eligibility for appointment as director 35

- 6 (1) A person may not be appointed as a director if disqualified by sub-paragraph (2).

- (2) The following are disqualified by this sub-paragraph—

- | | | |
|---|---|----|
| | <p>(a) a person who has been made bankrupt or whose estate has been sequestrated and (in either case) has not been discharged;</p> | |
| | <p>(b) a person in relation to whom a moratorium period under a debt relief order applies (under Part 7A of the Insolvency Act 1986);</p> | 5 |
| | <p>(c) a person who has made a composition or arrangement with, or granted a trust deed for, the person's creditors and has not been discharged in respect of it;</p> | |
| | <p>(d) a person who within the preceding five years has been convicted in the British Islands of any offence if a sentence of imprisonment (whether suspended or not) for a period of at least three months (without the option of a fine) was imposed.</p> | 10 |
| 7 | The Secretary of State may by regulations make further provision about eligibility for appointment as a director. | 15 |

Appointment etc, tenure and terms

- | | | |
|----|---|----|
| 8 | <p>(1) It is for the Secretary of State to appoint, suspend or remove the chair and the other non-executive directors.</p> | |
| | <p>(2) It is for the non-executive directors to appoint, suspend or remove the chief executive.</p> | 20 |
| | <p>(3) It is for a committee consisting of the chief executive, the chair and the other non-executive directors to appoint, suspend or remove the executive directors.</p> | |
| | <p>(4) The Secretary of State may by regulations make provision as to circumstances in which the power conferred by sub-paragraph (1), (2) or (3) must be exercised.</p> | 25 |
| 9 | <p>(1) The Secretary of State may by regulations make provision as to the tenure of office of non-executive directors.</p> | |
| | <p>(2) It is for the Secretary of State to decide the remuneration and allowances, and the other terms and conditions of office, of the non-executive directors (subject to any regulations under sub-paragraph (1)).</p> | 30 |
| | <p>(3) The NHS foundation trust must establish a committee of non-executive directors to decide the remuneration and allowances, and the other terms and conditions of office, of the executive directors; but the constitution may make provision for those matters to be decided pending the establishment of such a committee.</p> | 35 |
| 10 | <p>(1) Where an application for authorisation is made by an NHS trust under section 33, this paragraph applies to the exercise of the powers mentioned in paragraphs 8 and 9 in relation to the</p> | 40 |

appointment of the initial non-executive directors and initial chief executive.

- (2) The power to appoint the initial chair of the NHS foundation trust must be exercised by appointing the chair of the NHS trust, if the chair of the NHS trust wishes to be appointed. 5
- (3) The power to appoint the other initial non-executive directors of the NHS foundation trust must be exercised, so far as possible, by appointing any of the non-executive directors of the NHS trust (other than the chair) who wish to be appointed.
- (4) A person appointed in accordance with sub-paragraph (2) or (3) must be appointed for the unexpired period of the person's term of office as chair or non-executive director of the NHS trust; but if, on any such appointment, that period is less than 12 months, the appointment must be for 12 months. 10
- (5) The power to appoint the initial chief executive of the NHS foundation trust must be exercised by appointing the chief officer of the NHS trust, if the chief officer of the NHS trust wishes to be appointed. 15

Duties of directors and avoiding conflicts of interest

- 11 The general duty of the board of directors, and of each director individually, is to act with a view to promoting the success of the NHS foundation trust so as to maximise the benefits for the public. 20
- 12 (1) The duties that a director of an NHS foundation trust has by virtue of being a director include in particular – 25
 - (a) a duty to avoid a situation in which the director has (or can have) a direct or indirect interest that conflicts (or possibly may conflict) with the interests of the NHS foundation trust;
 - (b) a duty not to accept a benefit from a third party by reason of being a director or doing (or not doing) anything in that capacity. 30
- (2) The duty referred to in sub-paragraph (1)(a) is not infringed if –
 - (a) the situation cannot reasonably be regarded as being likely to give rise to a conflict of interest, or 35
 - (b) the matter has been authorised in accordance with the constitution.
- (3) The duty referred to in sub-paragraph (1)(b) is not infringed if acceptance of the benefit cannot reasonably be regarded as being likely to give rise to a conflict of interest. 40
- (4) In sub-paragraph (1)(b), “third party” means a person other than –
 - (a) the NHS foundation trust, or

(b) a person acting on its behalf.

- 13 (1) If a director of an NHS foundation trust has in any way a direct or indirect interest in a proposed transaction or arrangement with the NHS foundation trust, the director must declare the nature and extent of that interest to the other directors. 5
- (2) If a declaration under this paragraph proves to be, or becomes, inaccurate or incomplete, a further declaration must be made.
- (3) Any declaration required by this paragraph must be made before the NHS foundation trust enters into the transaction or arrangement. 10
- (4) This paragraph does not require a declaration of an interest of which the director is not aware or where the director is not aware of the transaction or arrangement in question.
- (5) A director need not declare an interest –
- (a) if it cannot reasonably be regarded as likely to give rise to a conflict of interest; 15
 - (b) if, or to the extent that, the directors are already aware of it;
 - (c) if, or to the extent that, it concerns terms of the director's appointment that have been or are to be considered – 20
 - (i) by a meeting of the board of directors, or
 - (ii) by a committee of the directors appointed for the purpose under the constitution.

Meetings of board of directors

- 14 (1) The constitution must provide for meetings of the board of directors to be open to members of the public. 25
- (2) But the constitution may provide for members of the public to be excluded from a meeting for special reasons.

Registers of directors and their interests

- 15 (1) An NHS foundation trust must have – 30
- (a) a register of directors, and
 - (b) a register of interests of the directors.
- (2) The constitution may make further provision about the registers including, in particular, provision about admission to, and removal from, the registers. 35
- 16 The constitution must make provision for dealing with conflicts of interest of the directors.

Arrangements for discharge of functions

- 17 (1) The constitution must provide for all functions of the NHS foundation trust to be exercisable by the board of directors on its behalf.
- (2) But the constitution may provide for any of those powers to be exercisable by – 5
- (a) a committee of directors, or
 - (b) an executive director.

Accounts

- 18 (1) An NHS foundation trust must keep proper accounts and proper records in relation to the accounts. 10
- (2) An NHS foundation trust must prepare annual accounts in respect of each financial year.
- (3) The Secretary of State may direct an NHS foundation trust to prepare accounts in respect of such period or periods as may be specified in the direction. 15
- (4) The Secretary of State may give directions to an NHS foundation trust as to –
- (a) the methods and principles according to which any accounts under this paragraph must be prepared, and 20
 - (b) the form and content of any accounts prepared under this paragraph.
- (5) For the audit of the annual accounts, see the Local Audit and Accountability Act 2014 (and, in particular, section 4 of that Act).
- (6) Accounts prepared under sub-paragraph (3) are also to be audited under that Act if the Secretary of State so directs. 25
- (7) The Comptroller and Auditor General may examine –
- (a) the annual accounts, or accounts prepared under sub-paragraph (3), and any records relating to them, and
 - (b) any report on them by the auditor. 30
- (8) An NHS foundation trust must lay before Parliament a copy of –
- (a) its annual accounts, and
 - (b) any report of the auditor on them.
- (9) An NHS foundation trust must send to the Secretary of State –
- (a) a copy of its annual accounts and of any accounts prepared under sub-paragraph (3), and 35
 - (b) any report of the auditor on them.
- (10) An NHS foundation trust must comply with sub-paragraph (9) by such date as the Secretary of State may direct.

- (11) The constitution of an NHS foundation trust must provide for its functions under this paragraph to be delegated to the accounting officer for that trust.
- (12) In this paragraph “financial year” means—
 - (a) the period—
 - (i) beginning with the date on which the NHS foundation trust is created by virtue of section 36, 56 or 56B, and
 - (ii) ending with the next 31 March, and
 - (b) each successive period of twelve months beginning with 1 April.

Annual reports and forward plans

- 19 (1) An NHS foundation trust must prepare annual reports and send them to the Secretary of State.
- (2) The reports must give—
 - (a) information about the NHS foundation trust’s policy on pay and the work of the committee established under paragraph 9(3),
 - (b) information about such other procedures as the NHS foundation trust has on pay, and
 - (c) information about the remuneration of the directors and the allowances of the directors.
- (3) It is for the Secretary of State to decide—
 - (a) the form of the reports,
 - (b) when the reports must be sent to the Secretary of State, and
 - (c) the periods to which the reports are to relate.
- 20 (1) An NHS foundation trust must give information to the Secretary of State as to its forward planning in respect of each financial year.
- (2) In this paragraph “financial year” means—
 - (a) the period—
 - (i) beginning with the date on which the NHS foundation trust is created by virtue of section 36, 56 or 56B, and
 - (ii) ending with the next 31 March, and
 - (b) each successive period of twelve months beginning with 1 April.

Publication of constitution etc

- 21 (1) An NHS foundation trust must publish the following—
 - (a) its current constitution,

- (b) its register of directors and register of interests of the directors,
 - (c) its latest annual accounts and any report of the auditor on them, and
 - (d) its latest annual report. 5
- (2) The Secretary of State may by regulations provide for exceptions to the duty to publish the registers under sub-paragraph (1)(b).

Public meetings

- 22 (1) At such time or times as may be prescribed, an NHS foundation trust must hold a public meeting at which must be presented – 10
- (a) its latest audited annual accounts, and
 - (b) its latest annual report.
- (2) In such circumstances and at such time or times as may be prescribed, an NHS foundation trust must hold a public meeting at which such documents as may be prescribed must be presented. 15

Instruments etc

- 23 (1) The constitution must make provision for the authentication of the fixing of the NHS foundation trust’s seal.
- (2) A document purporting to be duly executed under the NHS foundation trust’s seal or to be signed on its behalf must be received in evidence and, unless the contrary is proved, taken to be so executed or signed.” 20

SCHEDULE 4

Section 32

NHS FOUNDATION TRUSTS: AUDIT OF ACCOUNTS

Public Finance and Accountability (Scotland) Act 2000 (asp 1) 25

- 1 In section 26D of the Public Finance and Accountability (Scotland) Act 2000 (disclosure of results of data matching), in subsection (7), in paragraph (b) of the definition of “relevant NHS body” omit “, (b) or (c)”.

Audit and Accountability (Northern Ireland) Order 2003 (S.I. 2003/418 (N.I. 5))

- 2 In Article 4D of the Audit and Accountability (Northern Ireland) Order 2003 (disclosure of results of data matching etc), in paragraph 6(b)(ii) omit “, (b) or (c)”.
- 30

Public Audit (Wales) Act 2004

- 3 In section 64D of the Public Audit (Wales) Act 2004 (disclosure of results of data matching etc), in subsection (6)(b)(ii) omit “, (b) or (c)”.

National Health Service Act 2006

- 4 The National Health Service Act 2006 is amended as follows. 5
5 Omit section 62 (audit of accounts of NHS foundation trusts).
6 Omit Schedule 10 (audit of accounts of NHS foundation trusts).

Local Audit and Accountability Act 2014

- 7 The Local Audit and Accountability Act 2014 is amended as follows.
- 8 In section 3 (general requirements for accounts), in subsection (9), after paragraph (b) insert – 10
 “(c) an NHS foundation trust.”
- 9 In section 4 (general requirements for audit), after subsection (6) insert –
 “(7) In relation to an NHS foundation trust, “accounts” means –
 (a) the annual accounts of the NHS foundation trust prepared under paragraph 18(2) of Schedule 7 to the National Health Service Act 2006 (accounts and audit of NHS foundation trusts); 15
 (b) any accounts of the NHS foundation trust prepared in accordance with a direction under paragraph 18(3) of that Schedule in respect of which a direction has been given under paragraph 18(6) of that Schedule.” 20
- 10 In section 8 (procedure for appointment), in subsection (4)(d), after “NHS trust” insert “or NHS foundation trust”.
- 11 In section 10 (functions of auditor panel), in subsection (10)(d), after “NHS trust” insert “or NHS foundation trust”. 25
- 12 (1) Section 13 (failure of health service bodies to appoint local auditor) is amended as follows.
- (2) In subsection (1), for “NHS England” substitute “the Secretary of State”.
- (3) Omit subsections (2) and (3). 30
- (4) For subsection (4) substitute –
 “(4) If it appears to the Secretary of State that a health service body has failed to appoint an auditor in accordance with this Part, the Secretary of State may –
 (a) direct the health service body to appoint an auditor named in the direction, or 35
 (b) appoint an auditor on behalf of the health service body.”

- (5) In subsection (5)(b) omit “or (as the case may be) NHS England”.
- (6) In subsections (6) and (7) omit “or NHS England” in each place.
- 13 In section 21 (general duties of auditors of accounts of health service bodies), in subsection (2A), after “NHS trust”, in both places it occurs, insert “or NHS foundation trust”. 5
- 14 In section 30 (unlawful expenditure or activity of health service bodies), in subsection (2) omit paragraph (b) and the “and” before it.
- 15 In section 32B (independence requirement) (inserted by the English Devolution and Community Empowerment Act 2026), in subsection (4)(a) and (b), after “NHS trust” insert “or NHS foundation trust”. 10
- 16 In Schedule 2 (relevant authorities), after paragraph 23A insert –
“23B An NHS foundation trust.”
- 17 In Schedule 5 (eligibility and regulation of local auditors), in paragraph 5, in the modified section 1214(3A)(a) and (b) of the Companies Act 2006, after “NHS trust” insert “or NHS foundation trust”. 15
- 18 In Schedule 6 (codes of audit practice and guidance) omit paragraph 10 and the italic heading before it.
- 19 (1) Schedule 7 (reports and recommendations) is amended as follows.
 - (2) In paragraph 2(3) omit paragraph (d) (but not the “and” at the end).
 - (3) In paragraph 3(2) omit paragraph (c) (but not the “and” at the end). 20
 - (4) In paragraph 4(8)(d), after “NHS trust” insert “or NHS foundation trust”.
- 20 (1) Schedule 9 (data matching) is amended as follows.
 - (2) In paragraph 2(2) –
 - (a) at the end of paragraph (a) insert “and”;
 - (b) omit paragraph (c) and the “and” before it. 25
 - (3) In paragraph 3(2), for “, a best value authority or an NHS foundation trust” substitute “or a best value authority”.
 - (4) In paragraph 4(12), in the definition of “relevant NHS body” omit paragraphs (b) and (c).
- 21 In Schedule 11 (disclosure of information), in paragraph 2(1)(d)(i) omit “, NHS England”. 30

SCHEDULE 5

Section 36

CONVERSION OF FAILING NHS FOUNDATION TRUST INTO NHS TRUST

- 1 Before Schedule 10 to the National Health Service Act 2006 insert—

“SCHEDULE 9A

Section 57B

CONVERSION OF FAILING NHS FOUNDATION TRUSTS

5

Introduction

- 1 This Schedule applies to a body which is an NHS trust established as a result of an order under section 57B(1).
- 2 In this Schedule “the NHS foundation trust” means the body as it was constituted immediately before it became an NHS trust. 10

Board of directors

- 3 (1) Pending the coming into force of the provision made by virtue of paragraph 5(1)(c) of Schedule 4 specifying the number of executive directors and non-executive directors for the NHS trust, the NHS trust is to have the same number of executive directors and non-executive directors as the NHS foundation trust had. 15
- (2) A reference in sub-paragraph (1) to the non-executive directors of a trust does not include the chair.
- 4 The people who were the chair and executive and non-executive directors of the NHS foundation trust become, for the unexpired terms of their appointments, the chair and executive and non-executive directors of the NHS trust (unless their appointment is terminated under section 57B(5)). 20

Public dividend capital

- 5 (1) The amount which was the public dividend capital of the NHS foundation trust continues as public dividend capital of the NHS trust, held on the same conditions. 25
- (2) Sub-paragraph (1) is subject to any determination under paragraph 1(6) of Schedule 5.
- (3) Paragraph 1(1) of that Schedule does not apply to the NHS trust. 30

Continuity: general

- 6 Nothing in this Act affects the continuity of the body that is established as an NHS trust or of its property or liabilities (including its criminal liabilities).

Contracts

- 7 (1) Nothing in this Act—
- (a) prevents the NHS trust continuing to be a party to a contract to which the NHS foundation trust was a party, or 5
 - (b) affects the rights or liabilities of any person under such a contract.
- (2) A contract to which the NHS foundation trust was a party does not, as a result of the body becoming an NHS trust, become an NHS contract by virtue of section 9(1). 10

Other property

- 8 Nothing in this Act—
- (a) prevents the NHS trust continuing to hold property which the NHS foundation trust held, or
 - (b) affects the rights or liabilities of any person in respect of that property. 15

Membership of bodies corporate

- 9 Nothing in this Act—
- (a) prevents the NHS trust remaining a member of a body corporate of which the NHS foundation trust was a member, or 20
 - (b) affects the rights or liabilities of any person in respect of that membership.

Directions

- 10 Paragraphs 6 to 9 do not affect the Secretary of State’s powers to give directions under this Act.” 25

SCHEDULE 6

Section 39

TRUST SPECIAL ADMINISTRATION

- 1 The National Health Service Act 2006 is amended as follows.
- 2 For sections 65B to 65DA substitute— 30
- “65B NHS trusts and NHS foundation trusts: appointment of trust special administrator**
- (1) The Secretary of State may make an order in accordance with this section authorising the appointment of a trust special administrator to exercise the functions of the chair and directors of— 35

- (a) an NHS trust to which this Chapter applies, or
 - (b) an NHS foundation trust.
- (2) An order may be made under subsection (1) –
 - (a) in relation to an NHS trust, only if the Secretary of State is satisfied that –
 - (i) there is a serious failure by the trust to provide services that are of sufficient quality to be provided under this Act, or
 - (ii) it is otherwise appropriate in the interests of the health service;
 - (b) in relation to an NHS foundation trust, only if the Secretary of State is satisfied that –
 - (i) there is a serious failure by the trust to provide services that are of sufficient quality to be provided under this Act, or
 - (ii) the trust is, or is likely to become, unable to pay its debts.
- (3) An order under subsection (1) must specify the date when the appointment is to take effect, which must be within the period of five working days beginning with the day on which the order is made.
- (4) Before making an order under subsection (1) the Secretary of State must consult –
 - (a) the trust,
 - (b) any integrated care board in whose area the trust has hospitals, establishments or facilities,
 - (c) any other person to whom the trust provides goods or services under this Act and whom the Secretary of State considers it appropriate to consult, and
 - (d) the Care Quality Commission.
- (5) If an order is made under subsection (1), the Secretary of State must lay before Parliament a report stating the reasons for making the order (at the same time as laying before Parliament the statutory instrument containing the order).
- (6) If an order is made under subsection (1), the Secretary of State must –
 - (a) appoint a person as the trust special administrator with effect from the day specified in the order, and
 - (b) publish the name of the person appointed.
- (7) A person appointed as a trust special administrator holds and vacates office in accordance with the terms of the appointment.

- (8) The Secretary of State may pay remuneration and expenses to a trust special administrator appointed under this section.

65BA Recommendation by Care Quality Commission to appoint trust special administrator

- (1) If the Care Quality Commission is satisfied that there is a serious failure by an NHS trust or NHS foundation trust to provide services that are of sufficient quality to be provided under this Act it may make a recommendation to the Secretary of State to make an order under section 65B(1). 5
- (2) If a recommendation is made under subsection (1) the Secretary of State must consider whether to make the requested order. 10

65BB Care Quality Commission report on safety and quality of services

The Care Quality Commission must, as soon as reasonably practicable after the making of an order under section 65B(1) in relation to an NHS trust or NHS foundation trust, provide the Secretary of State with a report on the safety and quality of the services that the trust provides under this Act. 15

65BC Suspension of chair and directors

- (1) When the appointment of a trust special administrator in relation to an NHS trust or NHS foundation trust takes effect, the trust's chair and its executive and non-executive directors are suspended from office. 20
- (2) Subsection (1) does not affect the employment of the executive directors or their membership of any committee or sub-committee of the trust.” 25

3 For section 65F substitute –

“65F Draft report

- (1) A trust special administrator appointed in relation to an NHS trust or NHS foundation trust must, within the period of 65 working days beginning with the day on which the administrator's appointment takes effect – 30
- (a) provide the Secretary of State with a draft report recommending what action (if any) the Secretary of State should take in relation to the trust, and
- (b) publish a copy of that draft report. 35
- (2) When preparing a draft report under subsection (1), the administrator must consult –

- (a) any person to whom the trust provides goods or services under this Act and whom the Secretary of State directs the administrator to consult, and
 - (b) the Care Quality Commission.
- (3) The Secretary of State must lay before Parliament any report received under subsection (1).” 5
- 4 In section 65G (consultation plan) omit subsections (4) to (9).
- 5 (1) Section 65H (consultation requirements) is amended as follows.
- (2) In subsection (7) –
 - (a) omit paragraph (bze); 10
 - (b) in paragraphs (c) and (d), for “NHS England” substitute “the Secretary of State”.
- (3) In subsection (9)(c) –
 - (a) omit “and Local Healthwatch organisations”;
 - (b) for “, (bzd) and (bze)” substitute “and (bzd)”. 15
- (4) In subsection (9A), for “NHS England” substitute “The Secretary of State”.
- (5) Omit subsection (10).
- 6 For section 65I substitute –

“65I Final report

 - (1) A trust special administrator appointed in relation to an NHS trust or NHS foundation trust must, within the period of 15 working days beginning with the end of the consultation period, provide the Secretary of State with a final report stating any action that the administrator recommends that the Secretary of State should take in relation to the trust. 20
 - (2) The administrator must attach to the final report a summary of the responses to the draft report which were received by the administrator in the period beginning with the publication of the draft report and ending with the last day of the consultation period. 25
 - (3) The Secretary of State must publish and lay before Parliament any report received under subsection (1).” 30
- 7 (1) Section 65J (power to extend time) is amended as follows.
 - (2) In subsection (1)(a) and (c) omit “or (1A)”.
 - (3) In subsection (2), for “NHS England”, in both places it occurs, substitute “the Secretary of State”. 35
- 8 In the italic heading before section 65K omit “and NHS England”.

9 For sections 65K to 65L substitute—

“65K Decision of Secretary of State

- (1) Within the period of 20 working days beginning with the day on which the Secretary of State receives a final report under section 65I relating to an NHS trust or NHS foundation trust, the Secretary of State must decide what (if any) action to take in relation to the trust. 5
- (2) The Secretary of State must as soon as reasonably practicable—
 - (a) publish a notice of the decision and of the reasons for it;
 - (b) lay a copy of the notice before Parliament. 10

65L Trusts coming out of administration

- (1) This section applies if the Secretary of State’s decision under section 65K does not involve dissolving the NHS trust or NHS foundation trust.
- (2) The Secretary of State must make an order specifying a date when the following come to an end—
 - (a) the appointment of the trust special administrator, and
 - (b) the suspension of the chair and directors of the trust. 15
- (3) If it appears to the Secretary of State to be necessary in order to comply with Schedule 4 or 7, the Secretary of State may—
 - (a) terminate the appointment of an executive director of the trust; 20
 - (b) appoint a person to be an executive director of the trust.
- (4) For the Secretary of State’s powers to take the actions mentioned in subsection (3) in relation to other officers of an NHS trust or NHS foundation trust, see Schedules 4 and 7.” 25

10 (1) Section 65LA (trusts to be dissolved) is amended as follows.

- (2) Omit subsections (1) and (2).
- (3) In subsection (3), for “NHS England” substitute “If the Secretary of State decides under section 65K(1) that it is appropriate to dissolve an NHS foundation trust, the Secretary of State”. 30
- (4) After subsection (5) insert—

“(6) For power to dissolve NHS trusts and transfer their property and liabilities, see paragraphs 28 and 29 of Schedule 4.”

11 (1) Section 65M (replacement of trust special administrator) is amended as follows. 35

- (2) In subsection (1)—
 - (a) omit “or (2B)”;
 - (b) for “NHS England” substitute “the Secretary of State”.

- (3) In subsection (2), for “NHS England” substitute “the Secretary of State”.
- 12 (1) Section 65N (guidance) is amended as follows.
 - (2) In subsection (1), for “NHS England” substitute “The Secretary of State”.
 - (3) In subsection (1A) omit “, in so far as it applies to NHS trusts,”.
 - (4) Omit subsection (2A). 5
 - (5) In subsection (3A), for “NHS England” substitute “the Secretary of State”.
- 13 (1) Section 272 (orders, regulations, rules and directions) is amended as follows.
 - (2) In subsection (5)(ab), for “65KC(3), 65L(2), (2B) or (7), 65LA(3), or 65V(2)” substitute “65L(2) or 65LA(3) (see also subsection (6A))”;
 - (3) In subsection (6A), for “65KC(3), 65L(2) or (7), 65LA(3) or 65V(2)” substitute “65L(2) or 65LA(3)”. 10

SCHEDULE 7

Section 44

PHARMACEUTICAL SERVICES: APPEALS ETC

- 1 The National Health Service Act 2006 is amended as follows.
- 2 (1) Section 130 (regulations as to pharmaceutical services: appeals, etc) is 15
amended as follows.
 - (2) In subsection (2) for “First-tier Tribunal” substitute “relevant appeal body”.
 - (3) After subsection (2) insert –
 - “(2A) In subsection (2) “relevant appeal body” has the meaning given by section 158(9).” 20
- 3 (1) Section 132 (persons authorised to provide pharmaceutical services) is
amended as follows.
 - (2) In subsection (5) for “First-tier Tribunal” substitute “relevant appeal body”.
 - (3) After subsection (5) insert –
 - “(5A) In subsection (5) “relevant appeal body” has the meaning given by section 158(9).” 25
- 4 (1) Section 154 (suspension) is amended as follows.
 - (2) In subsections (6)(b) and (c), (7) and (8), for “First-tier Tribunal”, in each place it occurs, substitute “relevant appeal body”.
 - (3) After subsection (8) insert – 30
 - “(8A) In subsections (6) to (8) “relevant appeal body” has the meaning given by section 158(9).”
- 5 (1) Section 155 (suspension pending appeal) is amended as follows.

- (2) In subsections (4) and (6), for “First-tier Tribunal” substitute “relevant appeal body”.
 - (3) After subsection (7) insert –
 - “(8) In this section “relevant appeal body” has the meaning given by section 158(9).”
- 6 (1) Section 157 (review of decisions) is amended as follows.
- (2) In subsection (1), for “First-tier Tribunal” substitute “relevant appeal body”.
 - (3) After subsection (3) insert –
 - “(4) In this section “relevant appeal body” has the meaning given by section 158(9).”
- 7 (1) Section 158 (appeals) is amended as follows.
- (2) In subsections (1), (4), (5), (6) and (7), for “First-tier Tribunal”, in each place it occurs, substitute “relevant appeal body”.
 - (3) After subsection (8) insert –
 - “(9) In this section “relevant appeal body” means an NHS body specified by regulations made by the Secretary of State.”
- 8 For section 159 substitute –
- “159 Pharmaceutical lists: national disqualification**
- (1) The relevant appeal body may impose a national disqualification on a person if –
 - (a) it removes the person from a pharmaceutical list, or
 - (b) it dismisses an appeal by the person against a refusal to include them in a pharmaceutical list.
 - (2) A national disqualification under this section disqualifies the person on whom it is imposed from inclusion in any pharmaceutical list prepared by an integrated care board.
 - (3) An integrated care board –
 - (a) must not include a person in a pharmaceutical list if the person is subject to a national disqualification under this section, and
 - (b) must remove from a pharmaceutical list any person who is subject to a national disqualification under this section.
 - (4) A person on whom a national disqualification is imposed under this section may request the relevant appeal body to review their decision to impose the disqualification.
 - (5) On a review, the relevant appeal body may confirm or revoke the disqualification.
 - (6) A person may not request a review before the end of the period of –

- (a) two years beginning with the date on which the national disqualification was imposed, or
 - (b) one year beginning with the date of the decision on the last such review.
- (7) See section 168B for an alternative power to disqualify a person from inclusion in the pharmaceutical lists (and other lists) on an application to the First-tier Tribunal.” 5

9 After Part 7 insert—

“PART 7A

PRIMARY CARE: NATIONAL DISQUALIFICATION 10

168B National disqualification orders

- (1) The First-tier Tribunal may make a disqualification order in respect of a person on an application made in accordance with this section.
- (2) A disqualification order is an order—
 - (a) disqualifying a person from inclusion in any relevant list, or 15
 - (b) disqualifying a person from inclusion in a description of relevant lists specified in the order.
- (3) A disqualification order may be made only on an application by the person responsible for preparing a relevant English list and only if they have— 20
 - (a) removed the person in respect of whom the disqualification order is sought from a relevant English list, or
 - (b) refused to include that person in a relevant English list.
- (4) Any such application must be made before the end of the period of three months beginning with the date of the removal or refusal. 25
- (5) In this section—
 - “relevant English list” means—
 - (a) a pharmaceutical list,
 - (b) a list under section 147A, 30
 - (c) a list under section 91, 106, or 123, or
 - (d) a list corresponding to a list under section 91 prepared by virtue of regulations made under section 145;
 - “relevant list” means— 35
 - (a) a relevant English list, or
 - (b) a relevant Welsh list;
 - “relevant Welsh list” means a list corresponding to a relevant English list prepared by each Local Health Board under or by virtue of the National Health Service (Wales) Act 2006. 40

168C Effect of disqualification order

- (1) A person responsible for preparing a relevant list—
 - (a) must not include a person in the list if that person is disqualified from inclusion in that list by a disqualification order under section 168B, and
 - (b) must remove from the list any person who is disqualified from inclusion in that list by such an order.
- (2) In this section “relevant list” has the meaning given by section 168B(5).

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168D Right to request review of disqualification order

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- (1) A person against whom a disqualification order is made under section 168B may apply to the First-tier Tribunal to review the decision to make the order.
- (2) On a review, the First-tier Tribunal may confirm or revoke the order.
- (3) A person may not apply for a review before the end of the period of—
 - (a) two years beginning with the date on which the order was made, or
 - (b) one year beginning with the date of the decision on the last such review.”

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SCHEDULE 8

Section 55

HEALTH AND SOCIAL CARE INFORMATION SYSTEMS ETC

Extension of extent

- 1 Chapter 2 of Part 9 of the Health and Social Care Act 2012 extends to Scotland and Northern Ireland (as well as to England and Wales by virtue of section 308 of that Act).

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Other amendments

- 2 The Health and Social Care Act 2012 is amended as follows.
- 3 In the heading of Chapter 2 of Part 9 omit “NHS England:”.
- 4 (1) Section 253 (NHS England data functions: general) is amended as follows.
 - (2) In the heading omit “NHS England”.
 - (3) In subsection (1)—
 - (a) in the words before paragraph (a)—
 - (i) for “NHS England” substitute “The Secretary of State”;

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- (ii) omit “its”;
 - (b) omit paragraphs (a) and (b).
- (4) For subsection (2) substitute –
 - “(2) When exercising relevant data functions other than those under the Medicines and Medical Devices Act 2021, the Secretary of State must seek to minimise the burdens imposed on others.” 5
- (5) In subsection (3), in the definition of “relevant data functions” –
 - (a) in the words before paragraph (a) –
 - (i) omit “, in relation to NHS England,”;
 - (ii) for “NHS England”, in the second place it occurs, substitute “the Secretary of State”; 10
 - (b) for paragraph (b) substitute –
 - “(b) paragraph 7B(1)(d) of Schedule 1 to the National Health Service Act 2006;”.
- 5 For section 254 substitute – 15
 - “254 Powers to establish information systems**
 - (1) The Secretary of State must establish and operate such systems for the collection, analysis or other processing of information as the Secretary of State considers to be appropriate and in the interests of – 20
 - (a) the health service in England, or
 - (b) recipients or providers of adult social care in England.
 - (2) The Secretary of State may establish and operate other systems for the collection, analysis or other processing of information for the purposes of, or in connection with, the provision in the British Islands of health care or adult social care. 25
 - (3) In this Chapter –
 - “health care” includes all forms of health care whether relating to physical or mental health and also includes procedures that are similar to forms of medical or surgical care but are not provided in connection with a medical condition; 30
 - “information system” means a system established and operated under subsection (1) or (2).”
- 6 Omit section 255 (power to request NHS England to establish information systems). 35
- 7 Omit section 256 (requests for collection under section 255: confidential information).
- 8 (1) Section 257 (requests under section 255: supplementary) is amended as follows.
- (2) For the heading substitute “Requests to establish information systems”. 40

- (3) Before subsection (1) insert—
“(A1) Any person (anywhere) may request the Secretary of State to establish and operate an information system.”
- (4) In subsection (1)—
 - (a) in the words before paragraph (a), for “NHS England” substitute “The Secretary of State”; 5
 - (b) in paragraph (a), for “requests under section 255” substitute “a request to establish and operate an information system”;
 - (c) in paragraph (b), for “NHS England” substitute “the Secretary of State”. 10
- (5) In subsection (2), for “NHS England” substitute “the Secretary of State”.
- (6) For subsections (3) to (5) substitute—
 - “(3) The Secretary of State may charge a person a reasonable fee in respect of the cost of complying with a request to establish and operate an information system. 15
 - (4) A person must consult the Secretary of State before making a request for the Secretary of State to establish and operate an information system.
 - (5) If the Secretary of State complies with a request to establish and operate an information system, the Secretary of State must publish details of the request.” 20
- 9 (1) Section 258 (information systems: supplementary) is amended as follows.
 - (2) In subsection (1)—
 - (a) for the words before paragraph (a) substitute “Before establishing an information system the Secretary of State must consult—”; 25
 - (b) for paragraph (a) substitute—
 - “(a) any person who made a request for the Secretary of State to establish the information system,”;
 - (c) in paragraph (b)—
 - (i) for “NHS England” substitute “the Secretary of State”; 30
 - (ii) omit “to which the direction or request relates”;
 - (d) in paragraph (d), for “NHS England” substitute “the Secretary of State”.
 - (3) For subsection (2) substitute—
 - “(2) If the Secretary of State reasonably believes that there is no longer any need to retain information obtained in the operation of an information system, the Secretary of State may destroy the information.” 35
- 10 (1) Section 259 (powers to require and request provision of information) is amended as follows. 40

- (2) For subsection (1) substitute –
- “(1) The Secretary of State may –
- (a) require any person mentioned in subsection (2) to provide the Secretary of State with any information which the Secretary of State considers it necessary or expedient to have for the purposes of any function that the Secretary of State exercises by virtue of this Chapter, 5
- (b) require any health care provider, not within paragraph (a), to provide the Secretary of State with any information which the Secretary of State considers it necessary or expedient to have for the purposes of establishing and operating an information system, and 10
- (c) request any person to provide the Secretary of State with any information which the Secretary of State considers it necessary or expedient to have for the purposes of any function that the Secretary of State exercises by virtue of this Chapter.” 15
- (3) In subsection (2), for the words before paragraph (a) substitute “The persons mentioned in this subsection are –”.
- (4) Omit subsection (3). 20
- (5) Omit subsection (4).
- (6) For subsections (5) and (6) substitute –
- “(5) A requirement or request under this section may specify –
- (a) the form and manner in which the information is to be provided, and 25
- (b) the time within which it is to be provided.
- (5A) A person on whom a requirement is imposed under this section must comply with it.
- (6) If the Secretary of State considers it appropriate to do so, the Secretary of State may make a payment to any person who has provided information pursuant to a request made under subsection (1)(c) in respect of the costs to that person of doing so.” 30
- (7) Omit subsection (7).
- (8) In subsection (8), for “NHS England” substitute “The Secretary of State”.
- (9) In subsection (9) – 35
- (a) for “NHS England” substitute “the Secretary of State”;
- (b) after “subsection” insert “(1)(b) or”;
- (10) after subsection (10) insert –
- “(10A) For enforcement of requirements under subsection (1)(a) or (b) against persons other than public bodies, see section 277E. 40

- (10B) In this section “health care provider” means a person who is required to be registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 in respect of the carrying on of a regulated activity (within the meaning of Part 1 of that Act) involving or connected with the provision of health care.”

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11 For sections 260 and 261 substitute—

“260 Publication of information

- (1) The Secretary of State may publish information obtained in the operation of an information system.

- (2) But the Secretary of State may not publish personal information under subsection (1) unless—

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- (a) the individual to whom it relates has consented to the publication, or

- (b) the Secretary of State considers that publishing the information is a proportionate means of achieving a legitimate aim.

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- (3) In this section—

“legitimate aim” means one, or a combination, of the following aims—

- (a) the protection of the life or health of humans;

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- (b) the protection of public safety or security;

“personal information” means information in a form which—

- (a) identifies an individual, other than a provider of health care or adult social care, to whom the information relates, or

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- (b) enables the identity of such an individual to be ascertained.

261 Other disclosure of information

- (1) The Secretary of State may disclose (otherwise than by publication) information obtained in the operation of an information system.

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- (2) But the Secretary of State may not disclose personal information under subsection (1) unless—

- (a) the individual to whom it relates has consented to the disclosure,

- (b) the information has previously been lawfully disclosed to the public,

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- (c) the disclosure is made to a person to whom the information could have been lawfully disclosed by the person from whom the Secretary of State collected it,

- (d) the disclosure is made for the purpose of facilitating the carrying out of clinical trials or otherwise for the purpose

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- of facilitating research (including by enabling potential participants in research to be identified and contacted),
- (e) the disclosure is made in accordance with a court order,
 - (f) the disclosure is necessary or expedient for the purposes of protecting the welfare of an individual, 5
 - (g) the disclosure is to a person in circumstances where it is necessary or expedient for the person to have the information for the purpose of exercising functions conferred on them under or by virtue of any provision of this or any other Act,
 - (h) the disclosure is made in connection with the investigation of a criminal offence (whether or not in the United Kingdom), 10
 - (i) the disclosure is made for the purpose of criminal proceedings (whether or not in the United Kingdom), or
 - (j) the Secretary of State considers that disclosing the information is a proportionate means of achieving a legitimate aim. 15
- (3) A disclosure of a description mentioned in paragraph (b), (e) or (i) (whether or not a disclosure of personal information) may be made under subsection (1) despite any rule of common law that would otherwise prohibit or restrict the disclosure. 20
- (4) Nothing in this section limits the Secretary of State from disclosing information under or by virtue of any other provision of this Act or any other Act.
- (5) In this section “legitimate aim” and “personal information” have the meaning given by section 260(3).” 25
- 12 Omit section 262 (other dissemination: directions and requests under sections 254 and 255).
- 13 For section 262A substitute –
- “262A Publication and other disclosure: supplementary**
- In exercising any function of publishing or otherwise disclosing information obtained in connection with the exercise of the Secretary of State’s relevant data functions, the Secretary of State must have regard to any relevant advice given by the committee appointed by the Health Research Authority under paragraph 8(1) of Schedule 7 to the Care Act 2014 (committee to advise in connection with information disclosure etc).” 30
- 35
- 14 Omit section 263 (code of practice on confidential information).
- 15 In section 264 (information register) –
- (a) for “NHS England” substitute “The Secretary of State”;
 - (b) for “by virtue of this Chapter” substitute “in the operation of information systems”. 40

- 16 For section 265 substitute—
“265 Guidance
 - (1) The Secretary of State may give guidance to health or social care bodies on any matter relating to the processing of information so far as relevant to the exercise of their functions in connection with the provision of health services or of adult social care in England. 5
 - (2) A health or social care body must have regard to guidance given under this section.”
- 17 For the italic heading before section 266 substitute “Accreditation scheme for information service providers”. 10
- 18 Omit section 266 (assessment of quality of information).
- 19 (1) Section 267 (power to establish accreditation scheme) is amended as follows.
(2) For subsection (2) substitute—
“ (2) The regulations must provide for the accreditation scheme to be established and operated by— 15
 - (a) the Secretary of State, or
 - (b) a public body that—
 - (i) exercises functions in, or in relation to, England, and
 - (ii) is designated by the Secretary of State in accordance with provision made by the regulations. 20
- (2A) The person for the time being responsible for establishing and operating the accreditation scheme in accordance with provision made by virtue of subsection (2) is referred to in this section as the “operator”. ”
- (3) In subsection (5)— 25
 - (a) omit “other than a public body”;
 - (b) for “collection, analysis, publication or other dissemination” substitute “processing”.
- 20 (1) Section 268 (database of quality indicators) is amended as follows.
(2) In subsection (1), for “NHS England” substitute “the Secretary of State”. 30
(3) In subsection (2)—
 - (a) in paragraph (b), for “NHS England” substitute “the Secretary of State”;
 - (b) in paragraph (c) omit “or NHS England”.
- 21 In section 269 (power to confer functions in relation to identification of GPs), in subsection (1), for “NHS England” substitute “the Secretary of State”. 35
- 22 Omit section 270 (additional functions).

- 23 Omit section 274A (Secretary of State’s guidance about NHS England data functions).
- 24 Before section 275 insert an italic heading “Interpretation etc”.
- 25 In section 275 (interpretation of Chapter 2 of Part 9) –
- (a) omit the definition of “devolved authority”; 5
 - (b) in the definition of “health care” for “255(10)” substitute “254(3)”;
 - (c) omit the definition of “mandatory request”;
 - (d) omit the definition of “Northern Ireland Minister”;
 - (e) omit the definition of “relevant person”;
 - (f) at the appropriate places insert – 10
 - ““information system” has the meaning given by section 254(3);”;
 - ““processing” has the same meaning as in Parts 5 to 7 of the Data Protection Act 2018 (see section 3(4) of that Act);”.
- 26 In section 304 (regulations, orders and directions), in subsection (12), for the numbered list in paragraph (a) substitute – 15
 - “section 234(1) (direction to NICE to prepare quality standards);
 - section 245(1) (direction to NICE to perform functions);”.

SCHEDULE 9

Section 65

TRANSFER OF HSSIB’S FUNCTIONS TO CQC

PART 1

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AMENDMENTS TO THE HEALTH AND SOCIAL CARE ACT 2008

- 1 The Health and Social Care Act 2008 is amended as follows.
- 2 In section 2 (Commission’s functions), in subsection (2) –
- (a) omit the “and” at the end of paragraph (b), and
 - (b) at the end of paragraph (b) insert – 25
 - “(ba) investigation functions under Chapter 3A, and”.
- 3 In section 48 (special reviews and investigations), in subsection (2), in the words before paragraph (a), after “an investigation” insert “(other than an investigation under Chapter 3A)”.

4 After section 51 insert –

“CHAPTER 3A

HEALTH SERVICES SAFETY INVESTIGATIONS

Investigations

51A Investigation of incidents with safety implications 5

- (1) The Commission may carry out such investigations as it considers appropriate into incidents that –
 - (a) occur in England during the provision of health care services, and
 - (b) have or may have implications for the safety of patients. 10
- (2) The purpose of the investigations is to –
 - (a) identify risks to the safety of patients, and
 - (b) address those risks by facilitating the improvement of systems and practices in the provision of NHS services or other health care services in England. 15
- (3) In particular, where an investigation relates to an incident that occurred during the provision of health care services that are not NHS services, the Commission must consider whether, in relation to any risks identified, the systems and practices in the provision of NHS services could be improved. 20
- (4) The purpose of the investigations does not include assessing or determining –
 - (a) blame,
 - (b) civil or criminal liability, or
 - (c) whether action needs to be taken in respect of an individual by a regulatory body. 25
- (5) In this Chapter, an incident within subsection (1) is called a “qualifying incident”.

51B Deciding which incidents to investigate

- (1) The Commission’s function under section 51A includes determining which qualifying incidents it will investigate, subject to subsection (2). 30
- (2) The Secretary of State may direct the Commission to carry out an investigation under section 51A of –
 - (a) a particular qualifying incident that has occurred, or
 - (b) qualifying incidents that have occurred and are of a particular description. 35

- (3) A direction under subsection (2) may specify the date by which the Commission must publish its final report (see section 51D).
- (4) Once the Commission has begun an investigation into a qualifying incident, it must, in such manner as it considers appropriate, publish a statement which—5
 - (a) reports that it has begun the investigation,
 - (b) contains a brief description of the incident, and
 - (c) sets out, in general terms, the issues that the Commission expects to consider in the investigation.
- (5) The Commission may give advance notice of a statement under subsection (4) to any person the Commission considers may be affected by the investigation.10
- (6) Where the Commission discontinues an investigation under section 51A, it must, in such manner as it considers appropriate, publish a statement which—15
 - (a) reports that it has discontinued the investigation, and
 - (b) gives its reasons for doing so.
- (7) Where the Commission determines not to investigate a qualifying incident, it may give notice of its determination to any person the Commission considers to have an interest in the determination.20
- (8) Notice under subsection (7) may include—
 - (a) a brief description of the incident, and
 - (b) the Commission’s reasons for not investigating it.

51C Criteria, principles and processes

- (1) The Commission must determine and publish—25
 - (a) the criteria it will use in determining which qualifying incidents it will investigate under section 51A,
 - (b) the principles which are to govern such investigations,
 - (c) the processes to be followed in carrying out such investigations, and30
 - (d) the processes for ensuring that, so far as reasonable and practicable, patients and their families are involved in such investigations.
- (2) The processes determined under subsection (1)(c) must include—35
 - (a) the procedures and methods to be used in investigations (including in the interviewing of persons), and
 - (b) the time periods within which the Commission aims to complete investigations.
- (3) Different processes under subsection (1)(c) or (d) may be determined for different descriptions of investigation.40

- (4) Anything published under subsection (1)(d) must be –
 - (a) easily accessible to patients and their families, and
 - (b) capable of being easily understood by them.
- (5) The Commission must review the criteria, principles and processes –
 - (a) within the period of five years beginning with their publication under subsection (1), and 5
 - (b) subsequently within each period of five years beginning with the completion of the previous review.
- (6) If the Commission revises the criteria, principles and processes it must publish them as revised. 10
- (7) In determining or revising the criteria, principles and processes the Commission must consult –
 - (a) the Secretary of State, and
 - (b) any other persons the Commission considers appropriate.

Reports

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51D Final reports

- (1) When the Commission completes an investigation under section 51A, it must publish a report on the outcome of the investigation (the “final report”).
- (2) The final report must – 20
 - (a) contain a statement of findings of fact made as a result of the investigation and an analysis of those findings,
 - (b) make such recommendations as to the action to be taken by any person as the Commission considers appropriate (including recommendations as to any action to be taken by the Commission itself), and 25
 - (c) set out the Commission’s conclusions on the matters it considered in accordance with section 51A(3) (but only if that provision is applicable to the investigation).
- (3) The final report must focus on ascertaining risks to the safety of patients and any recommendations as to the action to be taken by any person must focus on addressing those risks (rather than on the activities of individuals involved in the incident). 30
- (4) In particular, the final report may not include an assessment or determination of – 35
 - (a) blame,
 - (b) civil or criminal liability, or
 - (c) whether action needs to be taken in respect of an individual by a regulatory body.

- (5) Information which is protected material (see section 51M) may be disclosed in a final report if the Commission determines that the benefits to the safety of patients served by the disclosure outweigh—
 - (a) any adverse impact on current or future investigations under section 51A by deterring persons from providing information for the purposes of such investigations, and 5
 - (b) any adverse impact on securing the improvement of the safety of health care services provided to patients in England.
- (6) The final report may not, without their consent, include the name of any individual— 10
 - (a) who has provided information to the Commission for the purposes of the investigation, or
 - (b) who was involved in the incident being investigated.
- (7) Where an investigation is carried out pursuant to a direction under section 51B(2), the Commission must send a copy of the final report to the Secretary of State. 15

51E Interim reports

- (1) While the Commission is carrying out an investigation under section 51A, it may publish a report on any matter relating to the investigation (an “interim report”). 20
- (2) An interim report may—
 - (a) contain a statement of findings of fact made as a result of the investigation to date and an analysis of those findings,
 - (b) make such recommendations as to the action to be taken by any person as the Commission considers appropriate (including recommendations as to any action to be taken by the Commission itself), and 25
 - (c) set out the Commission’s conclusions to date on the matters it has considered in accordance with section 51A(3) (but only if that provision is applicable to the investigation). 30
- (3) Subsections (3) to (7) of section 51D apply in relation to an interim report as they apply in relation to a final report.

51F Final and interim reports: drafts

- (1) Before it publishes a final or interim report, the Commission—
 - (a) must send a draft of the report to any person who the Commission reasonably believes could be adversely affected by the report, and 35
 - (b) may send a draft of the report to any other person who the Commission believes should be sent a draft.

- (2) If a person who the Commission reasonably believes could have been adversely affected by the report has died, the draft report must be sent to the person (if any) who appears to the Commission to best represent the interests of the person who has died.
- (3) The Commission must notify every person to whom a draft report is sent – 5
 - (a) that the person has an opportunity to comment on the draft report before the deadline specified by the Commission, and
 - (b) how any such comments should be made.
- (4) If a person’s comments on a draft report are not taken into account in the final or interim report as published, the Commission must explain to the person why that is. 10
- (5) Where this section would otherwise require the report to be sent to the Commission, the report is to be sent to the chief executive of the Commission or a person nominated by the chief executive. 15

51G Response to reports

- (1) This section applies where a final or interim report includes recommendations as to the action to be taken by any person.
- (2) The Commission must, in such manner as it considers appropriate, send the report to that person or make it available to them. 20
- (3) The report must specify –
 - (a) the deadline for that person to provide a written response, and
 - (b) how the written response should be provided.
- (4) Before that deadline, the person must respond to the Commission in writing setting out the actions they propose to take in pursuance of the recommendations. 25
- (5) The Commission may publish the response.
- (6) Subsection (4) does not require a person to respond to the extent that the person could be required to respond to the Commission by an Act of Senedd Cymru (ignoring any requirement for the consent of a Minister of the Crown imposed under Schedule 7B to the Government of Wales Act 2006). 30
- (7) Where this section would otherwise require the report to be sent or made available to the Commission, the report is to be sent or made available to the chief executive of the Commission or a person nominated by the chief executive. 35

51H Admissibility of reports

- (1) A final report, an interim report and the draft of a final or interim report sent to a person under section 51F are not admissible in any proceedings within subsection (2).
- (2) Those proceedings are – 5
 - (a) proceedings to determine civil or criminal liability in respect of any matter;
 - (b) proceedings before any employment tribunal;
 - (c) proceedings before a regulatory body (including proceedings for the purposes of investigating an allegation); 10
 - (d) proceedings to determine an appeal against a decision made in proceedings falling within paragraphs (a) to (c).
- (3) But the High Court may order that a final or interim report is admissible in proceedings within subsection (2) on an application by a person who is a party to the proceedings or otherwise entitled to appear in them. 15
- (4) The Commission may make representations to the High Court about any application under subsection (3).
- (5) The High Court may make an order under subsection (3) only if it determines that the interests of justice served by admitting the report outweigh – 20
 - (a) any adverse impact on current or future investigations under section 51A by deterring persons from providing information for the purposes of such investigations, and
 - (b) any adverse impact on securing the improvement of the safety of health care services provided to patients in England. 25

Investigatory powers etc

51I Powers of entry, inspection and seizure

- (1) If an investigator considers it necessary for the purposes of an investigation under section 51A, the investigator may – 30
 - (a) enter and inspect premises in England, other than premises used wholly or mainly as a private dwelling;
 - (b) inspect and take copies of any document at, or capable of being viewed using equipment at, the premises;
 - (c) inspect any item at the premises; 35
 - (d) seize and remove from the premises any document or other item (unless that would risk the safety of any patient).
- (2) In subsection (1)(b) the reference to inspecting and taking copies of any document includes requiring any document which is kept in

electronic form to be produced in a form in which it is legible and can be taken away.

- (3) Where any document or other item is seized by an investigator, or any copy of a document is taken, it may be retained by the Commission for so long as is necessary for the purposes of the investigation. 5
- (4) An investigator exercising any power conferred by this section must, if asked, produce evidence of the investigator’s authority from the Commission to act on its behalf.

51J Powers to require information etc 10

- (1) An investigator may by notice require any person—
 - (a) to attend at a specified time and place and to provide information by answering questions;
 - (b) to provide specified information, or information of a specified description, by a specified date; 15
 - (c) to provide specified documents or items, or documents or items of a specified description, by a specified date.
- (2) An investigator may give a person a notice under subsection (1) only if the investigator reasonably believes that—
 - (a) in the case of a requirement under subsection (1)(a), the person is able to provide information which is necessary for the purposes of an investigation under section 51A; 20
 - (b) in the case of a requirement under subsection (1)(b)—
 - (i) it is necessary to obtain the information for the purposes of an investigation under section 51A, and 25
 - (ii) the person is able to provide it;
 - (c) in the case of a requirement under subsection (1)(c)—
 - (i) it is necessary to obtain the document or other item for the purposes of an investigation under section 51A, and 30
 - (ii) the person is able to provide it.
- (3) But a person is not required by virtue of subsection (1) to provide any information, document or other item where—
 - (a) its provision would risk the safety of any patient,
 - (b) its provision might incriminate the person, or 35
 - (c) in the case of information or a document, the person would be entitled to refuse to provide it in any proceedings in any court on the grounds that it is the subject of legal professional privilege.
- (4) A notice must— 40

- (a) specify the grounds for the investigator believing the matters in subsection (2),
 - (b) give an explanation of the consequences of failing to comply with the notice (see section 51L), and
 - (c) attach evidence of the investigator’s authority from the Commission to exercise the powers conferred by this section. 5
- (5) If a notice requires a person to provide anything which is kept in electronic form, the notice may require it to be provided in a form in which it is legible.
- (6) An investigator may withdraw a notice under subsection (1) by giving notice of withdrawal to the person to whom the notice was given. 10
- (7) Where any document or other item is provided to an investigator pursuant to a notice, it may be retained by the Commission for so long as is necessary for the purposes of the Commission’s investigation function under section 51A, unless its retention would risk the safety of any patient. 15
- (8) Where a person attends to answer questions pursuant to a notice under subsection (1)(a), the Commission—
 - (a) must reimburse the person the reasonable costs incurred in attending; 20
 - (b) may record, by any means, the answers given.
- (9) In this section “specified” means specified in the notice.

51K Voluntary provision of information etc

A person may disclose any information, document or other item to the Commission if the person reasonably believes that the disclosure is necessary for the purpose of enabling the Commission to carry out its investigation function under section 51A. 25

51L Offences relating to investigations

- (1) A person commits an offence if the person— 30
 - (a) intentionally obstructs an investigator in the performance of functions conferred by section 51I, or
 - (b) fails without reasonable excuse to comply with a notice given under section 51J.
- (2) A person commits an offence if the person provides information to the Commission for the purposes of the Commission’s investigation function under section 51A which the person knows or suspects is false or misleading in a material respect. 35

- (3) It is a defence for a person charged with an offence under subsection (2) to show that—
 - (a) the person reasonably believed that the information would assist the Commission in carrying out its investigation function under section 51A, and 5
 - (b) at the time of providing the information the person informed the Commission that the person knew or suspected that it was false or misleading.
- (4) If a person charged with an offence under subsection (2) relies on the defence under subsection (3), and evidence is adduced which is sufficient to raise an issue with respect to that defence, the court must assume that the defence is satisfied unless the prosecution proves beyond reasonable doubt that it is not. 10
- (5) A person who commits an offence under this section is liable on summary conviction to a fine. 15

Protection of material held by the Commission under Chapter 3A

51M Prohibition on disclosure of material

- (1) The Commission, or a connected individual, must not disclose protected material to any person.
- (2) In this Chapter “protected material” means any information, document or other item which—
 - (a) is held by the Commission, or a connected individual, for the purposes of the Commission’s investigation function under section 51A,
 - (b) relates to a qualifying incident (whether or not investigated by the Commission), and 25
 - (c) has not already been lawfully made available to the public.
- (3) In this Chapter “connected individual” means—
 - (a) a member of the Commission,
 - (b) a member of a committee or sub-committee of the Commission, 30
 - (c) an investigator, or
 - (d) an individual (other than an investigator) who works for the Commission.
- (4) For the purposes of subsection (3)(d) an individual “works for” the Commission if the individual works—
 - (a) under a contract of employment with the Commission,
 - (b) under a contract of apprenticeship with the Commission, 35

- (c) under a contract under which the individual undertakes to do or perform personally any work or services for the Commission, or
 - (d) as an agency worker within the meaning of the Agency Workers Regulations 2010 (S.I. 2010/93) in circumstances where the Commission is the hirer within the meaning of those Regulations. 5
- (5) An individual who was, but has ceased to be, a connected individual must not disclose to any person, other than a connected individual who is involved in the exercise of the Commission’s investigation function under section 51A, any information, document or other item held by that individual – 10
 - (a) which the individual obtained because they were a connected individual,
 - (b) which, immediately before they ceased to be a connected individual, was protected material, and 15
 - (c) which has not already been lawfully made available to the public.

51N Exceptions to prohibition on disclosure

- (1) Section 51M(1) does not apply to a disclosure which is required or authorised by – 20
 - (a) Schedule 2A,
 - (b) any other provision of this Chapter, or
 - (c) regulations under this subsection.
- (2) Regulations under subsection (1)(c) may, for example, require or authorise disclosures of protected material by reference to – 25
 - (a) the kind of material that it is (for example, a particular kind of equipment),
 - (b) the matters to which it relates,
 - (c) the person from whom it was obtained, 30
 - (d) the purpose for which it was produced or is held, or
 - (e) the purpose for which it is disclosed.
- (3) But regulations under subsection (1)(c) may not require or authorise disclosures of protected material by reference to the qualifying incident to which the material relates. 35
- (4) Regulations under subsection (1)(c) may provide for a person to exercise a discretion in dealing with any matter.
- (5) Regulations under subsection (1)(c) may provide that disclosures which are required or authorised by the regulations do not breach – 40
 - (a) obligations of confidence owed by the person making the disclosure, or

- (b) any other restrictions on disclosure.

51O Offences of unlawful disclosure

- (1) A person commits an offence if the person –
 - (a) breaches the prohibition in section 51M(1) by knowingly or recklessly disclosing protected material to another person, and 5
 - (b) knows or suspects that the disclosure is prohibited.
- (2) An individual commits an offence if the individual –
 - (a) breaches the prohibition in section 51M(5) by knowingly or recklessly disclosing any information, document or other item to another person, and 10
 - (b) knows or suspects that the disclosure is prohibited.
- (3) Subsection (4) applies where protected material is disclosed to a person who is not a connected individual –
 - (a) in a draft report sent to the person under section 51F(1), 15
 - (b) under paragraph 4, 5 or 6 of Schedule 2A (disclosures for purposes of an investigation, offence or safety risk), or
 - (c) under regulations under section 51N(1)(c).
- (4) The person to whom protected material is disclosed commits an offence if the person – 20
 - (a) knowingly or recklessly discloses the protected material to another person without reasonable excuse, and
 - (b) knows or suspects that it is protected material.
- (5) A person who commits an offence under this section is liable on summary conviction to a fine. 25

51P Restriction of statutory powers requiring disclosure

- (1) A power under any enactment (whenever passed or made) other than this Chapter to require the disclosure of, or to seize, any information, document or other item may not be used –
 - (a) to require the disclosure of protected material by the Commission, or 30
 - (b) to seize protected material from the Commission.
- (2) Subsection (1) applies to a power to require disclosure, or to seize, however it is expressed (and, for example, it applies if the power is to require a person to give, supply, furnish or produce any information, document or other item). 35
- (3) Subsection (1) does not apply to a power to the extent that the provision conferring it is within the legislative competence of a devolved legislature.

- (4) A provision is within the legislative competence of a devolved legislature if—
- (a) it would be within the legislative competence of the Scottish Parliament if it were contained in an Act of that Parliament;
 - (b) it would be within the legislative competence of Senedd Cymru if it were contained in an Act of the Senedd (ignoring any requirement for the consent of a Minister of the Crown imposed under Schedule 7B to the Government of Wales Act 2006); 5
 - (c) the provision— 10
 - (i) would be within the legislative competence of the Northern Ireland Assembly if it were contained in an Act of that Assembly, and
 - (ii) would not, if it were contained in a Bill in the Northern Ireland Assembly, result in the Bill requiring the consent of the Secretary of State under section 8 of the Northern Ireland Act 1998. 15
- (5) References to the Commission in subsection (1) include—
- (a) a connected individual, and
 - (b) an individual who was, but has ceased to be, a connected individual. 20

Relationship with other bodies

51Q Co-operation with other bodies

- (1) This section applies where—
- (a) the Commission is carrying out an investigation under section 51A into a qualifying incident, and 25
 - (b) a listed person is also carrying out an investigation into the same or a related incident.
- (2) The Commission and the listed person must co-operate with each other regarding practical arrangements for co-ordinating those investigations. 30
- (3) The following are listed persons—
- (a) an English NHS body or any other person providing NHS services;
 - (b) a cross-border Special Health Authority; 35
 - (c) the Health Research Authority;
 - (d) the Human Tissue Authority;
 - (e) the Human Fertilisation and Embryology Authority;
 - (f) the Health Service Commissioner for England;
 - (g) the Parliamentary Commissioner for Administration; 40
 - (h) any regulatory body;

- (i) the Health and Safety Executive;
 - (j) the Commissioner for Patient Safety.
- (4) The Commission must publish guidance about when a qualifying incident is to be regarded as related to another incident for the purposes of this section. 5
- (5) If the Commission revises the guidance the Commission must publish it as revised.

51R Provision of assistance to Secretary of State, NHS bodies and other persons

- (1) The Commission must comply with— 10
 - (a) any request by a relevant NHS body to provide it with assistance in connection with the carrying out of investigations into incidents occurring during the provision of NHS services or occurring at premises at which NHS services are provided; 15
 - (b) any request by the Secretary of State to provide a relevant NHS body with such assistance;
 - (c) any request by the Secretary of State to provide the Secretary of State with such assistance.
- (2) In subsection (1) “relevant NHS body” means— 20
 - (a) an NHS foundation trust;
 - (b) an NHS trust;
 - (c) an integrated care board.
- (3) For the purposes of this section, providing assistance includes— 25
 - (a) disseminating information about best practice,
 - (b) developing standards to be adopted, and
 - (c) giving advice, guidance or training.
- (4) Subsection (1) does not apply if— 30
 - (a) the assistance requested is giving advice, guidance or training, and
 - (b) the Commission determines that it is impracticable for it to give the assistance.
- (5) The Commission may give assistance to a person other than a relevant NHS body or the Secretary of State in relation to any matter connected with the carrying out of investigations if the Commission has been requested to provide the assistance by the person to whom it is to be given. 35
- (6) But the Commission may give assistance under subsection (5) only to the extent that the assistance does not to any significant extent

interfere with the exercise by the Commission of its investigation function under section 51A.

- (7) The activities which the Commission may carry out in, or in connection with, giving assistance under subsection (5) are not restricted to activities carried out in the United Kingdom. 5
- (8) The Commission may impose charges for or in connection with giving assistance under subsection (5).
- (9) Charges under subsection (8) must not exceed the costs incurred by the Commission in giving the assistance.

51S Investigations relating to Wales and Northern Ireland 10

- (1) The Commission may enter into an agreement with any person for the Commission to carry out an investigation falling within subsection (2).
- (2) An investigation falls within this subsection if –
 - (a) it is an investigation into one or more incidents that have occurred, or are occurring, in the United Kingdom – 15
 - (i) during the provision of any of the services mentioned in subsection (3), or
 - (ii) at premises at which any of those services are, or were, provided, 20
 - (b) the incident or incidents have or may have implications for the safety of persons for whom those services are provided,
 - (c) the investigation is carried out for the purpose of identifying risks to the safety of such persons and addressing those risks by facilitating the improvement of systems and practices in the provision of any of the services mentioned in subsection (3), and 25
 - (d) the investigation does not involve the assessment or determination of blame or civil or criminal liability.
- (3) The services referred to in subsection (2) are – 30
 - (a) services provided for the purposes of the health service continued under section 1 of the National Health Service (Wales) Act 2006, and
 - (b) health care, within the meaning of the Health and Social Care (Reform) Act (Northern Ireland) 2009, provided for the purposes of the system promoted under section 2(1) of that Act. 35
- (4) The Commission may impose charges for providing services under an agreement under subsection (1).
- (5) Those charges must not exceed the costs incurred by the Commission in providing the services. 40

- (6) The Commission may enter into an agreement under subsection (1) only if it considers that the provision of the services under the agreement will not to any significant extent interfere with the exercise by the Commission of its investigation function under section 51A.

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Oversight of functions

51T Review

- (1) Before the end of the period mentioned in subsection (2), the Secretary of State must—
- (a) review the effectiveness of the exercise by the Commission of its investigation function under section 51A,
 - (b) prepare and publish a report of the review, and
 - (c) lay the report before Parliament.
- (2) The period is four years beginning with the day on which section 51A comes into force.

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Supplementary

51U Obligations of confidence etc

- A disclosure of any information, document or other item which is required or authorised by or under section 51J or 51K or Schedule 2A does not breach—
- (a) any obligation of confidence owed by the person making the disclosure, or
 - (b) any other restriction on disclosure.

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51V Interpretation of Chapter 3A

- In this Chapter—
- “connected individual” has the meaning given by section 51M(3);
 - “disclose”, in relation to information, documents and other items, includes to permit access to such things;
 - “documents” includes records, including personal and medical records;
 - “final report” means a report under section 51D;
 - “interim report” means a report under section 51E;
 - “investigator” means a person authorised by the Commission to carry out functions in relation to investigations under section 51A on its behalf;

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	“NHS services” means health care services provided in England for the purposes of the health service continued under section 1(1) of the National Health Service Act 2006;	
	“notice” means notice in writing;	
	“patients” means individuals for whom health care services are provided;	5
	“premises” includes a vehicle;	
	“protected material” has the meaning given by section 51M(2);	
	“qualifying incident” has the meaning given by section 51A(5);	
	“regulatory body” means –	10
	(a) the General Medical Council,	
	(b) the General Dental Council,	
	(c) the General Optical Council,	
	(d) the General Osteopathic Council,	
	(e) the General Chiropractic Council,	15
	(f) the General Pharmaceutical Council,	
	(g) the Nursing and Midwifery Council,	
	(h) the Health and Care Professions Council, or	
	(i) any other regulatory body, within the meaning of Schedule 3 to the Health Act 1999, established at any time by an Order in Council under section 60 of that Act;	20
	“responsible person” means the person appointed in accordance with paragraph 1 of Schedule 2A.”	
5	In the italic heading before section 60, at the end insert “for regulatory purposes”.	25
6	In the italic heading before section 62, at the end insert “for regulatory purposes”.	
7	In section 64 (power to require documents and information etc.), after subsection (3) insert –	30
	“(3A) A person is not required by subsection (1) to provide any information, document, record or other item where –	
	(a) its provision would risk the safety of any patient,	
	(b) its provision might incriminate the person, or	
	(c) in the case of information, a document or a record, the person would be entitled to refuse to provide it in any proceedings in any court on the grounds that it is the subject of legal professional privilege.”	35
8	In section 69 (co-operation between the Commission and Welsh Ministers), after subsection (3) insert –	40
	“(4) Subsection (3) is subject to section 51M (prohibition on disclosure of material).”	

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- 9 In section 74 (arrangements with Northern Ireland Ministers), in subsection (1)(a), after “the Commission” insert “(other than its investigation function under section 51A)”.
- 10 In section 76 (disclosure of confidential personal information: offence), in subsection (1) – 5
- (a) omit the “and” at the end of paragraph (a);
 - (b) at the end of paragraph (b) insert “, and
 - (c) is not protected material within the meaning of section 51M(2).”
- 11 (1) Section 78 (use of information etc.) is amended as follows. 10
- (2) The existing text becomes subsection (1).
 - (3) After that subsection, insert –
 - “(2) Subsection (1) does not apply to protected material within the meaning of section 51M(2).”
- 12 In section 79 (permitted disclosures), in subsection (1), at the end insert 15
“other than protected material within the meaning of section 51M(2)”.
- 13 In section 82 (failure by the Commission in discharge of functions), in subsection (2A) for “in relation to” to the end substitute “–
- (a) in relation to the performance of functions in a particular case, or 20
 - (b) which directs the outcome of a particular investigation under section 51A.”
- 14 (1) Section 83 (reports for each financial year) is amended as follows.
- (2) In subsection (5), for “The” at the beginning substitute “Subject to subsection (5A), the”. 25
 - (3) After subsection (5) insert –
 - “(5A) The Secretary of State may not require the Commission to provide any reports or information that relate to an investigation that the Commission is carrying out or has carried out under Chapter 3A.”
- 15 In section 90 (proceedings for offences), after subsection (2) insert – 30
- “(3) This section does not apply in relation to an offence under Chapter 3A.”
- 16 (1) Section 96 (application to the Crown) is amended as follows.
- (2) In subsection (1), for “or 3” substitute “, 3 or 3A”.
 - (3) In subsection (3), for “or 3” substitute “, 3 or 3A”. 35
 - (4) In subsection (4), for “and 3” substitute “, 3 and 3A”.
 - (5) In subsection (5), after “sections” insert “51I,”.

- 17 In section 97 (general interpretation of Part 1), in subsection (2), after
“Chapter 2” insert “or 3A.”
- 18 In section 162 (orders and regulations: Parliamentary control), in subsection
(3), for paragraph (c) as inserted by the Health and Care Act 2022
substitute— 5
- “(ca) regulations under section 46B(13) (amendment of definition
of relevant health care),
(cb) regulations under section 51N (exceptions to prohibition on
disclosure),”.
- 19 (1) Schedule 1 (the Care Quality Commission) is amended as follows. 10
- (2) In paragraph 2, in sub-paragraph (2) –
- (a) omit the “and” at the end of paragraph (d);
(b) at the end of paragraph (e) insert “, and
(f) developing and exploiting ideas and exploiting
intellectual property in relation to its functions under
Chapter 3A.” 15
- (3) After paragraph 9 insert –
- “Losses and liabilities etc*
- 9A (1) Section 265 of the Public Health Act 1875 (which relates to the
protection of members and officers of certain authorities from 20
personal liability) has effect as if the Commission were an
authority of the kind referred to in that section.
- (2) In its application to the Commission as a result of sub-paragraph
(1), section 265 of that Act has effect as if the references in that
section to that Act were references to this Part of this Act.” 25
- 20 After Schedule 2 insert –

“SCHEDULE 2A

Section 51N

PROHIBITION ON DISCLOSURE OF PROTECTED MATERIAL: EXCEPTIONS

Appointment of responsible person

- 1 (1) The Commission must appoint a person to discharge the functions 30
of the responsible person under this Schedule.
- (2) The responsible person is to be an employee of the Commission.
- (3) The responsible person may arrange for any of their functions
under this Schedule to be exercised by a connected individual
who is involved in the exercise of the Commission’s functions 35
under Chapter 3A.
- (4) An arrangement under sub-paragraph (3) may relate to a
particular case, a particular class of case or all cases.

Disclosure to the responsible person

- 2 The Commission, or a connected individual, may disclose protected material to the responsible person if the person making the disclosure reasonably believes that the disclosure is necessary for the purposes of the responsible person exercising their functions under this Schedule. 5

Disclosures for purposes of investigations

- 3 The Commission, or a connected individual, may disclose protected material to a connected individual who is involved in the exercise of the Commission’s functions under Chapter 3A if the person making the disclosure reasonably believes that the disclosure is necessary for the purposes of carrying out the Commission’s investigation function under section 51A. 10
- 4 The Commission, or a connected individual, may disclose protected material to a person if the responsible person reasonably believes that the disclosure is necessary for the purposes of carrying out the Commission’s investigation function under section 51A. 15

Disclosures relating to prosecution or investigation of offences

- 5 The Commission, or a connected individual, may disclose protected material to a person if the responsible person reasonably believes that the disclosure is necessary for the purposes of the prosecution or investigation of an offence under section 51L (offences relating to investigations) or 51O (unlawful disclosure). 20

Disclosures relating to safety risks 25

- 6 The Commission, or a connected individual, may disclose protected material to a person (“the recipient”) where—
- (a) the responsible person reasonably believes that the disclosure of the material is necessary to address a serious and continuing risk to the safety of any patient or to the public, 30
 - (b) the responsible person reasonably believes that the recipient is in a position to address the risk, and
 - (c) the disclosure is only to the extent necessary to enable the recipient to take steps to address the risk. 35

Disclosure by order of the High Court

- 7 (1) A person may apply to the High Court for an order that any protected material be disclosed by the Commission to the person for the purposes specified in the application.

- (2) Those purposes may include onward disclosure by the person making the application to a person specified in the application.
- (3) The Commission may make representations to the High Court about any application under this paragraph.
- (4) The High Court may make an order on an application under this paragraph only if it determines that the interests of justice served by the disclosure outweigh – 5
 - (a) any adverse impact on current and future investigations under section 51A by deterring persons from providing information for the purposes of such investigations, and 10
 - (b) any adverse impact on securing the improvement of the safety of health care services provided to patients in England.

Guidance

- 8 (1) The Commission must publish guidance as to – 15
 - (a) when it might be appropriate for protected material to be disclosed under paragraph 4, 5, or 6,
 - (b) the types of protected material which it might be appropriate to disclose under any such provision, and
 - (c) the processes which should be used when disclosing protected material under any such provision. 20
- (2) If the Commission revises the guidance, the Commission must publish it as revised.

Interpretation

- 9 In this Schedule, a reference to the Commission’s functions under Chapter 3A does not include the Commission’s function in responding to a report under section 51G(4).” 25
- 21 In Schedule 4 (interaction with other authorities), in paragraph 5, after sub-paragraph (5) insert – 30
 - “(6) This paragraph does not apply in relation to the Commission’s functions under Chapter 3A.”

PART 2

OTHER CONSEQUENTIAL AMENDMENTS

Public Records Act 1958

- 22 In Schedule 1 to the Public Records Act 1958 (definition of public records), in Part 2 of the Table in paragraph 3, in the entry for the Care Quality Commission, after “Commission” insert “(except for any record that is 35

prohibited from being disclosed by section 51M of the Health and Social Care Act 2008)”.

Public Bodies (Admission to Meetings) Act 1960

- | | | |
|----|---|---|
| 23 | In the Schedule to the Public Bodies (Admission to Meetings) Act 1960 (bodies to which Act applies), in paragraph 1 omit sub-paragraph (q). | 5 |
|----|---|---|

Parliamentary Commissioner Act 1967

- | | | |
|----|--|--|
| 24 | In Schedule 2 to the Parliamentary Commissioner Act 1967 (departments subject to investigation) omit the entry for the Health Services Safety Investigations Body. | |
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<i>House of Commons Disqualification Act 1975</i>	10
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| 25 | In Schedule 1 to the House of Commons Disqualification Act 1975 (offices disqualifying for membership of the House of Commons), in Part 3 omit the entry relating to the Chief Investigator, chair or other members of the Health Services Safety Investigations Body. | |
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<i>Copyright, Designs and Patents Act 1988</i>	15
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| 26 | In section 48 of the Copyright, Designs and Patents Act 1988 (material communicated to the Crown in the course of public business), in subsection (6) omit “the Health Services Safety Investigations Body,”. | |
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Employment Rights Act 1996

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|----|---|----|
| 27 | The Employment Rights Act 1996 is amended as follows. | 20 |
| 28 | In section 49B (regulations prohibiting discrimination because of protected disclosure), in subsection (7) omit paragraph (ga). | |
| 29 | In section 50 (right to time off for public duties), in subsection (8) omit paragraph (ae). | |
| 30 | In section 218 (change of employer), in subsection (10) omit paragraph (ce). | 25 |

Freedom of Information Act 2000

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| 31 | In Part 6 of Schedule 1 to the Freedom of Information Act 2000 (other public bodies and officers: general) omit the entry for the Health Services Safety Investigations Body. | |
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<i>National Health Service Act 2006</i>	30
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| 32 | The National Health Service Act 2006 is amended as follows. | |
| 33 | In section 9 (NHS contracts), in subsection (4) omit paragraph (kd). | |
| 34 | In section 71 (schemes for meeting losses and liabilities etc of certain health service bodies), in subsection (2) omit paragraph (fb). | |

- 35 In section 247C (duty to keep health service functions under review), in subsection (2) omit paragraph (eb).
- 36 In section 253 (emergency powers), in subsection (1A) omit paragraph (ca).
- 37 In Schedule 1B (integrated care boards), in paragraph 19(4)(b) omit sub-paragraph (vii).

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Health Act 2009

- 38 In section 2 of the Health Act 2009 (duty to have regard to NHS Constitution), in subsection (2) omit paragraph (i).

Equality Act 2010

- 39 In Part 1 of Schedule 19 to the Equality Act 2010 (public authorities to which public sector equality duty applies), in the group of entries that includes entries for bodies whose functions relate to health, social care and social security omit the entry for the Health Services Safety Investigations Body.

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Health and Care Act 2022

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- 40 The Health and Care Act 2022 is amended as follows.
- 41 Omit Part 4 (the Health Services Safety Investigations Body).
- 42 In section 183 (regulations), in subsection (4) omit paragraph (d).
- 43 Omit Schedules 13 to 15 (the Health Services Safety Investigations Body).

SCHEDULE 10

Section 70

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ABOLITION OF HEALTHWATCH ENGLAND

House of Commons Disqualification Act 1975

- 1 In Schedule 1 to the House of Commons Disqualification Act 1975 (offices disqualifying for membership of the House of Commons), in Part 2, in the entry relating to the Care Quality Commission omit “and the Healthwatch England committee”.

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Northern Ireland Assembly Disqualification Act 1975

- 2 In Schedule 1 to the Northern Ireland Assembly Disqualification Act 1975 (offices disqualifying for membership of the Northern Ireland Assembly), in Part 2, in the entry relating to the Care Quality Commission omit “and the Healthwatch England committee”.

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National Health Service Act 2006

- 3 In section 247C of the National Health Service Act 2006 (Secretary of State’s duty to keep health service functions under review), in subsection (2)(c) omit “and its Healthwatch England committee”.

Health and Social Care Act 2008

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- 4 The Health and Social Care Act 2008 is amended as follows.
- 5 Omit sections 45A to 45C (Healthwatch England) and the italic heading before section 45A.
- 6 (1) Section 82 (failure by the Commission or Healthwatch England in discharge of functions) is amended as follows. 10
- (2) In the heading omit “or Healthwatch England”.
- (3) Omit subsection (1A).
- (4) In subsection (2) –
- (a) omit “or (1A)”;
- (b) omit “or (as the case may be) the committee”. 15
- (5) In subsection (2A) omit “or (1A)”.
- (6) In subsection (3) –
- (a) omit “or the committee”;
- (b) omit “or (1A)”.
- (7) In subsection (4) omit “, (1A)”. 20
- 7 In section 83 (reports for each financial year etc.) omit subsections (1A) and (2A).
- 8 In Schedule 1 (the Care Quality Commission), in paragraph 6 omit sub-paragraphs (1A), (1B) and (5A) to (5D).

Health and Social Care Act 2012

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- 9 The Health and Social Care Act 2012 is amended as follows.
- 10 In section 83 (NHS provider licensing exemption regulations), in subsection (4)(c) omit “and its Healthwatch England committee”.
- 11 In section 84 (exemption regulations: supplementary), in subsection (5)(a)(iii) omit “and its Healthwatch England committee”. 30
- 12 In section 95 (special conditions), in subsection (2)(e) omit “and its Healthwatch England committee”.
- 13 In section 100 (modification of standard conditions), in subsection (2)(e) omit “and its Healthwatch England committee”.
- 14 In section 150 (interpretation) omit subsection (4). 35
- 15 In section 181 (Healthwatch England) omit subsection (14).

SCHEDULE 11

Section 71

ABOLITION OF ARRANGEMENTS WITH LOCAL HEALTHWATCH ORGANISATIONS

Public Bodies (Admission to Meetings) Act 1960

- 1 In the Schedule to the Public Bodies (Admission to Meetings) Act 1960 (bodies to which the Act applies), in paragraph 1 omit sub-paragraph (bl). 5

House of Commons Disqualification Act 1975

- 2 In Schedule 1 to the House of Commons Disqualification Act 1975 (offices disqualifying for membership of the House of Commons), in Part 3 omit the entry relating to a director of a Local Healthwatch organisation.

Northern Ireland Assembly Disqualification Act 1975 10

- 3 In Schedule 1 to the Northern Ireland Assembly Disqualification Act 1975 (offices disqualifying for membership of the Northern Ireland Assembly), in Part 3 omit the entry relating to a director of a Local Healthwatch organisation.

Freedom of Information Act 2000 15

- 4 Paragraph 35E of Schedule 1 to the Freedom of Information Act 2000 (public authorities to which the Act applies) is amended as follows.
- 5 In the words before paragraph (a), before “Local Healthwatch organisation” insert “former”.
- 6 In paragraph (a), after “Local Government and Public Involvement in Health Act 2007” insert “(which was repealed by the Health Act 2026)”. 20

National Health Service Act 2006

- 7 The National Health Service Act 2006 is amended as follows.
- 8 For section 14Z45 (public involvement and consultation by integrated care boards) substitute— 25

“14Z45 Consultation by integrated care boards

- (1) This section applies in relation to any health services which are, or may be, provided pursuant to arrangements made by an integrated care board in the exercise of its functions.
- (2) An integrated care board must make such arrangements as it considers appropriate to obtain the views of users or potential users of those services about— 30
- (a) what health services are needed,
 - (b) their experiences of health services,
 - (c) the standard of provision of health services, 35

- (d) whether, and how, health services could be improved, and
 - (e) whether, and how, health services ought to be improved.
- (3) An integrated care board must consider views obtained under subsection (2) when exercising its functions.
- (4) The reference in subsection (2) to users or potential users of a service includes any carers or representatives of users or potential users of the service. 5
- (5) This section does not require an integrated care board to make arrangements in relation to matters to which a trust special administrator’s draft or final report under section 65F or 65I relates before the Secretary of State has made a decision under section 65K.” 10
- 9 In section 73B (exercise of public health functions of local authorities: further provision), in subsection (2), in paragraph (a), after “111” insert “, 242ZA”.
- 10 (1) Section 242 (public involvement and consultation) is amended as follows. 15
 - (2) In the heading, at the end insert “: health services”.
 - (3) In subsection (1B) omit “, whether directly or through representatives,”.
 - (4) After subsection (1F) insert –
 - “(1FA) The reference in subsection (1B) to users of health services (as defined by subsection (1F)(b)) includes any carers or representatives of users of those services.” 20
- 11 After section 242 insert –
 - “242ZA Consultation: public health services**
 - (1) This section applies in relation to any services which are, or may be, provided by or pursuant to arrangements made by a local authority (within the meaning of section 2B) in the exercise of its public health functions. 25
 - (2) The local authority must make such arrangements as it considers appropriate to obtain the views of users or potential users of those services about – 30
 - (a) what services are needed,
 - (b) their experiences of services,
 - (c) the standard of provision of services,
 - (d) whether, and how, services could be improved, and
 - (e) whether, and how, services ought to be improved. 35
 - (3) A local authority must consider views obtained under subsection (2) when exercising its public health functions.
 - (4) The reference in subsection (2) to users or potential users of a service includes any carers or representatives of users or potential users of the service. 40

- (5) The Secretary of State may require a local authority to provide the Secretary of State with information relating to the exercise of its functions under this section.
- (6) The information must be provided in such form, and at such time or within such period, as the Secretary of State may require.” 5
- 12 In Schedule 1B (integrated care boards), in paragraph 14, in sub-paragraph (a) after “section 14Z45(2)” insert “and (3)”.

Local Government and Public Involvement in Health Act 2007

- 13 The Local Government and Public Involvement in Health Act 2007 is amended as follows. 10
- 14 In section 116 (health and social care: joint strategic needs assessments), in subsection (8) –
- (a) omit paragraph (ba);
- (b) in paragraph (bb), for “that area” substitute “the area of the responsible local authority”. 15
- 15 Omit sections 221 to 223 (Local Healthwatch organisations and local authority arrangements).
- 16 (1) Section 223A (independent advocacy services) is amended as follows.
- (2) Omit subsection (4).
- (3) After subsection (9) insert – 20
- “(9A) Any power of the Secretary of State to make regulations under this section includes power to make incidental, supplementary, consequential, transitory or transitional provision or savings.”
- 17 Omit sections 224 to 227 (duties of responsible persons and service-providers, referrals and annual reports). 25
- 18 (1) Section 229 (interpretation) is amended as follows.
- (2) For the heading substitute “Meaning of local authority”.
- (3) In subsection (1), for “sections 221 to 228” substitute “section 223A”.
- (4) Omit subsection (2).
- 19 In section 240 (orders, regulations and guidance), in subsection (6) omit “regulations under section 221, 224(2)(e) or 225,”. 30

Health and Social Care Act 2008

- 20 The Health and Social Care Act 2008 is amended as follows.
- 21 In section 4 (matters to which the Care Quality Commission must have regard in performing its functions) omit subsections (1)(c) and (3). 35
- 22 Omit section 45D (and accordingly any licence under that section lapses).

Health and Social Care Act 2012

- 23 The Health and Social Care Act 2012 is amended as follows.
- 24 Omit section 188 (transitional arrangements).
- 25 In section 194 (establishment of Health and Wellbeing Boards) omit subsections (2)(e) and (5). 5

Care Act 2014

- 26 The Care Act 2014 is amended as follows.
- 27 After section 5 insert –
- “5A Consultation on the provision of services**
- (1) This section applies in relation to any services for meeting care and support needs (within the meaning of section 5(7)) which are, or may be, provided by or pursuant to arrangements made by a local authority. 10
- (2) The local authority must make such arrangements as it considers appropriate to obtain the views of users or potential users of those services about – 15
- (a) what services are needed,
- (b) their experiences of services,
- (c) the standard of provision of services,
- (d) whether, and how, services could be improved, and 20
- (e) whether, and how, services ought to be improved.
- (3) A local authority must consider views obtained under subsection (2) when exercising its functions under this Part.
- (4) The reference in subsection (2) to users or potential users of a service includes any carers or representatives of users or potential users of the service. 25
- (5) The Secretary of State may require a local authority to provide the Secretary of State with information relating to the exercise of its functions under this section.
- (6) The information must be provided in such form, and at such time or within such period, as the Secretary of State may require.” 30
- 28 (1) Schedule 2 (safeguarding adults boards) is amended as follows.
- (2) In paragraph 3, for sub-paragraph (2) substitute –
- “(2) In preparing its strategic plan, the SAB must involve the community in its area.” 35
- (3) In paragraph 4, in sub-paragraph (2) –
- (a) omit paragraph (c) (but not the “and” at the end);

- (b) in paragraph (d), for “that area” substitute “the local authority’s area”.

SCHEDULE 12

Section 84

MINOR AND CONSEQUENTIAL AMENDMENTS

- Reserve and Auxiliary Forces (Protection of Civil Interests) Act 1951* 5
- 1 In Schedule 2 to the Reserve and Auxiliary Forces (Protection of Civil Interests) Act 1951 (paying authorities), in Part 1, in entry 15 omit “NHS England,” in both places.
- Public Bodies (Admission to Meetings) Act 1960*
- 2 In the Schedule to the Public Bodies (Admission to Meetings) Act 1960 10
(bodies to which Act applies), in paragraph 1 –
(a) omit sub-paragraph (fa);
(b) in paragraph (l) omit “section 25 of”.
- Leasehold Reform Act 1967*
- 3 The Leasehold Reform Act 1967 is amended as follows. 15
- 4 In section 28 (land required for public purposes) (which is repealed by the
Leasehold and Freehold Reform Act 2024), in subsections (5)(d) and (6)(c)
omit “NHS England,”.
- 5 In section 38 (modification of right to possession under Landlord and
Tenant Act 1954), in subsection (2) (as substituted by the Leasehold and 20
Freehold Reform Act 2024) omit paragraphs (g), (m), (n) and (o).
- Parliamentary Commissioner Act 1967*
- 6 In Schedule 3 to the Parliamentary Commissioner Act 1967 (matters not
subject to investigation), in paragraph 8(1) and (2) omit “NHS England,”.
- Health Services and Public Health Act 1968* 25
- 7 The Health Services and Public Health Act 1968 is amended as follows.
- 8 (1) Section 63 (provision of instruction for officers of hospital authorities and
other persons employed, or contemplating employment, in certain activities
connected with health or welfare) is amended as follows.
- (2) In subsection (1)(a) omit “NHS England or”. 30
- (3) In subsection (2)(a) and (b) omit “NHS England,”.

- (4) In subsection (8), in the definition of “the relevant enactments”, for paragraph (a) substitute –

“(a) in relation to subsection (2)(a) –

- (i) any enactment functions under which are social services functions within the meaning of the Local Authority Social Services Act 1970 or the Social Services and Well-being (Wales) Act 2014, and
- (ii) the National Health Service Act 2006;”.

- 9 In section 64 (financial assistance to certain voluntary organisations), in subsection (3)(b) omit “NHS England or”.

Employers’ Liability (Compulsory Insurance) Act 1969

- 10 In section 3 of the Employers’ Liability (Compulsory Insurance) Act 1969 (employers exempted from insurance), in subsection (2)(a) omit –
- (a) “NHS England;”;
 - (b) “section 25 of”.

Local Authority Social Services Act 1970

- 11 In Schedule 1 to the Local Authority Social Services Act 1970 (social services functions), in the table, in the entry relating to the Children Act 1989 omit “, NHS England”.

Local Government Act 1972

- 12 (1) Section 113 of the Local Government Act 1972 (placing of staff of local authorities at disposal of other local authorities) is amended as follows.
- (2) In subsection (1A) omit “NHS England,” in each place.
- (3) In subsection (4) –
- (a) for “under section 2A or 2B of, or paragraph 7C, 8 or 12 of Schedule 1 to,” substitute “in relation to the health service continued under section 1 of”;
 - (b) omit “section 25 of”.

Superannuation Act 1972

- 13 In Schedule 1 to the Superannuation Act 1972 (kinds of employment etc referred to in section 1) omit the entry relating to employment by NHS England.

Health and Safety at Work etc. Act 1974

- 14 (1) Section 60 of the Health and Safety at Work etc. Act 1974 (supplementary provision about the employment medical advisory service) is amended as follows.
- (2) In subsection (1) omit “NHS England or”.

- (3) In subsection (2), for “the National” substitute “each integrated care board”.

House of Commons Disqualification Act 1975

- 15 In Schedule 1 to the House of Commons Disqualification Act 1975 (offices disqualifying for membership of the House of Commons), in Part 3 omit the entry relating to the chair and non-executive members of NHS England. 5

Northern Ireland Assembly Disqualification Act 1975

- 16 In Schedule 1 to the Northern Ireland Assembly Disqualification Act 1975 (offices disqualifying for membership of the Northern Ireland Assembly), in Part 3 omit the entry relating to the chair and non-executive members of NHS England. 10

National Health Service (Scotland) Act 1978

- 17 The National Health Service (Scotland) Act 1978 is amended as follows.
- 18 In section 17A (NHS contracts), in subsection (2) omit paragraph (ja).
- 19 In section 27 (arrangements for provision of pharmaceutical services), in subsection (1)— 15
- (a) in paragraphs (a) and (cc), for the “health service for England and Wales” substitute “health service in England, the health service in Wales”;
 - (b) for the definitions of “the health service for England and Wales” and “the Northern Ireland health service” substitute— 20
 - ““the health service in England” means the health service continued under section 1 of the National Health Service Act 2006;
 - “the health service in Wales” means the health service continued under section 1 of the National Health Service (Wales) Act 2006; 25
 - “the Northern Ireland health service” means the system of health and social care referred to in section 2 of the Health and Social Care (Reform) Act (Northern Ireland) 2009.”.

Acquisition of Land Act 1981 30

- 20 The Acquisition of Land Act 1981 is amended as follows.
- 21 In section 16 (statutory undertakers’ land excluded from compulsory purchase), in subsection (3)—
- (a) omit paragraph (aa);
 - (b) in paragraph (b) omit “section 25 of”. 35
- 22 In section 17 (local authority and statutory undertakers’ land), in subsection (4), in the definition of “statutory undertakers”—
- (a) in paragraph (aa) omit “section 25 of”;

- (b) omit paragraph (ae).

Mental Health Act 1983

- 23 The Mental Health Act 1983 is amended as follows.
- 24 (1) Section 12ZB (requirement to exercise approval functions: England) is amended as follows. 5
- (2) In subsection (1) –
- (a) in the words before paragraph (a) omit “NHS England (“NHS England”) or”;
- (b) in paragraph (a), for “NHS England or (as the case may be)” substitute “the”. 10
- (3) In subsection (2), for “body” substitute “Special Health Authority”.
- (4) In subsection (3), in the words before paragraph (a), for “body” substitute “Special Health Authority”.
- (5) In subsection (4), for “NHS England or (as the case may be)” substitute “the”. 15
- (6) In subsection (7) omit “NHS England or”.
- 25 In section 12ZC (provision of information for the purposes of section 12ZA or 12ZB), in subsection (2), for paragraph (c) substitute –
- “(c) a Special Health Authority on which a requirement is imposed under section 12ZB.” 20
- 26 (1) Section 39 (information as to hospitals) is amended as follows.
- (2) In subsection (1), for “NHS England”, in each place it occurs, substitute “the Secretary of State”.
- (3) In subsection (1ZA), for “NHS England”, in both places it occurs, substitute “the Secretary of State”. 25
- 27 In section 47A (hospital treatment for prisoners: 28 day transfer period), in subsection (3)(c) omit sub-paragraph (i).
- 28 In section 48A (hospital treatment for other prisoners: 28 day transfer period), in subsection (3)(c) omit sub-paragraph (i).
- 29 (1) Section 117 (after-care) is amended as follows. 30
- (2) In subsection (2E), for “NHS England” substitute “the Secretary of State”.
- (3) In subsection (2F), for “NHS England”, in both places it occurs, substitute “the Secretary of State”.
- 30 In section 118 (code of practice), in subsection (1)(f) omit “NHS England,”.
- 31 In section 125G (interpretation of Part 8A), in subsection (1) – 35
- (a) in the definition of “commissioning functions” –
- (i) for “NHS commissioning body” substitute “NHS commissioning authority”;

- (ii) for “the body” substitute “the NHS commissioning authority”;
 - (b) at the appropriate place insert—
 - ““NHS commissioning authority” means the Secretary of State or an integrated care board;”;
 - (c) omit the definition of “NHS commissioning body”; 5
 - (d) in the definition of “responsible commissioner” for “NHS commissioning body” substitute “NHS commissioning authority”.
- 32 (1) Section 130M (advance choice documents: England) is amended as follows.
- (2) In subsection (1) —
 - (a) in the words before paragraph (a) — 10
 - (i) for “NHS England” substitute “The Secretary of State”;
 - (ii) for “it considers” substitute “they consider”;
 - (b) in paragraph (a), for “it is” substitute “they are”;
 - (c) in paragraphs (b) and (c), for “it considers” substitute “they consider”. 15
 - (3) In subsections (2) and (3), for “NHS England” substitute “the Secretary of State”.
 - (4) In subsection (4) for paragraph (a) substitute —
 - “(a) the Secretary of State is “responsible” for any people for whom the Secretary of State is made responsible by regulations made by virtue of section 3B(3) of the National Health Service Act 2006;”. 20
- 33 In section 134 (correspondence of patients), in subsection (3)(e) omit “NHS England,”.
- 34 In section 139 (protection for acts done in pursuance of the Mental Health Act 1983), in subsection (4) omit “NHS England,”. 25
- 35 In section 142C (Human Rights Act 1998: extension to certain private care providers), in subsection (2)(c), after “NHS body” insert “or the Secretary of State”.
- Disabled Persons (Services, Consultation and Representation) Act 1986* 30
- 36 The Disabled Persons (Services, Consultation and Representation) Act 1986 is amended as follows.
- 37 (1) Section 2 (rights of authorised representatives of disabled persons) is amended as follows.
- (2) In subsection (5)(a), for “NHS England” substitute “the Secretary of State”. 35
 - (3) In subsection (9), in the definition of “health authority”, in paragraph (a) omit “NHS England,”.
- 38 In section 7 (persons discharged from hospital), in subsection (3A)(a), for “NHS England” substitute “the Secretary of State”.

Copyright, Designs and Patents Act 1988

- 39 In section 48 of the Copyright, Designs and Patents Act 1988 (material communicated to the Crown in the course of public business), in subsection (6) omit –
- (a) “NHS England,”;
 - (b) “section 25 of”.

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Road Traffic Act 1988

- 40 In section 144 of the Road Traffic Act 1988 (exceptions from requirement of third-party insurance), in subsection (2)(db) omit “section 25 of”.

Children Act 1989

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- 41 The Children Act 1989 is amended as follows.
- 42 In section 21 (provision of accommodation for children in police protection or detention or on remand, etc), in subsection (3) omit “, NHS England”.
- 43 In section 24 (persons qualifying for advice and assistance), in subsection (2)(d)(ii) omit “, NHS England”.
- 44 In section 24C (information), in subsection (2) –
- (a) in paragraph (c) omit “or NHS England”;
 - (b) after paragraph (c) insert –
 - “(ca) by a person in pursuance of arrangements made by the Secretary of State in the exercise of functions in relation to the health service continued under section 1 of the National Health Service Act 2006;”.
- 45 In section 27 (co-operation between authorities), in subsection (3) omit paragraph (ca).
- 46 In section 29 (recoupment of cost of providing services etc), in subsection (8)(c) omit “, NHS England”.
- 47 In section 47 (local authority’s duty to investigate), in subsection (11) omit paragraph (ca).
- 48 In section 80 (inspection of children’s homes etc. by persons authorised by the Appropriate National Authority), in subsections (1)(d) and (5)(ea) omit “, NHS England”.
- 49 In section 85 (children accommodated by health authorities and local education authorities), in subsection (2ZA) omit “, NHS England” in both places.
- 50 In section 105 (interpretation), in subsection (7B), for “NHS England” substitute “the Secretary of State”.

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Local Government and Housing Act 1989

- 51 In Schedule 10 to the Local Government and Housing Act 1989 (security of tenure on ending of long residential leases), in paragraph 5(4A)(c) omit sub-paragraphs (i), (vii), (viii) and (ix).

Access to Health Records Act 1990

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- 52 In section 11 of the Access to Health Records Act 1990 (interpretation), in the definition of “health service body” –
- (a) in paragraph (d) omit “section 25 of”;
 - (b) omit paragraph (f).

London Local Authorities Act 1991

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- 53 In section 4 of the London Local Authorities Act 1991 (interpretation of Part 2), in the definition of “establishment for special treatment”, in paragraph (d), for “ by the Secretary of State, by any person in pursuance of arrangements made by NHS England” substitute “in pursuance of arrangements made by the Secretary of State”.

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Health and Personal Social Services (Northern Ireland) Order 1991 (SI 1991/194 (N.I. 1))

- 54 In Article 8 of the Health and Personal Social Services (Northern Ireland) Order 1991 (health and social care contracts), in paragraph (2) omit sub-paragraph (ga).

Health Service Commissioners Act 1993

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- 55 In section 2 of the Health Service Commissioners Act 1993 (the bodies subject to investigation), in subsection (1) omit paragraph (dc).

Value Added Tax Act 1994

- 56 In section 41 of the Value Added Tax Act 1994 (application to the Crown), in subsection (7) –
- (a) for paragraph (b) substitute –
 - “(b) a National Health Service trust established under the National Health Service Act 2006 or the National Health Service (Wales) Act 2006;”;
 - (b) omit paragraphs (d) and (h);
 - (c) in paragraph (k) omit “(also established under that Act)”.

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Employment Rights Act 1996

- 57 The Employment Rights Act 1996 is amended as follows.
- 58 In section 49B (regulations prohibiting discrimination because of protected disclosure), in subsection (7) omit paragraph (a).

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- 59 In section 50 (right to time off for public duties), in subsection (8) –
 (a) omit paragraph (za);
 (b) in paragraph (a) omit “section 25 of”.
- 60 In section 218 (change of employer), in subsection (10) omit paragraph (za).

Housing Grants, Construction and Regeneration Act 1996

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- 61 In section 3 of the Housing Grants, Construction and Regeneration Act 1996 (ineligible applicants), in subsection (2)(f) omit “NHS England,”.

Crime and Disorder Act 1998

- 62 In section 115 of the Crime and Disorder Act 1998 (disclosure of information), in subsection (2) omit paragraph (fa).

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Greater London Authority Act 1999

- 63 In section 309E of the Greater London Authority Act 1999 (the Mayor's health inequalities strategy), in subsection (5) –
 (a) omit paragraph (gb);
 (b) in paragraph (h) omit “section 25 of”.

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Health Act 1999

- 64 In section 61 of the Health Act 1999 (English and Scottish border provisions), in subsection (2) omit “, NHS England”.

Immigration and Asylum Act 1999

- 65 In Schedule A1 to the Immigration and Asylum Act 1999 (persons to whom section 20A applies), in paragraph 19 omit “section 25 of”.

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Freedom of Information Act 2000

- 66 In Schedule 1 to the Freedom of Information Act 2000 (public authorities) –
 (a) omit paragraph 37A;
 (b) in paragraph 40 omit “section 25 of”.

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Local Government Act 2000

- 67 In section 9FF of the Local Government Act 2000 (reports and recommendations of overview and scrutiny committees: duties of certain partner authorities), in subsection (6) omit paragraph (zb).

Adoption and Children Act 2002

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- 68 In section 8 of the Adoption and Children Act 2002 (adoption support agencies), in subsection (2) omit paragraph (ca).

Enterprise Act 2002

- 69 (1) Section 168 of the Enterprise Act 2002 (regulated markets) is amended as follows.
- (2) In subsection (4)(r), for “NHS England under sections 62 and 66 of that Act” substitute “the Secretary of State under sections 1 to 1E and 12E of the National Health Service Act 2006”. 5
- (3) In subsection (5) omit paragraph (ia).

International Development Act 2002

- 70 In Schedule 1 to the International Development Act 2002 (statutory bodies to which section 9 applies) omit the entry relating to NHS England. 10

Nationality, Immigration and Asylum Act 2002

- 71 In section 133 of the Nationality, Immigration and Asylum Act 2002 (medical inspectors), in subsection (4)(a) –
- (a) omit sub-paragraph (ia);
- (b) in sub-paragraph (ii) omit “section 25 of”. 15

Criminal Justice Act 2003

- 72 In section 325 of the Criminal Justice Act 2003 (arrangements for assessing etc risks posed by certain offenders), in subsection (6) –
- (a) in paragraph (b), after “in relation to” insert “health,”;
- (b) omit paragraph (ba). 20

Finance Act 2003

- 73 The Finance Act 2003 is amended as follows.
- 74 In section 61 (compliance with planning obligations), in the table in subsection (3), in the entry for a National Health Service Trust omit “section 25 of”. 25
- 75 In section 66 (transfers involving public bodies), in subsection (4) –
- (a) omit the entry relating to a Primary Care Trust;
- (b) in the entry relating to a National Health Service Trust omit “section 25 of”.
- 76 In section 67A (acquisitions by certain health service bodies), in subsection (1) –
- (a) omit paragraph (a);
- (b) in paragraph (ba) omit “section 25 of”. 30

Health and Social Care (Community Health and Standards) Act 2003

- 77 The Health and Social Care (Community Health and Standards) Act 2003 is amended as follows. 35

78	In section 113 (complaints about health care), in subsection (1), before paragraph (a) insert –	
	“(za) the exercise of any functions of the Secretary of State in arranging for the provision of services as part of the health service continued under section 1 of the National Health Service Act 2006;”.	5
79	In section 148 (interpretation of Part 2), in the definition of “English NHS body” omit paragraph (ca).	
80	In section 160 (provision of information), in subsection (4) –	
	(a) in paragraph (a)(i) of the definition of “ambulance trust” omit “section 25 of”;	10
	(b) in paragraph (a)(i) of the definition of “responsible body” omit “section 25 of”.	
81	In section 162 (payment of NHS charges to hospitals or ambulance trusts), in subsection (6), in paragraph (a)(i) of the definition of “relevant ambulance trust” omit “section 25 of”.	15
82	In section 165 (power to apply Part 3 to treatment at non-health service hospitals), in subsection (3)(b) –	
	(a) for sub-paragraph (ia) substitute –	
	“(ia) the Secretary of State in the exercise of functions in relation to the health service continued under section 1 of the National Health Service Act 2006;”;	20
	(b) in sub-paragraph (ii) omit “section 25 of”.	
	<i>Licensing Act 2003</i>	25
83	In section 16 of the Licensing Act 2003 (applicant for premises licence), in subsection (3), in paragraph (a) of the definition of “health service body” omit “section 25 of”.	
	<i>Children Act 2004</i>	
84	The Children Act 2004 is amended as follows.	30
85	In section 10 (co-operation to improve well-being), in subsection (4) omit paragraph (da).	
86	In section 11 (arrangements to safeguard and promote welfare), in subsection (1), for paragraph (ba) substitute –	
	“(ba) the Secretary of State so far as exercising any functions which relate to the health service in England other than functions conferred by regulations under section 250E of the National Health Service Act 2006 (single patient record);”.	35

Civil Contingencies Act 2004

- 87 In Schedule 1 to the Civil Contingencies Act 2004 (Category 1 and 2 responders) omit paragraph 4A.

Domestic Violence, Crime and Victims Act 2004

- 88 The Domestic Violence, Crime and Victims Act 2004 is amended as follows. 5
- 89 In section 8A (establishment and conduct of reviews) (inserted by the Victims and Prisoners Act 2024), in subsection (6) –
- (a) omit “NHS England;”;
 - (b) omit “section 25 of”.
- 90 In section 9 (establishment and conduct of reviews), in subsection (4)(a) – 10
- (a) omit “NHS England”;
 - (b) omit “section 25 of”.

Finance Act 2004

- 91 In section 59 of the Finance Act 2004 (contractors), in subsection (5), in paragraph (a) of the definition of “NHS trust” omit “section 25 of”. 15

Mental Capacity Act 2005

- 92 In Schedule AA1 to the Mental Capacity Act 2005 (deprivation of liberty: authorisation of arrangements enabling care and treatment) (as inserted by section 1 of the Mental Capacity (Amendment) Act 2019), for paragraph 8, substitute – 20
- “8 In paragraph 6(1)(d) “NHS continuing healthcare” has the meaning given by section 12(10) of the Care Act 2014.”

Armed Forces Act 2006

- 93 The Armed Forces Act 2006 is amended as follows.
- 94 In section 343AA (due regard to principles: England), in subsection (3) omit paragraph (g). 25
- 95 In section 343AZB (inserted by the Armed Forces Act 2026), in subsection (5)(a) omit sub-paragraph (i).

Childcare Act 2006

- 96 In section 4 of the Childcare Act 2006 (duty of local authority and relevant partners to work together), in subsection (1) omit paragraph (za). 30

Emergency Workers (Obstruction) Act 2006

- 97 (1) Section 1 of the Emergency Workers (Obstruction) Act 2006 (obstructing or hindering certain emergency workers responding to emergency circumstances) is amended as follows.
- (2) In subsection (5), for paragraph (a) substitute— 5
- “(a) in relation to England and Wales—
- (i) the Secretary of State in the exercise of any functions in relation to the health service continued under section 1 of the National Health Service Act 2006,
- (ii) a local authority in the exercise of public health functions, 10
- (iii) an integrated care board,
- (iv) an NHS foundation trust,
- (v) a National Health Service trust,
- (vi) a Special Health Authority, or 15
- (vii) a Local Health Board;”.
- (3) For subsection (6) substitute—
- “(6) In subsection (5)(a)(ii) “public health functions”, in relation to a local authority, has the meaning given by section 6C(7) of the National Health Service Act 2006.” 20

National Health Service Act 2006

- 98 The National Health Service Act 2006 is amended as follows.
- 99 (1) Section 1GA (Secretary of State’s duty to report on workforce systems) is amended as follows.
- (2) In subsection (1) omit “in England”. 25
- (3) Omit subsection (2).
- 100 Omit the italic heading before section 1H.
- 101 Omit section 1H (NHS England and its general functions).
- 102 In section 1I (general functions of integrated care boards) omit “in England”.
- 103 In section 2 (general power), in subsection (2) omit “NHS England or”. 30
- 104 In section 5 (other services) omit “in England”.
- 105 (1) Section 6 (performance of functions outside England) is amended as follows.
- (2) In subsection (1), for “or 2B” substitute “, 2B, 3B or 4”.
- (3) In subsection (1A)—
- (a) omit “or NHS England”; 35
- (b) for “, 3A, 3B or 4” substitute “or 3A”.
- (4) In subsection (2) omit “, NHS England”.

- 106 In section 6C (regulations as to the exercise by local authorities of certain public health functions), after subsection (6) insert –
- “(7) In this Act –
- (a) a reference to the public health functions of the Secretary of State is a reference to the functions of the Secretary of State under sections 2A and 2B and paragraphs 7C, 8 and 12 of Schedule 1; 5
- (b) a reference to the public health functions of local authorities is a reference to the functions of local authorities under sections 2B and 111 and paragraphs 1 to 7B and 13 of Schedule 1.” 10
- 107 In section 7 (functions of Special Health Authorities), in subsections (1) and (1C) omit “in England”.
- 108 (1) Section 7C (power of direction: investigation functions) is amended as follows. 15
- (2) For subsection (1) substitute –
- “(1) The Secretary of State may direct a public body to exercise any of the investigation functions specified in the direction.”
- (3) In subsection (4), for “NHS England or any other” substitute “a”.
- (4) Omit subsection (6). 20
- (5) In subsection (8), for “NHS England or any other” substitute “a”.
- (6) For subsection (9) substitute –
- “(9) In this section “the investigation functions” means the functions which, immediately before 1 July 2022 (the day on which section 36 of the Health and Care Act 2022 came into force), were exercised by the Special Health Authority called the National Health Service Trust Development Authority pursuant to the National Health Service Trust Development Authority (Healthcare Safety Investigation Branch) (Additional Investigatory Functions in respect of Maternity Cases) Directions 2018 given under sections 7 and 8.” 25 30
- 109 In section 7D (transfer schemes in connection with a direction under section 7C), in subsection (2), for “NHS England or any other” substitute “a”.
- 110 In section 9 (NHS contracts), in subsection (4) omit paragraph (za).
- 111 In section 11 (arrangements to be treated as NHS contracts), in subsection (1) – 35
- (a) for “NHS England” substitute “an integrated care board”;
- (b) for “arrange” substitute “arranges”.
- 112 Omit the italic heading (“Arrangements with other bodies”) before section 12.
- 113 Omit sections 12 and 12ZA (arrangements with other bodies). 40

- 114 (1) Section 12ZB (procurement regulations) is amended as follows.
- (2) In subsection (1)(a) omit “in England”.
 - (3) In subsection (4) –
 - (a) for “NHS England” substitute “The Secretary of State”;
 - (b) for “it” substitute “the Secretary of State”. 5
 - (4) Omit subsection (6).
 - (5) In subsection (7), in the definition of “relevant authority” –
 - (a) omit paragraph (d);
 - (b) in paragraph (f), for “section 25” substitute “this Act”;
 - (c) after paragraph (f) insert – 10
 - “(g) the Secretary of State.”
- 115 In section 12ZC (eradicating slavery and human trafficking in supply chains), in subsections (1), (2)(a) and (c) and (3) omit “in England”.
- 116 (1) Section 12A (direct payments for health care) is amended as follows.
- (2) In subsection (1) omit “, NHS England”. 15
 - (3) For subsection (2) substitute –
 - “(2) Subsection (1) applies to –
 - (a) anything which a local authority has a duty or power to provide or arrange under section 2B or Schedule 1;
 - (b) anything which an integrated care board has a duty or power to arrange under this Act or any other enactment; 20
 - (c) anything which the Secretary of State has a duty or power to provide or arrange in the exercise of a function that –
 - (i) relates to the health service, and
 - (ii) is conferred by this Act or any other enactment.” 25
 - (4) In subsection (4), for “NHS England” substitute “the Secretary of State”.
- 117 (1) Section 12B (regulations about direct payments) is amended as follows.
- (2) In subsection (2)(d),(g),(h) and (j) omit “, NHS England”.
 - (3) In subsection (4) –
 - (a) omit “, NHS England”; 30
 - (b) omit “NHS England” in the second place it occurs.
 - (4) In subsection (5) –
 - (a) in paragraph (a) omit “NHS England or”;
 - (b) in paragraph (b), for “NHS England” substitute “the Secretary of State”. 35
- 118 Omit section 12C (direct payments pilot schemes).
- 119 In section 12D (arrangements with other bodies relating to direct payments), in subsections (1) and (3) omit “NHS England,”.

120 After section 12DA (inserted by section 9 of this Act) insert—

“Information in relation to safety

12DB Information on safety of services provided by the health service

- (1) The Secretary of State must establish and operate systems for collecting and analysing information relating to the safety of the services provided by the health service. 5
- (2) The Secretary of State must make information collected by virtue of subsection (1), and any other information obtained by analysing it, available to such persons as the Secretary of State considers appropriate. 10
- (3) The Secretary of State must give advice and guidance, to such persons as the Secretary of State considers appropriate, for the purpose of maintaining and improving the safety of the services provided by the health service.
- (4) The Secretary of State must monitor the effectiveness of advice and guidance given under subsection (3). 15
- (5) An integrated care board must have regard to any advice or guidance given to it under subsection (3).”

121 (1) Section 12F (expected mental health spending) is amended as follows.

- (2) In subsection (1)(a)(i) and (ii)— 20
 - (a) for “NHS England” substitute “the Secretary of State”;
 - (b) after “mental health” insert “services”.
- (3) After subsection (2) insert—
 - “(3) In this section “mental health services” means services that are provided as part of the health service in relation to mental health.” 25

122 After section 12F insert—

“Interpretation

12G Interpretation

In this Part—

- “the health service” means the health service in England; 30
- “health services” means services provided as part of the health service.”

123 Omit Chapter A1 of Part 2 (NHS England).

124 In the italic heading before section 14Z25 omit “(including by re-purposing clinical commissioning groups)”. 35

125 (1) Section 14Z25 (duty to establish integrated care boards) is amended as follows.

- (2) For subsections (1) and (2) substitute—
 - “(1) There are to continue to be integrated care boards established in accordance with this Chapter.
 - (2) The Secretary of State may by order establish an integrated care board for an area within England.” 5
- (3) In subsection (4)—
 - (a) for “NHS England” substitute “The Secretary of State”;
 - (b) omit “on and after the appointed day”.
- (4) In subsection (7)—
 - (a) for “NHS England” substitute “the Secretary of State”; 10
 - (b) for “it” substitute “the Secretary of State”.
- (5) In subsection (8), for “NHS England” substitute “The Secretary of State”.
- (6) Omit subsection (9).
- 126 Omit section 14Z26 (process for establishing initial integrated care boards).
- 127 Omit section 14Z27 (abolition of clinical commissioning groups). 15
- 128 In section 14Z30 (register of interests and management of conflicts of interests) omit subsection (5).
- 129 (1) Section 14Z31 (people for whom integrated care board has responsibility) is amended as follows.
 - (2) In subsection (1), for “NHS England” substitute “The Secretary of State”. 20
 - (3) In subsection (5), for “NHS England” substitute “the Secretary of State”.
- 130 In section 14Z41 (duty to promote education and training), for the words from “for the persons mentioned” to the end substitute “to meet the workforce needs of the health service in England, so as to assist the Secretary of State in discharging the duty under section 1F.” 25
- 131 (1) Section 14Z43 (duty to have regard to wider effects of decisions) is amended as follows.
 - (2) Omit subsection (3).
 - (3) In subsection (4)—
 - (a) omit paragraph (a); 30
 - (b) in paragraph (c), for “section 25” substitute “this Act”.
- 132 In section 14Z44 (duties as to climate change etc) omit subsection (2).
- 133 In the italic heading before section 14Z50, for “NHS England’s” substitute “Secretary of State’s”.
- 134 (1) Section 14Z50 (responsibility for payments to providers) is amended as follows. 35
 - (2) In subsection (1), for “NHS England” substitute “The Secretary of State”.

- (3) Omit subsection (6).
- (4) Omit subsection (7).
- 135 (1) Section 14Z51 (guidance by NHS England) is amended as follows.
 - (2) In the heading, for “NHS England” substitute “the Secretary of State”.
 - (3) In subsection (1), for “NHS England” substitute “The Secretary of State”. 5
- 136 (1) Section 14Z58 (integrated care boards: annual reports) is amended as follows.
 - (2) In subsection (2) omit paragraph (c) (but not the “and” at the end of it).
 - (3) In subsection (5), for “NHS England” substitute “The Secretary of State”.
 - (4) In subsection (6)(a), for “NHS England”, in both places it occurs, substitute “the Secretary of State”. 10
- 137 In the italic heading before 14Z60, for “NHS England” substitute “the Secretary of State”.
- 138 (1) Section 14Z60 (power of NHS England to obtain information) is amended as follows. 15
 - (2) In the heading, for “NHS England” substitute “the Secretary of State”.
 - (3) In subsection (1) –
 - (a) for “NHS England”, in the first place it occurs, substitute “The Secretary of State”;
 - (b) for “NHS England”, in the second place it occurs, substitute “the Secretary of State”. 20
 - (4) In subsection (2), for “NHS England” substitute “the Secretary of State”.
- 139 After section 14Z60 insert –

“Intervention powers in respect of reconfiguration of NHS services
- 14Z60A Power to call in proposal for reconfiguration** 25
 - (1) The Secretary of State may give an integrated care board a direction calling in any proposal by the board for the reconfiguration of NHS services.
 - (2) Where a direction is given under subsection (1), the Secretary of State – 30
 - (a) may, within the period of six months beginning with the date of the direction, take any decision in relation to the proposal that could have been taken by the integrated care board, and
 - (b) must notify the board once the Secretary of State has finished considering the proposal. 35
 - (3) The power of the Secretary of State to take decisions under subsection (2)(a) includes –

- (a) power to decide whether a proposal should, or should not, proceed, or should proceed in a modified form;
 - (b) power to decide particular results to be achieved by the integrated care board in taking decisions in relation to the proposal; 5
 - (c) power to decide procedural or other steps that should, or should not, be taken in relation to the proposal;
 - (d) power to retake any decision previously taken by the integrated care board.
- (4) The Secretary of State must, before acting under subsection (2)(a), give each of the following an opportunity to make representations to the Secretary of State in relation to the proposal – 10
 - (a) the integrated care board,
 - (b) each local authority (within the meaning of section 2B) to whose area the proposed reconfiguration of NHS services relates, and 15
 - (c) any other person that the Secretary of State considers appropriate.
- (5) The Secretary of State must –
 - (a) publish any decision under subsection (2)(a) together with an explanation of the reasons for taking it, and 20
 - (b) notify the integrated care board of the decision and the reasons.
- (6) The Secretary of State must publish a summary of any representations made under subsection (4). 25
- (7) An integrated care board, NHS trust established under this Act or NHS foundation trust must give the Secretary of State any information or other assistance that the Secretary of State requires it to give for the purposes of carrying out any functions under this section. 30
- (8) The Secretary of State must publish guidance for integrated care boards, NHS trusts and NHS foundation trusts about –
 - (a) the exercise of their functions under this section, and
 - (b) how the Secretary of State proposes to exercise the Secretary of State’s functions under this section. 35
- (9) Integrated care boards, NHS trusts and NHS foundation trusts must have regard to guidance published under subsection (8).
- (10) In this section “reconfiguration of NHS services” means a change in the arrangements made by an integrated care board for the provision of NHS services where that change has an impact on – 40
 - (a) the manner in which a service is delivered to individuals (at the point when the service is received by users), or

- (b) the range of health services available to individuals.

14Z60B Effect of direction under section 14Z60A on integrated care board

- (1) This section applies where the Secretary of State gives a direction under section 14Z60A(1) calling in a proposal.
- (2) Until notified that the Secretary of State has finished considering the proposal, the integrated care board must not take further steps in relation to a proposal except to such extent (if any) as may be permitted by the direction. 5
- (3) Once notified that the Secretary of State has finished considering the proposal, the integrated care board must give effect to any decision of the Secretary of State under section 14Z60A(2)(a) in relation to the proposal.” 10

140 After section 14Z60B (inserted by paragraph 139) insert –

“14Z60C Power to require consideration of proposals for reconfiguration

- (1) The Secretary of State may direct an integrated care board to consider a reconfiguration of NHS services. 15
- (2) The Secretary of State must publish any direction under this section, together with an explanation of the reasons for giving it.
- (3) In this section “reconfiguration of NHS services” has the meaning given by section 14Z60A(10).” 20

141 In section 25 (NHS trusts), in subsection (4), after “NHS trusts” insert “established under this Act”.

142 In section 26 (general duty of NHS trust), after “An NHS trust” insert “established under this Act”.

143 (1) Section 26A (NHS trusts: duty to have regard to wider effect of decisions) is amended as follows. 25

- (2) In subsection (1), for “section 25” substitute “this Act”.
- (3) In subsection (3), for “guidance published by NHS England under section 13NB” substitute “any guidance published by the Secretary of State for the purposes of this section”. 30
- (4) In subsection (4) –
 - (a) omit paragraph (a);
 - (b) in paragraph (c), for “section 25” substitute “this Act”.

144 (1) Section 26B (NHS trusts: duties as to climate change etc) is amended as follows. 35

- (2) In subsection (1), for “section 25” substitute “this Act”.

- (3) In subsection (2), for “guidance published by NHS England under section 13ND” substitute “any guidance published by the Secretary of State for the purposes of this section”.
- 145 In section 27 (financial provisions relating to NHS trusts), after “NHS trusts” insert “established under this Act”. 5
- 146 Omit sections 27A to 27D (NHS England oversight functions in relation to NHS trusts).
- 147 (1) Section 33 (applications by NHS trusts) is amended as follows.
- (2) In subsection (1) –
 - (a) after “NHS trust” insert “established under this Act”; 10
 - (b) for “NHS England” substitute “the Secretary of State”.
 - (3) In subsections (2) and (3), for “NHS England” substitute “the Secretary of State”.
- 148 (1) Section 35 (authorisation of NHS foundation trusts) is amended as follows.
- (2) For subsection (1) substitute – 15
 - “(1) The Secretary of State may give an authorisation under this section to an NHS trust if –
 - (a) the NHS trust has applied under section 33, and
 - (b) the Secretary of State is satisfied as to the matters set out in subsection (2).” 20
 - (3) In subsection (2)(f), for “NHS England” substitute “the Secretary of State”.
 - (4) In subsection (3), for “NHS England” substitute “the Secretary of State”.
- 149 In section 42A (criteria for making loans etc), in subsection (7) omit paragraph (b) (but not the “and” at the end).
- 150 In section 48 (information), in subsection (1A), for “any of its partner NHS foundation trusts” substitute “an NHS foundation trust”. 25
- 151 (1) Section 56 (mergers) is amended as follows.
- (2) In subsection (1) –
 - (a) in paragraph (b), for “section 25” substitute “this Act”;
 - (b) in the words after paragraph (b), for “NHS England” substitute “the Secretary of State”. 30
 - (3) For subsection (4) substitute –
 - “(4) The Secretary of State must grant the application if satisfied that such steps as are necessary to prepare for the dissolution of the trusts and the establishment of the new trust have been taken, and must otherwise refuse the application.” 35
- 152 (1) Section 56A (acquisitions) is amended as follows.
- (2) In subsection (1) –
 - (a) in paragraph (b), for “section 25” substitute “this Act”;

- (b) in the words after paragraph (b), for “NHS England” substitute “the Secretary of State”.
- (3) For subsection (4) substitute –
 - “(4) The Secretary of State must grant the application if satisfied that such steps as are necessary to prepare for the acquisition have been taken, and must otherwise refuse the application.” 5
- (4) In subsection (4A) –
 - (a) for “NHS England” substitute “the Secretary of State”;
 - (b) for “it” substitute “the Secretary of State”.
- 153 In section 56AA (acquisitions under section 56A: supplementary), in subsection (1)(a) omit “by NHS England”. 10
- 154 (1) Section 56B (separations) is amended as follows.
 - (2) In subsection (1), for “NHS England” substitute “the Secretary of State”.
 - (3) For subsection (4) substitute –
 - “(4) The Secretary of State must grant the application if satisfied that such steps as are necessary to prepare for the dissolution of the trust and the establishment of each of the proposed new trusts have been taken, and must otherwise refuse the application.” 15
- 155 (1) Section 57 (sections 56 to 56B: supplementary) is amended as follows.
 - (2) In subsections (1) and (2), for “NHS England”, in each place it occurs, substitute “the Secretary of State”. 20
 - (3) In subsections (3)(a) and (4), for “section 25” substitute “this Act”.
 - (4) In subsection (5) omit “or NHS England”.
- 156 (1) Section 57A (dissolution) is amended as follows.
 - (2) In subsection (1), for “NHS England” substitute “the Secretary of State”. 25
 - (3) In subsection (3) –
 - (a) for “NHS England” substitute “The Secretary of State”;
 - (b) omit “it is”.
 - (4) In subsection (4) –
 - (a) in the words before paragraph (a), for “NHS England” substitute “the Secretary of State”; 30
 - (b) in paragraph (b), for “section 25” substitute “this Act”.
- 157 (1) Section 63A (NHS foundation trusts: duty to have regard to wider effects of decisions) is amended as follows.
 - (2) In subsection (3), for “guidance published by NHS England under section 13NB” substitute “any guidance published by the Secretary of State for the purposes of this section”. 35
 - (3) In subsection (4) –
 - (a) omit paragraph (a);

- (b) in paragraph (c), for “section 25” substitute “this Act”.
- 158 In section 63B (NHS foundation trusts’ duties as to climate change etc), in subsection (2), for “guidance published by NHS England under section 13ND” substitute “any guidance published by the Secretary of State for the purposes of this section”. 5
- 159 Omit section 64 (orders and regulations under Chapter 5 of Part 2).
- 160 In section 65 (interpretation of Chapter 5 of Part 2), in subsection (1)–
(a) in the definition of “authorisation” omit “or 56”;
(b) omit the definition of “health service body”.
- 161 In section 65Z5 (joint working and delegation arrangements), in subsection (2)(c), for “section 25” substitute “this Act”. 10
- 162 In section 66 (intervention orders), for subsection (1) substitute –
“(1) This section applies to –
(a) NHS trusts established under this Act, and
(b) Special Health Authorities.” 15
- 163 In section 67 (effect of intervention orders), in subsection (1)(a) and (b) omit “or Local Health Board”.
- 164 In section 68 (default powers), for subsection (1) substitute –
“(1) This section applies to –
(a) NHS trusts established under this Act, and 20
(b) Special Health Authorities.”
- 165 Omit the italic heading before section 68A.
- 166 Omit section 68A (reconfiguration of NHS services).
- 167 (1) Section 69A (transfer schemes: NHS trusts and NHS foundation trusts) is amended as follows. 25
(2) In subsection (1) –
(a) for “NHS England” substitute “The Secretary of State”;
(b) for “it” substitute “the Secretary of State”.
(3) In subsection (3) –
(a) for “NHS England” substitute “The Secretary of State”; 30
(b) for “it” substitute “the Secretary of State”.
(4) In subsection (8), in paragraph (a) of the definition of “relevant NHS body”, for “section 25” substitute “this Act”.
- 168 In section 70 (transfer of residual liabilities of certain health service bodies), in subsection (1), after “NHS trust” insert “established under this Act”. 35
- 169 (1) Section 71 (schemes for meeting losses and liabilities etc of certain health service bodies) is amended as follows.
(2) In subsection (2) –
(a) omit paragraph (za);

- (b) in paragraph (c), after “NHS trusts” insert “established under this Act”;
 - (c) in paragraph (i), for “(za)”, in both places it occurs, substitute “(zb)”.
- (3) In subsection (2A)(b), for “(za)” substitute “(zb)”.
- (4) In subsection (3)(a) omit “or NHS England”. 5
- (5) In subsection (6) for “NHS England or a” substitute “then an”.
- 170 In section 72A (exemption from Part 3 of the Enterprise Act 2002), in subsection (3)(a), for “section 25” substitute “this Act”.
- 171 (1) Section 74 (supply of goods and services by local authorities) is amended as follows. 10
 - (2) In subsection (1)(a) omit “NHS England and”.
 - (3) In subsection (4), at the beginning insert “In this section”.
- 172 In section 76 (power of local authorities to make payments), in subsection (1) –
 - (a) for “NHS England” substitute “the Secretary of State”; 15
 - (b) for “body in connection with the performance by it” substitute “recipient in connection with the performance by the recipient”.
- 173 In section 77 (Care Trusts), in subsection (1)(a), after “NHS trust” insert “established under this Act”.
- 174 In section 78 (directed partnership agreements), in subsection (3)(c), for “section 25” substitute “this Act”. 20
- 175 (1) Section 80 (supply of goods and services by the Secretary of State, NHS England and integrated care boards) is amended as follows.
 - (2) In the heading omit “, NHS England”.
 - (3) In subsection (1) omit “, NHS England”. 25
 - (4) In subsection (3), after paragraph (a) (but before the “and” at the end) insert –
 - “(aa) any facilities the provision of which is arranged by the Secretary of State in pursuance of functions under this Act,”.
 - (5) In subsection (3A) – 30
 - (a) in the words before paragraph (a) omit “NHS England or”;
 - (b) in paragraphs (a), (b) and (c) omit “NHS England or (as the case may be)”.
 - (6) In subsection (4) omit “NHS England or”.
 - (7) Omit subsection (5). 35
 - (8) In subsection (6), after paragraph (a) insert –
 - “(aa) any services (other than the services of any person) or other facilities the provision of which is arranged by the Secretary of State in pursuance of functions under this Act,”.

- (9) In subsection (6A) –
 - (a) in the words before paragraph (a) omit “NHS England and”;
 - (b) in paragraphs (a), (b) and (c) omit “NHS England or (as the case may be)”.
 - (10) In subsection (7), for “NHS England” substitute “An integrated care board”. 5
 - (11) In subsection (9) –
 - (a) for “NHS England”, in the first place it occurs, substitute “The Secretary of State”;
 - (b) for “NHS England”, in the second place it occurs, substitute “the Secretary of State”. 10
- 176 In section 183 (payment of travelling expenses) –
 - (a) in paragraph (a) omit “, NHS England”;
 - (b) in paragraph (b), for “NHS England,” substitute “the Secretary of State”;
 - (c) in paragraph (c), for “NHS England,” substitute “the Secretary of State”. 15
- 177 In section 185 (charges for more expensive supplies), in subsection (2) omit “NHS England,”.
- 178 In section 186 (charges for repairs and replacements in certain cases), in subsection (2) omit “NHS England,”. 20
- 179 In section 187 (charges for designated services or facilities), for the words from “section” to “(whether)” substitute “section 3(1)(g), (h) or (i) (whether)”.
- 180 In section 188 (sums otherwise payable to those providing services), in subsection (2), for “NHS England” substitute “the Secretary of State”.
- 181 In section 196 (persons and bodies about which provision is made by this Part), in subsection (3) omit paragraph (za). 25
- 182 In section 201 (disclosure of information), in subsection (3)(a) omit “NHS England,”.
- 183 (1) Section 222 (power to raise money) is amended as follows.
 - (2) In subsection (3), for “the appropriate authority” substitute “the Secretary of State”. 30
 - (3) Omit subsection (3A).
- 184 In section 223 (public-private partnerships), in subsections (1), (2) and (5) omit “or NHS England”.
- 185 In section 223A (application of section 223 to integrated care boards), in subsection (1), for “NHS England” substitute “the Secretary of State”. 35
- 186 In section 236 (payments for certain medical examinations), in subsection (2)(b)(ii) omit “NHS England or”.

- 187 In section 242 (public involvement and consultation), for subsection (6) substitute –
- “(6) This section does not require a body to make arrangements in relation to matters to which a trust special administrator’s draft or final report under section 65F or 65I relates before the Secretary of State has made a decision under section 65K.” 5
- 188 (1) Section 244 (review and scrutiny by local authorities) is amended as follows.
- (2) Omit subsections (2ZA) to (2ZC).
- (3) In subsection (3), for “subsections (2) and (2ZA)” substitute “subsection (2)”. 10
- 189 In section 245 (joint overview and scrutiny committees etc), in subsection (1) omit “to (2ZC)”.
- 190 In section 246 (business relating to functions of local authorities by virtue of section 244: exempt information), in subsection (1) omit “to (2ZC)”.
- 191 In section 247 (application to City of London), in subsections (1) and (4) omit “to (2ZC)”. 15
- 192 In section 247C (Secretary of State’s duty to keep health service functions under review), in subsection (2) omit paragraph (a).
- 193 After section 252 insert –
- “252ZA Code of practice on confidential patient information” 20**
- (1) The Secretary of State must issue a code of practice relating to the processing of confidential patient information in connection with the provision of health services or of adult social care in England.
- (2) The Secretary of State must keep the code under review and may from time to time – 25
- (a) revise the whole or any part of the code, and
- (b) issue a revised code.
- (3) Before issuing or revising a code the Secretary of State must consult such persons as the Secretary of State considers appropriate.
- (4) The Secretary of State must publish any code issued under this section. 30
- (5) A health or social care body must have regard to a code under this section in exercising functions in connection with the provision of health services or of adult social care in England.
- (6) A person, other than a public body, who provides health services, or adult social care in England, pursuant to arrangements made with a health or social care body must, in providing those services or that care, have regard to the code. 35
- (7) In this section –

- “adult social care” –
- (a) includes all forms of personal care and other practical assistance provided for individuals who are in need of such care or other assistance by reason of age, illness, disability, pregnancy, childbirth, dependence on alcohol or drugs, or any other similar circumstances, but 5
 - (b) does not include anything provided by an establishment or agency for which His Majesty’s Chief Inspector of Education, Children’s Services and Skills is the registration authority under section 5 of the Care Standards Act 2000; 10
- “confidential patient information” has the same meaning as in section 251 (see subsections (10) and (11) of that section);
- “health or social care body” means a public body which exercises functions in connection with the provision of health services or of adult social care in England; 15
- “health services” means services which must or may be provided as part of the health service in England;
- “public body” means a body or other person whose functions – 20
- (a) are of a public nature, or
 - (b) include functions of that nature,
- but in the latter case, the body or person is a public body to the extent only of those functions.”
- 194 In the italic heading before section 252A omit “; NHS England”. 25
- 195 (1) Section 252A (role of NHS England and integrated care boards in respect of emergencies) is amended as follows.
- (2) In the heading, for “NHS England” substitute “the Secretary of State”.
 - (3) Before subsection (1) insert –
 - “(A1) The Secretary of State must take appropriate steps for securing that the Secretary of State is properly prepared to exercise the functions of the Secretary of State in relation to the health service in England in the event of an emergency.” 30
 - (4) In subsection (1) omit “NHS England and”.
 - (5) In subsection (2) – 35
 - (a) for “NHS England” substitute “The Secretary of State”;
 - (b) for “it” substitute “the Secretary of State”.
 - (6) In subsection (3), for “NHS England” substitute “the Secretary of State”.
 - (7) In subsection (4) –
 - (a) for “NHS England” substitute “The Secretary of State”; 40
 - (b) for “it” substitute “the Secretary of State”.
 - (8) In subsection (5), for “NHS England” substitute “the Secretary of State”.

- (9) In subsection (6) –
 - (a) for “NHS England” substitute “The Secretary of State”;
 - (b) for “it”, in the first place it occurs, substitute “the Secretary of State”.
- (10) In subsection (7) –
 - (a) for “NHS England”, in the first place it occurs, substitute “The Secretary of State”; 5
 - (b) for “NHS England”, in the second place it occurs, substitute “the Secretary of State”.
- (11) Omit subsection (8).
- (12) In subsection (9)(c) – 10
 - (a) for “NHS England” substitute “the Secretary of State”;
 - (b) for “it” substitute “the Secretary of State”;
 - (c) for “its” substitute “the Secretary of State”.
- (13) In subsection (10), in paragraph (a) of the definition of “relevant emergency” omit “NHS England or”, in both places. 15
- 196 In section 253 (emergency powers) omit subsections (2B) and (2C).
- 197 Omit section 254A (support functions of Secretary of State) and the italic heading before it.
- 198 (1) Section 256 (power of NHS England or an integrated care board to make payments towards expenditure on community services) is amended as follows. 20
 - (2) In the heading for “NHS England” substitute “Secretary of State”.
 - (3) Omit subsection (1).
 - (4) In subsection (2), for the words before paragraph (za) substitute “The Secretary of State or an integrated care board may make payments to any of the following towards expenditure incurred or to be incurred by them in connection with the provision of housing accommodation if, in the opinion of the Secretary of State or (as the case may be) the integrated care board, making such a payment is in the interests of the health service –”. 25
 - (5) In subsection (3) – 30
 - (a) for “NHS England”, in the first place it occurs, substitute “The Secretary of State”;
 - (b) for “NHS England”, in the second place it occurs, substitute “the Secretary of State”.
 - (6) For subsection (4) substitute – 35
 - “(4) In subsection (3) –
 - “local authority” includes the Council of the Isles of Scilly but only in respect of its functions under Part 2 of the Housing Act 1985;
 - “NHS functions” means the functions of an NHS body.” 40

- (7) Omit subsection (5A) and (5B).
 - (8) In subsection (6) –
 - (a) after “payments” insert “by integrated care boards”;
 - (b) omit “or section 257”.
 - (9) In subsection (8), after “section” insert “by an integrated care board”. 5
 - (10) After subsection (8) insert –

“(8A) Payments under this section by the Secretary of State may be made subject to conditions, including, in particular, conditions of the kind described in subsection (7).”
 - (11) Omit subsection (9). 10
- 199 (1) Section 257 (payments in respect of voluntary organisations under section 256) is amended as follows.
- (2) In subsection (2) –
 - (a) for “NHS England” substitute “the Secretary of State”;
 - (b) for “256(1)” substitute “256(2)”. 15
 - (3) In subsection (3) omit paragraph (a) (together with the “and” at the end).
 - (4) After subsection (3) insert –

“(3A) The Secretary of State may by directions prescribe conditions relating to –

 - (a) payments by integrated care boards under subsection (2), or 20
 - (b) payments by local authorities under subsection (3),

including, in particular, conditions of the kind described in section 256(7).”
 - (5) For subsection (4) substitute –
 - “(4) Where conditions have been prescribed as mentioned in subsection (3A), no payment may be made by an integrated care board under subsection (2) or by a local authority under subsection (3) except subject to conditions which conform with any prescribed conditions that are relevant to the payment. 25
 - (5) Payments under subsection (2) by the Secretary of State may be made subject to conditions, including, in particular, conditions of the kind described in section 256(7). 30
 - (6) In this section “local authority” includes the Council of the Isles of Scilly.”
- 200 (1) Section 258 (university clinical teaching and research) is amended as follows. 35
- (2) In subsection (1) omit “, NHS England” in both places.
 - (3) In subsection (2)(a) omit “NHS England,”.
 - (4) Omit subsection (3).

- 201 In section 269 (special notices of births and deaths), in subsection (11) omit paragraph (a).
- 202 In section 270 (provision of information by Registrar General), in subsection (1) omit paragraph (b).
- 203 (1) Section 271 (territorial limit of exercise of functions) is amended as follows. 5
- (2) In subsection (3), after paragraph (g) insert—
- “(ga) sections 256 and 257 (payments towards expenditure on community services),”.
- (3) Omit subsection (4).
- 204 In section 271A (services to be treated as services of the Crown for certain purposes), in subsection (2), for paragraph (a) (but not the “or” at the end) substitute— 10
- “(a) the functions of an integrated care board under section 3 or 3A or Schedule 1,”.
- 205 (1) Section 272 (orders, regulations, rules and directions) is amended as follows. 15
- (2) In subsection (1) (but not the “and” at the end), for paragraph (a) substitute—
- “(a) section 42B,”.
- (3) In subsection (5), before paragraph (ab) insert—
- “(aza) section 56A(4A), 20
- (azb) section 57,
- (azc) section 57A,”.
- (4) In subsection (6), after paragraph (zba) insert—
- “(zbb) an order or regulations under Chapter 5 of Part 2 that, by virtue of subsection (8)(a), amend an Act,”. 25
- (5) Omit subsection (6ZA).
- 206 In section 273 (further provision about orders and directions under this Act) omit subsection (3).
- 207 (1) Section 275 (interpretation) is amended as follows.
- (2) In subsection (1)— 30
- (a) in the definition of “NHS body” omit paragraph (a);
- (b) omit the definitions of the following—
- “education and training functions”;
- “regulatory functions”.
- (3) In subsection (5)— 35
- (a) in the words before paragraph (a), for “section 3” substitute “this Act”;
- (b) omit paragraph (b);

- (c) for paragraph (d) substitute—
“(d) section 253(1A)(d).”
- 208 In section 276 (index of defined expressions) —
 - (a) omit the entry for “partner in relation to an NHS trust or NHS foundation trust and an integrated care board”; 5
 - (b) in the entry for “public health functions of the Secretary of State” for “section 1H(5)(a)” substitute “section 6C(7)”;
 - (c) in the entry for “public health functions of local authorities”, for “section 1H(5)(b)” substitute “section 6C(7)”.
- 209 Omit Schedule A1 (NHS England). 10
- 210 In Schedule 1 (further provision about the Secretary of State and services under this Act), in paragraph 13(1) and (3) omit “, NHS England” in each place it occurs.
- 211 (1) Schedule 1B (integrated care boards) is amended as follows.
 - (2) In paragraph 5 omit “NHS England, with the approval of”. 15
 - (3) In paragraph 6 omit “NHS England, and any such power must be expressed to be subject to the approval of”.
 - (4) In paragraph 7(1), for “NHS England” substitute “the Secretary of State”.
 - (5) In paragraph 15(2) —
 - (a) in paragraph (a) — 20
 - (i) for “NHS England” substitute “the Secretary of State”;
 - (ii) for “its” substitute “the Secretary of State’s”;
 - (b) in paragraph (b), for “NHS England’s” substitute “the Secretary of State’s”.
 - (6) In paragraph 19(4)(b) — 25
 - (a) omit sub-paragraph (i);
 - (b) in sub-paragraph (ii), for “section 25” substitute “this Act”.
 - (7) In paragraph 22 —
 - (a) in sub-paragraphs (3) and (4) for “NHS England may, with the approval of the Secretary of State,” substitute “The Secretary of State may”; 30
 - (b) in sub-paragraphs (6) and (8), for “NHS England”, in each place it occurs, substitute “the Secretary of State”;
 - (c) in sub-paragraph (9) —
 - (i) for “NHS England”, in the first place it occurs, substitute “The Secretary of State”; 35
 - (ii) for “it” substitute “the Secretary of State”;
 - (iii) for “NHS England”, in the second place it occurs, substitute “the Secretary of State”.
- 212 (1) Schedule 4 (NHS trusts established under section 25) is amended as follows. 40

- (2) In the heading for “section 25” substitute “this Act”.
- (3) Before the italic heading before paragraph 1 insert—
“Application
- A1 This Schedule applies in relation to NHS trusts established under this Act.” 5
- (4) In paragraph 3(1)(a), for “NHS England” substitute “the Secretary of State”.
- (5) In paragraph 12—
- (a) in sub-paragraph (1), for “NHS England”, in both places it occurs, substitute “the Secretary of State”;
- (b) omit sub-paragraph (1B). 10
- (6) In paragraph 13—
- (a) in sub-paragraph (1) omit “or NHS England” in both places;
- (b) in sub-paragraph (2), for “any of its partner NHS trusts” substitute “an NHS trust”.
- (7) In paragraph 20(2)— 15
- (a) at the end of paragraph (a) insert “and”;
- (b) omit paragraph (c) and the “and” before it.
- (8) In paragraph 25(3) omit “and any directions given by NHS England under section 27B”.
- (9) In paragraph 28— 20
- (a) in sub-paragraph (1) omit “or NHS England”;
- (b) omit sub-paragraph (1A);
- (c) in sub-paragraphs (2)(b) and (3) omit “or NHS England”.
- (10) In paragraph 29(1) omit “or NHS England”.
- (11) In paragraph 30(1) omit “or NHS England”. 25
- 213 (1) Schedule 5 (financial provision about NHS trusts established under section 25) is amended as follows.
- (2) In the heading for “section 25” substitute “this Act”.
- (3) Before the italic heading before paragraph 1 insert—
“Application
- A1 This Schedule applies in relation to NHS trusts established under this Act.” 30
- (4) In paragraph 2(2), for “NHS England” substitute “The Secretary of State”.
- 214 Omit Schedule 10A (intervention powers in relation to the reconfiguration of NHS services). 35

National Health Service (Wales) Act 2006

- 215 The National Health Service (Wales) Act 2006 is amended as follows.
- 216 In section 7 (NHS contracts), in subsection (4) omit paragraph (ba).
- 217 In section 13 (exercise of Local Health Board functions), in subsection (3) omit paragraph (aa). 5
- 218 In section 17 (plans for improving health etc), in subsection (6)(g) and (h) omit “NHS England,”.
- 219 In section 26 (intervention orders), in subsection (1) omit “NHS England,”.
- 220 In section 28 (default powers), in subsection (1) omit “NHS England,”.
- 221 In section 34 (power of local authorities to make payments), in subsection (1) omit “NHS England,”. 10
- 222 In section 106 (further provision about regulations under section 105 (supplementary lists)), in subsection (2), for paragraph (f) substitute—
- “(f) a list corresponding to a list mentioned in any of paragraphs (a), (c) or (d) prepared under or by virtue of the National Health Service Act 2006,”. 15
- 223 (1) Section 115 (national disqualification) is amended as follows.
- (2) In subsection (1)—
- (a) for paragraph (f) substitute—
- “(f) any list corresponding to a list mentioned in any of paragraphs (a), (c) or (d) prepared under or by virtue of the National Health Service Act 2006,”; 20
- (b) in the words after paragraph (f) omit “prepared by each Local Health Board and NHS England”.
- (3) For subsection (6) substitute— 25
- “(6) A person responsible for preparing a list—
- (a) must not include a person in the list if that person is disqualified from inclusion in that list by a national disqualification, and
- (b) must remove from the list any person who is disqualified from inclusion in that list by a national disqualification.” 30
- 224 In section 162 (transfer of functions and property to or from special trustees), in subsection (1) omit “NHS England,”.
- 225 In section 197 (university clinical teaching and research), in subsection (2)(a) omit “NHS England,”. 35
- 226 In section 206 (interpretation), in subsection (1) omit paragraph (e) of the definition of “NHS body” (but not the “and” at the end).

- 227 In Schedule 5 (Special Health Authorities established under section 22), in paragraph 13, for “, another Special Health Authority or NHS England” substitute “or another Special Health Authority”.

NHS Redress Act 2006

- 228 In section 1 of the NHS Redress Act 2006 (power to establish redress scheme), in subsection (3) –
- (a) omit paragraph (aa);
 - (b) in paragraph (d) omit “, (aa)”.
- 5

Safeguarding Vulnerable Groups Act 2006

- 229 (1) Section 6 of the Safeguarding Vulnerable Groups Act 2006 (regulated activity providers) is amended as follows. 10
- (2) For subsection (8C) substitute –
- “(8C) The Secretary of State or an integrated care board does not make arrangements for another to engage in a regulated activity by virtue of anything the Secretary of State or board does under section 12A or 12D, or regulations under section 12A or 12B, of the National Health Service Act 2006 (direct payments for health services).” 15
- (3) Omit subsection (8E).

Corporate Manslaughter and Corporate Homicide Act 2007

- 230 In section 6 of the Corporate Manslaughter and Corporate Homicide Act 2007 (emergencies), in subsection (7), in the definition of “relevant NHS body” omit paragraph (za). 20

Local Government and Public Involvement in Health Act 2007

- 231 The Local Government and Public Involvement in Health Act 2007 is amended as follows. 25
- 232 In section 104 (application of Chapter 1 of Part 5: partner authorities), in subsection (2) omit paragraph (jb).
- 233 In section 116 (health and social care: joint strategic needs assessments), in subsection (7)(a)(ii) and (b)(i) omit “or NHS England”.
- 234 Omit section 234 (reports on consultation). 30

Statistics and Registration Service Act 2007

- 235 In section 42 of the Statistics and Registration Service Act 2007 (information relating to births and deaths etc), in subsection (4A) omit paragraph (c).

Criminal Justice and Immigration Act 2008

- 236 In section 119 of the Criminal Justice and Immigration Act 2008 (offence of causing nuisance or disturbance on NHS premises), in subsection (4), in paragraph (a) of the definition of “relevant English NHS body” omit “section 25 of”. 5

Health and Social Care Act 2008

- 237 The Health and Social Care Act 2008 is amended as follows.
- 238 (1) Section 20A (functions relating to processing of information by registered persons) is amended as follows.
- (2) For subsection (1) substitute – 10
- “(1) The Commission must monitor the practice followed by registered persons in relation to the processing of relevant information.”
- (3) In subsection (2), for “those functions” substitute “that function”.
- 239 After section 20A insert –
- “20B Secretary of State guidance in relation to processing of information” 15**
- (1) The Secretary of State must issue guidance for registered persons on the practice to be followed by them in relation to the processing of –
- (a) patient information, and
- (b) any other information obtained or generated in the course of the provision of the health service. 20
- (2) Registered persons who carry on an activity which involves, or is connected with, the provision of health care must have regard to any guidance published under this section.
- (3) The Secretary of State may from time to time revise guidance issued under this section and issue the revised guidance. 25
- (4) In this section, “patient information”, “processing” and “registered person” have the same meaning as in section 20A.”
- 240 In section 29 (warning notice), in subsection (1A) omit “section 25 of”.
- 241 (1) Section 29A (warning notice: quality of health care) is amended as follows. 30
- (2) In subsection (1) omit “section 25 of”.
- (3) In subsection (5), in paragraph (b) –
- (a) for “require NHS England” substitute “make a recommendation to the Secretary of State”;
- (b) omit “section 65D(2)”. 35
- 242 In section 30 (urgent procedure for cancellation), in subsection (3)(za), for “NHS England” substitute “the Secretary of State”.

- 243 (1) Section 39 (bodies required to be notified of certain matters) is amended as follows.
- (2) In subsection (1)(za), for “NHS England” substitute “the Secretary of State”.
- (3) In subsection (3), for “(1)(a)” substitute “(1)(za)”.
- 244 In section 46B (reviews and performance assessments: integrated care system), for subsection (9) substitute – 5
- “(9) Before preparing or revising a statement under subsection (7) the Commission must consult any persons it considers appropriate.”
- 245 In section 54 (studies as to economy, efficiency etc), in subsection (5) omit “NHS England,”. 10
- 246 (1) Section 59 (additional functions) is amended as follows.
- (2) Omit subsection (2).
- (3) In subsection (3) omit “NHS England or”.
- 247 In section 64 (power to require documents and information etc), in subsection (2), for paragraph (b) substitute – 15
- “(b) a person providing health care commissioned by an integrated care board,”.
- 248 (1) Section 70 (co-operation between the Commission and NHS England) is amended as follows.
- (2) For the heading substitute “Co-ordination in relation to licensing of NHS providers”.
- (3) Omit subsection (1).
- (4) In subsection (2) –
- (a) in the words before paragraph (a) omit “In particular”;
- (b) omit paragraph (a); 25
- (c) in paragraph (b), for “NHS England” substitute “the Secretary of State”.
- (5) In subsection (3) –
- (a) omit “Without prejudice to subsection (2)(a)”;
- (b) for “the NHS England” substitute “the Secretary of State”. 30
- 249 In section 80 (code of practice on confidential personal information), in subsection (3), for paragraph (a) (but not the “and” at the end) substitute –
- “(a) the Secretary of State,”.
- 250 In section 81 (publication of programme of reviews etc.), in subsection (2) –
- (a) at the end of paragraph (a) insert “and”; 35
- (b) omit paragraph (aa) (including the “and” at the end).
- 251 (1) Section 97 (general interpretation of Part 1) is amended as follows.
- (2) In subsection (1) –

- (a) in the definition of “English NHS body” omit paragraph (ca);
- (b) in paragraph (a) of the definition of “NHS care”, for “NHS England” substitute “the Secretary of State”.
- (3) In subsection (2A) –
 - (a) for “NHS England”, in both places it occurs, substitute “the Secretary of State”; 5
 - (b) for “it” substitute “the Secretary of State or an integrated care board”.

Autism Act 2009

- 252 In section 4 of the Autism Act 2009 (interpretation), in subsection (1), in the definition of “NHS body” omit paragraph (ca). 10

Coroners and Justice Act 2009

- 253 In section 18A of the Coroners and Justice Act 2009 (medical examiners: England), in subsection (4) –
 - (a) omit paragraph (a);
 - (b) in paragraph (c) omit “section 25 of”. 15

Health Act 2009

- 254 The Health Act 2009 is amended as follows.
- 255 (1) Section 2 (duty to have regard to NHS Constitution) is amended as follows.
 - (2) In subsection (2) omit paragraph (ca).
 - (3) In subsection (4)(za), for “NHS England” substitute “the Secretary of State”. 20
- 256 In section 8 (duty of providers to publish information), in subsection (6), in the definition of “relevant health services”, for “NHS England” substitute “the Secretary of State”.
- 257 In section 9 (supplementary provision about duty under section 8), in subsection (3), for “NHS England” substitute “the Secretary of State”. 25
- 258 Omit Chapter 4 of Part 1 (innovation prizes).
- 259 In section 36 (disclosure of information by His Majesty's Revenue and Customs), in subsection (3) omit paragraph (aa).

Corporation Tax Act 2010

- 260 In section 986 of the Corporation Tax Act 2010 (meaning of “health service body”), in the table –
 - (a) in the entry for a National Health Service trust omit “section 25 of”;
 - (b) omit the entry for a Primary Care Trust;
 - (c) omit the entry for NHS England.

Equality Act 2010

- 261 In Part 1 of Schedule 19 to the Equality Act 2010 (public authorities to which public sector equality duty applies), in the group of entries that includes entries for bodies whose functions relate to health, social care and social security – 5
- (a) omit the entry for NHS England;
 - (b) in the entry for NHS trusts established under section 25 of the National Health Service Act 2006 omit “section 25 of”.

Charities Act 2011

- 262 In section 149 of the Charities Act 2011 (audit or examination of English NHS charity accounts), in subsection (7) omit paragraph (ba). 10

Health and Social Care Act 2012

- 263 The Health and Social Care Act 2012 is amended as follows.
- 264 (1) Section 83 (NHS provider licensing exemption regulations) is amended as follows. 15
- (2) In subsection (3)(a), (b) and (c), for “NHS England” substitute “the Secretary of State”.
 - (3) In subsection (4) omit paragraph (b) and the “and” at the end of that paragraph.
- 265 In section 84 (exemption regulations: supplementary), in subsection (5)(a) omit sub-paragraph (ii). 20
- 266 In section 85 (application for licence), in subsections (1) and (2), for “NHS England” substitute “the Secretary of State”.
- 267 For section 86 substitute –
- “86 Licensing criteria”** 25
- The Secretary of State must by regulations specify the criteria that must be met by a person in order to be granted a licence under this Chapter.”
- 268 (1) Section 87 (grant or refusal of licence) is amended as follows.
- (2) For subsection (2) substitute – 30
 - “(2) If the Secretary of State is satisfied that the applicant meets the criteria for holding a licence for the time being prescribed by regulations under section 86, the Secretary of State must as soon as reasonably practicable grant the application, and must otherwise refuse the application.” 35
 - (3) In subsection (3), for “NHS England” substitute “the Secretary of State”.
- 269 In section 87A (application and grant: NHS trusts), in subsection (1) –
- (a) after “section 25” insert “or 57B”;

- (b) in paragraph (b), for “published” substitute “prescribed by regulations”.
- 270 In section 88 (application and grant: NHS foundation trusts), in subsection (2) –
 - (a) in the words before paragraph (a), for “NHS England” substitute “the Secretary of State”; 5
 - (b) in paragraph (b), for “published” substitute “prescribed by regulations”.
- 271 After section 88 insert –
 - “88A Lapse of licences on conversion of NHS trust or NHS foundation trust 10**
 - (1) This section applies where –
 - (a) a body that is an NHS trust is converted into an NHS foundation trust under section 36 of the National Health Service Act 2006, or 15
 - (b) a body that is an NHS foundation trust is converted into an NHS trust under section 57B of that Act.
 - (2) Any licence under this Chapter that is held by the body lapses.
 - (3) Any discretionary requirements imposed on the body under section 105 lapse (but liabilities incurred under Schedule 11 do not). 20
 - (4) Any enforcement undertakings given by the body under section 106 lapse.”
- 272 In section 89 (revocation of licence) –
 - (a) in the words before paragraph (a), for “NHS England” substitute “The Secretary of State”; 25
 - (b) in paragraph (b), for “NHS England” substitute “the Secretary of State”.
- 273 (1) Section 90 (right to make representations) is amended as follows.
 - (2) In subsection (1), for “NHS England” substitute “The Secretary of State”.
 - (3) In subsection (2) – 30
 - (a) in paragraph (a), for “NHS England’s reasons for its” substitute “the Secretary of State’s reasons for the”;
 - (b) in paragraph (b), for “NHS England” substitute “the Secretary of State”.
- 274 (1) Section 91 (notice of decisions) is amended as follows. 35
 - (2) In subsection (1), for “NHS England” substitute “the Secretary of State”.
 - (3) In subsection (2) –
 - (a) for “NHS England” substitute “The Secretary of State”;
 - (b) for “its” substitute “the”.

- (4) In subsection (4), for “NHS England”, in each place it occurs, substitute “the Secretary of State”.
- 275 (1) Section 92 (appeals to tribunal) is amended as follows.
 - (2) In subsection (1), for “NHS England” substitute “the Secretary of State”.
 - (3) In subsection (3) – 5
 - (a) in paragraph (a), for “NHS England’s” substitute “the Secretary of State’s”;
 - (b) in paragraph (a), for “NHS England” substitute “the Secretary of State”.
- 276 (1) Section 93 (register of licence holders) is amended as follows. 10
 - (2) In subsection (1), for “NHS England” substitute “The Secretary of State”.
 - (3) In subsection (2), for “NHS England” substitute “the Secretary of State”.
 - (4) Omit subsections (3) to (6).
- 277 (1) Section 94 (standard conditions) is amended as follows.
 - (2) In subsection (1), for “NHS England” substitute “The Secretary of State”. 15
 - (3) In subsection (4), for “NHS England” substitute “the Secretary of State”.
- 278 (1) Section 95 (special conditions) is amended as follows.
 - (2) In subsection (1), for “NHS England” substitute “The Secretary of State”.
 - (3) In subsection (2) – 20
 - (a) for “NHS England” substitute “the Secretary of State”;
 - (b) omit paragraph (b).
 - (4) In subsection (3), for “NHS England” substitute “The Secretary of State”.
 - (5) In subsection (4) – 25
 - (a) in paragraph (a), for “NHS England” substitute “the Secretary of State”;
 - (b) in paragraph (b), for “NHS England’s” substitute “the Secretary of State’s”.
 - (c) in paragraph (c), for “NHS England” substitute “the Secretary of State”.
- 279 (1) Section 96 (limits on NHS England’s functions to set or modify licence conditions) is amended as follows. 30
 - (2) In the heading omit “NHS England’s”.
 - (3) In subsection (1), for “NHS England” substitute “the Secretary of State”.
 - (4) In subsection (2) – 35
 - (a) in the words before paragraph (a), for “NHS England” substitute “The Secretary of State”;
 - (b) in paragraphs (e) and (f), for “NHS England” substitute “the Secretary of State”;

- (c) omit paragraph (i).
- (5) In subsection (2A)(b)(i) and (ii) and (c), for “bodies” substitute “authorities”.
- (6) In subsection (2C) –
 - (a) for “bodies” substitute “authorities”;
 - (b) for paragraph (a) substitute –
 - “(a) the Secretary of State,”;
 - (c) in paragraph (c), for “section 25” substitute “the National Health Service Act 2006”.
- (7) In subsection (4) –
 - (a) for “NHS England” substitute “The Secretary of State”;
 - (b) for “it” substitute “the Secretary of State”.
- 280 (1) Section 97 (conditions: supplementary) is amended as follows.
 - (2) In subsection (1) –
 - (a) in paragraph (a) –
 - (i) for “NHS England”, in the first and second place it occurs, substitute “the Secretary of State”;
 - (ii) for “NHS England of its” substitute “the Secretary of State of”;
 - (b) in paragraph (b), for “NHS England” substitute “the Secretary of State”;
 - (c) in paragraph (e) –
 - (i) for “NHS England”, in both places it occurs, substitute “the Secretary of State”;
 - (ii) omit “its”;
 - (d) in paragraphs (f), (h), (i)(ii) and (iii), for “NHS England”, in each place it occurs, substitute “the Secretary of State”.
 - (3) In subsection (3), for “NHS England” substitute “The Secretary of State”.
 - (4) In subsection (4)(a), for the words from “a body” to “section 25 of” substitute “NHS trust established under”.
 - (5) In subsection (6), after “NHS foundation trust” insert “or NHS trust”.
- 281 (1) Section 98 (conditions relating to the continuation of the provision of services etc.) is amended as follows.
 - (2) In subsection (1) –
 - (a) in paragraph (a), for “NHS England” substitute “the Secretary of State”;
 - (b) in paragraph (b), for “NHS England” substitute “a person authorised by the Secretary of State”;
 - (c) in paragraph (c), for “NHS England” substitute “the Secretary of State”.
 - (3) In subsection (3), for “NHS England” substitute “the Secretary of State”.

- (4) In subsection (4), for “NHS England” substitute “The Secretary of State”.
 - (5) In subsection (5A), for “NHS England” substitute “the Secretary of State”.
 - (6) For subsection (6) substitute –
 - “(6) The Secretary of State may revise the guidance under subsection (4) and, if it is revised, must publish the guidance as revised.” 5
 - (7) Omit subsection (7).
- 282 (1) Section 99 (notification of commissioners where continuation of services at risk) is amended as follows.
- (2) In subsection (1) –
 - (a) in the words before paragraph (a), for “NHS England” substitute “the Secretary of State”; 10
 - (b) in paragraph (b), for “it is” substitute “the Secretary of State is”.
 - (3) In subsection (3) –
 - (a) in the words before paragraph (a) –
 - (i) for “NHS England”, in the first place it occurs, substitute “The Secretary of State”; 15
 - (ii) for “NHS England”, in the second place it occurs, substitute “the Secretary of State”;
 - (b) in paragraph (a) omit “it has”;
 - (c) in paragraph (b), for “its” substitute “the”. 20
 - (4) In subsection (4) –
 - (a) for “NHS England” substitute “The Secretary of State”;
 - (b) omit “that it has”;
 - (c) for “NHS England’s” substitute “the Secretary of State’s”.
- 283 (1) Section 100 (modification of standard conditions) is amended as follows. 25
- (2) In subsection (1), for “NHS England” substitute “The Secretary of State”.
 - (3) In subsection (1A) –
 - (a) in the words before paragraph (a) –
 - (i) for “NHS England consider” substitute “the Secretary of State considers”; 30
 - (ii) for “NHS England”, in the second place it occurs, substitute “the Secretary of State”;
 - (b) in paragraph (b), for “its” substitute “the”.
 - (4) In subsection (2) –
 - (a) in the words before paragraph (a), for “NHS England” substitute “the Secretary of State”; 35
 - (b) omit paragraph (b).
 - (5) In subsection (3), for “NHS England” substitute “The Secretary of State”.
 - (6) In subsection (4) –

- (a) in paragraphs (a) and (ba), for “NHS England” substitute “the Secretary of State”;
 - (b) in paragraph (c), for “NHS England’s” substitute “the Secretary of State’s”;
 - (c) in paragraph (d), for “NHS England” substitute “the Secretary of State”. 5
- (7) In subsection (10) –
 - (a) in the words before paragraph (a), for “NHS England”, in both places it occurs, substitute “the Secretary of State”;
 - (b) in paragraph (a), for “it” substitute “the Secretary of State”. 10
- 284 (1) Section 102 (modification of conditions by order under other enactments) is amended as follows.
 - (2) In subsection (4)(c)(i), for “NHS England” substitute “the Secretary of State”.
 - (3) In subsection (6)(a) omit “, after consultation with NHS England,”.
- 285 In section 103 (standard condition as to transparency of certain criteria), in subsection (3)(a), for “NHS England” substitute “the Secretary of State”. 15
- 286 (1) Section 104 (power to require documents and information) is amended as follows.
 - (2) For subsection (1) substitute –
 - “(1) The Secretary of State may require a person mentioned in subsection (2) to provide any information, documents, records or other items that the Secretary of State considers it necessary or expedient to have for the purposes of any relevant regulatory functions.” 20
 - (3) For subsection (4) substitute –
 - “(4) In this section “relevant regulatory functions” means – 25
 - (a) the Secretary of State’s functions under the provisions listed in subsection (5), and
 - (b) any other functions of the Secretary of State so far as exercisable in connection with those functions.
 - (5) Those provisions are – 30
 - (a) in Part 2 of the National Health Service Act 2006 –
 - (i) Chapter 5 (NHS foundation trusts);
 - (ii) Chapter 5A (trust special administrators);
 - (b) the following provisions of this Part –
 - (i) this Chapter (licensing); 35
 - (ii) Chapter 4 (NHS payment scheme);
 - (iii) Chapter 5 (health special administration);
 - (iv) Chapter 6 (financial assistance in special administration cases).”
 - 287 (1) Section 105 (discretionary requirements) is amended as follows. 40

- (2) In subsection (1) –
- (a) in the words before paragraph (a) –
 - (i) for “NHS England”, in the first place it occurs, substitute “The Secretary of State”;
 - (ii) for “NHS England”, in the second place it occurs, substitute “the Secretary of State”;
 - (b) in paragraph (c), for “NHS England” substitute “the Secretary of State”.
- (3) In subsection (2)(a), (b) and (c), for “NHS England”, in each place it occurs, substitute “the Secretary of State”.
- (4) In subsection (3), for “NHS England” substitute “The Secretary of State”.
- 288 (1) Section 106 (enforcement undertakings) is amended as follows.
- (2) In subsection (1) –
- (a) in the words before paragraph (a) –
 - (i) for “NHS England”, in the first place it occurs, substitute “The Secretary of State”;
 - (ii) for “NHS England”, in the second place it occurs, substitute “the Secretary of State”;
 - (b) in paragraph (c), for “NHS England” substitute “the Secretary of State”.
- (3) In subsection (4) –
- (a) in the words before paragraph (a), for “NHS England” substitute “the Secretary of State”;
 - (b) in paragraph (a) –
 - (i) for “NHS England” substitute “the Secretary of State”;
 - (ii) for “it” substitute “the Secretary of State”;
 - (c) in paragraph (b), for “NHS England” substitute “the Secretary of State”.
- (4) In subsection (5), for “NHS England”, in both places it occurs, substitute “the Secretary of State”.
- 289 (1) Section 108 (guidance as to use of enforcement powers) is amended as follows.
- (2) For subsections (1) to (3) substitute –
- “(1) The Secretary of State must publish guidance about how the Secretary of State intends to exercise functions under sections 105 and 106 and Schedule 11.
 - (2) The Secretary of State may revise the guidance and, if it is revised, must publish the guidance as revised.
 - (3) The Secretary of State must consult such persons as the Secretary of State considers appropriate before publishing the guidance or revised guidance.”

- (3) In subsection (4) –
 - (a) in the words before paragraph (a), for “NHS England’s” substitute “the Secretary of State’s”;
 - (b) in paragraphs (a), (b) and (c), for “NHS England” substitute “the Secretary of State”. 5
- (4) In subsection (5) –
 - (a) for “NHS England” substitute “The Secretary of State”;
 - (b) omit “its”.
- 290 Omit section 109 (publication of enforcement action).
- 291 Omit section 110 (notification of enforcement action). 10
- 292 (1) Section 114A (NHS payment scheme) is amended as follows.
 - (2) In subsection (1) –
 - (a) in the words before paragraph (a), for “NHS England” substitute “The Secretary of State”;
 - (b) after paragraph (a) insert – 15
 - “(aa) for the provision of services in pursuance of arrangements made by the Secretary of State in the exercise of the Secretary of State’s public health functions, within the meaning of the National Health Service Act 2006;”;
 - (c) in paragraph (b) omit “NHS England or”. 20
 - (3) In subsections (3)(f) and (5)(c), for “NHS England” substitute “the Secretary of State”.
 - (4) In subsection (6) –
 - (a) for “(1)(a) or (b)” substitute “(1)”;
 - (b) for “NHS England” substitute “the Secretary of State”. 25
- 293 In section 114B (the NHS payment scheme: enforcement), for “NHS England” substitute “the Secretary of State”.
- 294 (1) Section 114C (the NHS payment scheme: impact assessment and consultation) is amended as follows. 30
 - (2) In subsection (1) –
 - (a) in the words before paragraph (a), for “NHS England” substitute “the Secretary of State”;
 - (b) in paragraph (b), for “its” substitute “the Secretary of State’s”.
 - (3) In subsection (2), for “NHS England”, in both places it occurs, substitute 35 “the Secretary of State”.
 - (4) In subsections (3) and (5), for “NHS England” substitute “The Secretary of State”.
 - (5) In subsection (6) –
 - (a) in paragraph (a) – 40

- (i) for “NHS England” substitute “the Secretary of State”;
 - (ii) for “its” substitute “the Secretary of State’s”;
- (b) in paragraph (b), for “NHS England’s” substitute “the Secretary of State’s”;
- (c) in the words after paragraph (b), for “NHS England” substitute “the Secretary of State”. 5
- (6) In subsection (8)(b), for sub-paragraph (ii) substitute—
 - “(ii) services in pursuance of arrangements of the kind mentioned in section 114A(1)(aa) or (b).”
- 295 (1) Section 114D (objections to proposed NHS payment scheme) is amended as follows. 10
 - (2) In subsection (1)(a), for “NHS England” substitute “the Secretary of State”.
 - (3) In subsection (3)—
 - (a) for “NHS England”, in the first place it occurs, substitute “The Secretary of State”; 15
 - (b) for “NHS England”, in the second place it occurs, substitute “the Secretary of State”.
 - (4) In subsection (4)—
 - (a) in paragraph (a)—
 - (i) for “NHS England” substitute “the Secretary of State”; 20
 - (ii) for “its” substitute “the Secretary of State’s”;
 - (b) in paragraph (b), for “NHS England’s” substitute “the Secretary of State’s”;
 - (c) in the words after paragraph (b), for “NHS England” substitute “the Secretary of State”. 25
 - (5) In subsection (5), in the words before paragraph (a)—
 - (a) for “NHS England” substitute “the Secretary of State”;
 - (b) for “it” substitute “the Secretary of State”.
- 296 (1) Section 114E (amendments of the NHS payment scheme) is amended as follows. 30
 - (2) In subsection (1)—
 - (a) for “NHS England”, in the first place it occurs, substitute “The Secretary of State”;
 - (b) for “NHS England”, in the second place it occurs, substitute “the Secretary of State”. 35
 - (3) In subsection (2), for “NHS England” substitute “the Secretary of State”.
 - (4) In subsection (3)—
 - (a) for “NHS England” substitute “the Secretary of State”;
 - (b) for “it” substitute “the Secretary of State”.
 - (5) In subsection (4), for “NHS England”, in both places it occurs, substitute “the Secretary of State”. 40

- (6) In subsections (5) and (7), for “NHS England” substitute “The Secretary of State”.
- 297 In section 128 (health special administration orders), in subsection (2), for “NHS England” substitute “the Secretary of State”.
- 298 (1) Section 130 (health special administration regulations) is amended as follows. 5
- (2) In subsection (5), for “NHS England” substitute “the Secretary of State”.
 - (3) In subsection (6) –
 - (a) in paragraph (a), for “NHS England” substitute “the Secretary of State”;
 - (b) in paragraph (b) – 10
 - (i) for “NHS England” substitute “the Secretary of State”;
 - (ii) for “it” substitute “the Secretary of State”;
 - (c) omit paragraph (c);
 - (d) in paragraphs (d), (e) and (f), for “NHS England” substitute “the Secretary of State”. 15
- 299 In section 131 (transfer schemes), in subsection (2)(a), (b) and (c), for “NHS England” substitute “the Secretary of State”.
- 300 In section 132 (indemnities), for “NHS England” substitute “the Secretary of State”.
- 301 (1) Section 134 (duty to establish mechanisms for providing financial assistance) is amended as follows. 20
- (2) In subsection (1), in the words before paragraph (a), for “NHS England” substitute “The Secretary of State”.
 - (3) In subsection (2) –
 - (a) in the words before paragraph (a), for “NHS England” substitute “the Secretary of State”; 25
 - (b) in paragraph (a), for “NHS England” substitute “the Secretary of State”.
 - (4) For subsection (3) substitute –
 - “(3) The Secretary of State may secure that a mechanism established under this section operates so as to enable the recovery of the costs incurred by the Secretary of State in establishing and operating the mechanism.” 30
 - (5) In subsection (4), for “NHS England” substitute “The Secretary of State”.
 - (6) Omit subsections (5) and (6). 35
- 302 (1) Section 135 (power to establish fund) is amended as follows.
- (2) In subsection (1), for “NHS England” substitute “The Secretary of State”.
 - (3) In subsection (2), for “NHS England” substitute “the Secretary of State”.
 - (4) In subsection (3) –

- (a) for “NHS England” substitute “The Secretary of State”;
 - (b) for “it establishes” substitute “established”.
- (5) In subsections (5) and (6) –
 - (a) for “NHS England” substitute “The Secretary of State”;
 - (b) omit “it is”. 5
- (6) In subsection (7), for “NHS England” substitute “The Secretary of State”.
- (7) In subsection (8) –
 - (a) for “NHS England” substitute “The Secretary of State”;
 - (b) for “ it establishes” substitute “established”.
- 303 (1) Section 136 (applications) is amended as follows. 10
 - (2) In subsection (1), for “NHS England” substitute “The Secretary of State”.
 - (3) In subsection (2), for “NHS England” substitute “the Secretary of State”.
 - (4) In subsections (3) and (6) –
 - (a) for “NHS England” substitute “the Secretary of State”;
 - (b) for “it” substitute “the Secretary of State”. 15
 - (5) In subsection (7) –
 - (a) for “NHS England” substitute “The Secretary of State”;
 - (b) omit “; but no individual” to the end.
 - (6) In subsection (8), for “NHS England” substitute “the Secretary of State”.
 - (7) For subsection (9) substitute – 20
 - “(9) The Secretary of State must notify the applicant of the decision on the reconsideration of the application and –
 - (a) if the decision is to grant the application, must notify the applicant of the matters specified in subsection (3), and
 - (b) if the decision is to refuse the application, must notify the applicant of the reasons for the refusal.” 25
- 304 (1) Section 137 (grants and loans) is amended as follows.
 - (2) In subsection (1), in the words before paragraph (a) –
 - (a) for “NHS England” substitute “The Secretary of State”;
 - (b) for “it” substitute “the Secretary of State”. 30
 - (3) For subsection (3) substitute –
 - “(3) Subject to that, a grant or loan under section 136 may be given in such manner and on such terms as the Secretary of State may determine.”
 - (4) In subsection (4) – 35
 - (a) for “NHS England” substitute “The Secretary of State”;
 - (b) for “it” substitute “the Secretary of State”.
 - (5) In subsection (5), for “NHS England” substitute “the Secretary of State”.

- 305 Omit the italic heading (“Charges on commissioners”) before section 138.
- 306 Omit section 138 (power to impose charges on commissioners).
- 307 (1) Section 139 (imposition of levy) is amended as follows.
- (2) After subsection (1) insert –
- “(1A) Levies under this section must be set at a level that the Secretary of State estimates will raise an amount not exceeding the cap. 5
- (1B) “The cap” is an amount specified by the Secretary of State in regulations.”
- (3) In subsection (2) –
- (a) in the words before paragraph (a), for “NHS England” substitute “the Secretary of State”; 10
- (b) omit paragraph (b) (but not the “and” at the end).
- (4) In subsection (3), in the words before paragraph (a) –
- (a) for “NHS England” substitute “the Secretary of State”;
- (b) for “it” substitute “the Secretary of State”. 15
- 308 Omit section 140 (power of Secretary of State to set limit on levy and charges).
- 309 (1) Section 141 (consultation) is amended as follows.
- (2) In subsection (1), for “NHS England” substitute “the Secretary of State”.
- (3) In subsection (3) – 20
- (a) in the words before paragraph (a), for “NHS England” substitute “the Secretary of State”;
- (b) omit paragraph (a).
- (4) In subsection (4) –
- (a) for “NHS England” substitute “The Secretary of State”; 25
- (b) for “that it sends” substitute “sent”.
- (5) In subsection (5) –
- (a) in paragraph (a), for “NHS England” substitute “the Secretary of State”;
- (b) in paragraph (b) for “it” substitute “the Secretary of State”; 30
- (c) in paragraph (c) for “it”, in the first place it occurs, substitute “the Secretary of State”.
- (6) In subsections (6) and (8), for “NHS England” substitute “the Secretary of State”.
- 310 (1) Section 143 (amount payable) is amended as follows. 35
- (2) In subsection (1), for “NHS England” substitute “The Secretary of State”.
- (3) In subsection (4) –
- (a) in the words before paragraph (a) –

- (i) for “NHS England” substitute “the Secretary of State”;
 - (ii) for “it”, in the first place it occurs, substitute “the Secretary of State”;
- (b) in paragraph (b) –
 - (i) for “NHS England” substitute “the Secretary of State”; 5
 - (ii) for “it” substitute “the Secretary of State”.
- (4) In subsection (5) –
 - (a) for “NHS England”, in the first place it occurs, substitute “The Secretary of State”;
 - (b) for “NHS England”, in the second place it occurs, substitute “the Secretary of State”. 10
- (5) In subsection (6) –
 - (a) for “NHS England” substitute “the Secretary of State”;
 - (b) for “it ” substitute “the Secretary of State”.
- (6) In subsection (8) – 15
 - (a) in the words before paragraph (a), for “NHS England”, in each place it occurs, substitute “the Secretary of State”;
 - (b) in paragraph (b), for “its” substitute “the Secretary of State’s”.
- 311 (1) Section 144 (investment principles and reviews) is amended as follows.
 - (2) In subsection (1) – 20
 - (a) for “NHS England” substitute “The Secretary of State”;
 - (b) for “its”, in both places it occurs, substitute “the Secretary of State’s”.
 - (3) In subsection (2) –
 - (a) in the words before paragraph (a), for “NHS England” substitute “The Secretary of State”; 25
 - (b) in paragraph (b), for “it considers” substitute “the Secretary of State considers it”;
 - (c) in paragraph (c), for “it” substitute “the Secretary of State”.
 - (4) In subsection (3), in the words before paragraph (a), for “NHS England” substitute “the Secretary of State”. 30
 - (5) In subsection (4)(b), for “NHS England” substitute “the Secretary of State”.
 - (6) In subsection (6), in the words before paragraph (a) –
 - (a) for “NHS England” substitute “The Secretary of State”;
 - (b) for “it” substitute “the Secretary of State”.
- 312 Omit sections 145 and 146 (borrowing and shortfall or excess of available funds, etc). 35
- 313 Omit section 197 (participation of NHS England in Health and Wellbeing Boards).
- 314 (1) Section 234 (quality standards) is amended as follows.
 - (2) In subsection (1), for “relevant commissioner” substitute “Secretary of State”. 40

- (3) In subsection (5)(a) and (b), for “relevant commissioner” substitute “Secretary of State”.
 - (4) In subsection (6), for “relevant commissioner”, in each place it occurs, substitute “Secretary of State”.
 - (5) Omit subsections (8) to (10). 5
 - (6) In subsection (11), in the definition of “NHS services” –
 - (a) for “NHS England” substitute “the Secretary of State”;
 - (b) for “it” substitute “them”.
- 315 (1) Section 236 (advice or guidance to the Secretary of State or NHS England) is amended as follows. 10
- (2) In the heading omit “or NHS England”.
 - (3) In subsection (1) omit –
 - (a) “or NHS England”;
 - (b) “or (as the case may be) NHS England”.
 - (4) For subsection (2) substitute – 15
 - “(2) “Quality matter” means any matter in relation to which the Secretary of State has the power to direct NICE to prepare a quality standard.”
- 316 (1) Section 237 (advice, guidance, information and recommendations) is amended as follows.
- (2) Omit subsection (2). 20
 - (3) In subsection (3), for “subsection (1)(b) or (c)” substitute “subsection (1)”.
 - (4) In subsection (4) omit “(2)(b) or”.
 - (5) In subsection (5)(b), for “, the Secretary of State or NHS England” substitute “or the Secretary of State”.
- 317 (1) Section 239 (training) is amended as follows. 25
- (2) Omit subsection (2).
 - (3) In subsection (3), for “subsection (1)(b) or (c)” substitute “subsection (1)”.
- 318 Omit section 241 (commissioning guidance).
- 319 (1) Section 249 (consequential and transitional provision) is amended as follows.
- (2) In subsection (2) – 30
 - (a) at the end of paragraph (a) insert “and”;
 - (b) omit paragraph (c) and the “and” before it.
 - (3) Omit subsections (3) to (8).
- 320 (1) Section 250 (powers to publish information standards) is amended as follows. 35
- (2) In subsection (1) omit “or NHS England”.
 - (3) In subsection (2B) omit paragraph (b).

- (4) Omit subsection (4).
- (5) Omit subsection (6).
- (6) In subsection (6A) omit “other”.
- (7) For subsection (6B) substitute –
 - “(6B) Regulations may confer a power on the Secretary of State to waive a requirement for a person other than the Secretary of State to comply with an information standard (in whole or in part and generally or for a specific period).”
- (8) In subsection (7) omit the definition of “NHS services”.
- 321 In section 277E (enforcement of provisions under this Part), in subsection (1)(b), for “(aa)” substitute “(b)”. 10
- 322 Omit section 288 (duty of NHS England to co-operate with Care Quality Commission).
- 323 In section 291 (breaches of duties to co-operate), in subsection (2) omit paragraphs (a) and (c). 15
- 324 (1) Section 302 (transfer schemes in respect of previously transferred property) is amended as follows.
 - (2) In subsection (2) omit paragraph (b).
 - (3) In subsection (8)(a) omit “or NHS England”.
- 325 In section 304 (regulations, orders and directions), in subsection (5) – 20
 - (a) omit paragraph (c);
 - (b) in paragraph (i), for “an order under section 140” substitute “regulations under section 139(1B)”.
- 326 (1) Schedule 11 (further provision about NHS England’s enforcement powers) is amended as follows. 25
 - (2) In the heading omit “NHS England’s”.
 - (3) In paragraph 1(1), (2)(a), (d) and (e) and (4), for “NHS England”, in each place it occurs, substitute “the Secretary of State”.
 - (4) In paragraph 2 –
 - (a) in sub-paragraphs (1), (2) and (3)(a), for “NHS England”, in each place it occurs, substitute “the Secretary of State”; 30
 - (b) in sub-paragraph (5), for “NHS England” substitute “The Secretary of State”.
 - (5) In paragraph 3(1) and (4)(b) and (c), for “NHS England” substitute “the Secretary of State”. 35
 - (6) In paragraph 4, for “NHS England” substitute “The Secretary of State”.
 - (7) In paragraph 5 –
 - (a) in sub-paragraphs (1), (2) and (5), for “NHS England”, in each place it occurs, substitute “the Secretary of State”;

- (b) in sub-paragraph (6), for “NHS England” substitute “The Secretary of State”.
- (8) In paragraph 6(1) and (4)(b), for “NHS England” substitute “the Secretary of State”.
- (9) In paragraph 7(1), for “NHS England” substitute “the Secretary of State”. 5
- (10) Omit paragraph 8 and the italic heading before it.
- (11) In paragraph 9—
 - (a) in sub-paragraph (1), for “NHS England” substitute “The Secretary of State”;
 - (b) for sub-paragraph (2) substitute— 10
 - “(2) The Secretary of State may revise the procedure and, if it is revised, must publish the procedure as revised.”;
 - (c) in sub-paragraph (3)—
 - (i) for “NHS England” substitute “The Secretary of State”;
 - (ii) for “it” substitute “the Secretary of State”. 15
- (12) In paragraph 10—
 - (a) in sub-paragraph (1), for “NHS England”, in both places it occurs, substitute “the Secretary of State”;
 - (b) in sub-paragraph (2), in the words before paragraph (a)—
 - (i) for “NHS England” substitute “the Secretary of State”; 20
 - (ii) for “it” substitute “the Secretary of State”.
- (13) In paragraph 11, for “NHS England” substitute “the Secretary of State”.
- (14) In paragraph 12—
 - (a) in sub-paragraphs (1), (2) and (3), for “NHS England”, in each place it occurs, substitute “the Secretary of State”; 25
 - (b) in sub-paragraph (4)—
 - (i) for “NHS England” substitute “The Secretary of State”;
 - (ii) for “its” substitute “the”.
- (15) In paragraph 13—
 - (a) in sub-paragraph (1), for “NHS England” substitute “the Secretary of State”; 30
 - (b) in sub-paragraph (3), for “NHS England’s” substitute “the Secretary of State’s”.
- (16) In paragraph 14, for “NHS England”, in each place it occurs, substitute “the Secretary of State”. 35
- 327 In Schedule 21 (amendments relating to relationships between the health services) omit paragraphs 8 to 10.

Care Act 2014

- 328 The Care Act 2014 is amended as follows.

- 329 (1) Section 6 (co-operating generally) is amended as follows.
- (2) Omit subsection (1A).
- (3) In subsection (7), after paragraph (b) insert—
- “(ba) the Minister of the Crown exercising functions in relation to the provision of services as part of the health service;”
- (4) In subsection (8) omit paragraph (a).
- 330 In section 12 (further provision about assessments), for subsection (10) substitute—
- “(10) “NHS continuing healthcare” has the meaning given by regulations.”
- 331 (1) Section 22 (exception for provision of health services) is amended as follows.
- (2) In subsection (6)(b), for “NHS England” substitute “the Secretary of State”.
- (3) In subsection (9)—
- (a) for “NHS England”, in the first place it occurs, substitute “the Secretary of State”;
- (b) for the words from “an integrated care board” to the end substitute “obtaining consent from whichever integrated care board regulations require is to be read as a reference to obtaining consent from the Secretary of State”.
- 332 In section 52 (supplementary provision about provider failure), for subsection (10) substitute—
- “(10) “NHS continuing healthcare” has the meaning given by section 12(10).”
- 333 In section 74 (discharge of hospital patients with care and support needs)—
- (a) in subsection (2), for “NHS England” substitute “the Secretary of State”;
- (b) in subsection (4), in paragraph (a) of the definition of “relevant trust” omit “section 25 of”.
- 334 (1) Omit Chapter 1 of Part 3 (education and training functions of NHS England).
- (2) The repeal of that Chapter does not affect the amendment made by section 97(7) of the Care Act 2014.
- 335 (1) Section 111 (co-ordinating and promoting regulatory practice etc.) is amended as follows.
- (2) In subsection (1) omit paragraph (c).
- (3) In subsection (7) omit “section 25 of”.
- 336 In the heading of Chapter 3 of Part 3, for “Chapters 1 and” substitute “Chapter”.
- 337 In the heading of section 119, for “Chapters 1 and” substitute “Chapter”.

- 338 In Schedule 1 (cross-border placements), in paragraph 1(5)(a)(ii), (b)(ii) and (c)(ii) omit “or NHS England”.
- 339 In Schedule 7 (the Health Research Authority), in paragraph 8(1)–
- (a) omit paragraph (b);
 - (b) for paragraph (c) substitute— 5
- “(c) to the Secretary of State in connection with—
- (i) the exercise by the Secretary of State of functions conferred in regulations under section 251 of the National Health Service Act 2006 (processing of patient information for medical purposes); 10
 - (ii) any publication or other disclosure by the Secretary of State of relevant information which is in a form which identifies an individual to whom the information relates or enables the identity of such an individual to be ascertained. 15
- (1A) In sub-paragraph (1)(c) “relevant information” means information obtained by the Secretary of State in the exercise of a relevant data function within the meaning given by section 253(3) of the Health and Social Care Act 2012.” 20

Children and Families Act 2014

- 340 The Children and Families Act 2014 is amended as follows.
- 341 (1) Section 26 (joint commissioning arrangements) is amended as follows. 25
- (2) In subsection (1), for “commissioning bodies” substitute “commissioners”.
 - (3) In subsection (8)—
 - (a) in the words before paragraph (a), for “commissioning bodies” substitute “commissioners”;
 - (b) in paragraph (a)— 30
 - (i) for “NHS England” substitute “the Secretary of State”;
 - (ii) for “it” substitute “the Secretary of State”.
 - (4) In subsection (9), for “commissioning body”, in both place it occurs, substitute “commissioner”.
- 342 In section 28 (co-operating generally: local authority functions), in subsection (2) omit paragraph (k). 35
- 343 In section 31 (co-operating in specific cases: local authority functions), in subsection (1) omit paragraph (d).
- 344 (1) Section 42 (duty to secure special educational provision and health care provision in accordance with EHC Plan) is amended as follows. 40

- (2) In subsection (3), for “commissioning body” substitute “commissioner”.
- (3) In subsection (4) –
 - (a) for “commissioning body” substitute “commissioner”;
 - (b) for “body (or each body)” substitute “person (or each person)”.
- 345 (1) Section 49 (personal budgets and direct payments) is amended as follows. 5
 - (2) In subsection (6)(b), for “commissioning body” substitute “commissioner”.
 - (3) In subsection (7) –
 - (a) for “commissioning body” substitute “commissioner”;
 - (b) for “its” substitute “their”.
 - (4) In subsection (8) – 10
 - (a) for ““Commissioning body”” substitute ““Commissioner””;
 - (b) for “body that” substitute “person who”.
- 346 (1) Section 53 (mediation: health care issues) is amended as follows.
 - (2) In subsection (2), for “relevant commissioning body” substitute “responsible commissioner”. 15
 - (3) In subsection (3) –
 - (a) in the words before paragraph (a) –
 - (i) for “commissioning body” substitute “commissioner”;
 - (ii) for “commissioning bodies” substitute “commissioners”;
 - (b) in paragraph (a), “it (or them)” substitute “them”. 20
 - (4) In subsection (4)(a)(i) and (b), for “commissioning body” substitute “commissioner”.
 - (5) In subsection (5), for the words from “employed” to the end substitute “–
 - (a) employed by a local authority in England or an integrated care board, or
 - (b) employed in the civil service of the state.” 25
 - (6) In subsection (6) –
 - (a) in the words before paragraph (a), for “commissioning body” substitute “commissioner”;
 - (b) in paragraphs (a) and (b), for “body that” substitute “person who”. 30
- 347 (1) Section 56 (mediation: supplementary) is amended as follows.
 - (2) In subsection (1) –
 - (a) in paragraphs (c) and (g), for “commissioning body” substitute “commissioner”;
 - (b) in paragraph (j), for “commissioning body” substitute “commissioners”. 35
 - (3) In subsection (3), for the words from “employed” to the end substitute “–
 - (a) employed by a local authority in England or an integrated care board, or

- (b) employed in the civil service of the state.”
- (4) In subsection (4), for ““commissioning body” means a body that” substitute ““commissioner” means a person who”.
- 348 (1) Section 57 (resolution of disagreements) is amended as follows.
- (2) In subsection (3)(a) and (b), for “commissioning body” substitute “commissioner”. 5
- (3) In subsection (7), for the words from “employed” to the end substitute “–
 - (a) employed by a local authority in England or an integrated care board, or
 - (b) employed in the civil service of the state.” 10
- (4) In subsection (10), in the definition of “responsible commissioning body” –
 - (a) for “commissioning body” substitute “commissioner”;
 - (b) for “body that” substitute “person who”.
- 349 In section 73 (EHC plans for certain detained persons: appeals and mediation), in subsection (9)(a), for “commissioning bodies” substitute “commissioners”. 15
- 350 In section 77 (code of practice), in subsection (1) –
 - (a) in the words before paragraph (a), for “of their functions under this Part to” substitute “by the following of their functions under this Part”; 20
 - (b) for paragraph (j) substitute –
 - “(j) the Secretary of State;”.

Immigration Act 2014

- 351 In Schedule 3 to the Immigration Act 2014 (excluded residential tenancy agreements), in paragraph 5 – 25
 - (a) after sub-paragraph (1) insert –
 - “(1A) An agreement –
 - (a) under which accommodation is provided to a person in pursuance of arrangements made by the Secretary of State in the exercise of functions relating to the health service continued under section 1 of the National Health Service Act 2006, and 30
 - (b) which is not excluded by another provision of this Schedule.”;
 - (b) in sub-paragraph (2)(a) omit sub-paragraph (ii) and the “or” before it. 35

Housing (Wales) Act 2014 (anaw 7)

- 352 In the Welsh language text of section 70 of the Housing (Wales) Act 2014 (priority need for accommodation), in subsection (2), in the definition of “yn derbyn gofal, yn cael ei letya neu’n cael ei faethu”, for “neu GIG Lloegr” substitute “neu’r Ysgrifennydd Gwladol wrth arfer swyddogaethau a roddir gan adrannau 3B neu 4 Deddf y Gwasanaeth Iechyd Gwladol 2006”. 5
- 353 In the English language text of section 70 of the Housing (Wales) Act 2014 (priority need for accommodation), in subsection (2), in paragraph (d)(ii) of the definition of “looked after, accommodated or fostered”, for “NHS England” substitute “by or on behalf of the Secretary of State in the exercise of functions conferred by section 3B or 4 of the National Health Service Act 2006”. 10

Social Services and Well-being (Wales) Act 2014 (anaw 4)

- 354 The Social Services and Well-being (Wales) Act 2014 is amended as follows.
- 355 In the Welsh language text of section 47 (exception for provision of health services), in subsection (10) – 15
- (a) in the definition of “corff iechyd Seisnig” omit paragraph (b);
 - (b) in the definition of “corff iechyd” omit paragraph (c).
- 356 In the English language text of section 47 (exception for provision of health services), in subsection (10) – 20
- (a) in the definition of “English health body” omit paragraph (b);
 - (b) in the definition of “health body” omit paragraph (c).
- 357 In the Welsh language text of section 77 (accommodation for children in police protection or detention or on remand etc), in subsection (4)(b)(ii) omit “, GIG Lloegr”. 25
- 358 In the English language text of section 77 (accommodation for children in police protection or detention or on remand etc), in subsection (4)(b)(ii) omit “, NHS England”.
- 359 In the Welsh language text of section 104 (young people entitled to support under sections 105 to 115), in subsection (3)(d)(ii) omit “neu GIG Lloegr”. 30
- 360 In the English language text of section 104 (young people entitled to support under sections 105 to 115), in subsection (3)(d)(ii) omit “or NHS England”.
- 361 In the Welsh language text of section 118 (information), in subsection (2)(c) omit “neu GIG Lloegr”.
- 362 In the English language text of section 118 (information), in subsection (2)(c) omit “or NHS England”. 35
- 363 In the Welsh language text of section 164A (duty of other persons to co-operate and provide information), in subsection (4) –
- (a) omit paragraph (c);
 - (b) omit “adran 25 o”. 40

- 364 In the English language text of section 164A (duty of other persons to co-operate and provide information), in subsection (4) –
- (a) omit paragraph (c);
 - (b) in paragraph (d) omit “section 25 of”.
- 365 In the Welsh language text of section 193 (recovery of costs between local authorities), in subsection (4)(c) omit “GIG Lloegr”. 5
- 366 In the English language text of section 193 (recovery of costs between local authorities), in subsection (4)(c) omit “, NHS England”.
- 367 In the Welsh language text of section 197 (general interpretation and index of defined expressions), in subsection (1) omit the definition of “GIG Lloegr”. 10
- 368 In the English language text of section 197 (general interpretation and index of defined expressions), in subsection (1) omit the definition of “NHS England”.

Counter-Terrorism and Security Act 2015

- 369 The Counter-Terrorism and Security Act 2015 is amended as follows. 15
- 370 In Schedule 6 (specified authorities), in Part 1, in the group of entries for health and social care bodies, in the entry for an NHS trust established under section 25 of the National Health Service Act 2006 omit “section 25 of”.
- 371 In Schedule 7 (partners of local panels), in Part 1, in the group of entries for health and social care bodies, in the entry for an NHS trust established under section 25 of the National Health Service Act 2006 omit “section 25 of”. 20

Modern Slavery Act 2015

- 372 In Schedule 3 to the Modern Slavery Act 2015 (public authorities under a duty to co-operate with the Commissioner), in the group of entries for health bodies, in the entry for a National Health Service trust omit “section 25 of”. 25

Cities and Local Government Devolution Act 2016

- 373 (1) Section 18 of the Cities and Local Government Devolution Act 2016 (devolving health service functions) is amended as follows. 30
- (2) In subsection (2), for paragraph (d) substitute –
- “(d) Chapter A3 of Part 2 of the NHA 2006 (integrated care boards),”.
- (3) In subsection (3) omit paragraph (b) (but not the “and” at the end). 35
- (4) Omit subsection (4).
- (5) In subsection (5) –
- (a) omit paragraph (b);

(b) for paragraph (c) substitute—

“(c) regulations or directions under the NHSA 2006 so far as relating to service delivery;”.

Access to Medical Treatments (Innovation) Act 2016

- 374 (1) Section 2 of the Access to Medical Treatments (Innovation) Act 2016 (database of innovative treatments) is amended as follows. 5
- (2) In subsection (1) for “Health and Social Care Information Centre (“the HSCIC”)” substitute “Secretary of State”.
- (3) In subsection (3)(a) in the words before sub-paragraph (i), for “HSCIC” substitute “Secretary of State”. 10
- (4) In subsection (4)(a) and (b) for “HSCIC” substitute “Secretary of State”.
- (5) Omit subsection (6).

Additional Learning Needs and Education Tribunal (Wales) Act 2018 (anaw 2)

- 375 The Additional Learning Needs and Education Tribunal (Wales) Act 2018 is amended as follows. 15
- 376 In the Welsh language text of section 4 (additional learning needs code), in subsection (3) omit paragraph (i).
- 377 In the English language text of section 4 (additional learning needs code), in subsection (3) omit paragraph (i).
- 378 In the Welsh language text of section 65 (duties to provide information and other help), in subsection (4) omit paragraph (j). 20
- 379 In the English language text of section 65 (duties to provide information and other help), in subsection (4) omit paragraph (j).
- 380 In the Welsh language text of section 99 (general interpretation), in subsection (1) omit the definition of “GIG Lloegr”. 25
- 381 In the English language text of section 99 (general interpretation), in subsection (1) omit the definition of “NHS England”.

Data Protection Act 2018

- 382 The Data Protection Act 2018 is amended as follows.
- 383 In section 204 (meaning of “health professional” and “social work professional”), in subsection (4)— 30
- (a) in paragraph (a), for the words from “section” to the end substitute “—
- (i) section 2A or 2B of, or paragraph 7C, 8 or 12 of Schedule 1 to, the National Health Service Act 2006, or 35

	(ii) Chapter 2 of Part 9 of the Health and Social Care Act 2012;”;	
	(b) in paragraph (c) omit “section 25 of”;	
	(c) omit paragraph (g).	
384	In Schedule 3 (exemptions etc from the UK GDPR: health, social work, education and child abuse data), in paragraph 8—	5
	(a) in sub-paragraph (1)(m) omit “section 25 of”;	
	(b) in sub-paragraph (2)—	
	(i) in paragraph (a) omit “section 25 of”;	
	(ii) omit paragraph (e).	10
<i>Mental Health Units (Use of Force) Act 2018</i>		
385	In section 9 of the Mental Health Units (Use of Force) Act 2018 (investigation of deaths or serious injuries), for paragraph (c) substitute—	
	“(c) the Secretary of State;”.	
<i>Domestic Abuse Act 2021</i>		
		15
386	In section 15 of the Domestic Abuse Act 2021 (duty to co-operate with Commissioner), in subsection (7), in the definition of “NHS body in England”—	
	(a) in paragraph (a) omit “section 25 of”;	
	(b) at the end of paragraph (b) insert “or”;	20
	(c) omit paragraph (c) and the “or” at the end of that paragraph.	
<i>Medicines and Medical Devices Act 2021</i>		
387	The Medicines and Medical Devices Act 2021 is amended as follows.	
388	In section 2 (power to make regulations about human medicines), in subsection (6), after “Part,” insert “apart from section 7A,”.	25
389	In section 7A (medicines information systems)—	
	(a) in subsection (1) for “NHS England” substitute “the Secretary of State”;	
	(b) in subsection (2)—	
	(i) in paragraph (b), for “NHS England for the purposes of its” substitute “the Secretary of State for the purposes of the Secretary of State’s”;	30
	(ii) for paragraph (d) substitute—	
	“(d) requiring the Secretary of State to have regard to specified matters in exercising functions under the regulations.”;	35

- (c) in subsection (3), for paragraph (b) substitute –
- “(b) information that the Secretary of State considers it necessary or expedient to have for the purposes of the Secretary of State’s functions under the regulations;”;
- (d) in subsection (4) –
- (i) in paragraph (a), for “NHS England”, in both places it occurs, substitute “the Secretary of State”;
- (ii) in paragraph (b), for “NHS England” substitute “the Secretary of State”;
- (iii) for paragraph (c) substitute –
- “(c) about any procedural steps that the Secretary of State must follow in requiring a person to provide information;”;
- (iv) in paragraph (d), for “NHS England” substitute “the Secretary of State”;
- (e) in subsection (6)(a) and (b), for “NHS England” substitute “the Secretary of State”;
- (f) in subsection (8), for “NHS England”, in both places it occurs, substitute “the Secretary of State”;
- (g) in subsection (9)(a), for “NHS England” substitute “the Secretary of State”;
- (h) in subsection (10), for “NHS England”, in both places it occurs, substitute “the Secretary of State”;
- (i) in subsection (11), for “NHS England” substitute “the Secretary of State”.
- (j) in subsection (13), at the appropriate place insert –
- ““appropriate authority” means –
- (a) in relation to England and Wales and Scotland, the Secretary of State, and
- (b) in relation to Northern Ireland, the Department of Health in Northern Ireland and the Secretary of State acting jointly;”.
- 390 In section 9 (interpretation of Part 2), for the definition of “appropriate authority” substitute –
- ““appropriate authority” –
- (a) in section 7A, has the meaning given by subsection (13) of that section, and
- (b) otherwise has the meaning given by section 2(6);”.
- 391 In section 19 (medical devices information systems) –
- (a) in subsection (1), for “NHS England” substitute “the Secretary of State”;
- (b) in subsection (2) –

- (i) in paragraph (b), for “NHS England for the purposes of its” substitute “the Secretary of State for the purposes of the Secretary of State’s”;
 - (ii) for paragraph (d) substitute –
 - “(d) requiring the Secretary of State to have regard to specified matters in exercising functions under the regulations.”;
 - (c) in subsection (3) –
 - (i) in paragraph (a), for “NHS England” substitute “the Secretary of State”;
 - (ii) for paragraphs (c) and (d) substitute –
 - “(c) enabling the Secretary of State to require specified persons or descriptions of person to whom subsection (4) applies to provide, in a manner, and at a time, determined by the Secretary of State –
 - (i) information of a specified description;
 - (ii) information for specified purposes;
 - (iii) any other information that the Secretary of State considers it necessary or expedient to have for the purposes of the Secretary of State’s functions under the regulations;
 - (d) about any procedural steps the Secretary of State must follow in requiring a person to provide information;”;
 - (iii) in paragraph (e), for “NHS England” substitute “the Secretary of State”;
 - (d) in subsection (6)(a) and (b), for “NHS England” substitute “the Secretary of State”.
- 392 In section 43 (power to make consequential etc provision) omit subsection (3).
- 393 In section 44 (scope of powers of Northern Ireland departments) omit “, 7A(1)”.

Down Syndrome Act 2022

- 394 In the Schedule to the Down Syndrome Act 2022 (relevant authorities and relevant functions), in paragraph 2(1) –
- (a) omit paragraph (a);
 - (b) in paragraph (d) omit “section 25 of”.

Health and Care Act 2022

- 395 The Health and Care Act 2022 is amended as follows.

- 396 Omit section 46 (reconfiguration of services: intervention powers).
- 397 Omit section 98 (collection of information from private health care providers).
- 398 In section 102 (relevant bodies and Special Health Authorities), in the definition of “relevant body” – 5
- (a) at the end of paragraph (d) insert “or”;
- (b) omit paragraph (f) and the “or” before it.
- 399 In section 103 (power to transfer functions between bodies) omit subsection (3).
- 400 In section 106 (transfer schemes in connection with regulations), in subsection (10)(e) omit “section 25 of”. 10
- 401 Omit Schedule 6 (reconfiguration of services: intervention powers).

Digital Markets, Competition and Consumers Act 2024

- 402 (1) Section 138 of the Digital Markets, Competition and Consumers Act 2024 (final undertakings and orders: power to conduct trials) is amended as follows. 15
- (2) In subsection (6)(a), after “amend a sectoral enactment” insert “other than the Health and Social Care Act 2012”.
- (3) In subsection (7) omit paragraph (b).

Employment Rights Act 2025 20

- 403 In Schedule 9 to the Employment Rights Act 2025 (persons to whom information may be disclosed under section 135), in the group of entries relating to health and social care bodies, in the entry relating to a National Health Service trust omit “section 25 of”.

Children’s Wellbeing and Schools Act 2026 25

- 404 In Schedule 1 to the Children’s Wellbeing and Schools Act 2026 (relevant authorities) –
- (a) omit paragraph 9;
- (b) in paragraph 12, omit “section 25 of”.

Health Bill

[AS BROUGHT FROM THE COMMONS]

A

B I L L

TO

Make provision about health and social care.

Brought from the Commons on 9th September 2026

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