

*These notes relate to the Smoking, Health and Social Care (Scotland) Act 2005 (asp 13) which received Royal Assent on 5 August 2005*

# SMOKING, HEALTH AND SOCIAL CARE (SCOTLAND) ACT 2005

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## EXPLANATORY NOTES

### SCOTTISH HOSPITAL ENDOWMENTS RESEARCH TRUST

#### *Schedule 2 – Minor and Consequential Amendments*

210. The following provisions clarify existing legislation by providing that Scottish Ministers may confer on Health Boards, Special Health Boards and the Common Services Agency by order any of their functions relating to the health service, rather than any of their functions under the National Health Service (Scotland) Act 1978 (“the 1978 Act”).
211. [Paragraph 2\(2\)](#) amends section 2(1) of the 1978 Act to provide that the reference there to Scottish Ministers’ functions specifically under that Act is changed to refer instead to their functions relating to the health service. As amended, the section will make clear that the functions that Scottish Ministers may provide by order to be exercisable by Health Boards and Special Health Boards are their functions related to the health service generally, rather than being limited to their functions under the 1978 Act.
212. [Paragraph 2\(4\)](#) amends section 10(3) of the 1978 Act to provide that the reference to Scottish Ministers’ functions under the 1978 Act is changed to refer instead to their functions relating to the health service. As amended, the section will make clear that the functions that Scottish Ministers may by order delegate to the Common Services Agency are their functions relating to the health service rather than their functions under the 1978 Act.
213. Sub-paragraphs (17) and (18) of paragraph 2 to Schedule 2 list amendments to sections 85AA and 85AB of the 1978 Act that have the effect of placing the financial resources for meeting the remuneration element of providing pharmaceutical care services (PCS) with Health Boards, as part of their unified budgets. Currently the cost of the national contract is paid by Health Boards but funded centrally; additional services are funded locally. Given the intention to make Health Boards responsible in future for planning and securing or providing all PCS requirements (under both national and local contract arrangements) it is appropriate to make them responsible for the financial management of the process too.