

2000 No. 89

NATIONAL HEALTH SERVICE, ENGLAND

The Primary Care Trusts (Membership, Procedure and Administration Arrangements) Regulations 2000

<i>Made</i>	- - -	<i>18th January 2000</i>
<i>Laid before Parliament</i>		<i>18th January 2000</i>
<i>Coming into force</i>		<i>8th February 2000</i>

The Secretary of State for Health, in exercise of powers conferred on him by sections 16B and 126(4) of, and paragraph 5 of Schedule 5A to, the National Health Service Act 1977(a) and of all other powers enabling him in that behalf, hereby makes the following Regulations:

Citation, commencement and interpretation

1.—(1) These Regulations may be cited as the Primary Care Trusts (Membership, Procedure and Administration Arrangements) Regulations 2000 and shall come into force on 8th February 2000.

(2) In these Regulations, unless the context otherwise requires—

“the Act” means the National Health Service Act 1977;

“the 1997 Act” means the National Health Service (Primary Care) Act 1997(b);

“the Executive Committee” means the committee of a Primary Care Trust appointed under regulation 9(1);

“community health services” means any services which the Secretary of State may provide under section 3(1)(d) or (e) of, or Schedule 1 to, the Act and any service which he has a duty to provide under section 5(1) or (1A) of that Act(c);

“health service body” means—

- (a) a Health Authority, Special Health Authority, Primary Care Trust, NHS trust or a pilot scheme health service body;
- (b) a Health Board or Special Health Board constituted under section 2 of the National Health Service (Scotland) Act 1978(d), or the Scottish Dental Practice Board, the Common Services Agency for the Scottish Health Service or an NHS trust respectively constituted under sections 4, 10 and 12A of that Act;

(a) 1977 c. 49; section 16B was inserted by the Health Act 1999 (c. 8) (“the 1999 Act”), section 2(1); section 126(4) was amended by the National Health Service and Community Care Act 1990 (c. 19) (“the 1990 Act”), section 65(2) and by the 1999 Act, Schedule 4, paragraph 37(6); Schedule 5A was inserted by the 1999 Act, Schedule 1; *see* section 128(1), as amended by section 26(2)(i) of the 1990 Act, for the definition of “regulations”. The functions of the Secretary of State under these provisions are, so far as exercisable in relation to Wales, transferred to the National Assembly for Wales by article 2(a) of the National Assembly for Wales (Transfer of Functions) Order 1999, S.I. 1999/672.

(b) 1997 c. 46.

(c) Section 5(1) was amended by the Health and Medicines Act 1988 (c. 49) (“the 1988 Act”), Schedule 3; section 5(1A) and (1B) was inserted by the 1988 Act, section 10(1); Schedule 1 was amended by the 1988 Act, Schedule 2, paragraph 7 and the Education Act 1996 (c. 56), Schedule 37, paragraph 46.

(d) 1978 c. 29; section 2 was amended by the Health and Social Services and Social Security Adjudication Act 1983 (c. 41), Schedule 7, paragraph 1 and by the 1990 Act, section 28; section 4 was amended by the Health and Medicines Act 1988 (c. 49), section 12(3) and Schedule 3; section 10 was amended by the Health Services Act 1980 (c. 53), Schedule 6, paragraph 2 and the 1990 Act, Schedule 10; section 12A was inserted by the 1990 Act, section 31 and amended by section 46(1) of the 1999 Act.

- (c) the Dental Practice Board constituted under section 37(1) of the Act;
- (d) the Public Health Laboratory Service Board continued in being by section 5(4) and (5) of, and Schedule 3 to, the Act;
- (e) the National Radiological Protection Board established by section 1 of the Radiological Protection Act 1970(a);
- (f) the Commission for Health Improvement established by section 19 of the Health Act 1999(b);

“medical practitioner” means a person providing general medical services under the Act or performing personal medical services in connection with a pilot scheme(c) under the 1997 Act;

“member”, in relation to a Primary Care Trust, does not include its chairman, and “members” and “membership” shall be construed accordingly;

“nurse” means a nurse, midwife or health visitor registered in accordance with the Nurses, Midwives and Health Visitors Act 1997(d) who—

- (a) is providing personal medical services or personal dental services under a pilot scheme under the 1997 Act;
- (b) in connection with the provision of personal medical services or personal dental services under a pilot scheme under the 1997 Act, is employed by a person providing or performing those services;
- (c) is employed by a medical practitioner to assist in the provision of general medical services;
- (d) is employed by a dental practitioner to assist in the provision of general dental services; or
- (e) is employed by a Health Authority, a Primary Care Trust or an NHS trust to provide or assist in the provision of community health services;

“non-officer member” means a member of a Primary Care Trust who is not an officer of the trust and is not to be treated as an officer by virtue of regulation 1(3);

“officer member” means a member of a Primary Care Trust who is either an officer of the trust or is to be treated as an officer by virtue of regulation 1(3);

“Part II services” means general medical services, general dental services, general ophthalmic services or pharmaceutical services under the Act;

“pilot scheme health service body” has the meaning given in section 16(6) of the 1997 Act;

“preparatory period” has the meaning given in paragraph 2(2) of Schedule 5A to the Act;

“Primary Care Group” means a committee appointed under regulation 14(1) of the Health Authorities (Membership and Procedure) Regulations 1996(e), in accordance with the Secretary of State’s directions of 15th October 1998 and exercising functions in accordance with the Secretary of State’s directions of 25th March 1999(f).

(3) For the purposes of these Regulations, the chairman of a Primary Care Trust’s Executive Committee and any persons nominated by such a committee in accordance with regulation 2(4) (c), if they are not officers of the trust, shall be treated as if they were such officers.

Membership of Primary Care Trusts

2.—(1) A Primary Care Trust shall have not more than 14 members and not less than 8 members.

(2) The number of officer members shall not exceed 7 and nor shall it exceed the number of non-officer members.

(3) The non-officer members shall be appointed by the Secretary of State.

(4) The officer members shall include—

- (a) the persons who for the time being hold the offices of Chief Executive and Director of Finance;
- (b) the person who for the time being holds the post of chairman of the Executive Committee; and

(a) 1970 c. 46.

(b) 1999 c. 8.

(c) See section 1 of the National Health Service (Primary Care) Act 1997 (c. 46) for a definition of “pilot scheme”.

(d) 1997 c. 24.

(e) S.I. 1996/707 as amended by S.I. 1997/2991, 1998/648 and 1998/2621.

(f) A copy of the directions may be obtained by writing to the Department of Health, PC-GMS, Room 7E60, Quarry House, Leeds LS2 7UE.

- (c) at least one person, but not more than 4 persons, appointed by the chairman following nomination by the Executive Committee.
- (5) Where only one person is appointed under paragraph (4)(c), that person shall be a member of the Executive Committee; and where more than one person is appointed under that paragraph, at least two shall be members of that committee.
- (6) Of the persons who are the chairman or members of the Executive Committee and who are members of the trust by virtue of paragraph (4)(b) and (c)–
 - (a) at least one shall be a medical practitioner; and
 - (b) at least one shall be a nurse.
- (7) In addition to the persons referred to in paragraph (4), the officer members may include officers of the trust, other than the Chief Executive and the Director of Finance, appointed by the chairman and non-officer members of that trust.
- (8) Where more than one person is appointed jointly to a post mentioned in paragraph (4)(a) or in relation to which an officer member is to be appointed under paragraph (7), those persons shall become or be appointed as an officer member jointly, and shall count as one officer member for the purposes of paragraphs (1) and (2).
- (9) Subject to regulation 3, an officer member appointed under paragraphs (4)(c) or (7) shall be appointed for such period–
 - (a) not exceeding 4 years; and
 - (b) in the case of an officer member who is also a member of the Executive Committee, not exceeding the remainder of his term of office as a member of that committee,
 as the chairman or the chairman and non-officer members, as the case may be, may specify on making the appointment and shall be eligible for reappointment.
- (10) Subject to regulation 4, the chairman or a non-officer member shall be appointed for such period, not exceeding 4 years, as the Secretary of State may specify on making the appointment and shall be eligible for reappointment.
- (11) During its preparatory period a Primary Care Trust shall be regarded as properly constituted if the chairman and at least one non-officer member have been appointed, notwithstanding that the other members have not yet been appointed.

Termination of tenure of office and suspension of officer members

- 3.—(1) A person who is an officer member under regulation 2(4)(a) or (b) or (7) shall cease to hold office as a member if he ceases to hold the post or office in the trust by virtue of which he became an officer member.
- (2) A person who is an officer member under regulation 2(4)(b) or (c) shall cease to hold office as a member if, being a member of the Executive Committee, he ceases to be such a member.
- (3) If the chairman and non-officer members are of the opinion that it is not in the interests of the trust that a person who is an officer member under regulation 2(4)(c) should continue to hold office as such a member, they may with the consent of the Secretary of State forthwith terminate his tenure of office.
- (4) If the Executive Committee of a Primary Care Trust notifies the chairman of the trust that they are of the opinion that a person who is an officer member under regulation 2(4)(c) should not continue to hold office as such a member, the chairman and non-officer members of the trust may terminate his tenure of office if they are of the opinion that it is not in the interests of the trust for him to continue to hold office.
- (5) Where under paragraph (4) the chairman and non-officer members terminate the tenure of office of an officer member or determine that such a member shall continue to hold office, they shall forthwith notify the Secretary of State in writing, stating the reasons for their decision.
- (6) If a person who is an officer member under regulation 2(4)(c) has failed to attend a meeting of the trust for a period of three months, the chairman and non-officer members shall forthwith terminate the tenure of office of that officer member unless they are satisfied that–
 - (a) the absence was due to a reasonable cause; and
 - (b) the member will be able to attend meetings of that trust within such period as the chairman and non-officer members consider reasonable.
- (7) If the chairman and non-officer members are of the opinion that it is not in the interests of the trust that a person who is an officer member under regulation 2(7) should continue to hold office as such a member, they may forthwith terminate his tenure of office.

(8) If an officer member of a Primary Care Trust is suspended from his post in the trust or from his membership of the Executive Committee he shall be suspended from performing his functions as a member for the period of his suspension.

Termination of tenure of office: chairman and non-officer members

4.—(1) The chairman or a non-officer member of a Primary Care Trust may resign his office at any time during the period for which he was appointed by giving notice in writing to the Secretary of State.

(2) The date on which a resignation by notice given pursuant to paragraph (1) shall take effect shall be—

(a) where a date is specified in the notice as being that on which the resignation is to take effect, that date; and

(b) in any other case, the date on which the notice is received by the Secretary of State.

(3) Where during his period of membership a non-officer member of a trust is appointed to be the chairman of the trust, his tenure of office as a member shall terminate when his appointment as chairman takes effect.

(4) If the Secretary of State is of the opinion that—

(a) it is not in the interests of the health service in the area for which a trust acts; or

(b) it is not conducive to the good management of a trust,

for a person whom he has appointed as the chairman or a non-officer member of that trust to continue to hold that office, the Secretary of State may forthwith terminate his tenure of office.

(5) If the chairman or a non-officer member of a trust has failed to attend a meeting of that trust for a period of three months, the Secretary of State shall forthwith terminate the tenure of office of the chairman or that member unless he is satisfied that—

(a) the absence was due to a reasonable cause; and

(b) the chairman or member will be able to attend meetings of that trust within such period as the Secretary of State considers reasonable.

(6) Where a person has been appointed to be the chairman or a non-officer member of a trust—

(a) if it comes to the notice of the Secretary of State that the person has become disqualified for appointment under regulation 5, the Secretary of State shall forthwith notify him in writing of such disqualification; or

(b) if it comes to the notice of the Secretary of State that at the time of his appointment the person was so disqualified, the Secretary of State shall forthwith declare that he was not duly appointed and so notify him in writing,

and, upon receipt of any such notification, his tenure of office, if any, shall be terminated and he shall cease to act as such chairman or member.

(7) If it appears to the Secretary of State that the chairman or a non-officer member of a trust has failed to comply with regulation 11(1) he may forthwith terminate that person's tenure of office.

Disqualification for appointment: chairman and non-officer members

5.—(1) Subject to regulation 6, a person shall be disqualified for appointment as the chairman or a non-officer member of a Primary Care Trust if—

(a) he has within the preceding five years been convicted in the United Kingdom, the Channel Islands or the Isle of Man of any offence and has had passed on him a sentence of imprisonment (whether suspended or not) for a period of not less than three months without the option of a fine;

(b) he has been adjudged bankrupt or has made a composition or arrangement with his creditors;

(c) he has been dismissed, otherwise than by reason of redundancy, from any paid employment with a health service body;

(d) he is a person whose tenure of office as the chairman or as a member or director of a health service body has been terminated—

(i) because it was not—

(a) in the interests of the health service or of the body, or

(b) conducive to the good management of the body,

that he should continue to hold office;

- (ii) for non-attendance at meetings of the body; or
- (iii) for non-disclosure of a pecuniary interest in a matter which is the subject of consideration at a meeting of the body, for taking part in the consideration or discussion of that matter or for voting on any question with respect to that matter;
- (e) he is a chairman or member of—
 - (i) another Primary Care Trust or the Executive Committee of such a trust,
 - (ii) a Primary Care Group; or
 - (iii) a Health Authority or a Special Health Authority, other than one specified in Schedule 1;
- (f) he is a chairman or director of an NHS trust;
- (g) he is a health care professional—
 - (i) providing, or assisting in the provision of, Part II services or community health services;
 - (ii) performing, or assisting in the performance of, services in connection with a pilot scheme under the 1997 Act; or
 - (iii) who has at any time in the previous 12 months provided or performed, or assisted in the provision or performance of, the services referred to in paragraphs (i) and (ii),
- (h) he is a person employed by a health care professional referred to in sub-paragraph (g) for the purpose of assisting in the provision or performance of the services referred to in that sub-paragraph;
- (i) he holds any paid appointment or office with another Primary Care Trust, a Health Authority, a Special Health Authority, an NHS trust or a pilot scheme health service body.

(2) For the purposes of paragraph (1)(a) the date of conviction shall be deemed to be the date on which the ordinary period allowed for making an appeal or application with respect to the conviction expires or, if such an appeal or application is made, the date on which the appeal or application is finally disposed of or abandoned or fails by reason of its not being prosecuted.

(3) For the purposes of paragraph (1)(c) a person shall not be treated as having been in paid employment by reason only of his chairmanship, membership or directorship of a health service body.

(4) A person shall not be disqualified by paragraph (1)(e) or (f) from being the chairman or a non-officer member of a Primary Care Trust during the trust's preparatory period by virtue of being—

- (a) the chairman or a non-officer member of another trust, another trust's Executive Committee or a Health Authority;
- (b) the chairman or a member of a Primary Care Group;
- (c) the chairman or a non-executive director of an NHS trust.

(5) In this regulation, "health care professional" means—

- (a) a medical or dental practitioner, as defined in section 128(1) of the Act;
- (b) a nurse, midwife or health visitor registered in accordance with the Nurses, Midwives and Health Visitors Act 1997;
- (c) a registered pharmacist;
- (d) an ophthalmic optician, other than a body corporate enrolled in the list kept under section 9 of the Opticians Act 1989^(a);
- (e) a person who is registered as a member of a profession to which the Professions Supplementary to Medicine Act 1960^(b) extends;
- (f) a registered osteopath as defined by section 41 of the Osteopaths Act 1993^(c); or
- (g) a registered chiropractor as defined by section 43 of the Chiropractors Act 1994^(d).

Cessation of disqualification

6.—(1) Where a person is disqualified under regulation 5(1)(b) by reason of having been adjudged bankrupt—

(a) 1989 c. 44.
 (b) 1960 c. 66.
 (c) 1993 c. 21.
 (d) 1994 c. 17.

- (a) if the bankruptcy is annulled on the ground that he ought not to have been adjudged bankrupt or on the ground that his debts have been paid in full, the disqualification shall cease on the date of the annulment;
 - (b) if he is discharged the disqualification shall cease on the date of his discharge.
- (2) Where a person is disqualified under regulation 5(1)(b) by reason of his having made a composition or arrangement with his creditors, if he pays his debts in full the disqualification shall cease on the date on which the payment is completed and in any other case it shall cease on the expiry of five years from the date on which the terms of the deed of composition or arrangement are fulfilled.
- (3) Subject to paragraph (4), where a person is disqualified under regulation 5(1)(c) he may, after the expiry of the period of two years beginning with the date on which he was dismissed, apply in writing to the Secretary of State to remove the disqualification, and the Secretary of State may direct that the disqualification shall cease.
- (4) Where the Secretary of State refuses an application to remove a disqualification no further application may be made by that person until the expiry of the period of two years beginning with the date of the application and this paragraph shall apply to any subsequent application.
- (5) Where a person is disqualified under regulation 5(1)(d), the disqualification shall cease on the expiry of the period of two years beginning with the date of the termination of his tenure of office or such longer period as the Secretary of State specifies when terminating his period of office but the Secretary of State may, on application being made to him by that person, reduce the period of disqualification.

Appointment of vice-chairman

- 7.—(1) Subject to paragraph (2), the chairman and members of a Primary Care Trust may appoint one of their number, who is not an officer member of the trust, to be vice-chairman, for such period, not exceeding the remainder of his term as a member of the trust, as they may specify on appointing him.
- (2) Any member so appointed may at any time resign from the office of vice-chairman by giving notice in writing to the chairman.
- (3) The date on which a resignation by notice given pursuant to paragraph (2) shall take effect shall be—
- (a) where a date is specified in the notice as being that on which the resignation is to take effect, that date; and
 - (b) in any other case, the date on which the notice is received by the chairman.

Powers of vice-chairman

8. Where—
- (a) a member of a Primary Care Trust is appointed to be vice-chairman under regulation 7, and
 - (b) the chairman of the trust has died or has ceased to hold office, or is unable to perform his duties as chairman owing to illness, absence from England and Wales or any other cause,
- the vice-chairman shall act as chairman until a new chairman is appointed or the existing chairman resumes his duties, as the case may be; and references to the chairman in Schedule 2 shall, so long as there is no chairman able to perform his duties, be taken to include references to the vice-chairman.

Appointment of committees and sub-committees

- 9.—(1) Each Primary Care Trust shall, in accordance with directions given by the Secretary of State, appoint a committee to be known as its Executive Committee to exercise functions specified in directions given by the Secretary of State.
- (2) The membership of each Executive Committee shall be drawn up in accordance with directions given by the Secretary of State and shall include medical practitioners, nurses and other persons who are not members of the trust.
- (3) Members of the Executive Committee shall be appointed and their tenure of office terminated in accordance with directions given by the Secretary of State.
- (4) Subject to such directions as may be given by the Secretary of State, a trust may and, if directed by him, shall—

- (a) appoint other committees of the trust, or
 - (b) together with one or more Health Authorities or other trusts, appoint joint committees, consisting wholly or partly of the chairman and members of the trust or other health service bodies or wholly of persons who are not members of the trust or other health service bodies in question.
- (5) A committee or joint committee appointed under this regulation may, subject to such directions as may be given by the Secretary of State or the trust or other health service bodies in question, appoint sub-committees consisting—
- (a) wholly or partly of members of the committee or joint committee (whether or not they are members of the trust or other health service bodies in question); or
 - (b) wholly of persons who are not members of the trust or other health service bodies or the committee of the trust or other health service bodies in question.

Meetings and proceedings

10.—(1) The meetings and proceedings of a Primary Care Trust shall be conducted in accordance with the rules set out in Schedule 2 and with Standing Orders made under paragraph (2).

(2) Subject to those rules, to regulation 11 and to such directions as may be given by the Secretary of State a trust shall make, and may vary or revoke, Standing Orders for the regulation of its proceedings and business; and such Standing Orders may contain provision for their own suspension.

(3) Subject to such directions as may be given by the Secretary of State, a trust may, on its own in the case of a committee or sub-committee of the trust or jointly with other trusts or Health Authorities in the case of a joint committee or sub-committee thereof, make, vary and revoke Standing Orders relating to the quorum, proceedings and place of meeting of such committee, joint committee or sub-committee but, subject to any such Standing Orders, the quorum, proceedings and place of meeting shall be such as the committee, joint committee or sub-committee may determine.

Disability of chairman and members in proceedings on account of pecuniary interest

11.—(1) Subject to the following provisions of this regulation, if the chairman or a member of a Primary Care Trust has any pecuniary interest, direct or indirect, in any contract, proposed contract or other matter and is present at a meeting of the trust at which the contract, proposed contract or other matter is the subject of consideration, he shall at the meeting and as soon as practicable after its commencement disclose the fact and shall not take part in the consideration or discussion of the contract, proposed contract or other matter or vote on any question with respect to it.

(2) The Secretary of State may, subject to such conditions as he may think fit to impose, remove any disability imposed by this regulation in any case in which it appears to him in the interests of the health service that the disability should be removed.

(3) A trust may, by Standing Orders made under regulation 10(2), provide for the exclusion of the chairman or a member from a meeting of the trust while any contract, proposed contract or other matter in which he has a pecuniary interest, direct or indirect, is under consideration.

(4) Any remuneration, compensation or allowances payable to the chairman or a member by virtue of paragraph 11 of Schedule 5A to the Act shall not be treated as a pecuniary interest for the purpose of this regulation.

(5) Subject to paragraphs (2) and (6), the chairman or a member shall be treated for the purposes of this regulation as having an indirect pecuniary interest in a contract, proposed contract or other matter if—

- (a) he, or a nominee of his, is a director of a company or other body, not being a public body, with which the contract was made or is proposed to be made or which has a direct pecuniary interest in the other matter under consideration; or
- (b) he is a partner of, or in the employment of, a person with whom the contract was made or is proposed to be made or who has a direct pecuniary interest in the other matter under consideration;

and in the case of married persons living together the interest of one spouse shall, if known to the other, be deemed for the purpose of this regulation to be also an interest of the other.

(6) The chairman or a member shall not be treated as having a pecuniary interest in any contract, proposed contract or other matter by reason only—

- (a) of his membership of a company or other body if he has no beneficial interest in any securities of that company or other body; or
- (b) of an interest in any company, body or person with which he is connected as mentioned in paragraph (5) which is so remote or insignificant that it cannot reasonably be regarded as likely to influence a member in the consideration or discussion of or in voting on, any question with respect to that contract, proposed contract or matter.

(7) Where the chairman or a member has an indirect pecuniary interest in a contract, proposed contract or other matter by reason only of a beneficial interest in securities of a company or other body, and the total nominal value of those securities does not exceed £5,000 or one-hundredth of the total nominal value of the issued share capital of the company or body, whichever is the less, and if the share capital is of more than one class, the total nominal value of shares of any one class in which he has a beneficial interest does not exceed one-hundredth of the total issued share capital of that class, this regulation shall not prohibit him from taking part in the consideration or discussion of the contract, proposed contract or other matter or from voting on any question with respect to it, without prejudice however to his duty to disclose his interest.

(8) This regulation applies in relation to a committee or sub-committee and to a joint committee or sub-committee as it applies in relation to a trust and applies to a member of any such committee or sub-committee (whether or not he is also a member of a trust) as it applies to a member of a trust.

(9) In this regulation—

“public body” includes any body established for the purpose of carrying on, under national ownership, any industry or part of any industry or undertaking, the governing body of any university, university college or college, school or hall of a university and the National Trust for Places of Historic Interest or Natural Beauty incorporated by the National Trust Act 1907^(a);

“securities” means—

- (a) shares or debentures, whether or not constituting a charge on the assets of a company or other body, or rights or interests in any share or such debentures; or
- (b) rights (whether actual or contingent) in respect of money lent to, or deposited with, any industrial or provident society or building society;

“shares” means shares in the share capital of a company or other body or the stock of a company or other body.

Arrangements by Primary Care Trusts for the exercise of functions

12.—(1) Subject to paragraphs (5) and (6) and to any directions given by the Secretary of State or, subject to any such directions, the appropriate Health Authority with respect to its exercise, any function exercisable by a Primary Care Trust under or by virtue of the Act, the National Health Service and Community Care Act 1990^(b) or the Health Act 1999^(c) may by arrangement with that trust, and subject to such restrictions and conditions as that trust may think fit, be exercised—

- (a) by another Primary Care Trust;
- (b) by a Special Health Authority;
- (c) jointly with any one or more of the following—
 - (i) Health Authorities;
 - (ii) NHS trusts, and
 - (iii) other Primary Care Trusts,or
- (d) on behalf of the trust by a committee, sub-committee or officer of the trust.

^(a) 1907 c. cxxxvi.

^(b) 1990 c. 19.

^(c) 1999 c. 8.

(2) Subject to paragraph (3) and to any directions given by the Secretary of State or, subject to any such directions, the appropriate Health Authority with respect to its exercise, any function which, under paragraph (1)(b), is exercisable by a Special Health Authority may be exercised on behalf of that authority by a committee, sub-committee or officer of that authority.

(3) Paragraph (2) does not apply in the case of the Mental Health Act Commission(a), the Prescription Pricing Authority, the Dental Vocational Training Authority(b), the Ashworth Hospital Authority(c), the Broadmoor Hospital Authority(c) or the Rampton Hospital Authority(c).

(4) Subject to any directions given by the Secretary of State or, subject to any such directions, the appropriate Health Authority with respect to its exercise, any function which, under paragraph (1)(c), is exercisable by a Primary Care Trust jointly with one or more Health Authorities or other Primary Care Trusts (but not with any NHS trusts) may by arrangement with those health service bodies be exercised on behalf of those bodies by a joint committee or a joint sub-committee.

(5) Any function exercisable by a Primary Care Trust under or in relation to arrangements made under section 63(1) of the Health Services and Public Health Act 1968 may by arrangement with that trust be exercised jointly with one or more Health Authorities, Special Health Authorities, NHS trusts or other Primary Care Trusts.

(6) Any function which a Primary Care Trust may be directed to exercise by virtue of section 51(1) of the Act in relation to the provision of facilities which are reasonably required by a university which has a medical or dental school in connection with clinical teaching may by arrangement with that trust be exercised jointly with one or more Health Authorities, Special Health Authorities, NHS trusts or other Primary Care Trusts.

Signed by authority of the Secretary of State for Health

18th January 2000

John Denham
Minister of State,
Department of Health

SCHEDULE 1

Regulation 5(1)(e)

SPECIAL HEALTH AUTHORITIES OF WHICH THE CHAIRMAN AND MEMBERS ARE NOT DISQUALIFIED UNDER REGULATION 5(1)(e)

Health Education Authority
Health Development Agency
National Health Service Information Authority
National Institute for Clinical Excellence

SCHEDULE 2

Regulation 10(1)

RULES AS TO MEETINGS AND PROCEEDINGS OF PRIMARY CARE TRUSTS

1. The first meeting of a trust shall be held on such day and at such place as may be fixed by the chairman and he shall be responsible for convening the meeting.

(a) See S.I. 1983/894, regulation 7.

(b) See S.I. 1993/2210, regulation 6.

(c) See S.I. 1996/489, regulation 13.

2.—(1) The chairman may call a meeting of the trust at any time.

(2) If the chairman refuses to call a meeting after a requisition for that purpose, signed by at least one-third of the members, has been presented to him, or if, without so refusing, the chairman does not call a meeting within seven days after such requisition has been presented to him, such one-third or more members may forthwith call a meeting.

(3) Before each meeting of a trust, a notice of the meeting, specifying the business proposed to be transacted at it, and signed by the chairman or by an officer of the trust authorised by the chairman to sign on his behalf shall be delivered to every member, or sent by post to the usual place of residence of such member, so as to be available to him at least three clear days before the meeting.

(4) Want of service of the notice on any member shall not affect the validity of a meeting.

(5) In the case of a meeting called by members in default of the chairman, the notice shall be signed by those members and no business shall be transacted at the meeting other than that specified in the notice.

3.—(1) At any meeting of a trust the chairman, if present, shall preside.

(2) If the chairman is absent from the meeting the vice-chairman, if there is one and he is present, shall preside.

(3) If the chairman and vice-chairman are absent, such non-officer member as the members present shall choose shall preside.

4. Every question at a meeting shall be determined by a majority of the votes of the chairman and members present and voting on the question and, in the case of any equality of votes, the person presiding shall have a second and casting vote.

5. The names of the chairman and members present at the meeting shall be recorded.

6. Subject to paragraph 7, no business shall be transacted at a meeting unless—

- (a) the number present is not less than one-third of the whole membership of the trust (including the chairman);
- (b) those present include at least one officer member and one non-officer member.

7. During the preparatory period of a trust—

- (a) paragraph 6 does not apply; and
- (b) no business may be transacted unless the number present is not less than 2.

8. The minutes of the proceedings of a meeting shall be drawn up and submitted for agreement at the next meeting of the trust where, if agreed they shall be signed by the person presiding over it.

9. Where the office of member of a trust is shared jointly by more than one person in pursuance of regulation 2(8)—

- (a) either or both of those persons may attend and take part in meetings of the trust;
- (b) if both are present at a meeting they may cast one vote if they agree;
- (c) in the case of disagreement no vote shall be cast by either of them;
- (d) the presence of either or both of those persons shall count as the presence of one person for the purposes of paragraphs 6 and 7 of this Schedule.

EXPLANATORY NOTE

(This note is not part of the Regulations)

These Regulations make provision concerning the membership and procedure of Primary Care Trusts in England, established under the National Health Service Act 1977 as amended by the Health Act 1999.

The Regulations include provisions relating to the number of members, conditions of membership and tenure of office of members (regulation 2), the termination of tenure of office (regulations 3 and 4), disqualification for appointment (regulations 5 and 6 and Schedule 1), vice-chairman (regulations 7 and 8), appointment of committees and sub-committees (regulation 9), and meetings and proceedings, including disability for taking part in proceedings on account of pecuniary interest (regulations 10 and 11 and Schedule 2). The Regulations also provide for the arrangements which may be made by Primary Care Trusts for their functions to be exercised jointly with other bodies, or by their committees, sub-committees or officers, or by other Primary Care Trusts or Special Health Authorities (regulation 12).

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