National Health Service (Scotland) Act 1978

1978 CHAPTER 29

An Act to consolidate certain enactments relating to the national health service in Scotland. [20th July 1978]

Modifications etc. (not altering text)

C1 Act extended by Mental Health (Scotland) Act 1984 (c. 36, SIF 85), ss. 17(2), 114(2)
C2 Power to amend conferred by Health and Social Security Act 1984 (c. 48, SIF 113:1), s. 28(2)
C3 Power to modify conferred (1.4.1991) by National Health Service and Community Care Act 1990 (c. 19, SIF 113:2), s. 39(8); S.I. 1991/607, art.2(b)
C4 By S.I. 1990/2639, art. 4 certain functions of the Secretary of State are made exercisable (1.4.1991) by the Health Education Board for Scotland
   Act: extended (15.8.1997) by 1997 c. 46, s. 10(1); S.I. 1997/1780, art. 2(1), Sch.
   Act: modified (15.8.1997) by 1997 c. 46, s. 10(2); S.I. 1997/1780, art. 2(1), Sch.
   Act: power to restrict conferred (1.4.1998) by 1997 c. 46, s. 13(9), Sch. 1 para. 4(1)(b)(2)(3); S.I. 1998/631, art. 2(a), Sch. 1
   Act: power to modify conferred (prosp.) by 1999 c. 8, ss. 61(3)(4), 67(1)
   Act: certain functions of the Scottish Ministers made exercisable by the Health Technology Board for Scotland (1.4.2000) by virtue of S.S.I. 2000/47, art. 4
C5 Act: certain functions transferred (31.3.2002) by S.S.I. 2002/103, art. 4(1)(a) (with art. 4(d))
C6 Act modified (5.10.2005) by Mental Health (Care and Treatment) (Scotland) Act 2003 (asp 13), ss. 288(4), 333(3); S.S.I. 2005/161, art. 3 (as substituted by S.S.I. 2005/375, art. 2)
PART I

ORGANISATION

Secretary of State

1 General duty of Secretary of State.

(1) It shall continue to be the duty of the Secretary of State to promote in Scotland a comprehensive and integrated health service designed to secure—
   (a) improvement in the physical and mental health of the people of Scotland, and,
   (b) the prevention, diagnosis and treatment of illness,

and for that purpose to provide or secure the effective provision of services in accordance with the provisions of this Act.

(2) The services so provided shall be free of charge, except in so far as the making and recovery of charges is expressly provided for by or under any enactment, whenever passed.

[F1A Duty of the Scottish Ministers to promote health improvement

(1) It is the duty of the Scottish Ministers to promote the improvement of the physical and mental health of the people of Scotland.

(2) The Scottish Ministers may do anything which they consider is likely to assist in discharging that duty including, in particular—
   (a) giving financial assistance to any person,
   (b) entering into arrangements or agreements with any person,
   (c) co-operating with, or facilitating or co-ordinating the activities of, any person.

(3) Subsections (1) and (2) are without prejudice to section 1 and any other provision of this Act conferring or imposing functions on the Scottish Ministers.]

Textual Amendments

F1 S. 1A inserted (1.1.2005) by National Health Service Reform (Scotland) Act 2004 (asp 7), ss. 9(1), 12(1); S.S.I. 2004/361, art. 2(c)

Administrative bodies

2 Health Boards.

(1) The Secretary of State
   [F2(a)] shall by order constitute in accordance with Part I of Schedule 1 boards for such areas as he may by order determine, for the purpose of exercising [F3 such of his functions [F4 relating to the health service] as he may so determine], and for the purpose of making arrangements on his behalf for the provision of the services mentioned in Part II; and those boards shall [F5, without prejudice to subsection (1B),] be called Health Boards [F6 and]
(b) subject to subsections (1A) and (1C), may by order constitute boards, either
for the whole of Scotland or for such parts of Scotland as he may so determine,
for the purpose of exercising such of his functions relating to the health service] as he may so determine; and those boards shall, without prejudice to
subsection (1B), be called Special Health Boards.

(1A) An order made under subsection (1)(b) may determine an area for a Special Health
Board constituted under that subsection which is the same as the areas determined—
(a) for any other Special Health Board; or
(b) for any Health Board or Health Boards constituted by an order or orders made
under subsection (1)(a).

(1B) An order under subsection (1A) may specify the name by which a board constituted
by the order shall be known.

(1C) The Secretary of State may by order provide that such of the provisions of this Act
or of any other enactment, or of any orders, regulations, schemes or directions made
under or by virtue of this Act or of any other enactment, as apply in relation to Health
Boards shall, subject to such modifications and limitations as may be specified in the
order, so apply in relation to any Special Health Board so specified.

(2) The order or orders made under subsection (1)(a) determining the areas for which
the Health Boards are to be constituted shall be separate from the order or orders
constituting those Boards; and, before making any order determining such an area, the
Secretary of State shall consult with such bodies and organisations as appear to him
to be concerned.

(3) The Secretary of State may by order vary the area of any Health Board, whether or
not the variation involves the constitution of a new Board, or the termination of the
functions of an existing Board; and, before making such an order, the Secretary of State
shall consult with such bodies and organisations as appear to him to be concerned.

(4) Any order under subsection (3) may make provision for any supplementary and
incidental matters for which it appears to the Secretary of State to be necessary or
expedient to provide, in particular for the transfer of officers and of property and
liabilities.

(5) In carrying out the purposes mentioned in subsection (1) and in exercising any
function otherwise conferred on them by or under this Act each Health Board shall
act subject to, and in accordance with, such regulations as may be made, and such
directions as may be given, by the Secretary of State; and such regulations and
directions may be made or given generally or to meet the circumstances of a particular
area or matter.

(6) Regulations under subsection (5) shall make provision requiring each Health Board
to submit to the Secretary of State a scheme for the exercise of their functions,
and enabling the Secretary of State to approve any such scheme with or without
modifications, and to make such a scheme in the event of the failure of any Health
Board to do so.

(7) A Health Board may at any time, and if directed by the Secretary of State shall, within
such period as he may specify, submit a new scheme for the exercise of their functions,
and regulations making the provision mentioned in subsection (6) shall, with any
necessary modifications, apply to any such scheme.
(8) A Health Board shall, notwithstanding that it is exercising functions on behalf of the Secretary of State, be entitled to enforce any rights acquired, and shall be liable in respect of any liabilities incurred (including liability in damages for wrongful or negligent acts or omissions), in the exercise of those functions in all respects as if the Health Board were acting as a principal; and all proceedings for the enforcement of such rights or liabilities shall be brought by or against the Health Board in its own name.

F11(9) A Health Board shall not be entitled to claim in any proceedings any privilege of the Crown in respect of the recovery or production of documents; but this subsection shall be without prejudice to any right of the Crown to withhold, or procure the withholding from production of, any document on the ground that its disclosure would be contrary to the public interest.

(10) Schedule 1 shall have effect in relation to the Boards constituted under this section.

F12(10A) Schedule 1A makes provision for the election of individuals to be members of Health Boards.

(11) Where it appears to the Secretary of State to be expedient in the interests of efficiency that a joint committee should be established for the areas of two or more Health Boards for the purpose of exercising some but not all of their functions, the Secretary of State may by order constitute such a joint committee and provide for the exercise by that committee or such of those functions as may be specified in the order, and for the application, with such modifications as may be so specified, to that committee of any provisions of this Act relating to those functions, and for any of the matters for which, in relation to a Health Board, provision is or may be made by or under Part II of Schedule 1.

Textual Amendments

F2 "(a)" inserted by National Health Service and Community Care Act 1990 (c. 19, SIF 113:2), s. 28(a)(i)
F3 Words substituted by Health and Social Services and Social Security Adjudications Act 1983 (c. 41, SIF 113:3), s. 14(2), Sch. 7 para. 1
F4 Words in s. 2(1)(a)(b) substituted (6.8.2005) by Smoking, Health and Social Care (Scotland) Act 2005 (asp 13), ss. 42(1), 43(2), Sch. 2 para. 2(2)
F5 Words in s. 2(1)(a) inserted (30.9.2004) by National Health Service Reform (Scotland) Act 2004 (asp 7), ss. 11(1), 12(1), Sch. 1 para. 1(2)(a); S.S.I. 2004/361, art. 2(b)(iv)
F6 S. 2(1)(b) and word “and” preceding it inserted by National Health Service and Community Care Act 1990 (c. 19, SIF 113:2), s. 28(a)(ii)
F7 S. 2(1A)-(1C) inserted by National Health Service and Community Care Act 1990 (c. 19, SIF 113:2), s. 28(b)
F8 Word in s. 2(1B) substituted (30.9.2004) by National Health Service Reform (Scotland) Act 2004 (asp 7), ss. 11(1), 12(1), Sch. 1 para. 1(2)(b); S.S.I. 2004/361, art. 2(b)(iv)
F9 "1(a)" substituted by National Health Service and Community Care Act 1990 (c. 19, SIF 113:2), s. 28(c)
F10 Words inserted by National Health Service and Community Care Act 1990 (c. 19, SIF 113:2), s. 66(1), Sch. 9 para. 19(1)
F11 S. 2(9) repealed (1.4.1991) by National Health Service and Community Care Act 1990 (c. 19, SIF 113:2), s. 66(2), Sch. 10
F12 S. 2(10A) inserted (temp. from 24.6.2009 for certain purposes and otherwise prosp.) by Health Boards (Membership and Elections) (Scotland) Act 2009 (asp 5), ss. 2(1), 4, 6(2)(3), 7, 11(1); S.S.I. 2009/242, art. 2
Duty of Health Board, Special Health Board [F14, the Agency and HIS] to promote health improvement

(1) It is the duty of every Health Board and Special Health Board and of the Agency to promote the improvement of the physical and mental health of the people of Scotland.

(2) A Health Board, a Special Health Board [F14 the Agency or HIS] may do anything which they consider is likely to assist in discharging that duty including, in particular—

(a) giving financial assistance to any person,
(b) entering into arrangements or agreements with any person,
(c) co-operating with, or facilitating or co-ordinating the activities of, any person.

(3) Subsections (1) and (2) are without prejudice to any other provision of this Act conferring or imposing functions on a Health Board, a Special Health Board [F17, the Agency or HIS].

(4) Anything done by a Health Board or Special Health Board in pursuance of subsection (1) or (2) is to be regarded as done in exercise of functions of the Scottish Ministers conferred on—

(a) the Health Board by the order under section 2(1)(a) which constituted the Board, or
(b) the Special Health Board by the order under section 2(1)(b) which constituted the Board, as the case may be.]
Duty to encourage public involvement

(1) It is the duty of every body to which this section applies to take action with a view to securing, as respects health services for which it is responsible, that persons to whom those services are being or may be provided are involved in, and consulted on—
   (a) the planning and development, and
   (b) decisions to be made by the body significantly affecting the operation, of those services.

(2) This section applies to—
   (a) Health Boards,
   (b) Special Health Boards, and
   (c) the Agency.

(3) For the purposes of subsection (1) a body is responsible for health services if they are health services—
   (a) which it is the function of the body to provide, or secure the provision of, and
   (b) which are provided, or to be provided, to individuals by—
      (i) the body, or
      (ii) another person on the body's behalf, at the body's direction or in accordance with an agreement made by the body with that other person.

Textual Amendments

F18  S. 2B inserted after s. 2A (30.9.2004) by National Health Service Reform (Scotland) Act 2004 (asp 7), ss. 7, 12(1); S.S.I. 2004/361, art. 2(b)(i)

Functions of Health Boards: primary medical services

(1) Every Health Board—
   (a) must, to the extent that they consider necessary to meet all reasonable requirements, provide or secure the provision of primary medical services as respects their area; and
   (b) may, to such extent, provide or secure the provision of primary medical services as respects the area of another Health Board, and primary medical services provided, or the provision of which is secured, by a Health Board under or by virtue of this subsection may be performed outside their area.

(2) For the purpose of securing the provision of primary medical services under subsection (1), a Health Board may make such arrangements for the provision of the services as they think fit.
But any contractual arrangement which a Health Board makes in pursuance of subsection (2) (other than an NHS contract) must be an agreement under section 17C, a general medical services contract or a contract which meets the requirement in subsection (2B).

(2B) The requirement is that, were the contract an agreement under section 17C, the parties to the contract (other than the Board) would be persons with whom the Board could enter into such an agreement by virtue of section 17CA.

(3) A Health Board must publish information about such matters as may be prescribed in relation to the primary medical services provided under this Part.

(4) Without prejudice to sections 12J and 13, Health Boards must co-operate with one another in discharging their respective functions relating to the provision of primary medical services under this Part.

(5) Regulations may provide that services of a prescribed description are, or are not, to be regarded as primary medical services for the purposes of this Act.

(6) Such regulations may in particular describe services by reference to the manner or the circumstances in which they are provided.

(7) Anything done by a Health Board in pursuance of subsection (1) or (2) is to be regarded as done in exercise of functions of the Scottish Ministers conferred on the Health Board by an order under section 2(1)(a).]
[F26 Ss. 2CA, 2CB inserted (prosp.) by virtue of Smoking, Health and Social Care (Scotland) Act 2005 (asp 13), ss. 20(2), 43(3)]

PROSPECTIVE

2CB Functions of Health Boards: planning of pharmaceutical care services

(1) Regulations may make provision requiring every Health Board, in accordance with the regulations, to—
   (a) prepare a plan for the discharge of their duty under section 2CA(1);
   (b) keep a plan prepared under paragraph (a) under review;
   (c) prepare a revised plan; and
   (d) without prejudice to section 2CA(3), publish a plan so prepared or revised.

(2) Regulations under subsection (1) may in particular make provision as to—
   (a) identification by a Health Board in any such plan prepared by them of—
       (i) what pharmaceutical care services they consider are necessary in order to discharge their duty under section 2CA(1);
       (ii) whether as respects their area there is convenient access (as regards location and opening hours) to pharmaceutical care services; and
       (iii) any under-provision of pharmaceutical care services as respects their area;
   (b) the period within which a plan is to be prepared and published;
   (c) consultation which a Health Board must undertake in relation to the preparation of a plan;
   (d) the duration of a plan;
   (e) the frequency with which a plan must be reviewed and revised by a Health Board;
   (f) the availability and accessibility of a plan to persons who are resident in a Health Board's area; and
   (g) such other matters as the Scottish Ministers consider appropriate.

(3) Regulations making provision as to a matter referred to in subsection (2)(a) may provide that the matter is to be identified in accordance with such criteria as may be specified in directions given by the Scottish Ministers.]

Textual Amendments

F24 S. 2CA inserted (7.7.2010) by The National Health Service (Reimbursement of the Cost of EEA Treatment) (Scotland) Regulations 2010 (S.S.I. 2010/283), reg. 3(2)
F25 S. 2CB: s. 2CA renumbered as s. 2CB (25.10.2013) by The National Health Service (Cross-Border Health Care) (Scotland) Regulations 2013 (S.S.I. 2013/292), regs. 1(1), 8(2)
[F27] Equal opportunities

(1) Health Boards, Special Health Boards [F28], the Agency and (as respects its health service functions only) HISJ must discharge their functions in a manner that encourages equal opportunities and in particular the observance of the equal opportunity requirements.

(2) In this section “equal opportunities” and “equal opportunity requirements” have the same meaning as in Section L2 (equal opportunities) of Part II of Schedule 5 to the Scotland Act 1998 (c. 46).

Textual Amendments

S. 2D inserted (30.9.2004) by National Health Service Reform (Scotland) Act 2004 (asp 7), ss. 4, 12(1); S.S.I. 2004/361, art. 2(b)(i)

Words in s. 2D(1) substituted (1.10.2010 for specified purposes, 1.4.2011 in so far as not already in force) by Public Services Reform (Scotland) Act 2010 (asp 8), s. 134(7), Sch. 17 para. 4; S.S.I. 2010/321, art. 3, Sch.; S.S.I. 2011/122, art. 2, Sch.

3 Scottish Medical Practices Committee.

S. 3 repealed (1.4.2004) by Public Appointments and Public Bodies etc. (Scotland) Act 2003 (asp 4), ss. 17, 21(2), Sch. 4 para. 5(2); S.S.I. 2004/148, art. 2(c)

4 Scottish Dental Estimates Board.

(1) For the purpose of carrying out such duties as may be prescribed with respect to . . . dental treatment and appliances, regulations shall make provision for constituting a board, to be called the Scottish Dental Estimates Board, (hereafter in this Act referred to as “the Dental Estimates Board”), of whom the chairman and a majority of members shall be dental practitioners.

[F31] (1A) Regulations may empower the Dental Practice Board—

(a) to direct a dental practitioner [F32] or body corporate entitled, by virtue of section 43 of the Dentists Act 1984 (c. 24), to carry on the business of dentistry to submit to the Board, in relation to treatment which he, or as the case may be, it has carried out or contemplates carrying out or to a description of such treatment specified in the direction, such estimates and information and such radiographs, models or other items as may be prescribed; and

(b) to direct a dental practitioner [F33] or such a body corporate not to carry out treatment, or a description of treatment specified in the direction, without first obtaining approval of an estimate from the Board.

(1B) If regulations include any such provision as is mentioned in subsection (1A)(b) above, regulations shall confer on a dental practitioner [F34] or body corporate in whose case a direction such as is mentioned in that paragraph has been given a right of appeal against the direction to a prescribed person or body, but before making regulations
conferring such a right the Secretary of State shall consult such organisations as appear to him to be representative of persons providing general dental services.

(1C) Regulations may be made authorising or requiring the Dental Practice Board to carry on any such additional activity relating to the provision of general dental services as may be prescribed and, without prejudice to the generality of this subsection, to conduct or commission surveys or other research relating to the provision of such services.

(2) Regulations made in pursuance of this section shall include provision, in relation to the Dental Estimates Board, for any of the matters for which, in relation to a Health Board, provision is or may be made by or under Part II of Schedule 1.

Textual Amendments

F30 Words repealed by Health and Medicines Act 1988 (c. 49, SIF 113:2), s. 25(2), Sch. 3
F31 S. 4(1A)-(1C) inserted by Health and Medicines Act 1988 (c. 49, SIF 113:2), s. 12(3)
F32 Words in s. 4(1A)(a) substituted (2.7.2010) by Smoking, Health and Social Care (Scotland) Act 2005 (asp 13), ss. 42(1), 43(3), Sch. 2 para. 2(3)(a)(i); S.S.I. 2010/185, art. 3(b), Sch. 2
F33 Words in s. 4(1A)(b) inserted (2.7.2010) by Smoking, Health and Social Care (Scotland) Act 2005 (asp 13), ss. 42(1), 43(3), Sch. 2 para. 2(3)(a)(ii); S.S.I. 2010/185, art. 3(b), Sch. 2
F34 Words in s. 4(1B) inserted (2.7.2010) by Smoking, Health and Social Care (Scotland) Act 2005 (asp 13), ss. 42(1), 43(3), Sch. 2 para. 2(3)(b); S.S.I. 2010/185, art. 3(b), Sch. 2

\[F35 Community health partnerships\]

Textual Amendments

F35 Ss. 4A, 4B inserted (1.9.2004 for certain purposes otherwise 30.9.2004) by National Health Service Reform (Scotland) Act 2004 (asp 7), ss. 2, 12(1); S.S.I. 2004/361, art. 2(a)(ii)(b)(ii)

F36 4A Community health partnerships

Textual Amendments

F36 Ss. 4A, 4B repealed (1.4.2015) by Public Bodies (Joint Working) (Scotland) Act 2014 (asp 9), ss. 71(2), 72(2); S.S.I. 2014/231, art. 3

F36 4B Community health partnerships: further provision

Textual Amendments

F36 Ss. 4A, 4B repealed (1.4.2015) by Public Bodies (Joint Working) (Scotland) Act 2014 (asp 9), ss. 71(2), 72(2); S.S.I. 2014/231, art. 3
National Health Service (Scotland) Act 1978 (c. 29)
Part I – Organisation

status: This version of this Act contains provisions that are prospective.

Changes to legislation: National Health Service (Scotland) Act 1978 is up to date with all changes known to be in force on or before 19 November 2019. There are changes that may be brought into force at a future date. Changes that have been made appear in the content and are referenced with annotations. (See end of Document for details) View outstanding changes

National advisory bodies

5—6. ........................................... F37

Textual Amendments
F37 Ss. 5, 6 repealed by National Health Service and Community Care Act 1990 (c. 19, SIF 113-2), ss. 29(1), 66(2), Sch. 10

Local advisory bodies

7 Local health councils.

(1) Every Health Board shall, within such period as the Secretary of State may specify, submit to him a scheme for the establishment of a local health council or councils for their area or for such districts covering their whole area as the Board thinks fit; and it shall be the general function of any such council to represent the interests of the public in the health service in the area or district for which they have been established.

(2) A scheme under subsection (1) shall provide for the appointment . . . F38 by the Health Board, after consultation with such other organisations as may be specified in the scheme, of such number of members as may be so specified.

(3) The Secretary of State may approve, with or without modifications, any scheme submitted to him under subsection (1), or may refuse to approve it.

(4) A Health Board may at any time, and if directed by the Secretary of State shall, within such period as he may specify, submit a new scheme under this section, and subsection (3) shall apply to any such new scheme.

(5) The members of a local health council may appoint one of their own number as the chairman of the council.

(6) The Secretary of State shall pay to the members of a local health council, and of the committees and sub-committees thereof F39 and of any body established under subsection (9)(g), such travelling and other allowances, including compensation for loss of remunerative time, as he may with the approval of the Minister for the Civil Service, from time to time determine.

(7) Allowances shall not be paid under subsection (6) except in connection with the performance of such powers or duties, in such circumstances, as the Secretary of State may determine.

(8) Health Boards shall consult with local health councils on such occasions and to such extent as may be prescribed.

(9) Regulations may make provision—
(a) enabling local health councils to consider questions relating to the health service in their area or district, whether at the request of their Health Board or otherwise, and to advise the Health Board thereon;
(b) enabling or requiring local health councils to submit reports to their Health Board on the operation of the health service in their area or district;
8 University Liaison Committees.

(1) The Secretary of State may by order constitute, in accordance with Schedule 4, for the area of a Health Board or for the combined areas of two or more Health Boards, a University Liaison Committee for the purpose of advising that Board or those Boards [F43 and any NHS trusts in the area or combined areas] on the administration of the health service in [F44 that area or those areas] so far as relating to the provision of facilities for undergraduate or postgraduate clinical teaching or for research, and for the purpose of advising that Board or those Boards [F45, any such NHS trust] and the university or universities concerned on any matter of common interest to them.

(2) Paragraphs 11 to 15 of Schedule 1 (other than sub-paragraph (d) of paragraph 11) shall have effect in relation to the Committees constituted under this section.
Local consultative committees.

(1) Where, \[F46]\text{a Health Board is satisfied that a committee formed for its area is representative}\—
   (a) of the medical practitioners of that area, or
   (b) of the dental practitioners of that area, or
   (c) of the nurses and midwives of that area, or
   (d) of the pharmacists of that area, or
   (e) of the ophthalmic and dispensing opticians of that area,
the \[F47]\text{Health Board}\ shall recognise that committee.

(2) Any committee so recognised shall be called—
   (a) the area medical committee,
   (b) the area dental committee,
   (c) the area nursing and midwifery committee,
   (d) the area pharmaceutical committee, or
   (e) the area optical committee,
as the case may be, for the area concerned.

(3) Where, \[F46]\text{a Health Board is satisfied that a committee formed for its area is representative}\ of any other profession engaged in the provision of care or treatment under this Act, and that it is in the interests of the health service to recognise that committee for the purposes of this Act, \[F48]\text{the Board}\ may so recognise it.

(4) Where, \[F46]\text{a Health Board is satisfied that a committee formed for its area is representative}\ of two or more of the professions mentioned in subsection (1) or (3), and that it is in the interests of the health service to recognise that committee for the purposes of this Act, \[F48]\text{the Board}\ may so recognise it.

(5) It shall be the general function of a committee recognised under this section to advise the Health Board for its area \[F49]\text{and, where the Secretary of State so directs, an NHS trust on the provision of services under this Act or under a pilot scheme under section 1 of the National Health Service (Primary Care) Act 1997}, being services with which that committee is concerned in that area, but, except in so far as regulations otherwise provide, in exercising functions conferred by or under this section, such a committee shall not concern itself with the remuneration and conditions of service of practitioners or other persons of whom it is representative.

(6) In addition to any other functions which committees recognised under this section may exercise, they shall exercise such functions as may be prescribed.

(7) In exercising their functions under this Act, Health Boards \[F50]\text{or, where the Secretary of State so directs, NHS trusts}\ shall consult with committees recognised under this section on such occasions and to such extent as \[F51]\text{the Secretary of State may direct}\.

(8) Any committee recognised under this section may, with the approval of the Health Board for its area, delegate any of its functions, with or without restrictions or conditions, to sub-committees and may appoint to any sub-committee persons who are not members of the committee.
(9) Health Boards shall defray the reasonable expenses of committees recognised under this section and shall pay to members of such committees and sub-committees thereof such travelling and other allowances, including compensation for loss of remunerative time, as the Secretary of State may, with the approval of the Minister for the Civil Service, from time to time determine; but payments under this subsection may only be made as respects the exercise of functions conferred by or under this section.

Textual Amendments

F46 Words substituted by National Health Service and Community Care Act 1990 (c. 19, SIF 113:2), s. 29(5)(a)
F47 Words substituted by National Health Service and Community Care Act 1990 (c. 19, SIF 113:2), s. 29(5)(b)
F48 Words substituted by National Health Service and Community Care Act 1990 (c. 19, SIF 113:2), s. 29(5)(c)
F49 Words in s. 9(5) substituted (1.10.1999) by 1999 c. 8, s. 65(1), Sch. 4 para. 43(a); S.S.I. 1999/90, art. 2(a)(b), Sch. 1
F50 Words in s. 9(7) inserted (1.10.1999) by 1999 c. 8, s. 65(1), Sch. 4 para. 43(b); S.S.I. 1999/90, art. 2(a)(b), Sch. 1
F51 Words in s. 9(7) substituted (1.10.1999) by 1999 c. 8, s. 65(1), Sch. 4 para. 43(b); S.S.I. 1999/90, art. 2(a)(b), Sch. 1

Marginal Citations

M1 1997 c.46.

10 Common Services Agency.

(1) There shall be constituted a body, to be called the Common Services Agency for the [Scottish Health Service] (hereafter in this Act referred to as “the Agency”), [The Agency has the functions conferred on it by—
(a) this Act, and
(b) section 62 of the Public Bodies (Joint Working) (Scotland) Act 2014.]

(2) Schedule 5 shall have effect in relation to the Agency.

(3) The Secretary of State may by order delegate to the Agency such of his functions [relating to the health service] as he considers appropriate.

(4) After consultation with [the Health Boards] [and any other interests which appear to the Secretary of State to be concerned, the Secretary of State, where he considers it expedient for the efficient discharge of the functions of the Health Boards or of the NHS trusts], may by order provide that the performance of such functions as he may determine shall stand referred to the Agency and be discharged by it on behalf of any or all of the Health Boards [or NHS trusts].

(5) The Secretary of State may by order withdraw from the Agency any function delegated or referred to it under this section.
(6) The Agency shall provide such services and carry out such tasks for bodies associated with the health service as the Secretary of State and those bodies may agree, and on such terms and conditions as may be agreed.

(7) In carrying out its functions the Agency shall act subject to, and in accordance with, such directions as may be given by the Secretary of State.

(8) The Agency shall, notwithstanding that it is exercising functions on behalf of the Secretary of State or any other body associated with the health service, be entitled to enforce any rights acquired, and shall be liable in respect of any liabilities incurred (including liability in damages for wrongful or negligent acts or omissions), in the exercise of those functions, in all respects as if the Agency were acting as a principal; and all proceedings for the enforcement of such rights or liabilities shall be brought by or against the Agency in its own name.

[F60](9) The Agency shall not be entitled to claim in any proceedings any privilege of the Crown in respect of the recovery or production of documents; but this subsection shall be without prejudice to any right of the Crown to withhold, or procure the withholding from production of, any document on the ground that its disclosure would be contrary to the public interest.]

**Textual Amendments**

F52 Words substituted by Health Services Act 1980 (c. 53), Sch. 6 para. 2

F53 Words in s. 10(1) repealed (22.9.2014) by Public Bodies (Joint Working) (Scotland) Act 2014 (asp 9), ss. 63(2)(a), 72(2); S.S.I. 2014/231, art. 2

F54 S. 10(1A) inserted (22.9.2014) by Public Bodies (Joint Working) (Scotland) Act 2014 (asp 9), ss. 63(2)(b), 72(2); S.S.I. 2014/231, art. 2

F55 Words in s. 10(3) substituted (6.8.2005) by Smoking, Health and Social Care (Scotland) Act 2005 (asp 13), ss. 42(1), 43(2), Sch. 2 para. 2(4)

F56 Words repealed by National Health Service and Community Care Act 1990 (c. 19, SIF 113:2), s. 66(2), Sch. 10

F57 Words in s. 10(4) inserted (1.10.1999) by 1999 c. 8, s. 65(1), Sch. 4 para. 44(a); S.S.I. 1999/90, art. 2(a)(b), Sch. 1

F58 Words in s. 10(4) inserted (1.10.1999) by 1999 c. 8, s. 65(1), Sch. 4 para. 44(b); S.S.I. 1999/90, art. 2(a)(b), Sch. 1

F59 Words in s. 10(4) inserted (1.10.1999) by 1999 c. 8, s. 65(1), Sch. 4 para. 44(c); S.S.I. 1990/90, art. 2(a)(b), Sch. 1

F60 S. 10(9) repealed (1.4.1991) by National Health Service and Community Care Act 1990 (c. 19, SIF 113:2), s. 66(2), Sch. 10

**Modifications etc. (not altering text)**

C11 S. 10(4) applied (1.4.1991) by S.I. 1990/2639, art. 5(1)(2), Sch. Pt. I

C12 S. 10(4) applied (1.4.1993) by S.I. 1993/577, art. 5(1), Sch. Pt. I (with art. 6)

S. 10(4) applied (1.4.1995) by S.I. 1995/574, art. 5(1)(2), Sch. Pt. I (with art. 6)

S. 10(4) applied (1.4.1999) by S.I. 1999/686, art. 5(1)(2), Sch. Pt. I

S. 10(4) applied (1.4.1999) by S.I. 1999/726, art. 5(1)(2), Sch. Pt. I

S. 10(4) applied (1.4.2000) by S.S.I. 2000/47, art. 5(1)(2), Sch. Pt. I

S. 10(4) applied (6.4.2001) by S.S.I. 2001/137, art. 5(1), Sch. Pt. I

S. 10(4) applied (31.3.2002) by S.S.I. 2002/103, art. 6, Sch. Pt. I (with art. 4(4))

S. 10(4) applied (27.6.2002) by S.S.I. 2002/305, art. 5(1), Sch. Pt. I (with art. 4(4))
Provision of patient advice and support service

(1) The Agency must secure the adequate provision of the patient advice and support service described in section 18 of the Patient Rights (Scotland) Act 2011 (asp 5) in relation to each relevant body.

(2) In exercising its function under subsection (1), the Agency must have regard to the desirability of the service being provided—
   (a) in the most efficient and effective manner possible, and
   (b) in a manner which co-ordinates with the services of other providers of advice and support.

(3) There may be more than one provider of the patient advice and support service.

(4) The patient advice and support service is not to be provided by—
   (a) a Health Board,
   (b) a Special Health Board,
   (c) Healthcare Improvement Scotland,
   (d) the Agency.

(5) Each relevant body must make to its provider of the patient advice and support service, in respect of the provider's expenses (as respects its activities relating to the service), payments of such amounts, and at such times, as the Scottish Ministers may direct.

(6) For the purposes of this section, a “relevant body” is—
   (a) a Health Board,
   (b) any other body that the Scottish Ministers may by order specify.]
10A Healthcare Improvement Scotland

(1) There is established a body to be known as Healthcare Improvement Scotland (in this Act referred to as “HIS”) which—

(a) is to exercise the functions conferred on it by virtue of this Act and any other enactment; and

(b) has the general duty of furthering improvement in the quality of health care.

(2) In subsection (1)(b), “health care” means services for or in connection with the prevention, diagnosis or treatment of illness provided—

(a) under the health service; or

(b) by persons providing independent health care services.

(3) In carrying out its functions, HIS is to act subject to and in accordance with such directions as may be given by the Scottish Ministers.

(4) The Scottish Ministers may vary or revoke any direction given under subsection (3).

(5) Schedule 5A (which makes further provision about the status, constitution, proceedings etc. of HIS) has effect.

Principles

10B Principles

(1) HIS must exercise its functions in accordance with the principles set out in the following subsections.

(2) The safety and wellbeing of all persons who use services provided under the health service and independent health care services are to be protected and enhanced.

(3) Good practice in the provision of those services is to be identified, promulgated and promoted.

(4) The provision of those services in a manner which takes appropriate account of guidance and other information (including evidence) published or endorsed by HIS is to be promoted and encouraged.

Functions related to the health service

10C Health service functions

(1) HIS is to exercise the following functions of the Scottish Ministers—

(a) functions in relation to supporting, ensuring and monitoring the quality of health care provided or secured by the health service including, without prejudice to the foregoing generality, providing quality assurance and accreditation;

(b) functions in relation to supporting, ensuring and monitoring the discharge of the duty under section 2B by each body to whom that section applies;
(c) functions in relation to supporting, ensuring and monitoring the discharge of the duty under section 2D by each body to whom that section applies, other than HIS, insofar as the discharge of that duty is relevant to—
   (i) the quality of health care provided or secured by the health service; or
   (ii) the discharge of the duty under section 2B;
(d) functions in relation to the evaluation and provision of advice to the health service on the clinical and cost effectiveness of new and existing health technologies including drugs,

conferred on them by this Act including, without prejudice to the foregoing generality, those functions specified in section 1(1).

(2) HIS is to exercise the following functions of the Scottish Ministers subject to any limitations specified—
(a) the power of the Scottish Ministers under section 16(1) to assist voluntary organisations whose activities include the provision of a service similar to or related to the functions of HIS;
(b) the power of the Scottish Ministers under section 16B to give financial assistance to voluntary organisations whose activities consist of or include the provision of services similar to or related to the functions of HIS; and such assistance may be given only on such terms and conditions as the Scottish Ministers determine;
(c) the power of the Scottish Ministers under section 42 to disseminate, in respect of the functions of HIS, information relating to the promotion and maintenance of health and the prevention of illness;
(d) the duties of the Scottish Ministers under section 47—
   (i) to make available such facilities as appear to HIS to be reasonably required for undergraduate and post-graduate clinical teaching and research and for the education and training of persons providing or intending to provide services under this Act; and
   (ii) to conduct, or assist by grants or otherwise under that section any person to conduct, research into matters relating to the functions of HIS;
(e) the powers of the Scottish Ministers under section 79(1) to take on lease or to purchase moveable property and land so far as required for the purposes of HIS and to use for those purposes and manage any heritable or moveable property so acquired;
(f) the powers of the Scottish Ministers under section 79(1A) to dispose of land no longer required for the purposes of HIS.

(3) HIS is to exercise the following functions—
(a) a duty to provide information to the public about the availability and quality of services provided under the health service;
(b) a duty to provide such information to a person in such form as that person may reasonably request;
(c) when requested by the Scottish Ministers, a duty to provide to the Scottish Ministers advice about any matter relevant to the health service functions of HIS;
(d) a power to provide such advice to Scottish Ministers at any time;
(e) when asked to do so, a duty to provide such advice to—
(i) persons who provide, seek to provide or may provide services under the health service;
(ii) persons, or groups of persons, representing those who use, or are eligible to use, such services;
(iii) persons, or groups of persons, representing those who care for those who use, or are eligible to use, such services;
(iv) local authorities;
(v) a Health Board, Special Health Board or the Agency (each a “body” for the purposes of subsection (4));
(vi) such other persons, or groups of persons as may be prescribed;
(f) a power to disseminate such information as HIS considers relevant of general or specific application arising out of or in connection with the exercise of its health service functions.

(4) HIS may charge a reasonable fee determined by it for any advice, forms or documents provided for the assistance of any such person, authority or body as is mentioned in subsection (3)(e).

(5) References in this Act to the health service functions of HIS are, subject to subsections (6) and (7), to the functions conferred by virtue of this section and section 10D (including any functions delegated by order under that section).

(6) Where a provision of this section which confers a function on HIS refers to the health service functions of HIS, that reference is to be construed as a reference to the functions conferred by virtue of this section and section 10D other than the function conferred by the provision.

(7) Where a provision of this section which confers a function on HIS refers to the functions of HIS, that reference is to be construed as including a reference to the functions conferred by virtue of this section and section 10D other than the function conferred by the provision.

10D Health service functions: further provision

(1) The Scottish Ministers may by order delegate to HIS such of their functions relating to the health service as they consider appropriate.

(2) HIS is to provide such services, and carry out such tasks, for bodies associated with the health service as the Scottish Ministers and those bodies may agree; and is to do so on such terms and conditions as may be so agreed.

(3) Notwithstanding that it is exercising functions relating to the health service on behalf of the Scottish Ministers or other bodies associated with the health service, HIS—
(a) is entitled to enforce any rights acquired in the exercise of those functions;
(b) is to be liable in respect of any liabilities incurred (including liability in damages for wrongful or negligent acts or omissions) in the exercise of those functions,
in all respects as if HIS were acting as a principal.

(4) All proceedings for the enforcement of such rights or liabilities are to be brought by or against HIS in its own name.
Functions related to independent health care

10E Independent health care functions

(1) HIS is to exercise the following functions—
   (a) a duty to provide information to the public about the availability and quality of independent health care services;
   (b) a duty to provide such information to a person in such form as that person may reasonably request;
   (c) when requested by the Scottish Ministers, a duty to provide to the Scottish Ministers advice about any matter relevant to the independent health care functions of HIS;
   (d) a power to provide such advice to the Scottish Ministers at any time;
   (e) when asked to do so, a duty to provide such advice to—
      (i) persons who provide, seek to provide or may seek to provide independent health care services;
      (ii) persons, or groups of persons, representing those who use, or are eligible to use, such services;
      (iii) persons, or groups of persons, representing those who care for those who use, or are eligible to use, such services;
      (iv) local authorities;
      (v) a Health Board, Special Health Board or the Agency (each a “body” for the purposes of subsection (2));
      (vi) such other persons, or groups of persons as may be prescribed;
   (f) a power to disseminate such information as HIS considers relevant of general or specific application arising out of or in connection with the exercise of its independent health care functions.

(2) HIS may charge a reasonable fee determined by it for any advice, forms or documents provided for the assistance of any person, authority or body as is mentioned in subsection (1)(e).

(3) References in this Act to the independent health care functions of HIS are, subject to subsection (4)—
   (a) to the functions conferred on HIS, or on a person acting on behalf of HIS, by this section and by sections 10J, 10K, 10P to 10Z3, 10Z5, 10Z8 and 10Z19;
   (b) to any functions delegated to HIS under section 10H(6) to the extent that such functions relate to standards and outcomes applicable to independent health care services;
   (c) to the functions conferred on HIS by section 10M to the extent that such functions relate to inspections of independent health care services; and
   (d) to the functions conferred on HIS by section 10N to the extent that such functions relate to reports on inspections of independent health care services.

(4) Where a provision of this section, or those sections, which confers a function on HIS refers to the independent health care functions of HIS, the reference is to be construed as a reference to the functions conferred by this section and those sections other than the function conferred by the provision.
Meaning of “independent health care services”

(1) In this Act, an “independent health care service” is any of the following—
   (a) an independent hospital;
   (b) a private psychiatric hospital;
   (c) an independent clinic;
   (d) an independent medical agency;
   (e) an independent ambulance service.

(2) In subsection (1)—
   “independent hospital” means a hospital which is neither a health service hospital nor a private psychiatric hospital; and for the purposes of this definition includes part of a health service hospital if (not being a private psychiatric hospital)—
   (a) it is carried on as a separate unit;
   (b) it does not provide treatment or nursing in pursuance of this Act;
   (c) no part of it is contained within the same building as any such part which does provide treatment or nursing in pursuance of this Act;
   “private psychiatric hospital” means any premises used or intended to be used for the provision of medical treatment to one or more patients subject to an order or direction under the Mental Health (Care and Treatment) (Scotland) Act 2003 (asp 13) or the Criminal Procedure (Scotland) Act 1995 (c. 46) (whether or not other persons are treated there), not being—
   (a) a health service hospital;
   (b) a state hospital; or
   (c) otherwise an independent health care service;

[F66"independent clinic" means, subject to subsection (2A), a clinic which is not comprised in a hospital and in or from which services are provided by a medical practitioner, dental practitioner, registered nurse, registered midwife or dental care professional;]

“independent medical agency” means an undertaking which is neither an independent clinic nor an undertaking comprised in a hospital and which consists of or includes the provision of services, other than in pursuance of this Act, by a medical practitioner;

“independent ambulance service” means, subject to subsection (5), a service which consists of or includes—
   (a) provision (other than provision falling within paragraph (b) below) of medical treatment, medical care or other care to relevant patients while such patients are being transported to or from a place of medical treatment;
   (b) provision, at or in connection with a public event, of medical treatment outwith relevant premises under arrangements made between the provider of the service and another (whether or not the service includes a means of transport for transporting patients from the event to relevant premises).

[F67A clinic does not fall within the definition of “independent clinic” in subsection (2) (2A) if it—]
(a) is comprised in a post-16 education body;
(b) is comprised in a school;
(c) is provided by the Agency, a Health Board or a Special Health Board;
(d) provides general dental services in accordance with an agreement pursuant to section 25 of this Act;
(e) provides primary medical services in accordance with an agreement pursuant to section 17C of this Act;
(f) provides services under a general medical services contract pursuant to section 17J of this Act; or
(g) only provides one or both of the following services—
   (i) first aid in situations requiring medical treatment or medical care;
   (ii) therapy effected only through the provider of the therapy and the recipient communicating through speech.

(2B) In the definition of “independent clinic” in subsection (2), “dental care professional” means a person registered in the dental care professionals register under the Dentists Act 1984.

(2C) In subsection (2A)—
   “post-16 education body” has the same meaning as in section 35(1) of the Further and Higher Education (Scotland) Act 2005; and
   “school” has the same meaning as in section 135(1) of the Education (Scotland) Act 1980.

(3) In paragraph (a) of the definition of “independent ambulance service” in subsection (2)
   “relevant patient” is a patient—
   (a) whose condition or recovery would or might be impaired were the treatment or care mentioned in that paragraph not to be provided;
   (b) whose condition affects the patient's mobility to such an extent that, were such treatment or care not to be provided while the patient is being transported as mentioned in that paragraph, the patient's condition or recovery would or might be impaired;
   (c) whose mobility is such that, without such treatment or care, it would be difficult or impossible for the patient to be transported as mentioned in that paragraph;
   “place of medical treatment” means a hospital or other premises used or intended to be used for the provision of medical or dental treatment, and includes an independent health care service mentioned in paragraphs (a) to (d) of subsection (1).

(4) In paragraph (b) of the definition of “independent ambulance service” in subsection (2)
   “public event” means an event, function or other organised activity of any kind to which members of the public have access;
   “medical treatment” includes medical care and medical advice;
“relevant premises” means premises used or intended to be used for the provision of medical treatment, medical care or medical advice, but does not include—

(a) any means of transport as mentioned in that paragraph; or
(b) any temporary premises at or near, and provided in connection with, the public event.

(5) A service does not fall within the definition of “independent ambulance service” in subsection (2) if it is provided under the health service, unless it is so provided for remuneration.

(6) In subsection (5), “remuneration” does not include remuneration payable by a health service body under arrangements made for the provision of the service.

(7) Where, by virtue of payment of remuneration, the provider of a service under the health service acts as an independent ambulance service, HIS’s independent health care functions are exercisable in relation to that provider only where, and to the extent that, the provider is so acting.

10G Power to modify definitions

The Scottish Ministers, after consulting such persons (or groups of persons) as they consider appropriate, may by order—

(a) modify the independent health care functions of HIS by amending, removing or adding to those functions;
(b) modify the definition of independent health care service in section 10F(1).

Standards and outcomes

10H Standards and outcomes

(1) The Scottish Ministers may prepare and publish standards and outcomes applicable to—

(a) services provided under the health service;
(b) independent health care services.

(2) The Scottish Ministers must keep any standards and outcomes so published under review and may under subsection (1) publish amended standards and outcomes whenever they consider it appropriate to do so.

(3) Before publishing under subsection (1) any—

(a) standards and outcomes;
(b) amended standards and outcomes which in the opinion of the Scottish Ministers are substantially different from the standards and outcomes (or amended standards and outcomes) last so published,

the Scottish Ministers must consult such persons, or groups of persons, as they consider appropriate.

(4) In relation to a service provided under the health service, or an independent health care service, any applicable standards and outcomes published under subsection (1) must be taken into account—

(a) by HIS in making any decision under this Part;
(b) in any proceedings on an appeal under section 10Z4; and
(c) in any proceedings for an offence in relation to registration under section 10P.

(5) The Scottish Ministers may make different provision for different services under subsection (1).

(6) The Scottish Ministers may delegate their functions under subsections (1) to (3) to HIS or such other persons as they consider appropriate.

Inspections

10I Inspections of services provided under the health service

[F69](1) HIS may inspect any service provided under the health service—

(a) in pursuance of its general duty of furthering improvement in the quality of health care in Scotland, or
(b) for any of the purposes mentioned in subsection (1B)].

[F70](1A) Where a service provided under the health service and social services are provided by virtue of an integration scheme approved under section 7 of the Public Bodies (Joint Working) (Scotland) Act 2014 (“the 2014 Act”), HIS may inspect the planning, organisation or co-ordination of those services for any of the purposes mentioned in subsection (1B).

(1B) The purposes are—

(a) reviewing and evaluating the extent to which the service is complying with the integration delivery principles and contributing to achieving the national health and wellbeing outcomes,
(b) reviewing and evaluating the extent to which the planning, organisation or co-ordination of services provided under the health service and social services is complying with the integration delivery principles and contributing to achieving the national health and wellbeing outcomes,
(c) reviewing and evaluating the effectiveness of a strategic plan prepared under section 29 of the 2014 Act in complying with the integration delivery principles and contributing to achieving the national health and wellbeing outcomes,
(d) encouraging improvement in the extent to which implementation of a strategic plan prepared under section 29 of the 2014 Act complies with the integration delivery principles and contributes to achieving the national health and wellbeing outcomes, and
10J Inspections of independent health care services

(1) HIS may inspect—

(a) any independent health care service;

(b) the organisation or co-ordination of any independent health care service.

(c) where services provided by an independent health care service and social services are provided in pursuance of an integration scheme approved under section 7 of the Public Bodies (Joint Working) (Scotland) Act 2014 ("the 2014 Act"), the planning, organisation or co-ordination of those services.

(2) The purposes of an inspection under [F73 subsection (1)(a) or (b)] may include—

(a) reviewing and evaluating the effectiveness of the provision of the services which are the subject of the inspection;

(b) encouraging improvement in the provision of those services;

(c) enabling consideration as to the need for any recommendations to be prepared as to any such improvement to be included in the report prepared under section 10N;

(d) investigating any incident, event or cause for concern; and

(e) enabling consideration as to the need for—

(i) an improvement notice under section 10R;

(ii) a condition notice under section 10U.

(f) reviewing and evaluating the extent to which the independent health care service is complying with the integration delivery principles and contributing to achieving the national health and wellbeing outcomes,
(g) reviewing and evaluating the extent to which the planning, organisation or co-ordination of services provided by an independent health care service and social services is complying with the integration delivery principles and contributing to achieving the national health and wellbeing outcomes,

(h) reviewing and evaluating the effectiveness of a strategic plan prepared under section 29 of the 2014 Act in complying with the integration delivery principles and contributing to achieving the national health and wellbeing outcomes,

(i) encouraging improvement in the extent to which implementation of a strategic plan prepared under section 29 of the 2014 Act complies with the integration delivery principles and contributes to achieving the national health and wellbeing outcomes, and

(j) enabling consideration as to the need for any recommendations to be prepared as to any such improvement to be included in the report prepared under section 10N.]

[ The purposes of an inspection under subsection (1)(c) may include any of those mentioned in subsection (2)(f) to (j).]

(3) An inspection under this section may be in relation to—

(a) any independent health care service or combination of independent health care services;

(b) such of the services concerned provided to particular groups of persons;

(c) any part of Scotland.

(4) An inspection under this section must be conducted in accordance with a plan—

(a) prepared in accordance with section 10L; and

(b) approved by the Scottish Ministers.

(5) HIS may at any time require a person providing any independent health care service to supply it with any information relating to the service which it considers necessary or expedient to have for the purposes of its independent health care functions.

(6) References in this section to a person providing an independent health care service include, in the case of a service which is provided by a body corporate, a reference to a director, manager, secretary or other similar officer of the body.

(7) An inspection under this section may, subject to any regulations made under section 10O, take such form as HIS considers appropriate.

[ In this section—

F76(8) “integration delivery principles ” has the meaning given by section 31 of the 2014 Act;

“national health and wellbeing outcomes ” has the same meaning as in section 5(1) of the 2014 Act;

“social services ” has the meaning given by section 46 of the Public Services Reform (Scotland) Act 2010. ]
10K  **Authorised persons**

(1) Any inspection under section 10J must be carried out by a person authorised by HIS (an “authorised person”).

(2) A person may be authorised by HIS to carry out inspections in relation to any independent health care service or all of them.

(3) An authorised person may at any time enter and inspect premises which are used, or which the person has reasonable cause to believe are used, for the purpose of providing the independent health care service which is the subject of the inspection.

(4) Where an authorised person is in possession of confidential information which has been obtained for the purposes of an inspection under section 10J the authorised person must not use or disclose that information other than—

   (a) for the purposes of that inspection;
   (b) so as to comply with an enactment or court order requiring disclosure;
   (c) to the extent considered necessary by the authorised person for the purpose of protecting the welfare of—

   (i) any child under the age of 16 years;
   (ii) any adult at risk (within the meaning of section 3 of the Adult Support and Protection (Scotland) Act 2007 (asp 10)); or

   (d) to the extent considered necessary by the authorised person for the purpose of the prevention or detection of crime or the apprehension or prosecution of offenders.

(5) For the purposes of subsection (4), information is “confidential information” where—

   (a) the identity of an individual is ascertainable—

   (i) from that information; or
   (ii) from that information and other information which is in the possession of, or is likely to come into the possession of, the person holding that information; and

   (b) the information was obtained or generated by a person who, in the circumstances, owed an obligation of confidence to that individual.

10L  **Inspections: best regulatory practice**

(1) HIS must prepare a plan for carrying out inspections in accordance with best regulatory practice.

(2) The plan—

   (a) must set out arrangements for inspections to be so carried out (including inspections of those services subject to self evaluation);
(b) may make different provision for different purposes.

(3) For the purposes of subsection (1), “best regulatory practice” means practice under which (in particular) inspections should be carried out in a way that is transparent, accountable, proportionate and consistent.

(4) In preparing a plan under subsection (1), HIS must have regard to any guidance issued by the Scottish Ministers about those matters.

(5) HIS—
   (a) must keep the plan under review; and
   (b) may from time to time revise, with the approval of the Scottish Ministers, the plan.

(6) HIS must, in preparing a plan (or any revisal), consult such persons as it considers appropriate.

10M Inspections at request of Scottish Ministers

(1) HIS must, at the request of the Scottish Ministers, inspect—
   (a) any service provided under the health service as they may specify;
   (b) any independent health care service so specified;
   (c) the organisation or co-ordination of any service mentioned in paragraph (a) or (b) so specified;
   (d) any independent health care service so specified together with any service provided under the health service so specified.

(2) The Scottish Ministers may specify purposes for any inspection under this section.

(3) An inspection under this section is to be conducted in accordance with a timetable approved by the Scottish Ministers.

10N Inspections: reports

(1) Where an inspection under section 10I, 10J or section 10M has been completed, HIS—
   (a) must prepare a report on the matters inspected; and
   (b) must without delay send a copy of that report to the person providing the service which has been inspected.

(2) Before finalising a report prepared under subsection (1), HIS must give the person providing the service an opportunity of commenting on a draft of the report.

(3) HIS must make copies of any report prepared under subsection (1) available for inspection at its offices by any person at any reasonable time; and it must take such other steps as it considers appropriate for publicising any such report.

(4) Regulations may make further provision concerning the preparation, content and effect of reports under subsection (1), and in particular may make—
   (a) different provision in relation to different independent health care services and different services provided under the health service;
   (b) provision requiring copies of reports to be sent to the Scottish Ministers (or such other persons as may be specified in regulations) in such circumstances as may be so specified;
10O Regulations relating to inspections

(1) Regulations may make further provision concerning inspections under—
   (a) section 10I;
   (b) section 10J;
   (c) section 10M.

(2) Regulations under subsection (1) may make different provision for different inspections provided for under the provisions mentioned in that subsection.

(3) Regulations under subsection (1) may, in particular, make provision—
   (a) as to types of inspection which may be conducted;
   (b) as to timing and frequency of inspections;
   (c) as to seizure and removal of anything found during the course of an inspection;
   (d) as to persons who may be authorised to carry out inspections;
   (e) requiring or facilitating the sharing or production of information (including health records) for the purposes of an inspection;
   (f) as to interviews and examinations (including physical and mental examinations) which may be carried out in connection with the inspections;
   (g) requiring any person to provide to an authorised person an explanation of information produced to an authorised person;
   (h) requiring information produced to an authorised person to be held in compliance with prescribed conditions and further disclosures to be made in compliance with such conditions;
   (i) empowering an authorised person to disclose to a person prescribed for the purposes of this paragraph any information of a prescribed nature which the authorised person holds in consequence of an inspection;
   (j) creating offences punishable on summary conviction by a fine not exceeding level 4 on the standard scale for the purpose of enforcing any provision of the regulations.

(4) In subsection (3)(e), “health records” means records relating to the physical or mental health of an individual (including dental records and medical records); and for the purposes of this subsection “medical records” means records which have been prepared by a medical practitioner who is, or has been, responsible for the clinical care of the individual.
Registration

10P  Registration of independent health care services

(1) A person who seeks to provide an independent health care service must apply to HIS for registration of the service.

(2) An application must—
   (a) give such information as may be prescribed about prescribed matters;
   (b) identify an individual (who may be the applicant) who is to manage the service;
   (c) give any other information which HIS may reasonably require the applicant to give;
   (d) without prejudice to subsection (1)(b) of section 10Z5, be accompanied by the fee imposed under subsection (2)(a) of that section.

10Q  Grant or refusal of registration

(1) HIS may grant or refuse registration of an independent health care service under section 10P.

(2) A grant of registration may be subject to such conditions as HIS considers appropriate.

(3) If HIS is satisfied, in relation to the application, that the requirements of—
   (a) such regulations as are applicable under section 10Z7; and
   (b) any other enactment which appears to HIS to be relevant,
   will be complied with in relation to that service, it must give notice under section 10Z(1)(a), or as the case may be section 10Z2; otherwise it must give notice under section 10Z(1)(b).

(4) On granting a registration HIS must issue a certificate of registration to the applicant.

(5) The person for the time being providing the service must ensure that the certificate (or a copy of it) is, while the certificate is current, kept affixed in a conspicuous place in each of the premises in or from which that service is provided; and, if those premises do not include the principal (or only) office of the service, then in that office also.

Improvement notices

10R  Improvement notices: independent health care services

HIS may at any time give a notice (an “improvement notice”) to the person for the time being providing a registered independent health care service that, unless within such reasonable period as may be specified in the notice, there is a significant improvement, of such a nature as may be so specified, in the provision of that service, it intends to make a proposal under section 10S.
Proposals and applications in relation to registered independent health care services

10S Cancellation of registration

(1) HIS may, at any time after the expiry of the period specified in an improvement notice under section 10R given in respect of an independent health care service, propose to cancel the registration of the service—
   (a) on the ground that any person has been convicted of a relevant offence in relation to the service;
   (b) on the ground that the service is being, or has at any time been, carried on other than in accordance with the relevant requirements; or
   (c) on any other ground which may be prescribed.

(2) For the purposes of—
   (a) paragraph (a) of subsection (1) the following are relevant offences—
      (i) an offence under any of sections 10G to 10Z18 (in this section, “this group of sections”);
      (ii) an offence under regulations made under this group of sections; or
      (iii) an offence which, in the opinion of HIS, makes it appropriate that the registration should be cancelled; and
   (b) paragraph (b) of that subsection, the following are relevant requirements—
      (i) any requirements or conditions imposed by or under this group of sections; or
      (ii) the requirements of regulations made under this group of sections.

(3) Where a person providing a registered independent health care service ceases to provide the service, HIS may cancel the registration of the service.

10T Emergency cancellation of registration

(1) HIS may apply to the sheriff for an order cancelling the registration of an independent health care service.

(2) The application may be granted if it appears to the sheriff that, unless the order is made, there will be a serious risk to the life, health or wellbeing of persons.

(3) The sheriff may make such interim order as the sheriff thinks fit.

(4) As soon as practicable after HIS has applied for an order under subsection (1), it must notify the appropriate authorities.

(5) Where the order applied for is made (or an interim order is made), HIS must as soon as reasonably practicable give a copy of it to the person who provides the independent health care service.

(6) The sheriff may determine an application under this section in the absence of the person providing the independent health care service to which the application relates.

(7) An order under this section has effect—
   (a) from the time at which it is made; or
   (b) from such other time as the sheriff considers appropriate.
(8) Within 14 days of the day on which an order under this section is made, an appeal may be made to the sheriff principal against the making of the order.

(9) On an appeal under subsection (8), the sheriff principal may—
   (a) confirm the order;
   (b) revoke the order;
   (c) modify the order;
   (d) make such other order as the sheriff principal thinks fit.

(10) The decision of the sheriff principal on an appeal under subsection (8) is final.

(11) An order under this section has effect notwithstanding the making of an appeal in relation to the order.

(12) For the purposes of this section, the appropriate authorities are—
   (a) each—
      (i) local authority; and
      (ii) Health Board,
      within whose area the independent health care service is provided; and
   (b) any other body established by or under an enactment whom HIS thinks it appropriate to notify.

10U Condition notices

HIS may at any time give notice (in sections 10V, 10W, 10Z1 and 10Z2 referred to as a “condition notice” to the person for the time being providing a registered independent health care service that it proposes to—
   (a) vary or remove a condition for the time being in force; or
   (b) impose an additional condition,
   in relation to the registration.

10V Emergency condition notices

(1) Subsection (2) applies where—
   (a) a person is providing a registered independent health care service; and
   (b) HIS believes that the absence of a condition in relation to the registration of that service poses a serious risk to the life, health or wellbeing of persons.

(2) HIS may at any time give notice (an “emergency condition notice”) to the person providing the registered independent health care service specifying a condition, in relation to registration, in respect of that risk.

(3) The condition so specified takes effect immediately on receipt of the emergency condition notice.

(4) An emergency condition notice must—
   (a) state that, within 14 days after service of the notice, the person to whom it is given may make written representations to HIS concerning any matter which that person wishes to dispute; and
   (b) explain the right of appeal conferred by section 10X(1).
(5) HIS must consider any representations made under subsection (4)(a) and, following such consideration, must—
   (a) give the person providing the registered independent health care service a condition notice stating that HIS proposes to vary or remove the condition specified in the emergency condition notice; or
   (b) notify the person that it does not intend to give such a condition notice.

(6) When notifying a person under subsection (5)(b), HIS must explain the right of appeal conferred by section 10X(1).

(7) Where a condition notice has been given by virtue of subsection (5)(a) containing a proposal to remove the condition, HIS must implement the proposal unless it appears to it that it would be inappropriate to do so.

10W Application of Act to condition notices following emergency condition notices

(1) Section 10Z1 does not apply to a condition notice given by virtue of section 10V(5)(a).

(2) The reference in section 10Z2(5) to a proposal in relation to which a condition notice has been given does not include a reference to a proposal contained in a condition notice given by virtue of section 10V(5)(a) to remove the condition mentioned in that provision.

(3) The reference to a proposal in section 10Z4(1) does not include a reference to a proposal contained in a condition notice given by virtue of section 10V(5)(a) to remove the condition mentioned in that provision.

10X Emergency condition notices: appeals

(1) A person—
   (a) who is given an emergency condition notice; and
   (b) who—
      (i) makes no written representations in accordance with section 10V(4)(a); or
      (ii) makes such representations but is notified as mentioned in section 10V(5)(b),
   may, within 14 days after the relevant date, appeal to the sheriff against the imposition of the condition.

(2) In subsection (1), “relevant date” means—
   (a) where sub-paragraph (i) of subsection (1)(b) applies, the date of service of the emergency condition notice;
   (b) where sub-paragraph (ii) of that subsection applies, the date notification mentioned in that sub-paragraph is given.

(3) The sheriff may, on an appeal under subsection (1)—
   (a) direct that the condition specified in the emergency condition notice is to continue to have effect;
   (b) direct that the condition is to cease to have effect;
   (c) direct that the condition be varied as specified in the direction;
   (d) impose an additional condition in relation to the registration.
10Y Applications in respect of conditions

(1) A person providing a registered independent health care service may apply to HIS—
   (a) for the variation or removal of any condition for the time being in force, or
   (b) for the addition of a condition, in relation to the registration; or
   but no such application is competent in circumstances mentioned in subsection (2).

(2) The circumstances are that HIS has given the person notice—
   (a) under section 10Z(2) of its proposal to cancel the registration (unless HIS has
data not to take that step); or
   (b) under section 10Z2(3) of its decision to cancel the registration and the time
within which an appeal may be brought has not expired or, if an appeal has
been brought, that appeal has not been determined.

(3) An application under subsection (1) must be made in such manner and state such
   particulars as may be prescribed; and, without prejudice to subsection (1)(b) of
section 10Z5, must be accompanied by the fee imposed under subsection (2)(a) or, as
the case may be, (c) of that section.

(4) If HIS decides to grant an application under subsection (1)(a) it must give the applicant
   notice of its decision (stating, where applicable, the condition varied, removed or
added) and issue a new certificate of registration.

10Z Further provision as respects notice of proposals

(1) If an application has been made under section 10P and HIS proposes—
   (a) to grant that application but to do so subject to a condition which has not been
agreed in writing between it and the applicant, it must give the applicant notice
of the proposed condition;
   (b) to refuse that application, it must give such notice of the proposed refusal.

(2) HIS must give any person who provides a registered independent health care service
notice of a proposal to cancel the registration (other than in accordance with an
application under subsection (1)(b) of section 10Y).

(3) HIS must give an applicant under subsection (1)(a) of section 10Y notice of a proposal
to refuse that application.

(4) A notice under this section must give HIS's reasons for its proposal.

10Z1 Right to make representations to HIS as respects proposals

(1) A condition notice or a notice under section 10Z must state that, within 14 days after
service of the notice, the person to whom it is given may make written representations
to HIS concerning any matter which that person wishes to dispute.

(2) Where such a notice has been given—
   (a) HIS may not decide to implement the proposal until (whichever first occurs)
       (i) where the person to whom the notice was given makes such
       representations as are mentioned in subsection (1), it has considered
       those representations;
(ii) that person notifies HIS in writing that such representations will not be made;

(iii) the period of 14 days mentioned in that subsection elapses without such representations being made and without HIS receiving such notification; and

(b) where the circumstances are as mentioned in paragraph (a)(ii) or (iii) above, HIS must implement the proposal unless it appears to it that it would be inappropriate to do so.

Notice of decision on application for registration

10Z2 Notice of HIS's decisions

(1) If HIS decides to grant unconditionally an application made under section 10P, or to grant such application subject only to a condition which has been agreed in writing between HIS and the applicant, it must give the applicant notice of its decision.

(2) A notice under subsection (1) must state the agreed condition.

(3) If HIS decides to implement a proposal in relation to which it has given a person a condition notice or a notice under section 10Z, it must give that person notice of the decision.

(4) A notice under subsection (3) must—

(a) explain the right of appeal conferred by section 10Z4; and

(b) in the case of a decision to implement a proposal—

(i) in relation to which a condition notice has been given, state the condition as varied, the condition which is removed or (as the case may be) the additional condition imposed; or

(ii) of which notice has been given under subsection (1)(a) of section 10Z, state the condition subject to which the application is granted.

(5) Subject to subsection (6), a decision to implement a proposal in relation to which a condition notice has been given or of which notice has been given under subsection (1) (a) or (2) of section 10Z does not take effect—

(a) if no appeal is brought, until the period of 14 days referred to in section 10Z4(1) has elapsed; and

(b) if an appeal is brought, until that appeal is finally determined or is abandoned.

(6) Where the decision is to implement a proposal of which notice has been given under subsection (1)(a) of section 10Z and the applicant notifies HIS in writing, before the period of 14 days referred to in section 10Z4(1) has elapsed, that there will be no appeal, the decision takes effect on receipt of that notification.

Conditions as to numbers

10Z3 Conditions as to numbers

Without prejudice to the generality of section 10Q(2) or 10U, a condition imposed under either of those provisions in relation to an independent health care service may limit the number of persons to whom the service may be provided.
Appeal against decision to implement proposal

10Z4 Appeal against decision to implement proposal

(1) A person given notice under section 10Z2(3) of a decision to implement a proposal may, within 14 days after that notice is given, appeal to the sheriff against the decision.

(2) The sheriff may, on appeal under subsection (1), confirm the decision or direct that it is not to have effect; and where the registration is not to be cancelled may (either or both)—

(a) vary or remove any condition for the time being in force in relation to the registration;
(b) impose an additional condition in relation to the registration.

Fees

10Z5 Registration fees

(1) The Scottish Ministers, after consulting such persons, or groups of persons, as they consider appropriate on the potential effect of so prescribing on the services which the persons, or persons they represent, provide, may prescribe—

(a) maximum fees which may be imposed by HIS under this section;
(b) circumstances in which fees so imposed are or are not to be payable.

(2) Subject to the provisions of this section, HIS must impose fees in respect of—

(a) any application made for registration of an independent health care service or for cancellation of any such registration;
(b) the annual continuation of any such registration;
(c) any application made for the variation or removal of a condition for the time being in force in relation to any such registration;
(d) issuing to a person a new certificate of registration—

(i) at the instance of that person;
(ii) by virtue of any application by that person; or
(iii) by virtue of any new information provided by that person in pursuance of regulations under this group of sections (within the meaning of section 10S(2)(a)).

(3) Without prejudice to subsection (1)—

(a) HIS must, in fixing fees under this section, have regard to its reasonable expenses in carrying out its functions; but
(b) where it appears to HIS to be appropriate it may charge a nominal fee, or remit the fee altogether.

Regulations

10Z6 Regulations: registers and registration

(1) Regulations may—

(a) make provision about the keeping of registers by HIS;
(b) make provision about registration under section 10P and in particular about—
(i) the making of applications for such registration;
(ii) the content of certificates of registration;
(iii) categories of applicant who cannot competently make certain applications;
(c) require HIS to secure that, on such conditions, in such circumstances and, subject to subsection (2) on payment of such fees as may be specified in regulations, any person is to be afforded access to, and provided with a copy of an entry in or with an extract from, a register kept by HIS;
(d) except such part of a register as may be specified in the regulations from any requirement made by virtue of paragraph (c);
(e) confer additional functions on HIS in relation to registration under section 10P.

(2) Regulations under paragraph (c) of subsection (1) may specify circumstances in which the fees mentioned in that paragraph are not to be payable; and the fees must in any event not be payable in any case where HIS consider it appropriate to provide the copy or extract in question free of charge.

10Z7 Regulations: independent health care services

(1) Regulations may impose, in relation to independent health care services, any requirements which the Scottish Ministers consider appropriate for the purposes of this Part.

(2) Without prejudice to the generality of subsection (1) regulations may make it an offence to contravene or fail to comply with—
   (a) any specified provision of the regulations; or
   (b) a condition of registration for the time being in force.

(3) A person who commits an offence under the regulations is liable on summary conviction to a fine not exceeding level 5 on the standard scale.

(4) Before the Scottish Ministers make regulations containing provision as mentioned in subsection (2), they must consult such persons, or groups of persons, as they consider appropriate.

Complaints about independent health care services

10Z8 Complaints about independent health care services

(1) HIS must establish a procedure by which a person, or someone acting on a person's behalf, may make complaints (or other representations) in relation to the provision to the person of an independent health care service or about the provision of an independent health care service generally.

(2) The procedure must provide for it to be available whether or not procedures established by the provider of the service for making complaints (or other representations) about that service have been or are being pursued.

(3) Before establishing a procedure under subsection (1), HIS must consult the Scottish Public Services Ombudsman and such persons, or groups of persons, as it considers appropriate on its proposals for such a procedure.
(4) HIS must keep the procedure under review and must vary it whenever, after such consultation, it considers it appropriate to do so.

(5) HIS must give such publicity to the procedure (including the procedure as varied under subsection (4)) as it considers appropriate and must give a copy of the procedure to any person who requests it.

**Offences**

**10Z9 Offences in relation to registration**

(1) Any person who—
   (a) provides an independent health care service while it is not registered under section 10P; or
   (b) with intent to deceive, pretends that an independent health care service is so registered,
commits an offence and is liable on summary conviction to a fine not exceeding level 5 on the standard scale or to imprisonment for a term not exceeding three months or to both.

(2) Any person who fails to comply with section 10Q(5) commits an offence and is liable on summary conviction to a fine not exceeding level 2 on the standard scale.

**10Z10 False statements in applications**

Any person who, in an application—
   (a) for registration of an independent health care service; or
   (b) for variation or removal of a condition in force in relation to such a registration,
knowingly makes a statement which is false or misleading in a material respect commits an offence and is liable on summary conviction to a fine not exceeding level 4 on the standard scale.

**10Z11 Offences by bodies corporate etc.**

Where an offence under this group of sections (within the meaning of section 10S(2) (a)), or under regulations made under those sections, committed by—
   (a) a body corporate other than a local authority, is committed with the consent or connivance of, or is attributable to any neglect on the part of, a person who—
      (i) is a director, manager or secretary of the body corporate; or
      (ii) purports to act in any such capacity;
   (b) a firm, is committed with the consent or connivance of, or is attributable to any neglect on the part of, a person who—
      (i) is a partner in the firm; or
      (ii) purports to act in that capacity;
   (c) an unincorporated association other than a firm, is committed with the consent or connivance of, or is attributable to any neglect on the part of, a person who—
      (i) is concerned in the management or control of the association; or
      (ii) purports to act in the capacity of a person so concerned,
the person (as well as the body corporate or, as the case may be, firm or association) commits the offence and is liable to be proceeded against and punished accordingly.

Inquiries

10Z12 Inquiries

(1) HIS may cause an inquiry to be held into any matter connected with—
   (a) the exercise of its functions; or
   (b) the provision of an independent health care service or a service provided under the health service.

(2) Before there is commenced an inquiry under subsection (1), HIS may direct that it be held in private; but where no such direction has been given the person holding the inquiry may if that person thinks fit hold it, or any part of it, in private.

(3) Subject to subsection (4), subsections (2) to (6) of section 210 of the Local Government (Scotland) Act 1973 (c. 65) (provisions relating to local inquiries) apply in relation to an inquiry under subsection (1) as they apply in relation to a local inquiry under that section.

(4) For the purposes of an inquiry under subsection (1), any reference in those subsections which, by virtue of the Scotland Act 1998 (c. 46), falls to be construed as a reference to—
   (a) the Scottish Ministers, is to be construed as a reference to HIS; and
   (b) a member of the staff of the Scottish Ministers, is to be construed as a reference to a member of staff of HIS.

(5) The expenses incurred by HIS in relation to an inquiry under subsection (1) (including such reasonable sum as HIS may determine for the services of any of its staff engaged in the inquiry) must, unless HIS is of the opinion that those expenses should be defrayed in whole or in part by it, be paid by such party to the inquiry as it may direct; and HIS may certify the amount of the expenses so incurred.

(6) Any sum certified under subsection (5) and to be defrayed in accordance with a direction under that subsection is a debt due by the party directed and is to be recoverable accordingly.

(7) In relation to an inquiry under subsection (1), HIS may make an award as to the expenses of the parties and as to the parties by whom such expenses are to be paid.

Arrangements to provide independent health care services: registration

10Z13 Arrangements entered into by certain bodies: services to be registered

Where, in the performance of its functions—
   (a) a local authority;
   (b) a Health Board; or
   (c) a Special Health Board,
makes arrangements with any person to provide an independent health care service, it must ensure that the service, when provided, is registered under section 10P.
Duty of certain bodies to be aware of reports, etc.

10Z14 Local authorities and other bodies: awareness of HIS reports etc.

(1) For the purposes of its functions as they relate to the provision of independent health care services (including the making of arrangements with other persons to provide such services)—
   (a) a local authority;
   (b) a Health Board;
   (c) a Special Health Board,
must take into account the matters mentioned in subsection (3).

(2) In carrying out its duty under subsection (1), a local authority, Health Board or Special Health Board must have regard to any guidance issued by the Scottish Ministers in respect of that duty.

(3) The matters are such—
   (a) reports;
   (b) information;
   (c) notices,
prepared, disseminated, given or otherwise produced by HIS as are relevant to the provision of the services mentioned in subsection (1) or, as the case may be, to the organisation or co-ordination of those services.

Giving of notice

10Z15 Giving of notice

(1) In this Part, any reference to a notice being given to a person providing, or seeking to provide, an independent health care service is to be construed as a reference to its being—
   (a) delivered, where the person is—
      (i) an individual, to that individual;
      (ii) a body corporate, to the secretary or clerk of that body; or
      (iii) a firm, to a partner of that firm; or
   (b) sent by post, properly addressed to the person, in a registered letter or by the recorded delivery service,
but a notice sent by post is deemed not given until the third day after the day of posting.

(2) For the purposes of subsection (1), a letter is properly addressed to—
   (a) a body corporate, if addressed to the body at its registered or principal office;
   (b) a firm, if addressed to the firm at its principal office; or
   (c) any other person, if addressed to the person at the address last known.
Scottish Health Council

10Z16 Establishment of Scottish Health Council

(1) HIS must establish under paragraph 8(1) of Schedule 5A a committee to be known as the Scottish Health Council.

(2) When the Scottish Health Council is established—
   (a) HIS must delegate to the Council the functions mentioned in section 10C(1) (b) and (c); and
   (b) the Scottish Ministers are to appoint a member of HIS to chair the Council.

(3) The Scottish Ministers may, by order—
   (a) modify subsection (2)(a) in relation to the functions of HIS which must be delegated to the Scottish Health Council; or
   (b) dissolve the Council.

(4) Where the Scottish Ministers make an order under subsection (3)(b) dissolving the Scottish Health Council, subsection (1) has no effect for so long as the order is in force in that respect.

(5) This section is without prejudice to Schedule 5A.

Miscellaneous

10Z17 Transfer of staff

For the purposes of section 12CA, the functions conferred on, delegated to or otherwise exercisable by HIS are to be treated as functions transferred from a health service body; and for the purposes of that transfer—
   (a) NHS Quality Improvement Scotland is to be treated as the transferor authority;
   (b) HIS is to be treated as the transferee authority; and
   (c) the date on which section 10A is commenced is to be treated as the transfer date.

10Z18 “Provide” in relation to independent health care services

In this Part, “provide” in relation to an independent health care service, means to carry on or manage such a service; and related expressions are to be construed accordingly.

Consultation with Mental Welfare Commission for Scotland

10Z19 Duty of HIS to consult the Mental Welfare Commission for Scotland

HIS must, in the exercise of its functions relating to the provision of guidance, advice or information, consult the Mental Welfare Commission for Scotland in every case in which it appears to HIS appropriate having regard to the Commission's functions under sections 5(b) and 10 of the Mental Health (Care and Treatment) (Scotland) Act 2003 (asp 13).]
11 Scottish Hospital Trust.

F77

12 Scottish Hospital Endowments Research Trust.

(1) F78

(2) F79

(3) It shall be the duty of [F80 the Scottish Hospital Endowments Research Trust (referred to in this Act as “the Research Trust”)] to hold and administer funds on trust for the purpose of assisting the conduct of research into any matters relating to the causation, prevention, diagnosis or treatment of illness or to the development of medical or surgical appliances, including hearing aids.

(4) The Research Trust shall have power to accept, hold and administer, in accordance with Schedule 7, any property on trust for the purpose aforesaid.

F81(4A) The Research Trust shall have power to engage in activities intended to stimulate the giving of money or other property to assist them in carrying out the purpose aforesaid.

(4B) F82 . . . the activities authorised by subsection (4A) include public appeals or collections, and the soliciting of sponsorship, donations, legacies, bequests and gifts.

(5) F83

(6) The Research Trust shall cause proper accounts to be kept of the capital, income and expenditure vested in, received by, and expended by them F84 . . .

(6A) F85

[F86(7) The Research Trust shall prepare an annual report of their proceedings which shall include an abstract of their accounts.]

[ Schedule 7 shall have effect in relation to the Research Trust.][F87(8)]

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**Textual Amendments**

F77 S. 11 repealed (6.5.2004) by Public Appointments and Public Bodies etc. (Scotland) Act 2003 (asp 4), ss. 17, 21(2), Sch. 4 para. 5(3); S.S.I. 2004/198, art. 2(c)

F78 S. 12(1)(2) repealed (1.11.2005) by Smoking, Health and Social Care (Scotland) Act 2005 (asp 13), ss. 38(2)(a), 43(3); S.S.I. 2005/492, art. 3(b), Sch. 2

F79 S. 12(1)(2) repealed (1.11.2005) by Smoking, Health and Social Care (Scotland) Act 2005 (asp 13), ss. 38(2)(a), 43(3); S.S.I. 2005/492, art. 3(b), Sch. 2

F80 Words in s. 12(3) substituted (1.11.2005) by Smoking, Health and Social Care (Scotland) Act 2005 (asp 13), ss. 38(2)(b), 43(3); S.S.I. 2005/492, art. 3(b), Sch. 2

F81 S. 12(4A)(4B) inserted by National Health Service and Community Care Act 1990 (c. 19, SIF 113:2), s. 66(1), Sch. 9 para. 19(3)
12A National Health Service trusts.

The Secretary of State may direct a Health Board to delegate to an NHS trust or NHS trusts some or all of their functions—

(a) under section 2(1) of making arrangements on his behalf for the provision of services mentioned in Part II; or

(b) relating to pilot schemes under Part I of the National Health Service (Primary Care) Act 1997; or

(c) relating to arrangements under section 17C for the provision of personal medical services and personal dental services.]

12AA Additional functions of NHS trusts.

The Secretary of State may direct a Health Board to delegate to an NHS trust or NHS trusts some or all of their functions—

(a) under section 2(1) of making arrangements on his behalf for the provision of services mentioned in Part II; or

(b) relating to pilot schemes under Part I of the National Health Service (Primary Care) Act 1997; or

(c) relating to arrangements under section 17C for the provision of personal medical services and personal dental services.

12B Transfer of staff to NHS trusts.

(1) Subject to subsection (5), this section applies to any person who, immediately before an NHS trust’s operational date—

(a) is employed by a Health Board or the Agency (in this section and section 12C referred to as a “transferor authority”) to work solely at, or for the purposes of, a hospital or other establishment or facility which is to become the responsibility of the trust; or
(b) is employed by a transferor authority to work at, or for the purposes of, any such hospital, establishment or facility and is designated for the purposes of this section by a scheme made by the body specified as mentioned in paragraph 3(1)(f) of Schedule 7A.

(2) A scheme under this section shall not have effect unless approved by the Secretary of State.

(3) Subject to section 12C, the contract of employment between a person to whom this section applies and the transferor authority shall have effect from the operational date as if originally made between him and the NHS trust.

(4) Without prejudice to subsection (3)—

(a) all the transferor authority’s rights, powers, duties and liabilities under or in connection with a contract to which that subsection applies shall by virtue of this section be transferred to the NHS trust on its operational date; and

(b) anything done before that date by or in relation to the transferor authority in respect of that contract or the employee shall be deemed from that date to have been done by or in relation to the NHS trust.

(5) In any case where—

(a) an order under section 12A(1) provides for the establishment of an NHS trust with effect from a date earlier than the operational date of the trust; and

(b) on or after that earlier date but before its operational date the NHS trust makes an offer of employment by the trust to a person who at that time is employed by a Health Board or the Agency to work, whether solely or otherwise, at, or for the purposes of, the hospital or other establishment or facility which is to become the responsibility of the trust; and

(c) as a result of the acceptance of the offer, the person to whom it was made becomes an employee of the NHS trust,

subsections (3) and (4) shall have effect in relation to that person’s contract of employment as if he were a person to whom this section applies and any reference in those subsections to the operational date of the trust were a reference to the date on which he takes up employment with the trust.

(6) Subsections (3) and (4) are without prejudice to any right of an employee to terminate his contract of employment if a substantial change is made to his detriment in his working conditions; but no such right shall arise by reason only of the change in employer effected by this section.

(7) A scheme under this section may designate a person either individually or as a member of a class or description of employees.]

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**Textual Amendments**

F91 Ss. 12A–12F inserted by National Health Service and Community Care Act 1990 (c. 19, SIF 113:2), s. 31

[192]12C **Supplementary provisions as to transfer of staff.**

(1) In the case of a person who falls within subsection (1)(b) of section 12B, a scheme under that section may provide that, with effect from the NHS trust’s operational date,
his contract of employment (in this section referred to as “his original contract”) shall be treated in accordance with the scheme as divided so as to constitute—

(a) a contract of employment with the NHS trust; and
(b) a contract of employment with the transferor authority by whom he was employed before that date.

(2) Where a scheme makes provision as mentioned in subsection (1)—

(a) the scheme shall secure that the benefits to the employee under the two contracts referred to in that subsection, when taken together, are not less favourable than the benefits under his original contract;
(b) section 12B shall apply in relation to the contract referred to in subsection (1) (a) as if it were a contract transferred under that section from the transferor authority to the NHS trust;
(c) so far as necessary to preserve any rights and obligations, the contract referred to in subsection (1)(b) shall be regarded as a continuation of the employee’s original contract; 
(d) ........................................

(3) Where, as a result of the provisions of section 12B, by virtue of his employment during any period after the NHS trust’s operational date—

(a) an employee has contractual rights against an NHS trust to benefits in the event of his redundancy, and
(b) he also has statutory rights against the NHS trust under [F94Part XI of the Employment Rights Act 1976] (redundancy payments),

any benefits provided to him by virtue of the contractual rights referred to in paragraph (a) shall be taken as satisfying his entitlement to benefits under [F98that Part of that Act.]

Textual Amendments

F92 Ss. 12A–12F inserted by National Health Service and Community Care Act 1990 (c. 19, SIF 113:2), s. 31
F93 S. 12C(2)(d) and word “and” immediately preceding it repealed (6.2.1995) by S.I. 1995/31, reg. 6, Sch.
F94 Words in s. 12C(3) substituted (22.8.1996) by 1996 c. 18, ss. 240, 243, Sch. 1 para. 13(a) (with ss. 191-195, 202)
F95 Words in s. 12C(3) substituted (22.8.1996) by 1996 c. 18, ss. 240, 243, Sch. 1 para. 13(b) (with ss. 191-195, 202)

[F9612CATransfer of staff among health service bodies.

(1) This section applies to any person who is—

(a) employed by a health service body (the transferor authority) and is transferred to another health service body (the transferee authority) because a function of the transferor authority is transferred to the transferee authority; and
(b) designated for the purposes of this section by a scheme made by the transferor authority.

(2) A scheme under this section shall not have effect unless approved by the Secretary of State.
(3) The contract of employment between a person to whom this section applies and the transferor authority shall have effect from the transfer date as if originally made between him and the transferee authority.

(4) Without prejudice to subsection (3)—
   (a) all the transferor authority’s rights, powers, duties and liabilities under or in connection with a contract to which that subsection applies shall by virtue of this section be transferred to the transferee authority on the transfer date; and
   (b) anything done before the transfer date by or in relation to the transferor authority in respect of that contract shall be deemed from that date to have been done by or in relation to the transferee authority.

(5) Subsections (3) and (4) are without prejudice to any right of an employee to terminate his contract of employment if a substantial change is made to his detriment in his working conditions; but no such right shall arise by reason only of the change in employer effected by this section.

(6) A scheme under this section may designate a person either individually or as a member of a class or description of employees.

(7) In this section—
   a “health service body” is a body mentioned in section 17A(2); and
   the “transfer date” is the date on which the function is transferred from the transferor authority to the transferee authority.

Textual Amendments
F96 S. 12CA inserted (1.10.1999) by 1999 c. 8, s. 50; S.S.I. 1999/90, art. 2(a), Sch. 1

[PT12D Transfer of property rights and liabilities to NHS trusts.

(1) The Secretary of State may by order provide for the transfer to an NHS trust, with effect from such date as may be specified in the order, of such of the property, liabilities and obligations of a Health Board, the Agency or the Secretary of State as, in his opinion, need to be transferred to the NHS trust for the purpose of enabling it to carry out its functions.

(2) An order under this section may create or impose, or provide for the creation or imposition of, such new rights, liabilities or obligations in respect of what is transferred or what is retained by a Health Board or the Agency as appear to the Secretary of State to be necessary or expedient.

(3) Nothing in this section affects the power of the Secretary of State or any power of a Health Board or the Agency to transfer property, liabilities or obligations to an NHS trust otherwise than under subsection (1).

(4) Stamp duty shall not be chargeable in respect of any transfer to an NHS trust effected by virtue of an order under this section.

(5) Where an order under this section provides for the transfer—
   (a) of land held on lease from a third party, that is to say, a person other than the Secretary of State; or
(b) of any other asset leased or hired from a third party or in which a third party has an interest,
the transfer shall be binding on the third party notwithstanding that, apart from this subsection, it would have required his consent or concurrence, or would have required to be intimated to him.

(6) Any property, liabilities and obligations which are to be transferred to an NHS trust shall be identified by agreement between, on the one hand, the NHS trust and, on the other hand, a Health Board or the Agency; or, in default of agreement, by direction of the Secretary of State.

(7) Where, for the purpose of a transfer pursuant to an order under this section, it becomes necessary to apportion any property, liabilities and obligations, the order may contain such provisions as appear to the Secretary of State to be appropriate for the purpose; and where any such property falls within subsection (5), the order shall contain such provisions as appear to the Secretary of State to be appropriate to safeguard the interests of third parties, including, where appropriate, provision for the payment of compensation of an amount to be determined in accordance with the order.

(8) Without prejudice to section 105(7), an order under this section may include provision for matters to be settled by arbitration by a person determined in accordance with the order.

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**Textual Amendments**

F97 Ss. 12A–12F inserted by National Health Service and Community Care Act 1990 (c. 19, SIF 113:2), s. 31

[F98] 12DA Stamp duty land tax

(1) A land transaction effected by virtue of an order under section 12D(1) is exempt from charge for the purposes of stamp duty land tax.

(2) Relief under this section must be claimed in a land transaction return or an amendment of such a return.

(3) In this section—

  “land transaction” has the meaning given by section 43(1) of the Finance Act 2003;

  “land transaction return” has the meaning given by section 76(1) of that Act.

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[F98] 12E Originating capital debt of, and other financial provisions relating to NHS trusts.

(1) Each NHS trust shall have an [F100 originating capital] of an amount specified in an order made by the Secretary of State with the consent of the Treasury, being an amount representing, subject to subsection (2), the excess of the valuation of the assets which,
on or in connection with the establishment of the trust, are or are to be transferred to it (whether before, on or after its operational date) over the amounts of the liabilities which are or are to be so transferred.

(2) In determining the [F100 originating capital] of an NHS trust, there shall be left out of account such assets or, as the case may be, such liabilities as are, or are of a class, determined for the purposes of this section by the Secretary of State, with the consent of the Treasury.

(3) An NHS trust’s [F100 originating capital] shall be deemed to have been issued out of moneys provided by Parliament and shall constitute an asset of the Consolidated Fund.

An NHS trust’s originating capital shall be public dividend capital.

With the consent of the Treasury, the Secretary of State may determine

(a) the dividend which is to be payable at any time on any public dividend capital issued, or treated as issued, under this Act;
(b) the amount of any such public dividend capital which is to be repaid at any time;
(c) any other terms on which any public dividend capital is so issued, or treated as issued

(8) Schedule 7B shall have effect with respect to—

(a) borrowing by NHS trusts;
(b) the limits on their indebtedness;
(c) the payment of additional public dividend capital to them; and
(d) the application of any surplus funds of NHS trusts.

Textual Amendments

F99 Ss. 12A–12F inserted by National Health Service and Community Care Act 1990 (c. 19, SIF 113:2), s. 31
F100 Words in s. 12E(1)-(3) substituted (1.10.1999) by 1999 c. 8, s. 53(2); S.S.I. 1999/90, art. 2(a), Sch. 1
F101 S. 12E(4) substituted (1.10.1999) by 1999 c. 8, s. 53(3); S.S.I. 1999/90, art. 2(a), Sch. 1
F102 S. 12E(5)(6) repealed (1.10.1999) by 1999 c. 8, ss. 53(4), 65(2), Sch. 5
F103 S. 12E(7)(a)-(c) substituted (1.10.1999) for words in s. 12E(7) by 1999 c. 8, s. 53(5); S.S.I. 1999/90, art. 2(a), Sch. 1

12F Financial obligations of NHS trusts.

(1) Every NHS trust shall ensure that its revenue is not less than sufficient, taking one financial year with another, to meet outgoings properly chargeable to revenue account.

(2) It shall be the duty of every NHS trust to achieve such financial objectives as may from time to time be set by the Secretary of State with the consent of the Treasury and as are applicable to it; and any such objectives may be made applicable to NHS trusts generally, or to a particular NHS trust or to NHS trusts of a particular description.]
12G  Trust property of NHS trusts.

(1) Subject to subsection (2), an NHS trust shall have power to accept, hold and administer any property on trust for purposes relating to any service which it is their function to make arrangements for, administer or provide.

(2) The Secretary of State may by order make such provision as he thinks appropriate in relation to the appointment of trustees in respect of an NHS trust for the purpose of holding in trust any property which is to be so held on behalf of the trust; and any such order may include provision as to the persons by whom, the manner in which, the conditions on which and the time within which, such trustees are to be appointed.

(3) Where—

(a) section 82 applies in relation to any endowment or property which is held on trust by a Health Board; and

(b) that endowment or property is, by virtue of an order under section 12D or a request under section 6(1) of the Public Appointments and Public Bodies etc. (Scotland) Act 2003, transferred to an NHS trust,

section 82 shall apply to the use of that endowment or property by the trust as it applied to the use thereof by the Health Board.

(4) Trustees appointed by virtue of subsection (2) shall cause proper accounts to be kept of the capital, income and expenditure vested in, received by and expended by them; and shall cause such accounts to be audited and an abstract thereof to be published in such manner as the Secretary of State may approve.

12H  Duty of quality.

(1) It shall be the duty of each Health Board, Special Health Board and NHS trust and of the Agency to put and keep in place arrangements for the purpose of monitoring and improving the quality of health care which it provides to individuals.
(2) The reference in subsection (1) to health care which a body there mentioned provides to individuals includes health care which the body provides jointly with another person to individuals.

(3) In this section “health care” means services for or in connection with the prevention, diagnosis or treatment of illness.

Textual Amendments

F108 S. 12H inserted (1.10.1999) by 1999 c. 8, s. 51; S.S.I. 1999/90, art. 2(a), Sch. 1

[F109] 12I Duty in relation to governance of staff

It shall be the duty of every Health Board and Special Health Board and of the Agency to put and keep in place arrangements for the purposes of—

(a) improving the management of the officers employed by it;
(b) monitoring such management; and
(c) workforce planning.

Textual Amendments

F109 S. 12I inserted (30.9.2004) by National Health Service Reform (Scotland) Act 2004 (asp 7), ss. 3, 12(1); S.S.I. 2004/361, art. 2(b)(i)
F110 Words in s. 12I inserted (1.4.2011) by The Public Services Reform (Scotland) Act 2010 (Consequential Modifications) Order 2011 (S.S.I. 2011/211), art. 1, Sch. 2 para. 2

Co-operation and assistance

[F111] 12J Health Boards: co-operation with other Health Boards, Special Health Boards and the Agency

(1) In exercising their functions in relation to the planning and provision of services which it is their function to provide, or secure the provision of, under or by virtue of this Act, Health Boards shall co-operate with one another, and with Special Health Boards and the Agency, with a view to securing and advancing the health of the people of Scotland.

(2) In pursuance of subsection (1) a Health Board may—

(a) undertake to provide, or secure the provision of, services as respects the area of another Health Board, and the other Health Board may enter into arrangements with the first Health Board for that purpose;

(b) undertake with one or more other Health Boards to provide, or secure the provision of, services jointly as respects their areas.

(3) A Health Board undertaking to provide, or secure the provision of, services under subsection (2) may—

(a) enter into arrangements with another Health Board, a Special Health Board or the Agency in relation to the provision of such services,
(b) do anything in relation to the provision of such services which they could do for the purpose of providing, or securing the provision of, such services as respects their area.

(4) This section is without prejudice to any other power which a Health Board may have.]

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13 Co-operation between Health Boards and other authorities.

In exercising their respective functions, Health Boards, \[F113\]HIS (as respects its health service functions only), \[F114\]NHS trusts, \[F115\]local authorities \[F115\], integration joint boards and education authorities shall co-operate with one another in order to secure and advance the health of the people of Scotland.

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Modifications etc. (not altering text)

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</table>
Co-operation in planning of services for disabled persons, the elderly and others.

(1) The duty under section 13, in relation to persons to whom this section applies, includes —

(a) joint planning of—

(i) services for those persons; and

(ii) the development of those services,

(b) such consultation with voluntary organisations providing services similar to those mentioned in paragraph (a) as might be expected to contribute substantially to the joint planning of the services mentioned in that paragraph;

(c) the publication, at such times and in such manner as the bodies who have made joint plans under paragraph (a) consider appropriate, of those joint plans.

(2) This section applies to—

(a) disabled persons within the meaning of the Disabled Persons (Services, Consultation and Representation) Act 1986;

(b) persons aged 65 or more; and

(c) such other categories of persons as the Secretary of State may by order specify.

Textual Amendments

F116 S. 13A inserted by National Health Service (Amendment) Act 1986 (c. 66, SIF 113:2), s. 5(1)
F117 Words substituted by National Health Service and Community Care Act 1990 (c. 19, SIF 113:2), s. 66(1), Sch. 9 para. 19(5)
F118 Words in s. 13A(1) inserted (1.10.2010 for specified purposes, 1.4.2011 in so far as not already in force) by Public Services Reform (Scotland) Act 2010 (asp 8), s. 134(7), Sch. 17 para. 6; S.S.I. 2010/321, art. 3, Sch.; S.S.I. 2011/122, art. 2, Sch.
F119 Section 13A(1)(c) repealed (1.4.1991) by National Health Service and Community Care Act 1990 (c. 19, SIF 113:2), s. 66(2), Sch. 10

Joint Liaison Committees.

(1) The Secretary of State may, after consultation with such Health Boards, local authorities, education authorities, associations of such authorities and other organisations and persons as appear to him to be appropriate, by order provide for the formation and as to the functions of committees, to be known as joint liaison committees, to advise Health Boards and local education authorities on the performance of such of their duties under section 13 as consist of co-operation in the planning and operation of services of common concern to Health Boards and such authorities.
National Health Service (Scotland) Act 1978 (c. 29)
Part I – Organisation

Document Generated: 2019-11-19

53

Status: This version of this Act contains provisions that are prospective.

Changes to legislation: National Health Service (Scotland) Act 1978 is up to date with all changes known to be in force on or before 19 November 2019. There are changes that may be brought into force at a future date. Changes that have been made appear in the content and are referenced with annotations. (See end of Document for details) View outstanding changes

(2) An order under subsection (1) may contain provisions relating to the role of voluntary organisations in joint liaison committees.

Textual Amendments

F120 Section 13B repealed (1.4.1991) by National Health Service and Community Care Act 1990 (c. 19, SIF 113:2, s. 66(2), Sch. 10
F121 S. 13B inserted (prosp.) by National Health Services (Amendment) Act 1968 (c. 66, SIF 113:2, s. 5(1)

14  Designated medical officers.

F122

Textual Amendments

F122 S. 14 repealed (1.10.2009) by Public Health etc. (Scotland) Act 2008 (asp 5), ss. 126(1), 128(2), Sch. 3 (with s. 127); S.S.I. 2009/319, art. 2(a), Sch. 1

15  Supply of goods and services to local authorities, etc.

(1) The Secretary of State [F123 or a Health Board] may—

(a) purchase and store and, on such terms and conditions as may be agreed, supply to persons [F124—
(i) providing [F125 primary medical services under a general medical services contract or], general dental or general ophthalmic services, or pharmaceutical services under Part II [F126 or
(ii) providing, in accordance with section 17C arrangements, [F127 primary medical services], personal dental services or other services of a kind that may be provided under this Part or Part III,]
such equipment, goods or materials as may be prescribed;

(b) purchase and store and, on such terms and conditions as may be agreed, supply to local authorities, education authorities, government departments and such public bodies or classes of public bodies as may be determined by the Secretary of State, any equipment, goods or materials of a kind used in the health service;

(c) provide local authorities and education authorities, on such terms and conditions as may be agreed, with any administrative, professional or other services of persons employed by [F128 or having contracts with] the Secretary of State [F129 or a Health Board];

(d) permit local authorities and education authorities, on such terms and conditions as may be agreed, to use premises occupied for the purposes of the health service;

(e) permit local authorities and education authorities, on such terms and conditions as may be agreed, to use any vehicle, plant or apparatus belonging to a Health Board or the Agency;

(f) permit education authorities, on such terms and conditions as may be agreed, and for the purpose of providing special education within the meaning of section [F131(5)(c) of the Education (Scotland) Act 1980], to use any premises or facilities provided under section 36;
(g) carry out, on such terms and conditions as may be agreed, maintenance work in connection with land or buildings for the maintenance of which a local authority or education authority is responsible.

\[F132\] Paragraph (a) of subsection (1) applies to the Agency as it applies to a Health Board.\]

\[F133\] Paragraphs (b) to (e) of subsection (1) apply to HIS (in respect of the exercise of its health service functions only) as they apply to a Health Board.

(2) In paragraphs (a) and (b) of subsection (1) \[F134\], the power to supply equipment, goods and materials includes a power to make arrangements with third parties for the supply by them of those things.

\[F135\] \[F136\]

(2A) \[F136\]

(2B) \[F136\]

(2C) \[F136\]

(2D) \[F136\]

(3) The Secretary of State may by order provide that, in relation to a vehicle which is made available by him in pursuance of this section and is used in accordance with the terms on which it is so available, \[F137\] the Vehicles Excise and Registration Act 1994 and Part VI of the M3 Road Traffic Act 1972 shall have effect with such modifications as are specified in the order.

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**Textual Amendments**

F123 Words in s. 15(1) substituted (22.9.2014) by Public Bodies (Joint Working) (Scotland) Act 2014 (asp 9), ss. 63(3)(a)(i), 72(2); S.S.I. 2014/231, art. 2

F124 Words in s. 15(1)(a) renumbered as "(i)" (1.4.1998 for certain purposes, otherwise prosp.) by 1997 c. 46 s. 41(10), Sch. 2 Pt. I para. 35(a); S.I. 1998/631, art. 2(b), Sch. 2

F125 Words in s. 15(1)(a)(i) substituted (1.4.2004) by Primary Medical Services (Scotland) Act 2004 (asp 1), ss. 8, 9(1), Sch. para. 1(2)(a); S.S.I. 2004/58, art. 2(3).

F126 S. 15(1)(a)(ii) and preceeding word "or" inserted (1.4.1999 for certain purposes, otherwise prosp.) by 1997 c. 46 s. 41(10), Sch. 2 Pt. I para. 35(b); S.I. 1998/631, art. 2(b), Sch. 2

F127 Words in s. 15(1)(a)(ii) substituted (1.4.2004) by Primary Medical Services (Scotland) Act 2004 (asp 1), ss. 8, 9(1), Sch. para. 1(2)(b); S.S.I. 2004/58, art. 2(3)

F128 S. 15(2) applied in part (1.4.1993) by S.I. 1993/577, art. 5(1)(2), Sch. Pt. I (with art. 6)

S. 15(2) applied in part (1.4.1995) by S.I. 1995/574, art. 5(1)(2), Sch. Pt. I

S. 15(2) applied in part (1.4.1999) by S.I. 1999/686, art. 5(1)(2), Sch. Pt. I

S. 15(2) applied in part (1.4.2001) by S.I. 1999/726, art. 5(1)(2), Sch. Pt. I

F129 Words inserted by Health Services Act 1980 (c. 53), s. 3(2)

F130 Words in s. 15(1)(e) repealed (22.9.2014) by Public Bodies (Joint Working) (Scotland) Act 2014 (asp 9), ss. 63(3)(a)(ii), 72(2); S.S.I. 2014/231, art. 2

F131 Words substituted by Education (Scotland) Act 1980 (c. 44), Sch. 4 para. 16

F132 S. 15(1ZA) inserted (22.9.2014) by Public Bodies (Joint Working) (Scotland) Act 2014 (asp 9), ss. 63(3)(b), 72(2); S.S.I. 2014/231, art. 2

F133 S. 15(1A) inserted (1.10.2010 for specified purposes, 1.4.2011 in so far as not already in force) by Public Services Reform (Scotland) Act 2010 (asp 8), s. 134(7), Sch. 17 para. 7(a); S.S.I. 2010/321, art. 3, Sch.; S.S.I. 2011/122, art. 2, Sch.
16 Assistance to voluntary organisations.

(1) The Secretary of State may assist any voluntary organisation whose activities include the provision of a service similar or related to a service provided under this Act by permitting them to use premises belonging to him on such terms as may be agreed, and by making available goods, materials, vehicles or equipment (whether by way of gift, loan or otherwise) and the services of any staff who are employed in connection with the premises or other things which he permits the organisation to use.

(2) The Secretary of State may by order provide that, in relation to a vehicle which is made available by him in pursuance of this section and is used in accordance with the terms on which it is so available, the Vehicles Excise and Registration Act 1994 and Part VI of the Road Traffic Act 1972 shall have effect with such modifications as are specified in the order.

(3) ..................
Power to make payments towards expenditure on community services.

(1) A Health Board may, if they think fit, make payments in accordance with this section to any local authority towards expenditure incurred or to be incurred by them in connection with the performance of the following functions—
   (a) any function under any of the enactments mentioned in section 5(1B) of the Social Work (Scotland) Act 1968 (power of Secretary of State to issue directions to local authorities in respect of their functions under certain enactments), other than section 3 of the Disabled Persons (Employment) Act 1958;
   (b) any functions under section 1 of the Education (Scotland) Act 1980 in making provision for—
      (i) further education,
      (ii) functions under section 4 or 5 of the Education (Additional Support for Learning) (Scotland) Act 2004 (asp 4) in making provision for additional support needs;
   (c) any functions under Part VII of the Housing (Scotland) Act 1966 (provision of housing accommodation); and
   (d) any functions under the following provisions—
      (i) Part III of the National Assistance Act 1948;
      (ii) section 116 of the Mental Health Act 1983;
      (iii) section 1 or 2 of the Chronically Sick and Disabled Persons Act 1970;
      (iv) section 23 or 297 of the Criminal Procedure (Scotland) Act 1975.

(2) A Health Board may, if they think fit, make payments in accordance with this section to any of the following bodies towards expenditure incurred or to be incurred by them in connection with the provision of housing accommodation—
   (a) a registered housing association within the meaning of the Housing Associations Act 1985;
   (b) any development corporation established under section 2 of the New Towns (Scotland) Act 1968;
   (c) the Housing Corporation; and
   (d) the Scottish Special Housing Association.

(3) Where a voluntary organisation provides services similar to the functions referred to in this section, payments may be made in accordance with this section to any such organisation towards expenditure incurred or to be incurred in connection with the provision of those services and such payments may be made by—
   (a) any Health Board either instead of or in addition to making payments under this section to any council, authority or other body in respect of such services; and
   (b) any such council, authority or other body which has received payments from a Health Board under this section, out of the sums so received.
(4) Any payments made under this section, whether in respect of expenditure of a capital or of a revenue nature, or of both, shall be made in accordance with conditions prescribed for payments of that description by the Secretary of State in directions given under this subsection.]

Textual Amendments
F140  S. 16A substituted by Health and Social Services and Social Security Adjudications Act 1983 (c. 41, SIF 113:3), s. 2
F141  Words in s. 16A(1) substituted (1.4.1996) by S.I. 1996/974, art. 2(1), Sch. 1 Pt. 1 para. 5
F142  Words in s. 16A(1)(a) inserted (1.4.1996) by 1994 c. 39, s. 180(1), Sch. 13 para. 112(2)(a) (with s. 128(8); S.I. 1996/323, art. 4
F143  Words in s. 16A(1)(b)-(c) repealed (1.4.1996) by 1994 c. 39, s. 180(1), Sch. 13 para. 112(2)(b)-(d), Sch. 14 (with ss. 128(8), 179); S.I. 1996/323, art. 4(1)(d), Sch. 2
F144  S. 16A(1)(b)(i) repealed (14.11.2005) by Education (Additional Support for Learning) (Scotland) Act 2004 (asp 4), ss. 33, 35(1), Sch. 3 para. 2(a)(i); S.S.I. 2005/564, art. 2
F145  Words in s. 16A(1)(b) substituted (14.11.2005) by Education (Additional Support for Learning) (Scotland) Act 2004 (asp 4), ss. 33, 35(1), Sch. 3 para. 2(a)(ii); S.S.I. 2005/564, art. 2
F146  S. 16A(1)(ba) inserted (14.11.2005) by Education (Additional Support for Learning) (Scotland) Act 2004 (asp 4), ss. 33, 35(1), Sch. 3 para. 2(b); S.S.I. 2005/564, art. 2
F147  Paragraph (a) substituted by Housing (Consequential Provisions) Act 1985 (c. 71, SIF 61), s. 4(1), Sch. 2 para. 41

Modifications etc. (not altering text)
C22  S. 16A applied (1.4.1995) by S.I. 1995/574, art. 5(1)(2), Sch. Pt I (with art. 6)

Marginal Citations
M5  1980 c.44(41:2).
M6  1966 c.49.
M7  1948 c.29(81:3).
M8  1970 c.44(81:3).
M9  1975 c.21(39:1).
M10 1968 c.16(123:4).

Financial assistance by the Secretary of State to voluntary organisations.
(1) The Secretary of State may, upon such terms and subject to such conditions as he may, with the approval of the Treasury, determine, give to a voluntary organisation to which this section applies assistance by way of grant or loan, or partly in the one way and partly in the other.

(2) This section applies to a voluntary organisation whose activities consist in or include the provision of a service similar to a relevant service, the promotion or publicising of a relevant service or a similar one or the giving of advice with respect to the manner in which a relevant service or a similar one can best be provided.

(3) In this section, “relevant service” means a service which must or may, by virtue of the National Health Service (Scotland) Act 1978, be provided or the provision of which must or may, by virtue of that Act, be secured by the Secretary of State, or a service for the provision of which a Health Board is, by virtue of that Act, under a duty to make arrangements.
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**Textual Amendments**

**F148** S. 16B inserted by **Health and Social Services and Social Security Adjudications Act 1983 (c. 41, SIF 113:3), s. 3**

**Modifications etc. (not altering text)**

**C23** S. 16B: by **S.I. 1990/2369, art. 4(2)(b)** certain functions of the Secretary of State under s. 16B are made exercisable (1.4.1991) by the Health Education Board for Scotland

**C24** S. 16B: functions transferred (31.3.2002) by **S.S.I. 2002/103, art. 4(2)(b)** (with art. 4(4))

S. 16B: functions transferred (27.6.2002) by **S.S.I. 2002/305, art. 4(2)(b)** (with art. 4(4))

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**Textual Amendments**

**F149** S. 17 repealed by **Overseas Development and Co-operation Act 1980 (c. 63), Sch. 2 Pt. I**

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[F150] **17A. Provision of certain services under NHS contracts.**

(1) This section applies to any arrangement under which a Health Board or such other health service body as may be prescribed arrange for the provision to them—

(a) by a person on an ophthalmic list, or

(b) by a person on a pharmaceutical list,

of goods or services that they reasonably require for the purposes of functions which they are exercising under Part I of this Act.

(2) Any such arrangement is to be treated as an NHS contract for the purposes of section 17A (other than subsections (5) and (7)).

(3) In this section—

“health service body” means a person or body which is a health service body for the purposes of section 17A;

“ophthalmic list” means

(a) [F151] in relation to a list published in accordance with regulations made under paragraph (a) of section 26(2) of this Act, the first part of the list which is referred to in sub-paragraph (i) of that paragraph;

(b) [F152] a list published in accordance with regulations made under section 39(a) of the M11 National Health Service Act 1977; or

(c) [F152] a list published in accordance with regulations made under article 62(2)(a) of the M12 Health and Personal Social Services (Northern Ireland) Order 1972; and

“pharmaceutical list” means a list published in accordance with regulations made under—

(a) section 27(2) of this Act;

(b) section 42(2)(a) of the National Health Service Act 1977; or

(c) Article 63(2A)(a) of the 1972 Order.]
NHS contracts.

17A (1) The persons or bodies mentioned in paragraphs (a) to (e) of subsection (2) may, for the purpose of carrying out their functions under any enactment, and without prejudice to any other power they may have in that regard, enter into arrangements for the provision of goods or services to or by them with—

(a) one another; or

(b) any of the persons or bodies mentioned in paragraphs (f) to (s) of that subsection.

(2) The persons and bodies referred to in subsection (1) are—

(a) Health Boards;

(b) the Agency;

(c) the Scottish Dental Practice Board;

(d) NHS trusts established under section 12A;

(e) Local Health Boards established under section 11 of the National Health Service (Wales) Act 2006;

(f) Special Health Authorities established under section 28 of the National Health Service Act 2006;

(g) Special Health Authorities established under section 22 of the National Health Service (Wales) Act 2006;

(h) the National Health Service Commissioning Board;

(i) clinical commissioning groups established under section 14D of the National Health Service Act 2006;
(k) NHS trusts established under section 5 of the National Health Service and Community Care Act 1990;

(ka) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

(l) Health and Social Services Boards constituted under the Health and Personal Social Services (Northern Ireland) Order 1972;

(m) the Secretary of State.

[ma] the Welsh Ministers;

[n] the Northern Ireland Central Services Agency for the Health and Social Services established under the Health and Personal Social Services (Northern Ireland) Order 1972;

(o) special health and social services agencies established under the Health and Personal Social Services (Special Agencies) (Northern Ireland) Order 1990;

(p) Health and Social Services trusts established under the Health and Personal Social Services (Northern Ireland) Order 1991;

(q) the Department of Health and Social Services for Northern Ireland.

(r) the National Institute for Health and Care Excellence; and

(s) the Health and Social Care Information Centre.

(3) In subsection (1)—

(a) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

(b) “services” includes services of any description,

and in this Act an arrangement falling within that subsection is referred to as an “NHS contract”.

(4) Whether or not an arrangement which constitutes an NHS contract would, apart from this subsection, be a contract in law, it shall not be regarded for any purpose as giving rise to contractual rights or liabilities, but if any dispute arises with respect to such an arrangement, either party may refer the matter to the Secretary of State for determination under the following provisions of this section.

(5) If, in the course of negotiations intending to lead to an arrangement which will be an NHS contract, it appears to either of the prospective parties that—

(a) the terms proposed by the other party are unfair by reason that that party is seeking to take advantage of its position as the only, or the only practicable, provider of the goods or services concerned or by reason of any other unequal bargaining position as between the prospective parties to the proposed arrangement; or

(b) for any other reason arising out of the relative bargaining positions of the prospective parties any of the terms of the proposed arrangements cannot be agreed.

that party may refer the terms of the proposed arrangement to the Secretary of State for determination under the following provisions of this section.

(6) Where a reference is made to the Secretary of State under subsection (4) or (5), the Secretary of State may determine the matter himself or, if he considers it appropriate, appoint a person to consider and determine it in accordance with regulations.

(7) By his determination of a reference under subsection (5), the Secretary of State or, as the case may be, the person appointed by him under subsection (6) may specify terms to be included in the proposed arrangement and may direct that it be proceeded
with; and it shall be the duty of the prospective parties to the proposed arrangement to comply with any such directions.

(8) A determination of a reference under subsection (4) may contain such directions (including directions as to payment) as the Secretary of State or, as the case may be, the person appointed under subsection (6) considers appropriate to resolve the matter in dispute; and it shall be the duty of the parties to the NHS contract in question to comply with any such directions.

(9) Without prejudice to the generality of his powers on a reference under subsection (4), the Secretary of State or, as the case may be, the person appointed by him under subsection (6) may by his determination in relation to an arrangement constituting an NHS contract vary the terms of the arrangement or bring it to an end; and where the arrangement is so varied or brought to an end—

(a) subject to paragraph (b), the variation or termination shall be treated as being effected by agreement between the parties; and

(b) directions included in the determination by virtue of subsection (8) may contain such provisions as the Secretary of State or, as the case may be, the person appointed by him under subsection (6) considers appropriate in order satisfactorily to give effect to the variation or to bring the arrangement to an end.

(10) Where a body mentioned in subsection (2)(1), (n), (o), (p) or (q) is a party or prospective party to an arrangement or proposed arrangement which—

(a) falls within subsection (1); and

(b) also falls within the definition of HSS contract in Article 8 of the Health and Personal Social Services (Northern Ireland) Order 1991,

subsections (4) to (9) shall apply in relation to that arrangement or proposed arrangement with the substitution for references to the Secretary of State of references to the Secretary of State and the Department of Health and Social Services for Northern Ireland acting jointly.

(11) Subsection (12) applies where a person mentioned in subsection (2)(fa), (ja), (jb), (m), (r) or (s) is a party or prospective party to an arrangement or proposed arrangement which—

(a) falls within subsection (1); and

(b) also falls within the definition of NHS contract in section 9 of the National Health Service Act 2006.

(12) Subsections (4) to (9) shall apply in relation to that arrangement or proposed arrangement (except in so far as it relates to reserved matters within the meaning of the Scotland Act 1998) with the substitution for references to the Secretary of State of references to the Scottish Ministers and the Secretary of State acting jointly.

(13) Subsection (14) applies where a person mentioned in subsection (2)(f), (fb), (k) or (ma) is a party or prospective party to an arrangement or proposed arrangement which—

(a) falls within subsection (1); and

(b) also falls within the definition of NHS contract in section 7 of the National Health Service (Wales) Act 2006.

(14) Subsections (4) to (9) shall apply in relation to that arrangement or proposed arrangement with the substitution for references to the Secretary of State—
(a) in so far as the arrangement or proposed arrangement relates to reserved matters within the meaning of the Scotland Act 1998, of references to the Secretary of State and the Welsh Ministers acting jointly; and

(b) for all other purposes, of references to the Scottish Ministers and Welsh Ministers acting jointly.

(15) Subsection (16) applies (and subsections (12) and (14) do not apply) where a cross-border Special Health Authority is a party or prospective party to an arrangement or proposed arrangement which—

(a) falls within subsection (1); and

(b) also falls within the definition of NHS contract in section 9 of the National Health Service Act 2006 and the definition of NHS contract in section 7 of the National Health Service (Wales) Act 2006.

(16) Subsections (4) to (9) shall apply in relation to that arrangement or proposed arrangement (except in so far as it relates to reserved matters within the meaning of the Scotland Act 1998) with the substitution for references to the Secretary of State—

(a) where the cross-border Special Health Authority is exercising functions in relation to England only, of references to the Secretary of State and the Scottish Ministers acting jointly;

(b) where the Authority is exercising functions in relation to Wales only, of references to the Welsh Ministers and the Scottish Ministers acting jointly; and

(c) where the Authority is exercising functions in relation to England and Wales, of references to the Secretary of State and the Welsh Ministers acting concurrently with each other and jointly with the Scottish Ministers.

(17) In subsections (15) and (16), “cross-border Special Health Authority” means a Special Health Authority which is established under the National Health Service Act 2006 and the National Health Service (Wales) Act 2006 by virtue of—

(a) paragraph 1(2) of Schedule 2 to the National Health Service (Consequential Provisions) Act 2006, or

(b) the power under section 28 of the National Health Service Act 2006 and the power under section 22 of the National Health Service (Wales) Act 2006 being exercised together.

Textual Amendments

F153 Ss. 17A and 17B inserted (1.4.1991) by National Health Service and Community Care Act 1990 (c. 19, SIF 113:2), s. 30; S.I. 1990/1793, art. 2(4), Sch. II

F154 Words in s. 17A(1)(b) substituted (1.4.1991) by S.I. 1991/195, art. 4(2)

F155 Word in s. 17A(1)(b) substituted (1.4.2013) by Health and Social Care Act 2012 (c. 7), s. 306(4), Sch. 21 para. 2(2); S.I. 2013/160, art. 2(2) (with arts. 7-9)

F156 S. 17A(2)(aa) inserted (1.10.1999) by 1999 c. 8, s. 65(1), Sch. 4 para. 46(a)(i); S.S.I. 1999/90, art. 2(a)(b), Sch. 1

F157 S. 17A(2)(ba) inserted (1.10.2010 for specified purposes, 1.4.2011 in so far as not already in force) by Public Services Reform (Scotland) Act 2010 (asp 8), s. 134(7), Sch. 17 para. 8; S.S.I. 2010/321, art. 3, Sch.; S.S.I. 2011/122, art. 2, Sch.

F158 S. 17A(2)(ca) inserted (1.2.2013) by Health and Social Care Act 2012 (c. 7), s. 306(4), Sch. 21 para. 2(3)(a); S.I. 2012/2657, art. 2(4)

F159 S. 17A(2)(d)(j) repealed (1.10.1999) by 1999 c. 8, s. 65, Sch. 4 para. 46(a)(iii), Sch. 5; S.S.I. 1999/90, art. 2, Sch. 1, 2
S. 17A applied (1.4.1993) by Health and Social Care Act 2012 (c. 7), s. 306(4), Sch. 21 para. 2(3)(b); S.I. 2012/2657, art. 2(4)

S. 17A(2)(fa)(fb) substituted for (1.2.2013) by S. 17A(2)(f) substituted (1.2.2013) by Health and Social Care Act 2012 (c. 7), s. 306(4), Sch. 21 para. 2(3)(c); S.I. 2012/2657, art. 2(4)

S. 17A(2)(g) repealed (1.4.2006) by S. 17A(2)(h) omitted (1.4.2013) by virtue of Health and Social Care Act 2012 (c. 7), s. 306(4), Sch. 21 para. 2(3)(d); S.I. 2013/160, art. 2(2) (with arts. 7-9)

S. 17A(2)(i) repealed (28.6.1995 for certain purposes and 1.4.1996 for all other purposes) by 1995 c. 17, ss. 2(1), 2(3), Sch. 1 Pt. III para. 102(2)(b) (with Sch. 6 para. 6)

S. 17A(2)(j) inserted (1.2.2013) by Health and Social Care Act 2012 (c. 7), s. 306(4), Sch. 21 para. 2(3)(e); S.I. 2012/2657, art. 2(4)

S. 17A(2)(ka) omitted (1.4.2013) by virtue of Health and Social Care Act 2012 (c. 7), s. 306(4), Sch. 21 para. 2(3)(g); S.I. 2013/160, art. 2(2) (with arts. 7-9)

S. 17A(2) repealed (1.4.1991) by S. 17A(2) inserted (1.4.2012) by Health and Social Care Act 2012 (c. 7), s. 306(4), Sch. 21 para. 2(3)(b); S.I. 2012/2657, art. 2(4)

S. 17A(2)n-(q) added (1.4.1991) by S.I. 1991/195, art. 4(3)

S. 17A(2)(ma) inserted (1.2.2013) by Health and Social Care Act 2012 (c. 7), s. 306(4), Sch. 21 para. 2(3)(i); S.I. 2013/160, art. 2(2) (with arts. 7-9)

S. 17A(2) inserted (1.4.1998) by 1997 c. 46, s. 41(10), Sch. 2 Pt. I para. 36; S.I. 1998/631, art. 2, Sch. 2

S. 17A(2)(n)-(o) inserted (1.4.1993) by S.I. 1993/577, art. 5(1)(2), Sch. Pt. I

S. 17A(3)(a) and the word “and” following it repealed (1.10.1999) by 1999 c. 8, s. 65, Sch. 4 para. 4(4)(b), Sch. 5; S.S.I. 1999/90, art. 2, Sch. 1, 2

S. 17A(10) added (1.4.1991) by S.I. 1991/195, art. 4(4)

S. 17A(11)-(17) inserted (1.2.2013) by Health and Social Care Act 2012 (c. 7), s. 306(4), Sch. 21 para. 2(4); S.I. 2013/160, art. 2(2) (with arts. 7-9)

Modifications etc. (not altering text)

S. 17A applied (1.4.1993) by S.I. 1993/577, art. 5(1)(2), Sch. Pt. I

S. 17A(2)(i) substituted (1.4.1995) by S.I. 1995/574, art. 5(1)(2), Sch. Pt. I

S. 17A extended (30.10.1997 for certain purposes and 11.5.1998 for all other purposes) by 1997 c. 46, s. 16(5); S.I. 1997/2620, art. 2(1)(b); S.I. 1998/631, art. 2(2)

S. 17A applied (1.4.1999) by S.I. 1999/686, art. 5(1)(2), Sch. Pt. I


S. 17A applied (31.3.2002) by S.S.I. 2002/103, art. 6, Sch. Pt. I (with art. 4(4))


S. 17A(10) modified (1.4.2018) by The National Health Service (General Medical Services Contracts (Scotland) Regulations 2018 (S.S.I. 2018/66), regs. 1, 13 (with reg. 2)

S. 17A(8)(9) applied (1.4.2018) by The National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2018 (S.S.I. 2018/67), regs. 1(2), 10 (with reg. 2)

S. 17A(8)(9) applied (1.4.2018) by The National Health Service (General Medical Services Contracts (Scotland) Regulations 2018 (S.S.I. 2018/66), reg. 1, Sch. 6 para. 92(2) (with regs. 2, 13(7)(d))
F176 Reimbursement of Health Board’s costs.

(1) Where a Health Board provide goods or services under this Act for an individual for whose health care it is not their function to provide by virtue of section 2(1), in circumstances where the condition of the individual is such that he needs those goods or services and, having regard to his condition, it is not practicable, before providing them, to enter into an NHS contract for their provision, that Health Board shall be remunerated in respect of that provision by the Health Board or Health and Social Services Board which has the function, or the Health Authority or Special Health Authority which has the primary functions, of providing those goods or services to that individual.

(2) The rate of any remuneration payable by virtue of subsection (1) shall be calculated in such manner or on such basis as may be determined by the Secretary of State.

(3) In any case where—
   (a) a Health Board provide goods or services for the benefit of an individual; and
   (b) the provision of those goods and services is not pursuant to an NHS contract; and
   (c) the individual is resident outside the United Kingdom and is of a description (being a description associating the individual with another country) specified for the purposes of this subsection by a direction made by the Secretary of State,

   the Health Board shall be remunerated by the Secretary of State in respect of the provision of the goods or services at such rate or rates as he considers appropriate.

(4) In subsection (1), “Health and Social Services Board” means such a Board constituted under the Health and Personal Social Services (Northern Ireland) Order 1972 and the reference to a function of a Health and Social Services Board is a reference to a primary function of such a Board within the meaning of Article 9 of the Health and Personal Social Services (Northern Ireland) Order 1991.

Textual Amendments
F176 Ss. 17A and 17B inserted (1.4.1991) by National Health Service and Community Care Act 1990 (c. 19, SIF 113:2), s. 30; S.I. 1990/1793, art. 2(4), Sch. II
F177 Words in s. 17B(1) substituted (28.6.1995 for certain purposes and 1.4.1996 for all other purposes) by 1995 c. 17, ss. 2(1)(3), 4(2), 8(1), Sch. 1 Pt. III para. 102(3) (with Sch. 2 para. 6)
F178 Words in s. 17B(4) added (1.4.1991) by S.I. 1991/195, art. 4(5).

F179 Personal medical or dental services.

(1) A Health Board may make one or more agreements with respect to their area, in accordance with the provisions of regulations under section 17E, under which—
   (a) primary medical services] are provided (otherwise than by the Board); or
   (b) personal dental services are provided (otherwise than by the Board).

(2) An agreement made under this section—
   (a) may not combine arrangements for the provision of primary medical services with arrangements for the provision of personal dental services.

(2A) An agreement made under this section—
(a) for the provision of primary medical services may include arrangements for the provision of services which are not primary medical services and may provide for such other services to be performed in any place where, by virtue of section 2C, primary medical services may be performed;

(b) for the provision of personal dental services may include arrangements for the provision of services—

(i) which are not primary medical services] or personal dental services; but

(ii) which may be provided under this Part.

(3) Except to such extent as may be prescribed—

(a) ........................................

(b) a patient for whom personal dental services are provided under an agreement made under this section is not to count as a person for whom arrangements must be made by the Health Board concerned under section 25.

(4) This Act (and in particular section 2) has effect, in relation to personal dental services provided under an agreement made under this section, as if those services were provided as a result of the delegation by the Secretary of State (by directions given under section 2) of functions of his under this Part.

(5) Regulations may provide—

(a) for functions which are exercisable by a Health Board in relation to an agreement made under this section to be exercisable on behalf of the Board by a Local Health Board] a Health Authority; and

(b) for functions which are exercisable by a Local Health Board in relation to an agreement made under section 50 of the National Health Service (Wales) Act 2006 to be exercisable on behalf of the Local Health Board] by a Health Board.

(6) For the purposes of this section—

[F187 “Local Health Board” means a Local Health Board established under section 11 of the National Health Service (Wales) Act 2006;]

“personal dental services” means dental services of a kind that may be provided by a general dental practitioner in accordance with arrangements made under Part II.

Textual Amendments

F179 S. 17C inserted (5.3.2001 for certain purposes only and otherwiseprosp.) by 1997 c. 46, ss. 21(2), 41(3); S.S.I. 2001/58, art. 2

F180 Words in s. 17C(1)(a)(2)(a)(b)(i) substituted (13.2.2004 for certain purposes otherwise 1.4.2004) by Primary Medical Services (Scotland) Act 2004 (asp 1), ss. 2(2)(a), 9(1); S.S.I. 2004/58, art. 2(1)(3), Sch.

F181 S. 17C(2A) substituted for words (13.2.2004 for certain purposes otherwise 1.4.2004) by Primary Medical Services (Scotland) Act 2004 (asp 1), ss. 2(2)(b), 9(1); S.S.I. 2004/58, art. 2(1)(3), Sch.

F182 S. 17C(3)(a) repealed (13.2.2004 for certain purposes otherwise 1.4.2004) by Primary Medical Services (Scotland) Act 2004 (asp 1), ss. 2(2)(c), 9(1); S.S.I. 2004/58, art. 2(1)(3), Sch.

F183 Words in s. 17C(4) repealed (13.2.2004 for certain purposes otherwise 1.4.2004) by Primary Medical Services (Scotland) Act 2004 (asp 1), ss. 2(2)(d), 9(1); S.S.I. 2004/58, art. 2(1)(3), Sch.
Primary medical services: persons with whom agreements can be made

(1) A Health Board may, subject to such conditions as may be prescribed, make an agreement under section 17C under which primary medical services are provided with

(a) a medical practitioner,
(b) a health care professional (other than a medical practitioner),
(c) a qualifying partnership,
(d) a qualifying limited liability partnership,
(e) a qualifying company, or
(f) two or more of the persons mentioned in paragraphs (a) to (e).

(2) For the purposes of subsection (1)—

(a) a qualifying partnership is a partnership that satisfies both of the following conditions—
(i) at least one partner is a medical practitioner or other health care professional,
(ii) all other partners are individuals,
(b) a qualifying limited liability partnership is a limited liability partnership that satisfies both of the following conditions—
(i) at least one member is a medical practitioner or other health care professional,
(ii) all other members are individuals,
(c) a qualifying company is a company which satisfies both of the following conditions—
(i) at least one member of the company is a medical practitioner or other health care professional,
(ii) all other members are individuals.

(3) A Health Board may only make such an agreement if the Board is satisfied that all the other parties to the agreement (“the contractors”) have sufficient involvement in patient care.

(4) A contractor has sufficient involvement in patient care if—

(a) where the contractor is a medical practitioner or a health care professional, the contractor, or
(b) where the contractor is a partnership, limited liability partnership or a company, each partner or, as the case may be, member of the contractor,
regularly performs, or is engaged in the day to day provision of, primary medical services in accordance with section 17C arrangements, a general medical services contract or any other arrangement made in pursuance of section 2C(2) (or will so perform or be so engaged by virtue of the agreement in question).

(5) Regulations may—

(a) make provision as to what constitutes the regular performance of, or being engaged in the day to day provision of, primary medical services for the purposes of subsection (4),

(b) provide that references in subsection (4) to a person who is performing or is engaged in the provision of services include a person who has performed or been engaged in providing the services within such period as may be prescribed.

(6) Regulations under subsection (5)(a) may, in particular, provide that a period of time in which a person is not performing or is not engaged in the provision of primary medical services is, in prescribed circumstances, to be disregarded for the purposes of determining whether the person regularly performs or is engaged in the day to day provision of those services.

(7) In relation to an agreement under section 17C under which primary medical services are provided which is entered into with a partnership, regulations may make provision as to the effect on the agreement of a change in membership of the partnership.

(8) In this section, “health care professional” means a member of a profession which is regulated by a body mentioned (at the time the agreement in question is made) in section 25(3) of the National Health Service Reform and Health Care Professions Act 2002 (c.17).
(vi) an individual who is providing general dental services;

(vii) a person who is providing primary dental services in accordance with a section 28K contract or an individual who is providing general dental services in accordance with Article 61 of the 1972 Order;

(viii) a person who is providing personal dental services in accordance with section 17C arrangements;

(ix) a person who is providing primary dental services in accordance with section 28C arrangements or personal dental services in accordance with Article 15B arrangements;

(c) a qualifying dental practitioner;

(f201)(ca) an individual who is providing personal dental services in accordance with section 17C arrangements or primary dental services in accordance with section 28C arrangements;

(d) an NHS employee, a section 17C employee [f203], [f204] or a section 28C employee [f205];

(e) a qualifying body.

(1A) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

(1B) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

(2) In this section—

(f207) “the 1972 Order” means the Health and Personal Social Services (Northern Ireland) Order 1972 (1972 No. 1256 (N.I. 14));

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

(f208) “Article 15B arrangements” means arrangements for the provision of services made under Article 15B of the 1972 Order;

“Article 15B employee” means an individual who, in connection with the provision of services in accordance with Article 15B arrangements, is employed by a person providing those services;

(f209) “Article 57 contract” means a general medical services contract under Article 57 of the 1972 Order;

“health care professional” means a member of a profession which is regulated by a body mentioned (at the time the agreement in question is made) in section 25(3) of the National Health Service Reform and Health Care Professions Act 2002 (c. 17);

“Local Health Board” has the same meaning as in the 1977 Act;

“NHS employee” means an individual who, in connection with the provision of services in the health service in Scotland or England and Wales [f210] or, in relation to paragraph (b) below, Northern Ireland, is employed by—

(a) an NHS trust;

(b) in the case of an agreement under which primary medical services are provided—

(i) a Health Board;

(ii) [f212] ... or a Local Health Board;

(iii) an NHS trust, an NHS foundation trust or (in Northern Ireland) a Health and Social Services Trust;

(iv) a person who is providing primary medical services in accordance with a general medical services contract or a
section 28Q contract or an individual who is providing general medical services in accordance with Article 56 of the 1972 Order;

(v) an individual who is providing general dental services;

(vi) a person who is providing primary dental services in accordance with a section 28K contract or an individual who is providing general dental services in accordance with Article 61 of the 1972 Order;

(c) in the case of an agreement under which personal dental services are provided—

(i) a dental practitioner whose name is included in a list prepared in accordance with regulations made under section 25(2)(a) of this Act or section \[F214\] of the 1977 Act; or

(ii) a dental practitioner who is providing personal dental services in accordance with section 17C arrangements or \[F215\] primary dental services in accordance with section 28C arrangements;

“qualifying body” means—

(a) \[F216\]

(b) \[F217\] a body corporate which, in accordance with the provisions of Part IV of the Dentists Act 1984, is entitled to carry on the business of dentistry;

“qualifying dental practitioner” means a dental practitioner who satisfies the conditions imposed by regulations made under section 17E(2)(b) of this Act or section 28E(2)(b) of the 1977 Act;

“section 17C employee” means an individual who, in connection with the provision of services in accordance with section 17C arrangements, is employed by;

(a) \[F219\] where the arrangements are for the provision of primary medical services, a person providing services in accordance with the arrangements;

(b) where the arrangements are for the provision of personal dental services, an individual providing services in accordance with the arrangements;

“section 28C arrangements” means arrangements for the provision of services made under section 28C of the 1977 Act; \[F220\]

“section 28C employee” means an individual who, in connection with the provision of services in accordance with section 28C arrangements, is employed by;

(a) \[F219\] where the arrangements are for the provision of primary medical services, a person providing services in accordance with the arrangements;

(b) where the arrangements are for the provision of personal dental services, an individual providing services in accordance with the arrangements;

“section 28K contract” means a general dental services contract under section 28K of the 1977 Act; and

“section 28Q contract” means a general medical services contract under section 28Q of the 1977 Act.
The references in subsection (1)(b)(iii) to (ix) to a person or individual who is providing services include a person or, as the case may be, an individual who has provided them within such period as may be prescribed.[[3]]

**Textual Amendments**

**F190** Words in s. 17D title substituted (22.12.2010) by Tobacco and Primary Medical Services (Scotland) Act 2010 (asp 3), ss. 41, 43(2), Sch. 2 para. 6(2); S.S.I. 2010/77, art. 2; S.S.I. 2010/372, art. 2, Sch. 2

**F191** S. 17D inserted (5.3.2001 for certain purposes only and otherwise proosp.) by 1997 c. 46, ss. 21(2), 40(3); S.S.I. 2001/58, art. 2

**F192** By Health and Social Care (Community Health and Standards) Act 2003 (c. 43), ss. 184, 199(2), Sch. 11 para. 46(1)(3)(a); S.I. 2004/288, arts. 1(5), 5(2)(r) (as amended by S.I. 2004/866, art. 2(1)) it is provided that in s. 17D(2) the words "primary medical services in accordance with" be inserted after "arrangements or" (1.4.2004) (which original words were substituted (13.2.2004 for certain purposes and 1.4.2004 otherwise) by Primary Medical Services (Scotland) Act 2004 (asp 1), ss. 2(3)(d)(iv), 9(1); S.S.I. 2004/58, art. 2, Sch.)

**F193** By Health and Social Care (Community Health and Standards) Act 2003 (c. 43), ss. 184, 199(2), Sch. 11 para. 46(1)(2)(a); S.I. 2004/288, arts. 1(5), 5(2)(r) (as amended by S.I. 2004/866, art. 2(1)) it is provided that in s. 17D(1)(b)(ii) the words "primary medical services in accordance with" be inserted after "arrangements or" (1.4.2004) (which original words were substituted (13.2.2004 for certain purposes and 1.4.2004 otherwise) by Primary Medical Services (Scotland) Act 2004 (asp 1), ss. 2(3)(a), 9(1); S.S.I. 2004/58, art. 2, Sch.)

**F194** Words in s. 17D(1) inserted (22.12.2010) by Tobacco and Primary Medical Services (Scotland) Act 2010 (asp 3), ss. 41, 43(2), Sch. 2 para. 6(1)(a); S.S.I. 2010/77, art. 2; S.S.I. 2010/372, art. 2, Sch. 2

**F195** S. 17D(1)(b) substituted (13.2.2004 for certain purposes otherwise 1.4.2004) by Primary Medical Services (Scotland) Act 2004 (asp 1), ss. 2(3)(a), 9(1); S.S.I. 2004/58, art. 2(1)(3), Sch.

**F196** Words in s. 17D(1)(b) substituted (22.12.2010) by Tobacco and Primary Medical Services (Scotland) Act 2010 (asp 3), ss. 41, 43(2), Sch. 2 para. 6(1)(b); S.S.I. 2010/77, art. 2; S.S.I. 2010/372, art. 2, Sch. 2

**F197** Words in s. 17D(1)(b)(iv) substituted (1.2.2006) by The Primary Medical Services (Scotland) Act 2004 (Modification of the National Health Service (Scotland) Act 1978) Order 2006 (S.S.I. 2006/30), [art. 2(2)(a)(i)]

**F198** Words in s. 17D(1)(b)(v) substituted (1.2.2006) by The Primary Medical Services (Scotland) Act 2004 (Modification of the National Health Service (Scotland) Act 1978) Order 2006 (S.S.I. 2006/30), [art. 2(2)(a)(ii)]

**F199** Words in s. 17D(1)(b)(v) omitted (1.2.2006) by virtue of The Primary Medical Services (Scotland) Act 2004 (Modification of the National Health Service (Scotland) Act 1978) Order 2006 (S.S.I. 2006/30), [art. 2(2)(a)(iii)]

**F200** Words in s. 17D(1)(c) repealed (22.12.2010) by Tobacco and Primary Medical Services (Scotland) Act 2010 (asp 3), ss. 41, 43(2), Sch. 2 para. 6(1)(c)(i); S.S.I. 2010/77, art. 2; S.S.I. 2010/372, art. 2, Sch. 2

**F201** S. 17D(1)(c)(ii) renumbered as s. 17D(1)(c)(ca) (22.12.2010) by Tobacco and Primary Medical Services (Scotland) Act 2010 (asp 3), ss. 41, 43(2), Sch. 2 para. 6(1)(c)(ii); S.S.I. 2010/77, art. 2; S.S.I. 2010/372, art. 2, Sch. 2

**F202** Words in s. 17D(1)(c)(ii) inserted (1.4.2006) by Health and Social Care (Community Health and Standards) Act 2003 (c. 43), ss. 184, 199(1), Sch. 11 para. 46(1)(2)(b); S.I. 2005/2925 arts. 1(3), [10]

**F203** Words in s. 17D(1)(d) substituted (13.2.2004 for certain purposes otherwise 1.4.2004) by virtue of Primary Medical Services (Scotland) Act 2004 (asp 1), ss. 2(3)(b), 9(1); S.S.I. 2004/58, art. 2(1)(3), Sch.

**F204** Word in s. 17D(1)(d) inserted (22.12.2010) by Tobacco and Primary Medical Services (Scotland) Act 2010 (asp 3), ss. 41, 43(2), Sch. 2 para. 6(1)(d)(i); S.S.I. 2010/77, art. 2; S.S.I. 2010/372, art. 2, Sch. 2
S. 17D(2) words in definitions of “section 17C employee” and “section 28C employee” substituted

S. 17D(2): definitions inserted (13.2.2004 for certain purposes otherwise 1.4.2004) by
S. 17D(2): definition of “NHS employee” para. (b) substituted (13.2.2004 for certain purposes
S. 17D(2): definition of “Article 57 contract” inserted (1.2.2006) by The Primary Medical Services
S. 17D(2): definition of “NHS employee” words in para. (c)(i) substituted (1.4.2006) by
S. 17D(3) inserted (13.2.2004 for certain purposes otherwise 1.4.2004)

S. 17D(1A)(1B) repealed (22.12.2010) by
S. 17D(2): para. (a) and following words in definition of “qualifiying body” repealed (22.12.2010) by

1984 c. 24

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Part I – Organisation

National Health Service (Scotland) Act 1978 (c. 29)

Marginal Citations

M14 1977 c. 49.
M15 1984 c. 24.
17E Personal medical or dental services: regulations.

(1) The Secretary of State may make regulations with respect to the provision of services in accordance with section 17C arrangements.

(2) The regulations must—
   (a) include provision for participants other than Health Boards to withdraw from section 17C arrangements if they wish to do so;
   (b) impose conditions (including conditions as to qualifications and experience) to be satisfied by dental practitioners performing personal dental services, in accordance with section 17C arrangements.

In paragraph (b) “practitioner” does not include a practitioner who is undergoing training of a prescribed description.

(3) The regulations may, in particular—
   (a) provide that section 17C arrangements may be made only in prescribed circumstances;
   (b) provide that section 17C arrangements may be made only in prescribed areas;
   (c) provide that only prescribed services, or prescribed categories of service, may be provided in accordance with section 17C arrangements;
   (ca) impose conditions (including conditions as to qualifications and experience) to be satisfied by persons performing primary medical services in accordance with section 17C arrangements;
   (cb) provide for the circumstances in which a person providing primary medical services under section 17C arrangements—
      (i) must, or may, accept a person as a patient to whom such services are provided under section 17C arrangements;
      (ii) may decline to accept a person as such a patient;
      (iii) may terminate responsibility for a patient;
   (cc) make provision as to the right of patients to choose the persons from whom they are to receive primary medical services under section 17C arrangements;
   (d) require details of section 17C arrangements to be published;
   (e) make provision with respect to the variation and termination of section 17C arrangements;
   (f) . . . . . . . . . . . . . . . . . . . . . . . . .
   (g) . . . . . . . . . . . . . . . . . . . . . . . . .
   (h) provide for parties to section 17C arrangements to be treated, in such circumstances and to such extent as may be prescribed, as health service bodies for the purposes of section 17A;
   (i) provide for directions, as to payments, made under section 17A(8) (as it has effect as a result of regulations made by virtue of paragraph (h)) to be enforceable in like manner as extract registered decrees arbitral bearing warrant for execution issued by the sheriff court of any sheriffdom in Scotland;
   (j) confer powers or impose duties on the Dental Practice Board in relation to agreements made by virtue of section 17C(1) under which personal dental services are provided;
   (k) authorise Health Boards to make payments of financial assistance for prescribed categories of preparatory work undertaken—
      (i) in connection with preparing proposals for section 17C arrangements;
(ii) in preparation for the provision of services under proposed section 17C arrangements.

The regulations may also require payments to be made as respects the provision of performance of primary medical services under section 17C arrangements in accordance with directions given for the purpose by the Scottish Ministers.

A direction under subsection (3A) may make provision having effect from a date before the date of the direction, provided that, having regard to the direction as a whole, the provision is not detrimental to the persons to whose remuneration it relates.

The regulations may also include provision requiring a Health Board, in prescribed circumstances and subject to prescribed conditions, to enter into a general medical services contract on prescribed terms with any person providing services under section 17C arrangements who so requests.

The regulations may make provision for the resolution of disputes as to the terms of any proposed section 17C arrangements for the provision of primary medical services, including, without prejudice to that generality, provision for—

(a) the referral of the terms of the proposed arrangements to the Scottish Ministers; and

(b) the Scottish Ministers, or a person or panel of persons appointed by them, to determine the terms on which the arrangements may be made.

The power to make provision under this section of the kind mentioned in subsection (3) includes power—

(a) to authorise or require the Dental Practice Board to perform on behalf of a Health Board functions of a prescribed description (including functions relating to remuneration) which have been delegated to the Dental Practice Board by the Health Board in accordance with a power conferred by the regulations;

(b) to provide that functions conferred by the regulations are only to be exercised by the Dental Practice Board in accordance with directions of the Secretary of State;

(c) to require information for the purpose of performing any functions conferred or imposed on the Dental Practice Board under this section.

In this Act “section 17C arrangements” means arrangements for the provision of services made under section 17C.

Textual Amendments

S. 17E inserted (5.3.2001 for certain purposes, otherwise prosp.) by 1997 c. 46, ss. 22(2), 41(3) (as amended by The General and Specialist Medical Practice (Education, Training and Qualifications) Order 2003 (S.I. 2003/1250), art. 31(5), Sch. 9 para. 6(c)(ii) (coming into force in accordance with art. 1(2)(3) of the amending S.I.); S.S.I. 2001/58, art. 2
National Health Service (Scotland) Act 1978 (c. 29)
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Status: This version of this Act contains provisions that are prospective.

Changes to legislation: National Health Service (Scotland) Act 1978 is up to date with all changes known to be in force on or before 19 November 2019. There are changes that may be brought into force at a future date. Changes that have been made appear in the content and are referenced with annotations. (See end of Document for details) View outstanding changes

F224 Words in s. 17E(2)(b) repealed (13.2.2004 for certain purposes, otherwise 1.4.2004) by Primary Medical Services (Scotland) Act 2004 (asp 1), ss. 2(4)(a), 9(1); S.S.I. 2004/58, art. 2(1)(3), Sch.
F225 S. 17E(3)(ca)-(cc) inserted (13.2.2004 for certain purposes, otherwise 1.4.2004) by Primary Medical Services (Scotland) Act 2004 (asp 1), ss. 2(4)(b)(i), 9(1); S.S.I. 2004/58, art. 2(1)(3), Sch.
F226 S. 17E(3)(d)(g) repealed (13.2.2004 for certain purposes, otherwise 1.4.2004) by Primary Medical Services (Scotland) Act 2004 (asp 1), ss. 2(4)(b)(ii), 9(1); S.S.I. 2004/58, art. 2(1)(3), Sch.
F227 S. 17E(3A)-(3D) inserted (13.2.2004 for certain purposes, otherwise 1.4.2004) by Primary Medical Services (Scotland) Act 2004 (asp 1), ss. 2(4)(c), 9(1); S.S.I. 2004/58, art. 2(1)(3), Sch.
F228 S. 17E(4) repealed (1.4.1999) by 1999 c. 8, s. 6, Sch. 4 para. 47, Sch. 5; S.S.I. 1999/90, art. 2, Sch. 1, 2
F229 S. 17E(5)(7) repealed (13.2.2004 for certain purposes, otherwise 1.4.2004) by Primary Medical Services (Scotland) Act 2004 (asp 1), ss. 2(4)(d), 9(1); S.S.I. 2004/58, art. 2(1)(3), Sch.

17EA Services lists

Textual Amendments
F231 S. 17EA repealed (1.4.2004) by Primary Medical Services (Scotland) Act 2004 (asp 1), ss. 8, 9(1), Sch. para. 1(4); S.S.I. 2004/58, art. 2(3)

17EB Application for inclusion in services list

Textual Amendments
F232 S. 17EB repealed (1.4.2004) by Primary Medical Services (Scotland) Act 2004 (asp 1), ss. 8, 9(1), Sch. para. 1(4); S.S.I. 2004/58, art. 2(3)

X117F Right to choose medical practitioner.

Editorial Information
X1 Following the repeal of this provision on 1.4.2004, a separate instance of s. 17F is inserted (prosp.) by Smoking, Health and Social Care (Scotland) Act 2005 (asp 13), ss. 18, 43(3)

Textual Amendments
F233 S. 17F repealed (1.4.2004) by Primary Medical Services (Scotland) Act 2004 (asp 1), ss. 8, 9(1), Sch. para. 1(5); S.S.I. 2004/58, art. 2(3)
Right to choose dental practitioner.

(1) Provision shall be made in regulations for conferring a right on any person to choose the dental practitioner from whom he is to receive primary dental services, subject to the consent of the practitioner concerned.

(2) The regulations shall, in particular, prescribe the procedure for choosing a practitioner.

(3) The regulations may, in particular, provide that the right to choose a dental practitioner conferred by the regulations shall, in the case of such persons as may be specified in the regulations, be exercised on their behalf by other persons so specified.

(4) In this section “primary dental services” means dental services which are—
   (a) provided, in accordance with section 17C arrangements, as personal dental services; or
   (b) provided under Part II as general dental services.

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Immunisation.

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Use of accommodation.

If the Secretary of State considers that any accommodation provided by him by virtue of this Act is suitable for use in connection with the provision of [primary medical services] or personal dental services in accordance with section 17C arrangements, he may make the accommodation available on such terms as he thinks fit to persons providing those services.
17J  Health Boards’ power to enter into general medical services contracts

(1) A Health Board may enter into a contract under which primary medical services are provided (whether directly or indirectly) by a contractor in accordance with the provisions of this Part.

(2) A contract under this section is referred to in this Act as a “general medical services contract”.

(3) Subject to any provision made by or under this Part, a general medical services contract may make such provision as may be agreed between the Health Board and the contractor as respects—
   (a) the services to be provided under the contract;
   (b) the remuneration to be paid under the contract; and
   (c) any other matters.

(4) The services to be provided under a general medical services contract may include services which are not primary medical services; and the contract may provide for such other services to be performed in any place where, by virtue of section 2C, primary medical services may be performed.

(5) In this Part, “contractor”, in relation to a general medical services contract with a Health Board, means the other party to the contract.

17K  Mandatory contract term: provision of prescribed primary medical services

(1) A general medical services contract must require the contractor to provide for the contractor’s patients primary medical services of such descriptions as may be prescribed.

(2) Regulations under subsection (1) may in particular describe the primary medical services by reference to the manner or circumstances in which they are provided.

17L  Eligibility to be contractor under general medical services contract

(1) A Health Board may, subject to such conditions as may be prescribed, enter into a general medical services contract with—
   (a) a medical practitioner,
   (b) such other health care professional as may be prescribed,
   (c) a qualifying partnership,
   (d) a qualifying limited liability partnership, or
   (e) a qualifying company.

(2) For the purposes of subsection (1)—
(a) a qualifying partnership is a partnership that satisfies both of the following conditions—
   (i) at least one partner is a medical practitioner or other health care professional prescribed under subsection (1)(b),
   (ii) all other partners are individuals,
(b) a qualifying limited liability partnership is a limited liability partnership that satisfies both of the following conditions—
   (i) at least one member is a medical practitioner or other health care professional prescribed under subsection (1)(b),
   (ii) all other members are individuals,
(c) a qualifying company is a company which satisfies both of the following conditions—
   (i) at least one member of the company is a medical practitioner or other health care professional prescribed under subsection (1)(b),
   (ii) all other members are individuals.

(3) A Health Board may only enter into a general medical services contract if the Board is satisfied that the contractor has sufficient involvement in patient care.

(4) The contractor has sufficient involvement in patient care if—
   (a) where the contractor is a medical practitioner or other health care professional prescribed under subsection (1)(b), the contractor, or
   (b) where the contractor is a partnership, limited liability partnership or a company, each partner or, as the case may be, member of the contractor, regularly performs, or is engaged in the day to day provision of, primary medical services in accordance with a general medical services contract, section 17C arrangements or any other arrangement made in pursuance of section 2C(2) (or will so perform or be so engaged by virtue of the contract in question).

(5) Regulations may—
   (a) make provision as to what constitutes the regular performance of, or being engaged in the day to day provision of, primary medical services for the purposes of subsection (4),
   (b) provide that references in subsection (4) to a person who is performing or is engaged in the provision of services include a person who has performed or been engaged in providing the services within such period as may be prescribed.

(6) Regulations under subsection (5)(a) may, in particular, provide that a period of time in which a person is not performing or is not engaged in the provision of primary medical services is, in prescribed circumstances, to be disregarded for the purposes of determining whether the person regularly performs or is engaged in the day to day provision of those services.

(7) In relation to a general medical services contract under which primary medical services are provided which is entered into with a partnership, regulations may make provision as to the effect on the contract of a change in membership of the partnership.

(8) In this section, “health care professional” means a member of a profession which is regulated by a body mentioned (at the time the contract in question is made) in section 25(3) of the National Health Service Reform and Health Care Professions Act 2002.
17M Payments by Health Boards under general medical services contracts

(1) The Scottish Ministers may give directions as to payments to be made under general medical services contracts.

(2) A general medical services contract must require payments to be made under it in accordance with directions for the time being in force under this section.

(3) A direction under subsection (1) may in particular—
   (a) provide for payments to be made by reference to compliance with standards or the achievement of levels of performance;
   (b) provide for payments to be made by reference to—
       (i) any scheme or scale specified in the direction;
       (ii) a determination made by any person in accordance with factors specified in the direction;
   (c) provide for the making of payments in respect of individual practitioners;
   (d) provide that the whole or any part of a payment is subject to conditions (including a condition that the whole or any part of a payment is liable to be paid by a Health Board only if they are satisfied as to such conditions as may be specified in the direction);
   (e) make provision having effect from a date before the date of the direction, provided that, having regard to the direction as a whole, the provision is not detrimental to the persons to whose remuneration it relates.

(4) Before giving a direction under subsection (1), the Scottish Ministers—
   (a) must consult any body appearing to them to be representative of persons to whose remuneration the direction would relate; and
   (b) may consult such other persons as they think appropriate.

(5) References in this section to payments include fees, allowances, reimbursements, loans and repayments.

17N Other mandatory contract terms

(1) A general medical services contract must include (in addition to provisions required by or under other provisions of this Part) such provision as may be prescribed.

(2) Regulations under subsection (1) may in particular make provision as to—
   (a) the manner in which, and the standards to which, services must be provided;
   (b) the persons who are to perform services;
the persons to whom services are to be provided;

(d) the right of patients to choose the persons from whom they are to receive services;

(e) the variation of terms of the contract (except terms required by or under this Part);

(f) rights of entry and inspection (including inspection of clinical records and other documents);

(g) the circumstances in which, and the manner in which, the contract may be terminated;

(h) enforcement;

(i) the adjudication of disputes.

(3) Regulations making provision in pursuance of subsection (2)(c) may make provision as to the circumstances in which a contractor—

(a) must, or may, accept a person as a patient to whom services are provided under the contract;

(b) may decline to accept a person as such a patient; or

(c) may terminate the contractor’s responsibility for a patient.

(4) Regulations making provision in pursuance of subsection (2)(e) may—

(a) make provision as to the circumstances in which a Health Board may unilaterally vary the terms of a contract;

(b) make provision suspending or terminating any duty under the contract to provide services of a prescribed description.

(5) Regulations making provision of the kind described in subsection (4)(b) may prescribe services by reference to the manner or circumstances in which they are provided.

(6) A general medical services contract must contain provision requiring the contractor to comply with any directions given by the Scottish Ministers for the purposes of this section as to the drugs, medicines or other substances which may, or may not, be ordered for patients in the provision of primary medical services under the contract.

17O Resolution of disputes and entry into NHS contracts

(1) Regulations may make provision for the resolution of disputes as to the terms of a proposed general medical services contract, including, without prejudice to that generality, provision for—

(a) the referral of the terms of the proposed contract to the Scottish Ministers; and

(b) the Scottish Ministers, or a person or panel of persons appointed by them, to determine the terms on which the contract may be entered into.

(2) Regulations may make provision for any person entering, or who has entered, into a general medical services contract to be regarded as a health service body for any purposes of section 17A, in circumstances where the person so elects.

(3) Where a person is to be regarded as a health service body for any purposes of section 17A by reason only of an election by virtue of subsection (2) of this section, that section has effect in relation to that person with the omission of the words “under any enactment” in subsection (1) and with such other modifications (if any) as may be prescribed.
(4) Regulations under subsection (2) may include provision as to the application of section 17A in cases where—
   (a) a partnership is to be regarded as a health service body; and
   (b) there is a change in the membership of the partnership.

persons performing primary medical services

17P Persons performing primary medical services

(1) Regulations may provide that a health care professional of a prescribed description may not perform any primary medical service which a Health Board is, under section 2C(1), under a duty to provide or secure the provision of unless that professional is included in a list maintained under the regulations by the Health Board.

(2) For the purposes of this section, “health care professional” means a member of a profession regulated by a body for the time being mentioned in section 25(3) of the National Health Service Reform and Health Care Professions Act 2002 (c. 17).

(3) Regulations under subsection (1) may make provision in relation to such lists and in particular as to—
   (a) the preparation, maintenance and publication of a list;
   (b) eligibility for inclusion in a list;
   (c) applications for inclusion (including provision for the procedure for applications to be made and dealt with and the documents to be supplied on application);
   (d) the grounds on which an application for inclusion may or must be granted or refused;
   (e) requirements with which a person included in a list must comply (including requirements as to standards of performance and patient care and as to declarations, consents or undertakings);
   (f) suspension or removal from a list (including the grounds for and consequences of suspension or removal);
   (g) circumstances in which a person included in a list may not withdraw from it;
   (h) payments to be made by a Health Board in respect of a person suspended from the list (including provision for the amount of, or the method of calculating, the payment to be determined by the Scottish Ministers);
   (i) the criteria to be applied in making decisions under the regulations;
   (j) appeals against decisions made by a Health Board under the regulations;
   (k) disclosure of information about applicants for inclusion, refusals of applications, or suspensions, removals or references to the Tribunal.

(4) Regulations making provision as to the matters referred to in subsection (3)(k) may in particular authorise the disclosure of information—
   (a) by a Health Board to the Scottish Ministers; and
(b) by the Scottish Ministers to a Health Board.

**Assistance and support**

(1) A Health Board may provide assistance and support to—

   (a) any person providing, or proposing to provide, primary medical services under a general medical services contract;

   (b) any person providing, or proposing to provide, such services in accordance with section 17C arrangements.

(2) Assistance and support provided by a Health Board under subsection (1) is to be provided on such terms, including terms as to payment, as the Board think fit.

(3) In this section, “assistance” includes financial assistance.

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**Textual Amendments**

[S. 17Q inserted (1.4.2004) by the Primary Medical Services (Scotland) Act 2004 (asp 1), ss. 6, 8, 9(1); S.S.I. 2004/58, art. 2(3)]

[Modifications etc. (not altering text)]

[Ss. 17Q-17V and preceding cross-heading substituted for s. 17Q (prosp.) by the Smoking, Health and Social Care (Scotland) Act 2005 (asp 13), s. 21, 43(3)]

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**Pharmaceutical care services contracts**

**Textual Amendments**

[Ss. 17Q-17V and cross-heading substituted for s. 17Q (prosp.) by the Smoking, Health and Social Care (Scotland) Act 2005 (asp 13), ss. 21, 43(3)]

**Mandatory contract term: provision of prescribed pharmaceutical care services**

(1) A pharmaceutical care services contract must require the contractor to provide as respects the area of the Health Board pharmaceutical care services of such descriptions as may be prescribed.

(2) Regulations under subsection (1) may in particular describe the pharmaceutical care services by reference to the manner or circumstances in which they are provided.

**Eligibility to be contractor under pharmaceutical care services contract**

(1) A Health Board may, subject to such conditions as may be prescribed, enter into a pharmaceutical care services contract with—

   (a) a registered pharmacist; or
(b) a person other than a registered pharmacist who, by virtue of section 69 of the Medicines Act 1968 (c. 67), is taken to be a person lawfully conducting a retail pharmacy business in accordance with that section, who undertakes that all pharmaceutical care services provided under the contract will be provided by, or under the supervision of, a registered pharmacist.

[In such circumstances, and subject to such conditions, as may be prescribed, subsection (1) has effect with the omission of the words from “who undertakes” to the end.]

(2) Regulations may make provision as to the effect on a pharmaceutical care services contract entered into with a partnership of a change in the membership of the partnership.

Textual Amendments
F243 S. 17S(1A) inserted (prosp.) by Health Act 2006 (c. 28), ss. 36(2), 83(2)

17T Payments by Health Boards under pharmaceutical care services contracts

(1) The Scottish Ministers may give directions as to payments to be made under pharmaceutical care services contracts.

(2) A pharmaceutical care services contract must require payments to be made under it in accordance with directions for the time being in force under this section.

(3) A direction under subsection (1) may in particular—

(a) provide for payments to be made by reference to compliance with standards or the achievement of levels of performance;

(b) provide for payments to be made by reference to—

(i) any scheme or scale specified in the direction;

(ii) a determination made by any person in accordance with factors specified in the direction;

(c) provide that the whole or any part of a payment is subject to conditions (including a condition that the whole or any part of a payment is liable to be paid by a Health Board only if they are satisfied as to such conditions as may be specified in the direction);

(d) make provision having effect from a date before the date of the direction, provided that, having regard to the direction as a whole, the provision is not detrimental to the persons to whose remuneration it relates.

(4) Before giving a direction under subsection (1), the Scottish Ministers—

(a) must consult any body appearing to them to be representative of persons to whose remuneration the direction would relate; and

(b) may consult such other persons as they think appropriate.

(5) The Scottish Ministers must publish directions given by them under subsection (1) in the Drug Tariff or in such other manner as they consider appropriate.

(6) References in this section to payments include fees, allowances and reimbursements.
17U Other mandatory contract terms: pharmaceutical care services contracts

(1) A pharmaceutical care services contract must include (in addition to provisions required by or under other provisions of this Part) such provision as may be prescribed.

(2) Regulations under subsection (1) may in particular—
   (a) make provision as to the manner in which, and the standards to which, services must be provided;
   (b) provide that the Scottish Ministers may give directions as to the manner in which, and the standards to which, services must be provided;
   (c) make provision as to—
      (i) the persons who are to perform services;
      (ii) the area in which services are to be provided;
      (iii) the persons to whom services are to be provided;
      (iv) requirements to be complied with where a contractor provides any pharmaceutical care services indirectly (including requirements as to the pharmaceutical care services which may or may not be so provided);
      (v) the variation of terms of the contract (except terms required by or under this Part);
      (vi) rights of entry and inspection (including inspection of clinical records and other documents);
      (vii) the circumstances in which, and the manner in which, the contract may be terminated;
      (viii) enforcement;
      (ix) the adjudication of disputes.

(3) Regulations making provision in pursuance of subsection (2)(c)(iii) may make provision as to the circumstances in which a contractor—
   (a) must, or may, accept a person as a person to whom services are provided under the contract;
   (b) may decline to accept a person as such a person; or
   (c) may terminate the contractor’s responsibility for a person.

(4) Regulations making provision in pursuance of subsection (2)(c)(v) may—
   (a) make provision as to the circumstances in which a Health Board may unilaterally vary the terms of a contract;
   (b) make provision suspending or terminating any duty under the contract to provide services of a prescribed description.

(5) Regulations making provision of the kind described in subsection (4)(b) may prescribe services by reference to the manner or circumstances in which they are provided.

(6) A pharmaceutical care services contract must contain provision requiring the contractor to comply with directions for the time being in force given by the Scottish Ministers under regulations under subsection (1).
### 17V Resolution of disputes and entry into NHS contracts: pharmaceutical care services contracts

(1) Regulations may make provision for the resolution of disputes as to the terms of a proposed pharmaceutical care services contract, including, without prejudice to that generality, provision for—

(a) the referral of the terms of the proposed contract to the Scottish Ministers; and

(b) the Scottish Ministers, or a person or panel of persons appointed by them, to determine the terms on which the contract may be entered into.

(2) Regulations may make provision for any person entering, or who has entered, into a pharmaceutical care services contract to be regarded as a health service body for any purposes of section 17A, in circumstances where the person so elects.

(3) Where a person is to be regarded as a health service body for any purposes of section 17A by reason only of an election by virtue of subsection (2) of this section, that section has effect in relation to that person with the omission of the words “under any enactment” in subsection (1) and with such other modifications (if any) as may be prescribed.

(4) Regulations under subsection (2) may include provision as to the application of section 17A in cases where—

(a) a partnership is to be regarded as a health service body; and

(b) there is a change in the membership of the partnership.

### 17W Drug Tariff

(1) The Scottish Ministers must prepare, maintain and publish a document (to be known as the “Drug Tariff”).

(2) The Scottish Ministers—

(a) must include in the Drug Tariff, such information relating to pharmaceutical care services as may be prescribed;

(b) may include in it such other information relating to such services as they consider appropriate.
17X Persons performing pharmaceutical care services

(1) Regulations may provide that a registered pharmacist may not perform any pharmaceutical care service which a Health Board is, under section 2CA(1), under a duty to provide or secure the provision of unless that pharmacist is included in a list maintained under the regulations by the Health Board.

(2) Regulations under subsection (1) may make provision in relation to such lists and in particular as to—
   (a) the preparation, maintenance and publication of a list;
   (b) eligibility for inclusion in a list;
   (c) applications for inclusion (including provision for the procedure for applications to be made and dealt with and documents to be supplied on application);
   (d) the grounds on which an application for inclusion must be granted or refused;
   (e) requirements with which a person included in a list must comply (including requirements as to standards of performance and patient care and as to declarations, consents or undertakings);
   (f) suspension or removal from a list (including the grounds for and consequences of suspension or removal);
   (g) circumstances in which a person included in a list may not withdraw from it;
   (h) payments to be made by a Health Board in respect of a person suspended from the list (including provision for the amount of, or the method of calculating, the payment to be determined by the Scottish Ministers);
   (i) criteria to be applied in making decisions under the regulations;
   (j) disclosure of information about applicants for inclusion, refusals of applications, or suspensions, removals or references to the Tribunal.

(3) Regulations making provision as to the matters referred to in subsection (2)(j) may in particular authorise the disclosure of information—
   (a) by a Health Board to the Scottish Ministers; and
   (b) by the Scottish Ministers to a Health Board.
F246 Assistance and support: primary medical services and pharmaceutical care services

Textual Amendments
F246 S. 17Y and preceding cross-heading inserted (prosp.) by Smoking, Health and Social Care (Scotland) Act 2005 (asp 13), ss. 24, 43(3)

17Y Assistance and support: primary medical services and pharmaceutical care services

(1) A Health Board may provide assistance and support to—
   (a) any person providing, or proposing to provide, primary medical services under a general medical services contract;
   (b) any person providing, or proposing to provide, such services in accordance with section 17C arrangements;
   (c) any person providing, or proposing to provide, pharmaceutical care services under a pharmaceutical care services contract.

(2) Assistance and support provided by a Health Board under subsection (1) is to be provided on such terms, including terms as to payment, as the Board think fit.

(3) In this section, “assistance” includes financial assistance.

PART II
PROVISION OF SERVICES

Modifications etc. (not altering text)
C33 Pt II (ss. 18-35) restricted (1.4.1998) by 1997 c. 46, s. 12(1); S.I. 1998/631, art. 2(2)(b), Sch. 2
Pt. II (ss. 18-35) power to modify conferred (1.4.1998) by 1997 c. 46, s. 15(2)(a); S.I. 1998/631, art. 2(2)(b), Sch. 2
Pt. II (ss. 18-35) power to apply conferred (1.4.1998) by 1997 c. 46, s. 15(2)(b); S.I. 1998/631, art. 2(2)(b), Sch. 2

General Services

18 Duty of Secretary of State.

It shall be the duty of the Secretary of State to secure the provision of general dental and general ophthalmic services, and of pharmaceutical services, in accordance with the provisions of this Part.
Textual Amendments
F247 Words in s. 18 repealed (1.4.2004) by Primary Medical Services (Scotland) Act 2004 (asp 1), ss. 1(3), 9(1); S.S.I. 2004/58, art. 2(3)

General medical services

19 Arrangements and regulations for general medical services.

F248

Textual Amendments
F248 S. 19 repealed (1.4.2004) by Primary Medical Services (Scotland) Act 2004 (asp 1), ss. 8, 9(1), Sch. para. 1(7); S.S.I. 2004/58, art. 2(3)

19A Medical lists.

F249

Textual Amendments
F249 Ss. 19-23 repealed (1.4.2004) by Primary Medical Services (Scotland) Act 2004 (asp 1), ss. 8, 9(1), Sch. para. 1(7); S.S.I. 2004/58, art. 2(3)

19B Vacancies for medical practitioners.

F250

Textual Amendments
F250 Ss. 19-23 repealed (1.4.2004) by Primary Medical Services (Scotland) Act 2004 (asp 1), ss. 8, 9(1), Sch. para. 1(7); S.S.I. 2004/58, art. 2(3)

20 Applications to provide general medical services.

F251

Textual Amendments
F251 Ss. 19-23 repealed (1.4.2004) by Primary Medical Services (Scotland) Act 2004 (asp 1), ss. 8, 9(1), Sch. para. 1(7); S.S.I. 2004/58, art. 2(3)

21 Requirement of suitable experience.

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General dental services

25 Arrangements for provision of general dental services.

(1) It shall be the duty of every Health Board, in accordance with regulations, to make as respects their area arrangements with dental practitioners or bodies corporate entitled, by virtue of section 43 of the Dentists Act 1984 (c. 24), to carry on the business of dentistry under which any person for whom a dental practitioner or body corporate undertakes in accordance with the arrangements to provide dental treatment and appliances shall receive such treatment and appliances; and the services provided in accordance with those arrangements are in this Act referred to as “general dental services”.

(2) Regulations may make provision as to the arrangements to be made under subsection (1), and shall include provision as to the preparation, maintenance and publication by every Health Board of a list—

(a) the first part of which shall be of dental practitioners who, and bodies corporate referred to in that subsection which, undertake to provide general dental services under arrangements with the Board;

(b) the second part of which shall be of persons who do not undertake to provide such services under such arrangements but who are approved by the Board to assist in the provision of such services provided under such arrangements.

(2A) In making provision as to the preparation, maintenance and publication of a list referred to in subsection (2), the regulations may include in particular provision as to—

(a) the division of either part (or both parts) of a list into further sub-parts;

(b) eligibility for inclusion in a list;

(c) applications for inclusion (including provision for the procedure for applications to be made and dealt with and the documents to be supplied on application);

(d) the grounds on which an application for inclusion must be granted or refused;

(e) requirements with which a person included in a list must comply (including requirements as to standards of performance and patient care and as to declarations, consents or undertakings);
(f) suspension or removal from a list (including the grounds for and consequences of suspension or removal);

(g) circumstances in which a person included in a list may not withdraw from it;

(h) payments to be made by a Health Board in respect of a person suspended from a list (including provision for the amount of, or the method of calculating, the payment to be determined by the Scottish Ministers);

(i) criteria to be applied in making decisions under the regulations;

(j) disclosure of information about applicants for inclusion, refusals of applications, or suspensions, removals or references to the Tribunal, including in particular the disclosure of information about any such matter by a Health Board to the Scottish Ministers and by the Scottish Ministers to a Health Board.

(2B) Regulations may provide that—

(a) a dental practitioner who, and a body corporate referred to in subsection (1) which, undertakes to provide general dental services under arrangements with a Health Board may not provide such services unless his name or, as the case may be, the body corporate's name is included in the first part of the Board's list referred to in subsection (2)(a);

(b) a person who does not undertake to provide general dental services under arrangements with a Health Board may not assist in the provision of such services provided under arrangements with the Board unless his name is included in the second part of the Board's list referred to in subsection (2)(b).

(3) The remuneration to be paid under arrangements made under this section to a dental practitioner who provides general dental services elsewhere than at a health centre shall not,\[ F262, consist wholly or mainly of a fixed salary\[ F263 \] unless either—

(a) the remuneration is paid in pursuance of arrangements made under section 33, or

(b) the services are provided in prescribed circumstances and the practitioner consents,

and it shall be the Secretary of State’s duty, before he prescribes any circumstances for the purposes of paragraph (b), to consult such organisations as appear to him to be representative of the dental profession.

(4) Subsection (4B) applies where the registration of a dental practitioner in the dentists register is suspended—

(a) by an interim suspension order under section 32 of the Dentists Act 1984 (interim orders); or

(b) by a direction or order of the Health Committee, the Professional Performance Committee or the Professional Conduct Committee of the General Dental Council under any of sections 27B, 27C or 30 of that Act following a relevant determination that that practitioner's fitness to practise is impaired.

(4A) For the purposes of subsection (4), a “relevant determination” that a practitioner's fitness to practise is impaired is a determination which is based solely on—

(a) the ground mentioned in paragraph (b) of subsection (2) of section 27 of the Dentists Act 1984 (deficient professional performance);

(b) the ground mentioned in paragraph (c) of that subsection (adverse physical or mental health); or

(c) both those grounds.
(4B) Where this subsection applies, the suspension shall not terminate any arrangements made with the dental practitioner for the provision of general dental services, but he shall not provide such services in person during the suspension.

(5) Regulations may provide for the making of payments in consequence of suspension to a dental practitioner whose registration is suspended as described in subsection (4).

### Subordinate Legislation Made

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<td>P1</td>
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<td>S. 25(2): s. 19 (with ss. 25(2), 26(2), 27(2), 105(7) and 108(1)) power exercised by S.I. 1991/1188</td>
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### Textual Amendments

- **F259** Words in s. 25(1) inserted (20.5.2010 for certain purposes otherwise 2.7.2010) by Smoking, Health and Social Care (Scotland) Act 2005 (asp 13), ss. 15(a) 43(3); S.S.I. 2010/185, art. 3(a)(b), Schs. 1, 2
- **F260** Words in s. 25(1) inserted (20.5.2010 for certain purposes otherwise 2.7.2010) by Smoking, Health and Social Care (Scotland) Act 2005 (asp 13), ss. 15(b) 43(3); S.S.I. 2010/185, art. 3(a)(b), Schs. 1, 2
- **F261** S. 25(2)-(2B) substituted (20.5.2010 for certain purposes otherwise 2.7.2010) by Smoking, Health and Social Care (Scotland) Act 2005 (asp 13), ss. 17, 43(3); S.S.I. 2010/185, art. 3(a)(b), Schs. 1, 2
- **F262** Words repealed by Health Services Act 1980 (c. 53), Sch. 7
- **F263** Words inserted by Health Services Act 1980 (c. 53), Sch. 6 para. 4
- **F264** S. 25(4)(5) added by Health and Social Services and Social Security Adjudications Act 1983 (c. 41, SIF 113:3), s. 16(a)
- **F265** S. 25(4)(4A)(4B) substituted for s. 25(4) (coming into force in accordance with art. 1 of the amending S.I.) by The Dentists Act 1984 (Amendment) Order 2005 (S.I. 2005/2011), art. 49, Sch 6 para. 2(2) (a) (with transitional provisions in Sch. 7 and S.I. 2006/1671)
- **F266** Words in s. 25(5) substituted (coming into force in accordance with art. 1 of the amending S.I.) by The Dentists Act 1984 (Amendment) Order 2005 (S.I. 2005/2011), art. 49, Sch 6 para. 2(2)(b) (with transitional provisions in Sch. 7 and S.I. 2006/1671)

### Modifications etc. (not altering text)

- **C34** S. 25 restricted (28.11.1997) by 1997 c. 46, s. 1(5)(b); S.I. 1997/2620, art. 2(2)

### General Ophthalmic Services

#### 26 Arrangements for provision of general ophthalmic services.

(1) It shall be the duty of every Health Board to make as respects their area, in accordance with regulations, arrangements with medical practitioners having the prescribed qualifications, and with ophthalmic opticians, for securing the carrying out of eye examinations including where clinically necessary testing of sight.
(1D) Regulations shall define the services for the provision of which arrangements under this section are to be made and the services so defined are in this Act referred to as “general ophthalmic services”.

(1F) Regulations may make provision as to the arrangements to be made under subsection (1), and shall include provision—

(a) as to the preparation, maintenance and publication by every Health Board of a list—

(i) the first part of which shall be of medical practitioners and ophthalmic opticians who undertake to provide general ophthalmic services under arrangements with the Board;

(ii) the second part of which shall be of persons who do not undertake to provide such services under such arrangements but who are approved by the Board to assist in the provision of such services provided under such arrangements;

(b) conferring on any person a right to choose in accordance with the prescribed procedure the medical practitioner or ophthalmic optician by whom his eyes are to be examined, his sight is to be tested or from whom any prescription for the supply of optical appliances is to be obtained.

(2A) In making provision as to the matters referred to in subsection (2)(a), the regulations may include in particular provision as to—

(a) the division of either part (or both parts) of a list into further sub-parts;

(b) eligibility for inclusion in a list;

(c) applications for inclusion (including provision for the procedure for applications to be made and dealt with and the documents to be supplied on application);

(d) the grounds on which an application for inclusion must be granted or refused;

(e) requirements with which a person included in a list must comply (including requirements as to standards of performance and patient care and as to declarations, consents or undertakings);

(f) suspension or removal from a list (including the grounds for and consequences of suspension or removal);

(g) circumstances in which a person included in a list may not withdraw from it;

(h) payments to be made by a Health Board in respect of a person suspended from a list (including provision for the amount of, or the method of calculating, the payment to be determined by the Scottish Ministers);

(i) criteria to be applied in making decisions under the regulations;

(j) disclosure of information about applicants for inclusion, refusals of applications, or suspensions, removals or references to the Tribunal, including in particular the disclosure of information about any such matter by a Health Board to the Scottish Ministers and by the Scottish Ministers to a Health Board.

(2B) Regulations may provide that—

(a) a medical practitioner or ophthalmic optician who undertakes to provide general ophthalmic services under arrangements with a Health Board may
not provide such services unless his name is included in the first part of the
Board's list referred to in subsection (2)(a)(i);
(b) a person who does not undertake to provide general ophthalmic services
under arrangements with a Health Board may not assist in the provision of
such services provided under arrangements with the Board unless his name
is included in the second part of the Board's list referred to in subsection (2)
(a)(ii).

(3) The power conferred by this section to prescribe the qualifications to be possessed by
any medical practitioner includes—
(a) power to prescribe a requirement that the practitioner shall show, to the
satisfaction of a committee recognised by the Secretary of State for the
purpose, that he possesses such qualifications (including qualifications as to
experience) as may be mentioned in the regulations, and
(b) power to confer on a person who is dissatisfied with the determination
of such a committee, a right of appeal to a committee appointed by the
Secretary of State, and to make provision for any matter for which it appears
to the Secretary of State to be requisite or expedient to make provision in
consequence of the conferring of that right.

**Pharmaceutical services**

(1) It shall be the duty of every Health Board to make, in accordance with regulations,
arrangements as respects its area for the F271 provision to persons who are in that area of—

(a) proper and sufficient drugs and medicines and listed appliances which are
ordered for those persons by a medical practitioner in pursuance of his
functions in the health service, the health service for England and Wales, the
Northern Ireland health service or the armed forces of the Crown (excluding
forces of a Commonwealth country and forces raised in a colony), and

F272(b) proper and sufficient drugs and medicines which are ordered for those persons
by a dental practitioner in pursuance of the provision by that Board F273 or by
an NHS trust of dental services; and

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**Textual Amendments**

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<tr>
<td>F267</td>
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<td>F268</td>
<td>Words in s. 26(1) substituted (7.3.2006 for certain purposes otherwise 1.4.2006) by Smoking, Health and Social Care (Scotland) Act 2005 (asp 13), ss. 13(2)(a), 43(3); S.S.I. 2005/492, art. 3(e), Sch. 3; S.S.I. 2006/121, art. 3(a), Sch. 1</td>
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<tr>
<td>F269</td>
<td>S. 26(1A)-(1E) repealed (7.3.2006 for certain purposes otherwise 1.4.2006) by Smoking, Health and Social Care (Scotland) Act 2005 (asp 13), ss. 13(2)(b), 43(3); S.S.I. 2005/492, art. 3(e), Sch. 3; S.S.I. 2006/121, art. 3(a), Sch. 1</td>
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<tr>
<td>F270</td>
<td>S. 26(2)-(2B) substituted for s. 26(2) (7.3.2006 for certain purposes otherwise 1.4.2006) by Smoking, Health and Social Care (Scotland) Act 2005 (asp 13), ss. 19, 43(3); S.S.I. 2006/121, art. 3(a)(b), Schs. 1, 2</td>
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(c) listed drugs and medicines which are ordered for those persons by a dental practitioner in pursuance of the provision by him of general dental services;

\[F274\] such drugs and medicines and such listed appliances as may be determined by the Scottish Ministers for the purposes of this paragraph which are ordered for those persons by a prescribed description of \[F276\] person in accordance with such conditions, if any, as may be prescribed, in pursuance of functions in the health service, the health service for England and Wales, the Northern Ireland health service or the armed forces of the Crown (excluding forces of a Commonwealth country and forces raised in a colony); and

\[F277\] such services as may be prescribed.]

and the provision of drugs, medicines, appliances and services in accordance with the arrangements is together with additional pharmaceutical services provided in accordance with a direction under section 27A, referred to in this Act as “pharmaceutical services”.

In this subsection—

“listed” means included in a list for the time being approved by the Secretary of State for the purposes of this subsection;

“the health service for England and Wales” and “the Northern Ireland health service” mean respectively the health service established in pursuance of section 1 of the National Health Service Act 1946 or any service provided in pursuance of Article 4(a) of the Health and Personal Social Services (Northern Ireland) Order 1972.

\[F280\] The descriptions of persons which may be prescribed for the purposes of subsection (1) (cc) are the following, or any sub-category of such a description—

\[F281\] persons who are registered in the register maintained under article 5 of the Health and Social Work Professions Order 2001;

(b) persons who are registered pharmacists;

\[F283\] persons who are registered in the dental care professionals register established under section 36B of the Dentists Act 1984;

(d) persons who are ophthalmic opticians;

(e) persons who are registered osteopaths within the meaning of the Osteopaths Act 1993 (c. 21);

(f) persons who are registered chiropractors within the meaning of the Chiropractors Act 1994 (c. 17);

\[F284\] persons who are registered nurses or registered midwives;

(h) persons not mentioned above who are registered in any register established, continued or maintained under an Order in Council under section 60(1) of the Health Act 1999 (c. 8);

(i) any other description of persons which appears to the Scottish Ministers to be a description of persons whose profession is regulated by or under a provision of, or made under, Northern Ireland legislation and which the Scottish Ministers consider it appropriate to specify.

(1B) A determination under subsection (1)(cc) may—

(a) make different provision for different cases;

(b) provide for the circumstances or cases in which a drug, medicine or appliance may be ordered;
(c) provide that persons falling within a description specified in the determination may exercise discretion in accordance with any provision made by the determination in ordering drugs, medicines and listed appliances.]

[F286(1C) Paragraphs (a) and (h) of subsection (1A) do not apply to persons in so far as they are registered as members of the social work profession in England or social care workers in England (each of those expressions having the same meaning as in section 60 of the Health Act 1999).]

[F287(2) Regulations shall provide for securing that arrangements made by a Health Board under subsection (1) will enable persons in the Board’s area for whom drugs, medicines or appliances mentioned in that subsection are ordered as there mentioned, or to whom services mentioned in subsection (1)(d) are to be provided, to receive them from persons with whom such arrangements have been made.

(3) The regulations shall include provision—

(a) for the preparation and publication by a Health Board of one or more lists of persons, other than medical practitioners and dental practitioners, who undertake to provide pharmaceutical services from premises in the Board’s area;

(b) that an application to a Health Board for inclusion in such a list shall be made in the prescribed manner and shall state—

(i) the pharmaceutical services which the applicant will undertake to provide and, if they consist of or include the supply of appliances, which appliances he will undertake to supply; and

(ii) the premises from which he will undertake to provide those services;

(c) that, except in prescribed cases—

(i) an application for inclusion in such a list by a person not already included; and

(ii) an application by a person already included in such a list for inclusion also in respect of pharmaceutical services or premises other than those already listed in relation to him, shall be granted only if the Health Board is satisfied, in accordance with the regulations, that it is necessary or desirable to grant it in order to secure in the neighbourhood in which the premises are located the adequate provision by persons included in the list of the services, or some of the services, specified in the application; and

(d) for the removal of an entry in respect of premises from a list if it has been determined in the prescribed manner that the person to whom the entry relates—

(i) has never provided from those premises; or

(ii) has ceased to provide from them, the pharmaceutical services, or any of the services, which he is listed as undertaking to provide from them.

(4) The regulations may include provision—

(a) that an application to a Health Board may be granted in respect of some only of the pharmaceutical services specified in it;

(b) that an application to a Health Board relating to pharmaceutical services of a prescribed description shall be granted only if it appears to the Board that the applicant has satisfied such conditions with regard to the provision of those pharmaceutical services as may be prescribed;
that an application to a Health Board by a person who qualified to have his
name registered [F291 in Part 1 or 4 of the register maintained under article 19
of the Pharmacy Order 2010 by virtue of a qualification in pharmacy awarded
in an EEA State other than the United Kingdom, or in Switzerland] shall not
be granted unless the applicant satisfies the Board that he has the knowledge
of English which, in the interests of himself and the persons making use of
the services to which the application relates, is necessary for the provision of
pharmaceutical services in the Board’s area.

(c) that the inclusion of a person in a list in pursuance of such an application may
be for a fixed period;

(d) that, where the premises from which an application states that the applicant
will undertake to provide [F289 pharmaceutical] services are in an area of a
prescribed description, the applicant shall not be included in the list unless his
inclusion is approved by a prescribed body and by reference to [F292 prescribed
criteria]; and

(e) that the prescribed body may give its approval subject to conditions.

(5) The regulations shall include provision conferring on such persons as may be
prescribed rights of appeal from decisions made by virtue of subsection (3) or (4).

(6) The regulations shall be so framed as to preclude—

(a) a person included in a list published under subsection (3)(a) above; and

(b) an employee of such a person;

from taking part in the decision whether an application such as is mentioned in
subsection (3)(c) above should be granted or an appeal against such a decision brought
by virtue of subsection (5) above should be allowed.
[F279] Arrangements for providing additional pharmaceutical services.

(1) The Secretary of State may—

(a) give directions to a Health Board requiring them to arrange for the provision to persons in their area of additional pharmaceutical services; or

(b) by giving directions to a Health Board authorise them to arrange for such provision if they wish to do so.

(2) Directions under this section may make different provision in relation to different services specified in the directions.

(3) The Secretary of State must publish any directions under this section in the Drug Tariff or in such other manner as he thinks appropriate.

(4) In this section—
“additional pharmaceutical services”, in relation to directions, means such services (of a kind that do not fall within section 27) as may be specified in the directions; and

“Drug Tariff” means the Drug Tariff published under regulation 9 of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 1995 or under any corresponding provision replacing, or otherwise derived from, that regulation.

[Textual Amendments
F293 S. 27A inserted (15.8.1997) by 1997 c. 46, s. 27(2); S.I. 1997/1780, art. 2(1), Sch.

Marginal Citations

[^294]27B Terms and conditions etc.

(1) Directions under section 27A may require the Health Authority to whom they apply, when making arrangements—

(a) to include, in the terms on which the arrangements are made, such terms as may be specified in the directions;

(b) to impose, on any person providing a service in accordance with the arrangements, such conditions as may be so specified.

(2) The arrangements must secure that any service to which they apply is provided only by a person whose name is included in a pharmaceutical list.

(3) Different arrangements may be made with respect to—

(a) the provision of the same service by the same person but in different circumstances; or

(b) the provision of the same service by different persons.

(4) A Health Authority must provide details of proposed arrangements (including the remuneration to be offered for the provision of services) to any person who asks for them.

(5) After making any arrangements, a Health Authority must publish, in such manner as the Secretary of State may direct, such details of the arrangements as he may direct.

(6) In this section, “pharmaceutical list” means, subject to any provision of the directions in question, a list—

(a) published by the Health Authority concerned, or by any other Health Authority, in accordance with regulations made under section 27(2)(a) of this Act; or

(b) published by any body in accordance with regulations made under section 42(2)(a) of the National Health Service Act 1977 or Article 63(2A)(a) of the Health and Personal Social Services (Northern Ireland) Order 1972.

[Textual Amendments
F294 S. 27B inserted (15.8.1997) by 1997 c. 46, s. 28(2); S.I. 1997/1780, art. 2(1), Sch.
28 Persons authorised to provide pharmaceutical services.

(1) Except as may be provided by regulations, no arrangements shall be made by a Health Board with a medical practitioner or dental practitioner under which he is required or agrees to provide pharmaceutical services to any person to whom he is rendering primary medical services under Part 1 or general dental services.

(2) Except as may be provided by regulations, no arrangements for the dispensing of medicines or the provision of pharmaceutical services shall be made with persons other than persons who are registered pharmacists or are persons lawfully conducting a retail pharmacy business in accordance with section 69 of the Medicines Act 1968, and who undertake that all medicines provided by them under the arrangements made under this Part shall be dispensed, and

(b) that all services mentioned in section 27(1)(d) provided by them under those arrangements shall be provided either by, or under the direct supervision of, a registered pharmacist.

(2A) Regulations shall provide for the preparation and publication by a Health Board of one or more lists of medical practitioners who undertake to supply drugs and appliances in the Board’s area.

(2B) The regulations shall include provision for the removal of an entry from a list in prescribed circumstances.

(2C) Where—

(a) arrangements have been made under this Part with a registered pharmacist; and

(b) the registration of that pharmacist is suspended by virtue of any direction or order under the Pharmacy Order 2010,
Remuneration for services

F306  Remuneration for services

Textual Amendments
F306  S. 28A inserted (prosp.) by Health and Social Security Act 1984 (c. 48, SIF 113:1), ss. 7(2), 27(1)

28A Remuneration for Part II services.

(1) The remuneration to be paid to persons who provide . . . , general dental services, general ophthalmic services or pharmaceutical services under this Part of this Act shall be determined by determining authorities (and they may also determine the remuneration to be paid to persons providing those services in respect of the instruction of any person in matters relating to those services).

(2) For the purposes of this section and section 28B, determining authorities are—

(a) the Secretary of State; and

(b) so far as authorised by him to exercise the functions of determining authorities, any Health Board or other person appointed by him in an instrument (referred to in this section and section 28B as an instrument of appointment).

(3) An instrument of appointment—

(a) may contain requirements with which a determining authority appointed by that instrument must comply in making determinations; and

(b) may be contained in regulations.

(4) Subject to this section and section 28B, regulations may make provision about determining remuneration under subsection (1) and may in particular impose requirements with which determining authorities must comply in making, or in connection with, determinations (including requirements as to consultation and publication).

(5) Regulations may provide—

(a) that determinations may be made by reference to any of the following—

(i) rates or conditions of remuneration of any persons or any descriptions of persons which are fixed or determined, or to be fixed or determined, otherwise than by way of a determination under subsection (1);
(ii) scales, indices or other data of any description specified in the regulations;

(b) that any determination which in accordance with regulations made by virtue of paragraph (a)(ii) fails to be made by reference to a scale or an index or to any other data may be made not only by reference to that scale or index or those data in the form current at the time of the determination but also by reference to the scale, index or data in any subsequent form attributable to amendment or revision taking effect after that time or to any other cause.

(6) Regulations may—

(a) provide that determining authorities may make determinations which have effect in relation to remuneration in respect of a period beginning on or after a date specified in the determination, which may be the date of the determination or an earlier or later date, but may be an earlier date only if, taking the determination as a whole, it is not detrimental to the persons to whose remuneration it relates;

(b) provide that any such determination which does not specify such a date shall have effect in relation to remuneration in respect of a period beginning—

(i) if it is required to be published, on the date of publication;

(ii) if it is not so required, on the date on which it is made.

(7) A reference in this section or section 28B to a determination is a reference to a determination of remuneration under subsection (1) of this section.]

Textual Amendments

F307 S. 28A and side-note substituted (1.10.1999) by 1999 c. 8, s. 57(1)(2); S.S.I. 1999/90, art. 2(a), Sch. 1

F308 Words in s. 28A(1) repealed (1.4.2004) by Primary Medical Services (Scotland) Act 2004 (asp 1), ss. 8, 9(1), Sch. para. 1(9); S.S.I. 2004/58, art. 2(3)

[28B Part II remuneration: supplementary.

(1) Before a determination is made by the Secretary of State which relates to all persons who provide services of, or of a category falling within, one of the descriptions of services mentioned in section 28A(1), he—

(a) shall consult a body appearing to him to be representative of persons to whose remuneration the determination would relate, and

(b) may consult such other persons as he considers appropriate.

(2) Determinations may make different provision for different cases including different provision for any particular case, class of case or area.

(3) Determinations may—

(a) be made in more than one stage;

(b) be made by more than one determining authority;

(c) be varied or revoked by subsequent determinations.

(4) A determination may be varied—

(a) to correct an error; or

(b) where it appears to the determining authority that it was made in ignorance of or under a mistake as to a relevant fact.
(5) Determinations may, in particular, provide that the whole or any part of the remuneration—
   (a) is payable only if the determining authority is satisfied as to certain conditions; or
   (b) is to be applied for certain purposes or is otherwise subject to certain conditions.

(6) Subject to section 25(3), remuneration under section 28A may consist of payments by way of—
   (a) salary;
   (b) fees;
   (c) allowances;
   (d) reimbursement (in full or in part) of expenses incurred or expected to be incurred in connection with the provision of the services or instruction, and may be determined from time to time.

(7) At the time a determination is made or varied, certain matters which require determining may be reserved to be decided at a later date.

(8) The matters which may be reserved include in particular—
   (a) the amount of remuneration to be paid in particular cases;
   (b) whether any remuneration is to be paid in particular cases.

(9) Any determination shall be made after taking into account all the matters which are considered to be relevant by the determining authority and such matters may include in particular—
   (a) the amount or estimated amount of expenses (taking into account any discounts) incurred in the past or likely to be incurred in the future (whether or not by persons to whose remuneration the determination will relate) in connection with the provision of services of the description in section 28A(1) to which the determination will relate or of any category falling within that description;
   (b) the amount or estimated amount of any remuneration paid or likely to be paid to persons providing such services;
   (c) the amount or estimated amount of any other payments or repayments or other benefits received or likely to be received by any such persons;
   (d) the extent to which it is desirable to encourage the provision, either generally or in particular places, of the description or category of services to which the determination will relate;
   (e) the desirability of promoting services which are—
      (i) economic and efficient; and
      (ii) of an appropriate standard.

(10) If the determination is of remuneration for a category of services falling within one of the descriptions of services mentioned in section 28A(1), the reference in subsection (9)(a) to a category of services is a reference to the same category of services or to any other category of services falling within the same description.]

Textual Amendments
F309 S. 28B and sidenote substituted (1.10.1999) by 1999 c. 8, s. 57(1)(2); S.S.I. 1999/90, art. 2(a), Sch. 1
28C Indemnity cover.

(1) Regulations may make provision for the purpose of securing that, in prescribed circumstances, prescribed Part II practitioners hold approved indemnity cover.

(2) The regulations may, in particular, make provision as to the consequences of a failure to hold approved indemnity cover, including provision—
   (a) for securing that a person is not be added to any list unless he holds approved indemnity cover;
   (b) for the removal from a list prepared by a Health Board of a Part II practitioner who does not within a prescribed period after the making of a request by the Health Board in the prescribed manner satisfy the Health Board that he holds approved indemnity cover.

(3) For the purposes of this section—
   “approved body” means a person or persons approved in relation to indemnity cover of any description, after such consultation as may be prescribed, by the Secretary of State or by such other person as may be prescribed;
   “approved indemnity cover” means indemnity cover made—
   (a) on prescribed terms; and
   (b) with an approved body;
   “indemnity cover”, in relation to a Part II practitioner (or person who proposes to provide Part II services), means a contract of insurance or other arrangement made for the purpose of indemnifying him and any person prescribed in relation to him to any prescribed extent against any liability which—
   (a) arises out of the provision of Part II services in accordance with arrangements made by him with a Health Board under this Part of this Act; and
   (b) is incurred by him or any such person in respect of the death or personal injury of a person;
   “list” has the same meaning as in section 29(8)(b) to (e);
   “Part II practitioner” means a person whose name is on a list;
   “Part II services” means general dental services, general ophthalmic services or pharmaceutical services;
   “personal injury” means any disease or impairment of a person’s physical or mental condition and includes the prolongation of any disease or such impairment;

and a person holds approved indemnity cover if he has entered into a contract or arrangement which constitutes approved indemnity cover.

(4) The regulations may provide that a person of any description who has entered into a contract or arrangement which is—
(a) in a form identified in accordance with the regulations in relation to persons of that description; and
(b) made with a person or persons so identified,
is to be treated as holding approved indemnity cover for the purposes of the regulations.]

Textual Amendments
F311 S. 28C and sidenote inserted (1.3.2000) by 1999 c. 8, s. 56(1); S.S.I. 2000/38, art. 2
F312 Words in s. 28C(3) substituted (1.4.2004) by Primary Medical Services (Scotland) Act 2004 (asp 1), ss. 8, 9(1), Sch. para. 1(11)(a); S.S.I. 2004/58, art. 2(3)
F313 Words in s. 28C(3) repealed (1.4.2004) by Primary Medical Services (Scotland) Act 2004 (asp 1), ss. 8, 9(1), Sch. para. 1(11)(b); S.S.I. 2004/58, art. 2(3)

28D Assistance and support: general dental services

(1) A Health Board may provide assistance and support to any person providing, or proposing to provide, general dental services.

(2) Assistance and support provided by a Health Board under subsection (1) is to be provided on such terms, including terms as to payment, as the Board think fit.

(3) In this section, “assistance” includes financial assistance.]

Provisions as to disqualification of practitioners

29 The NHS tribunal.

(1) The tribunal constituted in accordance with Schedule 8 shall continue under the name of “the NHS Tribunal” and that Schedule shall continue to have effect in relation to the Tribunal.

(2) If the Tribunal receive from a Health Board representations that a person—
(a) who has applied to be included; or
(b) who is included,
in any list meets any of the conditions for disqualification, the Tribunal shall inquire into the case.]

(3) If the Tribunal receive such representations from any other person, they may inquire into the case.

(4) Representations under this section shall be made—
(a) in the prescribed manner; and
(b) where regulations prescribe the time within which such representations are to be made, within that time.

(5) Subsections (6) to (11) apply for the purposes of this group of sections.

(6) The first condition for disqualification is that the inclusion or continued inclusion of the person concerned in the list would be prejudicial to the efficiency of the services which those included in the list—

(a) in relation to a list referred to in subsection (8)(a), (cc) or (e), perform;

(b) in relation to a list referred to in subsection (8)(c) or (d), undertake to provide or are approved to assist in providing,

... .

(7) The second condition for disqualification is that the person concerned—

(a) has (whether on his own or together with another) by an act or omission caused, or risked causing, detriment to any health scheme by securing or trying to secure for himself or another any financial or other benefit; and

(b) knew that he or (as the case may be) the other was not entitled to the benefit.

(7A) The third condition for disqualification is that the person concerned is unsuitable (by virtue of professional or personal conduct) to be included, or to continue to be included, in the list.

(8) A “list” means—

(a) a list of health care professionals of a prescribed description performing primary medical services or approved to assist in the provision of such services;

(b) a list of medical practitioners approved to perform personal medical services—

(i) in accordance with section 17C arrangements; or

(ii) in connection with the provision of such services under a pilot scheme;

(c) a list of dental practitioners and bodies corporate referred to in section 25(1) undertaking to provide, and of persons who are approved to assist in providing, general dental services;

(cc) a list of persons performing personal dental services;

(d) a list of medical practitioners and ophthalmic opticians undertaking to provide, and of persons who are approved to assist in providing, general ophthalmic services; or

(e) a list of registered pharmacists performing pharmaceutical care services,

... .

[In subsection (8)(a), “health care professional” has the same meaning as in section 17P.]

(8A) In subsection (8)(a), “health care professional” has the same meaning as in section 17P.

(9) “Health scheme” means—

(a) any of the health services under section 1(1) or any corresponding enactment extending to England and Wales or Northern Ireland; and

(b) any prescribed scheme,
and regulations may prescribe any scheme for the purposes of this subsection which appears to the Secretary of State to be a health or medical scheme paid for out of public funds.

(10) Detriment to a health scheme includes detriment to any patient of, or person working in, that scheme or any person liable to pay charges for services provided under that scheme.

(11) Cases in which representations are made that the first condition for disqualification is met are referred to below as efficiency cases; Fraud cases are made that the second condition for disqualification is met are referred to below as fraud cases; and cases in which representations are made that the third condition for disqualification is met are referred to below as unsuitability cases.

(12) In this section and sections 29A to 29C—

(a) “this group of sections” means this and those sections and Schedule 8; and

(b) the NHS Tribunal is referred to as the Tribunal.

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**Textual Amendments**

F315 S. 29 substituted (31.1.2004 for certain purposes and otherwise 4.3.2004) by 1999 c. 8, ss. 58(1), 67(1); S.S.I. 2004/32, art. 2(1)(2) (with saving for effect of 1999 c. 8, s. 58 by S.S.I. 2004/31, art. 3)

F316 Words in s. 29(2)(b) substituted (7.3.2006 for certain purposes otherwise 1.4.2006) by Smoking, Health and Social Care (Scotland) Act 2005 (asp 13), ss. 26(2)(a), 43(3); S.S.I. 2006/121, art. 3(a)(b), Schs. 1, 2

F317 Words in s. 29(4)(b) repealed (7.3.2006 for certain purposes otherwise 1.4.2006) by Smoking, Health and Social Care (Scotland) Act 2005 (asp 13), ss. 26(2)(b), 43(3); S.S.I. 2006/121, art. 3(a)(b), Schs. 1, 2

F318 Words in s. 29(6) substituted (7.3.2006 for certain purposes otherwise 1.4.2006) by Smoking, Health and Social Care (Scotland) Act 2005 (asp 13), ss. 26(2)(c)(i), 43(3); S.S.I. 2006/121, art. 3(a)(b), Schs. 1, 2

F319 Words in s. 29(6) substituted (7.3.2006, 1.4.2006 and 2.7.2010 for certain purposes and otherwise prosp.) by Smoking, Health and Social Care (Scotland) Act 2005 (asp 13), ss. 26(2)(c)(ii), 43(3); S.S.I. 2006/121 [art. 3(a)(b)], Schs. 1, 2; S.S.I. 2010/185 [art. 3(b)], Sch. 2

F320 Words in s. 29(6) omitted (1.4.2004) by virtue of The Primary Medical Services (Scotland) Act 2004 (Modification of Enactments) Order 2004 (S.S.I. 2004/167), art. 2, Sch. para. 1(1)(a)

F321 S. 29(7A) inserted (7.3.2006 for certain purposes otherwise 1.4.2006) by Smoking, Health and Social Care (Scotland) Act 2005 (asp 13), ss. 26(2)(d), 43(3); S.S.I. 2006/121, art. 3(a)(b), Schs. 1, 2

F322 S. 29(8)(a) substituted for s. 29(8)(a)(aa) (13.2.2004 for certain purposes otherwise 1.4.2004) by Primary Medical Services (Scotland) Act 2004 (asp 1), ss. 5(3)(b), 9(1); S.S.I. 2004/58, art. 2(1)(3), Sch.

F323 Words in s. 29(8)(a) added (4.3.2004) by 2002 asp 5, ss. 25, 27(2), Sch. 2 para. 2(4)(b)(i); S.S.I. 2004/33, art. 2(1)(c) (with savings for effects of 2002 asp 5, Sch. 2 para. 2(4) by S.S.I. 2004/34, art. 3(2))

F324 S. 29(8)(aa) inserted (1.4.2004) by 2002 asp 5, ss. 25, 27(2), Sch. 2 para. 2(4)(b)(ii); S.S.I. 2004/33, art. 2(2) (with savings for effects of 2002 asp 5, Sch. 2 para. 2(4) by S.S.I. 2004/34, art. 3(2))

F325 S. 29(9)(b) repealed (7.3.2006 for certain purposes otherwise 1.4.2006) by Smoking, Health and Social Care (Scotland) Act 2005 (asp 13), ss. 26(2)(e)(ii), 43(3); S.S.I. 2006/121, art. 3(a)(b), Schs. 1, 2

F326 S. 29(8)(c)-(e) substituted (7.3.2006, 1.4.2006 and 2.7.2010 for certain purposes otherwise prosp.) by Smoking, Health and Social Care (Scotland) Act 2005 (asp 13), ss. 26(2)(e)(ii), 43(3); S.S.I. 2006/121 [art. 3(a)(b)], Schs. 1, 2; S.S.I. 2010/185 [art. 3(b)], Sch. 2
The NHS Tribunal: supplementary.

(1) Where an ophthalmic optician is a body corporate, the body corporate is to be treated for the purposes of this group of sections as meeting the second condition for disqualification if any director meets that condition (whether or not he first met that condition when he was a director).

(1A) A body corporate entitled, by virtue of section 43 of the Dentists Act 1984 (c. 24), to carry on the business of dentistry is to be treated for the purposes of this group of sections as meeting the second condition for disqualification if, as the case may be, the third condition for disqualification if any director meets that condition (whether or not he first met that condition when he was a director).

(2) Where a body corporate carries on a retail pharmacy business, the body corporate is to be treated for the purposes of this group of sections as meeting the second condition for disqualification if any one of the body of persons controlling the body corporate meets that condition (whether or not he first met that condition when he was one of them).

(3) A person who is included in any list (“the practitioner”) is to be treated for the purposes of this group of sections as meeting the second condition for disqualification if—

(a) another person, because of an act or omission of his occurring in the course of providing any services mentioned in section 29(8) on the practitioner’s behalf, meets that condition; and

(b) the practitioner failed to take all such steps as were reasonable to prevent acts or omissions within section 29(7)(a) occurring in the course of the provision of those services on his behalf.

(3A) The Tribunal is not required to inquire into a fraud case if they have previously inquired into representations in respect of the person concerned and the same acts or omissions.

(4) In an unsuitability case, a fraud case or an efficiency case, regulations may make provision for the purpose of securing that the person subject to the inquiry is not added to any list until proceedings in that case are finally concluded.
(6) For the purposes of this group of sections, in [F343] an unsuitability,] a fraud or efficiency case proceedings are finally concluded—

(a) if the Tribunal determine not to disqualify or conditionally disqualify him when they make that determination;

(b) if they determine to disqualify or conditionally disqualify him and no appeal is brought against the determination, at the end of the period for bringing an appeal;

(c) if they determine to disqualify or conditionally disqualify him and an appeal is brought against the determination, when the appeal process is exhausted.

(7) An inquiry under section 29 is not affected by the person subject to the inquiry withdrawing from, withdrawing any application to be included in or being removed from the list to which the case relates.]
Powers of NHS Tribunal.

(1) Subsection (2) applies where the Tribunal are of the opinion—
   (a) on inquiring into an efficiency case, that the person meets the first condition for disqualification;
   (b) on inquiring into a fraud case, that the person meets the second condition for disqualification;
   (c) on inquiring into an unsuitability case, that the person meets the third condition for disqualification.

(2) The Tribunal shall disqualify him for inclusion in—
   (a) the list to which the case relates;
   (b) all lists within the same paragraph of subsection (8) of section 29 as that list;
   and
   (c) where the list to which the case relates is a list referred to in—
        (i) paragraph (c) of that subsection, all lists within paragraph (cc) of that subsection;
        (ii) that paragraph (cc), all lists within that paragraph (c).

(3) The Tribunal shall not make a disqualification under this section if they are of the opinion that it would be unjust to do so.

(5) A disqualification under this section shall have effect when the case is finally concluded.

(6) If a person is disqualified for inclusion in any list prepared by a Health Board, the Board must not enter him in the list and (if he is already included in the list) must remove him from the list.

Textual Amendments

F332 Ss. 29, 29A–29C substituted for s. 29 (31.1.2004 for certain purposes and otherwise 4.3.2004) by 1999 c. 8, ss. 58(1), 67(1); S.S.I. 2004/32, art. 2(1)(2) (with savings for effect of 1999 c. 58 by S.S.I. 2004/31, art. 3)

F344 Ss. 29, 29A–29C and sidenotes substituted for s. 29 and sidenote (31.1.2004 for certain purposes otherwise 4.3.2004) by 1999 c. 8, ss. 58(1), 67(1); S.S.I. 2004/32, art. 2(1)(2) (with savings for effect of 1999 c. 58 by S.S.I. 2004/31, art. 3)

F345 S. 29B(1)(c) inserted (7.3.2006 for certain purposes otherwise 1.4.2006) by Smoking, Health and Social Care (Scotland) Act 2005 (asp 13), ss. 26(4)(a), 43(3); S.S.I. 2006/121, art. 3(a)(b), Schs. 1, 2

F346 Words in s. 29B(2) substituted (7.3.2006 and 1.4.2006 for certain purposes and otherwise prosp.) by Smoking, Health and Social Care (Scotland) Act 2005 (asp 13), ss. 26(4)(b), 43(3); S.S.I. 2006/121, art. 3(a)(b), Schs. 1, 2

F347 S. 29B(3) repealed (1.4.2006) by Smoking, Health and Social Care (Scotland) Act 2005 (asp 13), ss. 42(2), 43(3), Sch. 3; S.S.I. 2006/121, art. 3(b), Sch. 2 Table

F348 Word in s. 29B(4) substituted (7.3.2006 for certain purposes and otherwise 1.4.2006) by Smoking, Health and Social Care (Scotland) Act 2005 (asp 13), ss. 26(4)(c), 43(3); S.S.I. 2006/121, art. 3(a)(b), Schs. 1, 2

F349 Words in s. 29B(4) repealed (1.4.2006) by Smoking, Health and Social Care (Scotland) Act 2005 (asp 13), ss. 42(2), 43(3), Sch. 3; S.S.I. 2006/121, art. 3(b), Sch. 2 Table
Conditional disqualification etc.

(1) The functions of making disqualifications under section 29B include making a conditional disqualification, that is, a disqualification which is to come into effect only if the Tribunal determine (on a review under section 30) that the person subject to the inquiry has failed to comply with any conditions imposed by them.

(2) Conditions may be imposed by virtue of subsection (1) with a view to—
   (a) removing any prejudice to the efficiency of the services in question; . . .
   (b) preventing any acts or omissions within section 29(7)(a)
   (c) ensuring that the person—
      (i) performs, undertakes to provide or assists in providing only services specified (or of a description specified) in the condition;
      (ii) undertakes an activity (or course of activity) of a personal or professional nature, or refrains from conduct of a personal or professional nature, so specified (or of a description so specified),]
   (as the case may be).

(3) Conditions so imposed shall have effect when proceedings in the case are finally concluded.

(4) Section 29B(4) applies to a conditional disqualification as it applies to a disqualification.

(5) The Tribunal may by directions—
   (a) vary the terms of service of the person subject to the inquiry (including terms imposed by regulations under this Part);
   [ vary any requirements to which the person subject to the inquiry is subject under or by virtue of section 17F, 17P or 17X or this Part for the purpose of or in connection with the imposition of any conditions by virtue of this section.
   (b) confer functions on any Health Board,
   (6) References in any enactment to a disqualification by the Tribunal do not include a conditional disqualification.]
Review etc. of disqualification.

(1) The Tribunal may review a disqualification or conditional disqualification—
   (a) if the disqualified or conditionally disqualified person requests a review; or
   (b) in any other circumstances in which they consider it appropriate.

(2) On a review under subsection (1), the Tribunal may—
   (a) remove a disqualification; *
   (b) make a disqualification conditional;
   (c) in the case of a conditional disqualification, remove it, vary the conditions or make it unconditional.

(3) If any Health Board request a review of a conditional disqualification on the ground that—
   (a) there has been a change in the circumstances by reference to which the conditions were imposed;
   (b) the person concerned has failed to comply with the conditions; or
   (c) in a fraud case, the person concerned has since the Tribunal imposed the conditions (or made the disqualification conditional) again satisfied the second condition for disqualification,
   the Tribunal shall review the conditional disqualification.

(4)

(5) On a review under subsection (3) of a conditional disqualification, the Tribunal may remove it, vary the conditions or make it unconditional *

(6)

(7) The Tribunal shall not under this section—
   (a) in the case of a conditional disqualification, make it unconditional or vary the conditions; *
   (b) if they are of the opinion that it would be unjust to do so.

(8) A determination by the Tribunal under this section shall have effect—
   (a) if no appeal is brought against it, at the end of the period for bringing an appeal;
   (b) if an appeal is brought against it, when the appeal process is exhausted.

(9) The Tribunal may hold an inquiry for the purposes of any review under this section.]
31  Disqualification provisions in England or Wales or Northern Ireland.

F361

32  Regulations as to sections 29 to 31.

F362(1) Regulations shall make provision—

(a) [F363] for inquiries . . . under sections 29 to [F364] to be held in accordance with such procedure as may be prescribed by or determined under the regulations . . . and, in particular, for any person who is the subject of such an inquiry [F365] informed, as soon as may be, of the substance of any charge or complaint to which the inquiry relates and [F366] to have an opportunity—

(i) of appearing, either in person or by counsel or solicitor or such other representative as may be prescribed, before the Tribunal . . . , and

(ii) of being heard by the Tribunal . . . , and of calling witnesses and producing other evidence on his behalf, and [F370] to be in public if the person who is the subject of the inquiry so requests;

(b) for conferring on the Tribunal . . . such powers as the Secretary of State considers necessary for the purpose of holding such inquiries, including power to require the attendance of witnesses and the production of documents and to administer oaths; and

Textual Amendments

F332 Ss. 29, 29A-29C substituted for s. 29 (31.1.2004 for certain purposes and otherwise 4.3.2004) by 1999 c. 8, ss. 58(1), 67(1); S.S.I. 2004/32, art. 2(1)(2) (with savings for effect of 1999 c. 58 by S.S.I. 2004/31, art. 3)

F355 S. 30 substituted (31.1.2004 for certain purposes otherwise 4.3.2004) by 1999 c. 8, ss. 58(2), 67(1); S.S.I. 2004/32, art. 2(1)(a)(2)(a)

F356 Words in s. 30(1) substituted (1.4.2006) by Smoking, Health and Social Care (Scotland) Act 2005 (asp 13), ss. 42(1), 43(3), Sch. 2 para. 2(11); S.S.I. 2006/121, art. 3(b), Sch. 2

F357 Words in s. 30(2) repealed (1.4.2006) by Smoking, Health and Social Care (Scotland) Act 2005 (asp 13), ss. 42(2), 43(3), Sch. 3; S.S.I. 2006/121, art. 3(b), Sch. 2 Table

F358 S. 30(4) repealed (1.4.2006) by Smoking, Health and Social Care (Scotland) Act 2005 (asp 13), ss. 42(2), 43(3), Sch. 3; S.S.I. 2006/121, art. 3(b), Sch. 2 Table

F359 Words in s. 30(5) repealed (1.4.2006) by Smoking, Health and Social Care (Scotland) Act 2005 (asp 13), ss. 42(2), 43(3), Sch. 3; S.S.I. 2006/121, art. 3(b), Sch. 2 Table

F360 S. 30(6)(7)(b)(c) and word in s. 30(7)(a) repealed (1.4.2006) by Smoking, Health and Social Care (Scotland) Act 2005 (asp 13), ss. 42(2), 43(3), Sch. 3; S.S.I. 2006/121, art. 3(b), Sch. 2 Table
(c) for the publication of decisions of the Tribunal under this section and of the imposition and removal of any disqualification imposed by virtue of this section, and for the intimation to any person who is the subject of such an inquiry of the grounds upon which any disqualification has been imposed in his case.

Regulations under subsection (1)(a) may in particular provide that, where (apart from the regulations) it would be the duty of the Tribunal to inquire into an efficiency case and a fraud case or an unsuitability case or any other combination of more than one such category of case in respect of the same person, they may inquire into one case before inquiring into the other and, after proceedings in the first case are finally disposed of, may if they think it appropriate adjourn the other case indefinitely.

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**Textual Amendments**

F332 Ss. 29, 29A-29C substituted for s. 29 (31.1.2004 for certain purposes and otherwise 4.3.2004) by 1999 c. 8, ss. 58(1), 67(1); S.S.I. 2004/32, art. 2(1)(2) (with savings for effect of 1999 c. 58 by S.S.I. 2004/31, art. 3)

F362 S. 32 renumbered as s. 32(1) (31.1.2004 for certain purposes otherwise 4.3.2004) by 1999 c. 8, ss. 65, 67(1), Sch. 4 para. 50; S.S.I. 2004/32, art. 2(1)(c)(2)(c)

F363 Words in s. 32(a) substituted (1.1.1996) by 1995 c. 31, s. 11(2)(a); S.I. 1995/3214, art. 2, Sch. (with art. 3)

F364 Words in s. 32(1)(a) substituted (1.4.2006) by Smoking, Health and Social Care (Scotland) Act 2005 (asp 13), ss. 42(1), 43(3), Sch. 2 para. 2(12); S.S.I. 2006/121, art. 3(b), Sch. 2

F365 Words in s. 32(a) inserted (1.1.1996) by 1995 c. 31, s. 11(2)(b); S.I. 1995/3214, art. 2, Sch. (with art. 3)

F366 Words in s. 32(a) repealed (1.1.1996) by 1995 c. 31, ss. 11(2)(c), 14(2), Sch.; S.I. 1995/3214, art. 2, Sch. (with art. 3)

F367 Words in s. 32(a) substituted (1.1.1996) by 1995 c. 31, s. 11(2)(d); S.I. 1995/3214, art. 2, Sch. (with art. 3)

F368 Words in s. 32(a) substituted (1.1.1996) by 1995 c. 31, s. 11(2)(e); S.I. 1995/3214, art. 2, Sch. (with art. 3)

F369 Words in s. 32(a)(i)(ii)(b)(c) repealed (1.1.1996) by 1995 c. 31, s. 14(2), Sch.; S.I. 1995/3214, art. 2, Sch. (with art. 3)

F370 Words in s. 32(a) substituted (1.1.1996) by 1995 c. 31, s. 11(2)(f); S.I. 1995/3214, art. 2, Sch. (with art. 3)

F371 Words in s. 32(1)(c) inserted (31.1.2004 for certain purposes otherwise 4.3.2004) by 1999 c. 8, ss. 65(1), 67(1), Sch. 4 para. 50(a); S.S.I. 2004/32, art. 2(1)(c)(2)(c)

F372 S. 32(2) inserted (31.1.2004 for certain purposes otherwise 4.3.2004) by 1999 c. 8, ss. 65(1), 67(1), Sch. 4 para. 50(b); S.S.I. 2004/32, art. 2(1)(c)(2)(c)

F373 Words in s. 32(2) substituted (7.3.2006 for certain purposes otherwise 1.4.2006) by Smoking, Health and Social Care (Scotland) Act 2005 (asp 13), ss. 26(6), 43(3); S.S.I. 2006/121, art. 3(a)(b), Schs. 1, 2

**Modifications etc. (not altering text)**

C38 S. 32(a) extended (1.1.1996) by 1995 c. 31, s. 11(1); S.I. 1995/3214, art. 2 Sch. (with art. 3)

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**Applications for interim suspension.**

(1) A Health Board who have made representations under section 29 may, at any time before the case is disposed of by the Tribunal, apply to the Tribunal for a direction to be made under subsection (2) below in relation to the person to whom the case relates.
A Health Board may, if they have requested a review of a conditional disqualification on the ground mentioned in section 30(3)(b) or (c), at any time before the review is concluded apply to the Tribunal for a direction to be made under subsection (2) in relation to the person to whom the review relates.

If, on an application under this section, the Tribunal are satisfied that either of the conditions for doing so is satisfied, they shall direct that subsection (3) below shall apply to the person concerned as respects services of the kind to which the case in question, or the case to which the review in question, relates; and

(a) if the services are either general dental services or personal dental services, both general dental services and personal dental services.

The conditions for giving such a direction are—

(a) that it is necessary to do so in order to protect persons who are, or may be, provided with primary medical services, pharmaceutical care services or services under this Part, section 17C arrangements or a pilot scheme to which the case in question, or the case to which the review in question, relates;

(b) that it is otherwise in the public interest to do so.

A person to whom this subsection applies shall—

(a) be deemed to have been removed from any relevant list in which his name is included;

(b) be disqualified for inclusion in any relevant list in which his name is not included.

A direction under subsection (2) above shall cease to have effect on the Tribunal’s disposing of the case or review in connection with which it is made.

In subsection (2) above, the reference to patients is to persons to whom services of the kind to which the case in question relates are, or may be, provided under this Part of this Act.

In the application of subsection (3) above to any person—

(a) “relevant list” means a list of persons performing; a list of persons undertaking to provide and of persons approved to assist in providing, services of the kind to which the direction applying the subsection to him relates.

(b) Regulations may provide that where a Health Board, in accordance with regulations made under section 17F, 17P, 17X, 25(2) or 26(2), suspend a person from a list prepared under regulations made under the section in question and the Board apply to the Tribunal for a direction to be made under subsection (2) in relation to the person to whom the suspension applies, the suspension may continue until the Tribunal determine the application.
Suspension pending appeal.

(1) Where, on disposing of a case under section 29B, the Tribunal make a...
section 32A(2A) is satisfied, direct that section 32A(3) shall apply or, if a direction has been given under section 32A(2), shall continue to apply to him as respects services of the kind to which the disqualification relates.

(2) A direction under subsection (1) above shall cease to have effect—

(a) where no appeal against the [disqualification] is brought, at the end of the period for bringing an appeal, and

(b) where an appeal against [the disqualification] is brought, when the appeal process has been exhausted.

(3) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

(4) In subsection (1) above, the reference to patients is to persons to whom services of the kind to which the direction under section 29(3)(b) relates are, or may be, provided under this Part of this Act.

Textual Amendments

F332 Ss. 29, 29A–29C substituted for s. 29 (31.1.2004 for certain purposes and otherwise 4.3.2004) by 1999 c. 8, ss. 58(1), 67(1); S.S.I. 2004/32, art. 2(1)(2) (with savings for effect of 1999 c. 58 by S.S.I. 2004/31, art. 3)

F390 S. 32B(1) and preceding side-note substituted (4.3.2004) by 1999 c. 8, ss. 65(1), 67(1), Sch. 4 para. 52(a); S.S.I. 2004/32, art. 2(2)(e) (with savings for effects of 1999 c. 8 by S.S.I. 2004/31, art. 3)

F391 S. 32B inserted (1.1.1996 for certain purposes and otherwise 1.4.1996) by 1995 c. 31, s. 8; S.I. 1995/3124, art. 2, Sch. (with art. 3); S.I. 1996/552

F392 Words in s. 32B(1)(2)(a) repealed (1.4.2006) by Smoking, Health and Social Care (Scotland) Act 2005 (asp 13), ss. 42(2), 43(3), Sch. 3; S.S.I. 2006/121, art. 3(b), Sch. 2 Table

F393 Words in s. 32B(2)(a)(b) substituted (prosp.) by 1999 c. 8, ss. 65(1), 67(1), Sch. 4 para. 52(b) and also same words substituted (4.3.2004) by 2002 asp 5, s. 25, Sch. 2, para. 2(10); S.S.I. 2004/33, art. 2(1)(c) (with savings for effects of 2002 asp 5 by S.S.I. 2004/34, art. 3(2))

F394 S. 32B(3) repealed (1.4.2006) by Smoking, Health and Social Care (Scotland) Act 2005 (asp 13), ss. 42(2), 43(3), Sch. 3; S.S.I. 2006/121, art. 3(b), Sch. 2 Table

F395 S. 32B(4) repealed (4.3.2004) by 1999 c. 8, ss. 65, 67(1), Sch. 4 para. 52(d), Sch. 5; S.S.I. 2004/32, art. 2(2)(e)(d) (with savings for effects of 1999 c. 8 by S.S.I. 2004/31, art. 3)

Modifications etc. (not altering text)

C40 S. 32B(1) functions modified (4.3.2004) by The National Health Service (Tribunal) (Scotland) Regulations 2004 (S.S.I. 2004/38), reg. 27 (with regs. 32-34))

F396-32C Sections 32A and 32B: procedure etc.

(1) Before making a direction under section 32A(2) or 32B(1) in relation to any person, the Tribunal shall give him an opportunity—

(a) to appear before them, either—

(i) in person; or

(ii) by counsel or solicitor or such other representative as may be prescribed; and

(b) to be heard and to call witnesses and produce other evidence.

(2) Regulations may—
(a) make provision for, or for the determination of, procedure in relation to
determining applications under section 32A or the exercise of the power
conferred by section 32B(1), and

(b) provide for the functions of the Tribunal under section 32A or 32B to be
carried out, or to be carried out in prescribed circumstances, by the chairman
or a deputy chairman of the Tribunal.

### Textual Amendments

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<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>F332</td>
<td>Ss. 29, 29A–29C substituted for s. 29 (31.1.2004 for certain purposes and otherwise 4.3.2004) by 1999 c. 8, ss. 58(1), 67(1); S.S.I. 2004/32, art. 2(1)(2) (with savings for effect of 1999 c. 58 by S.S.I. 2004/31, art. 3)</td>
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<tr>
<td>F396</td>
<td>S. 32C inserted (1.1.1996 for certain purposes and otherwise 1.4.1996) by 1995 c. 31, s. 8; S.I. 1995/3214, art. 2, Sch. (with art. 3); S.I. 1996/552, art. 2</td>
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### Corresponding provision in England or Wales or Northern Ireland

(1) This section applies where it appears to the Scottish Ministers that there is provision in England or Wales or Northern Ireland under which a person may be dealt with in any way which corresponds (whether or not exactly) with a way in which a person may be dealt with under sections 29 to 32B.

(2) A decision in England or Wales or Northern Ireland to deal with such a person in such a way is referred to in this section as a “corresponding decision”.

(3) If this section applies, the Scottish Ministers may make regulations providing for the effect to be given in Scotland to a corresponding decision; and where the decision corresponds (whether or not exactly) with a decision which may be made under section 29C or (so far as relating to conditional disqualification) 30 the regulations may provide for the effect to be given to be determined in the prescribed manner by the Scottish Ministers.

(4) That effect need not be the same as the effect of the corresponding decision in the place where it was made.

### Textual Amendments

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### Payments in consequence of suspension.

(1) Regulations may provide for the making to persons to whom section 32A(3) or 32D(3) applies of payments in consequence of the application of that provision.
(2) Regulations under subsection (1) above may provide for the determination by the Secretary of State in a prescribed manner of anything for which provision may be made by regulations under that subsection.

Supplementary provisions relating to Part II

33 Powers of Secretary of State where services are inadequate.

If the Secretary of State is satisfied, after such inquiry as he may think fit, as respects the area of any Health Board or part of any such area that the persons included in

(a) the first part of any list prepared under section 25(2), being the part which is of dental practitioners and bodies corporate referred to in section 25(1) who undertake to provide general dental services;

(b) the first part of any list prepared under section 26(2), being the part which is of medical practitioners and ophthalmic opticians who undertake to provide general ophthalmic services,

are not such as to secure the adequate provision of the services in question in that area or part, or that for any other reason any considerable number of persons in any such area or part are not receiving satisfactory services under the arrangements in force under this Part, he may authorise the Health Board to make such other arrangements as he may approve, or may himself make other arrangements, and may dispense with any of the requirements of regulations made under this Part so far as appears to him to be necessary to meet exceptional circumstances and enable such arrangements to be made.

34 Exercise of choice of medical practitioner etc. in certain cases.

Regulations may provide that where a right to choose the person by whom services are to be provided under this Part is conferred by or under any provision of this Part, that right shall, in the case of such persons as may be specified in the regulations, be exercisable on their behalf by other persons so specified.
F402 35  Sale of medical practices.

(1) It is unlawful to sell the goodwill of the medical practice of a person who has at any time—

(a) provided general medical services under arrangements made with any Executive Council or Health Board under the National Health Service (Scotland) Act 1947, the National Health Service (Scotland) Act 1972 or (prior to its repeal) section 19 of this Act, or

(b) provided or performed personal medical services in accordance with section 17C arrangements, (prior to the coming into force of section 2C)

(c) provided or performed primary medical services in accordance with section 17C arrangements or arrangements under section 2C(2) or under a general medical services contract—

(i) in prescribed circumstances; or

(ii) if regulations so provide, in all circumstances,

unless that person no longer provides or performs such services and has never carried on the practice in a relevant area.

(2) In this section—

“goodwill” includes any part of goodwill and, in relation to a person practising in partnership, means his share of the goodwill of the partnership practice;

“medical practice” includes any part of a medical practice; and

“relevant area”, in relation to any Executive Council or Health Board by arrangement or contract with whom a person has at any time provided or performed services as specified in subsection (1)

(3) Schedule 9 supplements the provisions of this section.]
[F408 35A Interpretation of Part II.

Where, under a direction by the Secretary of State, a Health Board has delegated any of its functions to an NHS trust, any reference in this Part to a Health Board in relation to such a delegated function shall, unless the context otherwise requires, include a reference to an NHS trust.]

Textual Amendments
F408  S. 35A inserted (1.10.1999) by 1999 c. 8, s. 65(1), Sch. 4 para. 55; S.S.I. 1999/90, art. 2(a)(b)

PART III
OTHER SERVICES AND FACILITIES

36 Accommodation and services.

(1) It shall be the duty of the Secretary of State to provide throughout Scotland, to such extent as he considers necessary to meet all reasonable requirements, accommodation and services of the following descriptions—

(a) hospital accommodation, including accommodation at state hospitals;

(b) premises other than hospitals at which facilities are available for any of the services provided under this Act;

(c) medical, nursing and other services, whether in such accommodation or premises, in the home of the patient or elsewhere.

(2) Where accommodation or premises provided under this section afford facilities for the provision of services . . . general dental or general ophthalmic services, or of pharmaceutical services, they shall be made available for those services on such terms and conditions as the Secretary of State may determine.

Textual Amendments
F409  Words in s. 36(2) omitted (1.2.2006) by virtue of The Primary Medical Services (Scotland) Act 2004 (Modification of the National Health Service (Scotland) Act 1978) Order 2006 (S.S.I. 2006/30), {art. 2(4)}

Modifications etc. (not altering text)
C42  S. 36 restricted (1.1.2003) by S.S.I. 2002/533, reg. 5(3)
37  **Prevention of illness, care and after-care.**

The Secretary of State shall make arrangements, to such extent as he considers necessary to meet all reasonable requirements, for the purposes of the prevention of illness, the care of persons suffering from illness or the after-care of such persons.

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38  **Care of mothers and young children.**

It shall be the duty of the Secretary of State to make arrangements, to such extent as he considers necessary, for the care, including in particular medical and dental care, of expectant mothers and nursing mothers and of young children.

**[F410 38A Breastfeeding]**

(1) The Scottish Ministers shall make arrangements, to such extent as they consider necessary to meet all reasonable requirements, for the purpose of supporting and encouraging the breastfeeding of children by their mothers.

(2) The Scottish Ministers shall have the power to disseminate, by whatever means, information promoting and encouraging breastfeeding.

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**Textual Amendments**

F410  S. 38A inserted (19.3.2005) by *Breastfeeding etc. (Scotland) Act 2005* (asp 1), ss. 4, 5

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**[F411 38B Detection of vision problems in children]**

(1) It is the duty of the Scottish Ministers, to such extent as they consider necessary to meet all reasonable requirements, to provide for the detection of vision problems in children.

(2) In this section, “children” means persons under the age of 16 years.

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**Textual Amendments**

F411  S. 38B inserted (17.10.2005) by *Smoking, Health and Social Care (Scotland) Act 2005* (asp 13), ss. 11, 43(3); S.S.I. 2005/492, art. 3(a), Sch. 1

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39  **Medical and dental inspection, supervision and treatment of pupils and young persons.**

(1) It shall be the duty of the Secretary of State to provide for the medical [F412] inspection, at appropriate intervals, and for the medical [F412] supervision [F413] and treatment], of all pupils in attendance at any school under the management of an education authority [F414] for at any self-governing school], and of all young persons in attendance at any [F415] other educational establishment under such management.
(2) It is also the Secretary of State’s duty to provide, to such extent as he considers necessary to meet all reasonable requirements—

(a) for the dental inspection of such pupils and young persons as are mentioned in subsection (1);
(b) for their dental treatment; and
(c) for their education in dental health.

(3) It shall be the duty of every education authority and of every board of management to make arrangements for encouraging and assisting pupils and young persons to take advantage of facilities for medical treatment made available under subsection (1) and dental treatment made available for the purpose of subsection (2); but where, in the case of any pupil or young person, his parent gives notice to the authority that he objects to the pupil or young person availing himself of the said facilities, the pupil or young person shall not be encouraged or assisted to do so.

(4) It shall be the duty of every education authority and of every board of management to afford sufficient and suitable facilities for the medical inspection, supervision and treatment, described in subsection (1) and for the dental inspection, treatment and education described in subsection (2).

(5) Expressions used in this section and in the Education (Scotland) Act 1980 have in this section the same meanings as in that Act.
(3) The Secretary of State may, either directly or by another person, supply free of charge to medical practitioners providing services under this section, vaccines, sera or other preparations for vaccinating or immunising persons against any disease.

Textual Amendments

F423 S. 40(2) repealed (1.4.2004) by Primary Medical Services (Scotland) Act 2004 (asp 1), ss. 8, 9(1), {Sch. para. 1(15); S.S.I. 2004/58, art. 2(3)}

41 Family planning.

It shall be the duty of the Secretary of State to make arrangements, to such extent as he considers necessary, for the giving of advice on contraception, the medical examination of persons seeking advice on contraception, the treatment of such persons and the supply of contraceptive substances or appliances.

Modifications etc. (not altering text)

C46 S. 41: functions transferred (27.6.2002) by S.S.I. 2002/305, art. 4(2)(e) (with art. 4(4))

42 Health education.

The Secretary of State shall have power to disseminate, by whatever means, information relating to the promotion and maintenance of health and the prevention of illness.

Modifications etc. (not altering text)

C47 By S.I. 1990/2639, art. 4(1)(a) certain functions of the Secretary of State specified in s. 42 are made exercisable (1.4.1991) by Health Education Board for Scotland


43 Control of spread of infectious disease.

The Secretary of State may provide or secure the provision of a service, which may include the provision of laboratories, for the control of the spread of infectious disease; and he may allow persons to make use of services provided at such laboratories on such terms (including terms as to the payment of charges) and on such conditions as he may determine.

44 Supplies of blood and other substances.

(1) Where the Secretary of State has acquired supplies of human blood for the purpose of carrying out blood transfusion, or supplies of any other substances or preparations not readily obtainable or has acquired any part of a human body for the purpose of, or in the course of providing, any service under this Act, he may make arrangements for making such supplies available to medical practitioners and other persons who require them or for supplying that part to any person on such terms (including terms as to the payment of charges) and on such conditions as he may determine.
(2) Subsection (1) is subject to section 54 (restriction of powers).

45 Ambulances.

It shall be the duty of the Secretary of State to make such provision as he thinks necessary for securing that ambulances and other means of transport are available for the conveyance of persons suffering from illness or of expectant or nursing mothers or of other persons for whom such transport is reasonably required in order to avail themselves of any service under this Act.

46 Provision of vehicles for persons suffering from physical defect or disability.

(1) The Secretary of State may provide invalid carriages for persons appearing to him to be suffering from severe physical defect or disability, and, at the request of such a person, may provide for him a vehicle other than an invalid carriage.

(2) The Secretary of State shall have power, in the case of an invalid carriage or other vehicle provided by him for, or belonging to, any such person as is mentioned in subsection (1), on such terms and subject to such conditions as he may determine—

(a) to adapt the vehicle for the purpose of making it suitable for the circumstances of that person;
(b) to maintain and repair the vehicle;
(c) to take out insurance policies relating to the vehicle and pay the duty, if any, with which the vehicle is chargeable under the **Vehicles (Excise) Act 1971**;
(d) to provide a structure for the keeping of the vehicle therein and provide all material and execute all works necessary for the erection of the structure.

(3) The Secretary of State may, on such terms and subject to such conditions as he may determine, make payments by way of grant towards costs incurred by any such person as is mentioned in subsection (1) in respect of all or any of the following matters in relation to an invalid carriage or other vehicle provided by the Secretary of State for, or belonging to, that person, that is to say—

(a) the taking of any such action as is referred to in subsection (2);
(b) the purchase of fuel for the purposes of the vehicle, so far as the cost of the purchase is attributable to duties of excise payable in respect of fuel; and
(c) the taking of instruction in the driving of the vehicle.

(4) Regulations made by the Secretary of State may provide for any incidental or supplementary matter for which it appears to him necessary or expedient to make provision in connection with the taking of any action under subsection (2) or the making of any payment under subsection (3).

(5) In this section “invalid carriage” means a mechanically propelled vehicle specially designed and constructed, and not merely adapted, for the use of a person suffering from some physical defect or disability, and used solely by such a person.
46A Provision of communication equipment

The Scottish Ministers must, to such extent as they consider necessary to meet all reasonable requirements, provide or secure the provision of—

(a) communication equipment, and
(b) support in using that equipment,
to any person who has lost their voice or has difficulty speaking.]

47 Educational and research facilities.

(1) It shall be the duty of the Secretary of State to make available such facilities, in any premises provided by him under this Act, as appear to him to be reasonably required for undergraduate and post-graduate clinical teaching and research, and for the education and training of persons providing or intending to provide services under this Act.

(2) Without prejudice to the general powers and duties conferred or imposed on the Secretary of State under the Scottish Board of Health Act 1919, the Secretary of State may conduct, or assist by grants or otherwise any person to conduct, research into any matters relating to the causation, prevention, diagnosis or treatment of illness, or into such other matters relating to the health service as he thinks fit.

48 Residential and practice accommodation.

(1) The Secretary of State may provide, on such terms and conditions as may be agreed, residential accommodation for officers employed for the purposes of any of his functions under this Act, or for officers employed by a voluntary organisation for the purposes of any service provided under this Part.

(2) The Secretary of State may, in any case, in view of the special circumstances thereof, provide, on such terms and conditions as may be agreed—
(a) residential accommodation for medical and dental practitioners providing services under Part II;
(b) practice accommodation for such medical and dental practitioners and for such other persons providing services under this Act as he thinks fit.

(3) In subsection (2) “practice accommodation”, in relation to a person providing services of any kind, means accommodation suitable for the provision of services of that kind.

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MODIFICATIONS ETC. (NOT ALTERING TEXT)

C51  S. 48: functions transferred (27.6.2002) by S.S.I. 2002/305, art. 4(2)(h) (with art. 4(4))

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PART IV

POWERS OF THE SECRETARY OF STATE

Control of maximum prices for medical supplies

F425 49  Maximum prices of medical supplies may be controlled.

+----------------------------------+
| Textual Amendments               |
| F425  S. 49 omitted (7.8.2017) by virtue of Health Services Medical Supplies (Costs) Act 2017 (c. 23), ss. 10(1)(a), 12(3); S.I. 2017/809, reg. 2(h) (with reg. 3) |
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Additional powers as to services and supplies; and the use of those services and supplies for private patients

50  .........................................

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| Textual Amendments               |
| F426  S. 50 repealed by Health and Medicines Act 1988 (c. 49, SIF 113-2), s. 25(2), Sch. 3 |
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51, 52.  .........................................

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| Textual Amendments               |
| F427  Ss. 16(3), 20(2), 51, 52, 59–63, 65–68, 96(2), Sch. 16 paras. 25, 43 repealed by Health Services Act 1980 (c. 53), Sch. 7 |
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53  .........................................

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| Textual Amendments               |
| F428                             |
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54 Restriction of powers under sections 44, 50 and 53.

The Secretary of State shall exercise the powers conferred on him by the provisions of section 44 (supplies of blood and other substances) only if and to the extent that he is satisfied that anything which he proposes to do or allow under those powers—

(a) will not to a significant extent interfere with the performance by him of any duty imposed on him by this Act to provide accommodation or services of any kind; and

(b) will not to a significant extent operate to the disadvantage of persons seeking or afforded admission or access to accommodation or services at health service hospitals (whether as resident or non-resident patients) otherwise than as private patients.

55 Hospital accommodation on part payment.

(1) The Secretary of State may authorise the accommodation described in this section to be made available, for patients to such extent as he may determine, and may recover such charges as he may determine in respect of such accommodation and calculate them on any basis that he considers to be the appropriate commercial basis.

The accommodation mentioned above is—

(a) in single rooms or small wards which are not for the time being needed by any patient on medical grounds;

(b) at any hospital vested in the Secretary of State.

(2) Expenses payable by remuneratively employed resident patients.

The Secretary of state may require any person—

(a) who is a resident patient for whom the Secretary of State provides services under this Act; and
(b) who is absent during the day for the purpose of engaging in remunerative employment from the hospital where he is a patient,
to pay such part of the cost of his maintenance in the hospital and any costs incidental thereto as may seem reasonable to the Secretary of State having regard to the amount of that person’s remuneration, and the Secretary of State may recover the payment so required.

[F4357 Accommodation and services for private patients.]

(1) If the Secretary of State is satisfied, in the case of a health service hospital [F434 vested in the Secretary of State] that it is reasonable to do so, he may authorise accommodation and services at the hospital in question to be made available, to such extent as he may determine, for patients who give undertakings (or for whom undertakings are given) to pay, in respect of the accommodation and services made available, such charges as the Secretary of State may determine and may make and recover such charges as he may determine in respect of such accommodation and services and calculate them on any basis that he considers to be the appropriate commercial basis; but he shall do so only if and to the extent that he is satisfied that to do so—

(a) will not to a significant extent interfere with the performance by him of any duty imposed on him by this Act to provide accommodation or services of any kind; and

(b) will not to a significant extent operate to the disadvantage of persons seeking or afforded admission or access to accommodation or services at health service hospitals (whether as resident or non-resident patients) otherwise than under this section.

(2) The Secretary of State may allow accommodation and services to which an authorisation under subsection (1) above relates to be made available in connection with treatment, in pursuance of arrangements made by a medical practitioner or dental practitioner serving (whether in an honorary or paid capacity) on the staff of a health service hospital for the treatment of private patients of that practitioner.

[F435 The Secretary of State shall revoke an authorisation under this section only if and to the extent that he is satisfied that sufficient accommodation and facilities for the private practice of medicine and dentistry are otherwise reasonably available (whether privately or at health service hospitals) to meet the reasonable demand for them in the area served by the hospital in question.]
Use by practitioners of health service accommodation and facilities for private practice

64 Permission for use of facilities in private practice.

(1) A person to whom this section applies who wishes to use any relevant health service accommodation or facilities for the purpose of providing medical, dental, pharmaceutical, ophthalmic or chiropody services to non-resident private patients may apply in writing to the Secretary of State for permission under this section.

(2) Any application for permission under this section must specify—

(a) which of the relevant health service accommodation or facilities the applicant wishes to use for the purpose of providing services to such patients; and

(b) which of the kinds of services mentioned in subsection (1) he wishes the permission to cover.

(3) On receiving an application under this section the Secretary of State—

(a) shall consider whether anything for which permission is sought would interfere with the giving of full and proper attention to persons seeking or afforded access otherwise than as private patients to any services provided under this Act; and

(b) shall grant the permission applied for unless in his opinion anything for which permission is sought would so interfere.

(4) Any grant of permission under this section shall be on such terms (including terms as to the payment of charges for the use of the relevant health service accommodation or facilities pursuant to the permission) as the Secretary of State may from time to time determine.

(5) The persons to whom this section applies are—

[F438(za)] persons providing primary medical services; and

[a] persons of any of the following descriptions who provide services under Part II, namely, medical practitioners, dental practitioners, registered pharmacists, and ophthalmic [F439] opticians; and

[b] other persons who provide [F440] dental,] pharmaceutical or ophthalmic services under Part II; and

[c] chiropodists who provide services under this Act at premises where services are provided under Part II.
(6) In this section—
   (a) “relevant health service accommodation or facilities”, in relation to a person
to whom this section applies, means any accommodation or facilities available
at premises provided by the Secretary of State by virtue of this Act, being
accommodation or facilities which that person is for the time being authorised
to use for the purposes of [F441 this Act]; or
   (b) in the case of a person to whom this section applies by virtue of paragraph (c)
of subsection (5), accommodation or facilities which that person is for the time
being authorised to use for purposes of this Act at premises where services
are provided under Part II.

Textual Amendments

F438 S. 64(5)(za) inserted (1.2.2006) by The Primary Medical Services (Scotland) Act 2004 (Modification
of the National Health Service (Scotland) Act 1978) Order 2006 (S.S.I. 2006/30), [art. 2(5)(a)]
F439 Words repealed by Health and Social Security Act 1984 (c. 48, SIF 113:1), s. 24, Sch. 8 Pt. I
F440 Word in s. 64(5)(b) inserted (2.7.2010) by Smoking, Health and Social Care (Scotland) Act 2005 (asp
13), ss. 42(1), 43(3), {Sch. 2 para. 2(16)}; S.S.I. 2010/185, art. 3(b), Sch. 2
F441 Words in s. 64(6)(a) substituted (1.2.2006) by The Primary Medical Services (Scotland) Act 2004
(Modification of the National Health Service (Scotland) Act 1978) Order 2006 (S.S.I. 2006/30), [art.
2(5)(b)]

65— .............................................. F442
68.

Textual Amendments

F442 Ss. 16(3), 20(2), 51, 52, 59–63, 65–68, 96(2), Sch. 16 paras. 25, 43 repealed by Health Services Act
1980 (c. 53), Sch. 7

Regulations as to certain charges

69 Charges for drugs, medicines or appliances or pharmaceutical services.

(1) Regulations may provide for the making and recovery in such manner as may be
prescribed of such charges as may be prescribed in respect of—
   (a) the supply under this Act (otherwise than under Part II) of drugs, medicines
or appliances (including the replacement and repair of those appliances),
   (b) such of the pharmaceutical services referred to in Part II as may be prescribed.

(2) Regulations under subsection (1) may provide for the grant, on payment of such sums
as may be prescribed by those regulations, of certificates conferring on the persons to
whom the certificates are granted exemption from charges otherwise exigible under
the regulations in respect of drugs, medicines and appliances supplied during such
period as may be prescribed, and different sums may be so prescribed in relation to
different periods.

(3) The additional provisions of paragraphs 1 and 4 of Schedule 11 have effect in relation
to this section.
70 Charges for dental or optical appliances.

(1) Regulations may provide for the making and recovery in such manner as may be prescribed of charges of such amounts as are mentioned in sub-paragraph (1) of paragraph 2 of Schedule 11, in respect of the supply under this Act of such \[F443\] optical appliances as are mentioned in that sub-paragraph.

\[F444\] (1A) Regulations may provide for the making and recovery in such manner as may be prescribed of charges of amounts calculated in accordance with section 17A in respect of the supply under this Act of dentures and other dental appliances of prescribed descriptions.\]

(2) If the Secretary of State, after consultation with the university associated with any hospital providing facilities for clinical dental teaching, is satisfied that it is expedient in the interests of dental training or education that the charges imposed by subsection \[F445\] (1A) should be remitted in the case of dental services provided at that hospital, either generally or subject to limitations or conditions, he may by order provide for that purpose.

Any order made under this subsection may be revoked or varied by a subsequent order made by the Secretary of State after such consultation as is mentioned above.

(3) The additional provisions of paragraphs 2 and 5 of Schedule 11 have effect in relation to this section.

Textual Amendments

F443 Words repealed by Health and Medicines Act 1988 (c. 49, SIF 113:2), s. 25(2), Sch. 3
F444 S. 70(1A) inserted by Health and Medicines Act 1988 (c. 49, SIF 113:2), s. 11(4)
F445 “(1A)” substituted for “(1)” by Health and Medicines Act 1988 (c. 49, SIF 113:2), s. 25(1), Sch. 2 para. 12

71 Charges for dental treatment.

(1) A charge of \[F446\] an amount calculated in accordance with section 71A may be made and recovered, in such manner as may be prescribed, in respect of any services provided as part of the general dental services under Part II, not being—

\[F447\] (a) oral health assessments and dental examinations carried out on or after 1st April 2006;

(b) the repair of appliances other than prescribed appliances;

(c) the arrest of bleeding; \[F448\]

F448 The additional provisions of paragraphs 3 and 5 of Schedule 11 have effect in relation to this subsection.

(2) Regulations may provide that, in the case of such special dental treatment as may be prescribed, being treatment provided as part of the general dental services \[F449\] (but not being oral health assessments or dental examinations carried out on or after 1st April 2006)], such charges as may be prescribed may be made and recovered by the person providing the services.
(1) Subject to the following provisions of this section, regulations may make such provision as to the amount of any change—
   (a) authorised by section 70(1A) for the supply of dentures or other dental appliances; or
   (b) authorised by section 71 for the provision of services, as appears to the Secretary of State to be appropriate.

(2) Without prejudice to the generality of subsection (1) above, regulations may provide that any such charge in respect of appliances or services supplied or provided under Part II of this Act—
   (a) shall be of an amount equal—
       (i) to the practitioner’s remuneration in respect of the supply or provision; or
       (ii) to any part of that remuneration; or
   (b) shall be otherwise calculated by reference to that remuneration.

(3) Without prejudice to the generality of subsection (1) above, regulations may provide that any charge which is so authorised in respect of appliances supplied otherwise than under Part II of this Act—
   (a) shall be of an amount equal—
       (i) to the remuneration a practitioner would receive for a supply under that Part of equivalent appliances; or
       (ii) to any part of such remuneration; or
   (b) shall be otherwise calculated by reference to such remuneration.

(4) The charge shall not exceed the amount which the Secretary of State considers to be the cost to the health service of the supply or provision.

(5) In this section “cost to the health service” does not include—
   (a) any fee in respect of a visit by a practitioner to a patient; or
(b) any fee or part of a fee payable by a patient in pursuance of regulations under section 71(2) or section 73(b) or 74(b).]

Textual Amendments
F450 S. 71A inserted by Health and Medicines Act 1988 (c. 49, SIF 113:2), s. 11(6)

72 Charges in respect of services etc. provided under sections 37, 38 and 41.

Regulations may provide for the recovery of such charges as may be prescribed—

(a) in respect of such services provided under section 37 (prevention of illness, care and after-care) as may be prescribed, not being services provided in a hospital;

(b) in respect of such articles or services provided under section 38 (care of mothers and young children) as may be prescribed, not being articles or services provided in a hospital, and not being a drug, a medicine or an appliance of a type normally supplied;

(c) from persons availing themselves of any service under section 41 (except advice on contraception),

and may provide for the remission of any such charge, in whole or in part, in such circumstances as may be prescribed.

73 Charges for more expensive supplies.

Regulations may provide for the making and recovery of such charges as may be prescribed—

(a) by the Secretary of State in respect of the supply by him of any appliance or vehicle which is, at the request of the person supplied, of a more expensive type than the prescribed type, or in respect of the replacement or repair of any such appliance, or the replacement of any such vehicle, or the taking of any such action in relation to the vehicle as is mentioned in section 46(2).

(b) by persons providing personal dental services in accordance with section 17C arrangements or general dental services in respect of the supply, as part of those services, of any dental appliance which is, at the request of the person supplied, of a more expensive type than the prescribed type or in respect of replacement or repair of any such appliance.

(c) by a National Health Service trust in respect of the supply by them of any appliance or vehicle which is, at the request of the person supplied, of a more expensive type than the prescribed type, or in respect of the replacement or repair of any such appliance, or the replacement of any such vehicle.

Textual Amendments
F451 Words in 73(b) inserted (1.10.1998) by 1997 c. 46, s. 41(10), Sch. 2 Pt. I paras. 32, 47; S.I. 1998/1998, art. 2(2)(b), Sch. 2
F452 Words repealed by Health and Social Security Act 1984 (c. 48, SIF 113:1), s. 24, Sch. 8 Pt. 1
F453 S. 73(c) inserted by National Health Service and Community Care Act 1990 (c. 19, SIF 113:2), s. 66(1), Sch. 9 para. 19(11)
74 Charges for repairs and replacements in certain cases.

Regulations may provide for the making and recovery of such charges as may be prescribed—

(a) by the Secretary of State in respect of the replacement or repair of any appliance or vehicle supplied by him, or

(b) by persons providing personal dental services in accordance with section 17C arrangements or general dental services in respect of the replacement or repair of any dental appliance supplied as part of those services,

(c) by an NHS trust in respect of the replacement or repair of any appliance or vehicle supplied by them,

if it is determined in the prescribed manner that the replacement or repair is necessitated by an act or omission of the person supplied or (if the act or omission occurred when the person supplied was under 16 years of age) of the person supplied or of the person having charge of him when the act or omission occurred.

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75 Sums otherwise payable to those providing services.

Regulations made—

(a) under sections 69 to 71 and under sections 73 and 74 providing for the making and recovery of charges in respect of any services, may provide for the reduction of the sums which would otherwise be payable by a Health Board to the persons by whom those services are provided by the amount of the charges authorised by the regulations in respect of those services;

(b) for the purposes of section 70(1A) in relation to appliances provided as part of—

(i) general dental services, or

(ii) personal dental services provided in accordance with section 17C arrangements,

may provide for the reduction of the sums which would otherwise be payable by a Health Board to the persons by whom those services are provided by the amount of the charges authorised by section 70(1A) in respect of those appliances.
Remission and repayment of charges and payment of travelling expenses.

(1) Regulations may provide in relation to prescribed descriptions of persons—
   (a) for the remission or repayment of the whole or any part of any charges which would otherwise be payable by them in pursuance of section 69(1) above, section 70(1) [F459 or, (1A)] above [F460 section 70A(1) above] or section 71 above [F460] or section 20 of the National Health Service (Primary Care) Act 1997;  
   (b) for the payment by the Scottish Ministers, in such cases as may be prescribed, of travelling expenses (including the travelling expenses of a companion) incurred or to be incurred for the purpose of their obtaining—
      (i) any services provided under this Act,  
      (ii) any services in respect of which the costs are reimbursable under section 75B,  
      (iii) any services authorised to be received in another [F463 EEA State ] or Switzerland under Article 20(2) or (3) or Article 27(3) of Regulation (EC) 883/2004 .  
   (c) where they are persons whose travelling expenses are payable by virtue of paragraph (b) above, for the payment by the Secretary of State in such cases as may be prescribed of expenses necessarily incurred by them (and by any companion whose travelling expenses are so payable) in obtaining overnight accommodation for the purpose mentioned in that paragraph [F464 and]
   (d) reimburse them for any sums paid by them as travelling expenses in such cases as may be prescribed .

(2) Descriptions of persons may be prescribed for the purposes of paragraph (a), (b), (c) or (d) of subsection (1) above by reference to any criterion and, without prejudice to the generality of this subsection, by reference to any of the following criteria—
   (a) their age;  
   (b) the fact that a prescribed person or a prescribed body accepts them as suffering from a prescribed medical condition;  
   (c) the fact that a prescribed person or a prescribed body accepts that a prescribed medical condition from which they suffer arose in prescribed circumstances;  
   (d) their receipt of benefit in money or in kind under any enactment or their entitlement to receive any such benefit;  
   (e) the receipt of any such benefit by other persons satisfying prescribed conditions or the entitlement of other persons satisfying prescribed conditions to receive such benefits; and  
   (f) the relationship, as calculated in accordance with the regulations by a prescribed person, between their resources and their requirements.

(3) Regulations under this section may direct how a person’s resources and requirements are to be calculated and, without pre-judice to the generality of this subsection, may direct that they shall be calculated—
   (a) by a method set out in the regulations;  
   (b) by a method described by reference to a method of calculating or estimating income or capital specified in an enactment other than this section or in an instrument made under an Act of Parliament or by reference to such a method but subject to prescribed modifications;
(c) by reference to an amount applicable for the purposes of a payment under an Act of Parliament or an instrument made under an Act of Parliament; or
(d) by reference to the person’s being or having been entitled to payment under an Act of Parliament or an instrument made under an Act of Parliament.

(4) Regulations under this section which refer to an Act of Parliament or an instrument made under an Act of Parliament may direct that the reference is to be construed as a reference to that Act or instrument—
(a) as it has effect at the time when the regulations are made; or
(b) both as it has effect at that time and as amended subsequently.]
(3) In respect of services other than dental services, a Health Board may limit the amount payable by way of reimbursement under subsection (1) to the amount that the same or equivalent services would have cost the Health Board in whose area the eligible person resides if those services had been provided under this Act otherwise than in accordance with this section and section 75C.

(4) In respect of dental services a Health Board may limit the amount payable by way of reimbursement under subsection (1) to the amount that would have been payable in respect of the same or equivalent services if those services had been provided under this Act otherwise than in accordance with this section and section 75C.

(5) Where the same or equivalent services referred to in subsection (4) would have required approval from the Dental Practice Board, the Health Board—

(a) may require the eligible person to submit evidence as to the clinical necessity of the dental services; and

(b) may decline to reimburse the costs of any services which were not clinically necessary.

(6) The duty in subsection (1) does not apply where the cost of the eligible services was incurred in connection with an arrangement which was entered into by or on behalf of the eligible person in the course of business and under which the applicant for reimbursement has gained or might be expected to gain any financial benefit.

(7) This section and section 75C do not apply in circumstances where Articles 20 and 27(3) of Regulation (EC) 883/2004 apply.

(8) In this section and sections 75C and 75D—

“authorised provider” in relation to services provided in an [EEA State] other than the United Kingdom means a person who is lawfully providing services;

“eligible person” means a person who is ordinarily resident in Scotland;

“eligible services” has the meaning given in subsection (2) of this section;

“services” includes any goods, including drugs, medicines and appliances which are used or supplied in connection with the provision of a service, but does not include accommodation other than hospital accommodation; and

“specified services” means those services comprising—

(a) services which would require a stay in hospital accommodation for at least one night;

(b) medical treatment that involves general anaesthesia, epidural anaesthesia or intravenously administered sedation;

(c) dental treatment that involves general anaesthesia or intravenously administered sedation;

(d) services whose provision involves the use of specialised or cost-intensive medical infrastructure or medical equipment.

Textual Amendments

F463 Words in Act substituted (1.7.2013) by The European Union (Amendments in respect of the Accession of Croatia) (Scotland) Regulations 2013 (S.S.I. 2013/177), sch. para. 2(a)

F466 Ss. 75B-75D inserted (7.7.2010) by The National Health Service (Reimbursement of the Cost of EEA Treatment) (Scotland) Regulations 2010 (S.S.I. 2010/283), reg. 3(3)
Reimbursement of the cost of services provided in another EEA State where expenditure is incurred on or after 25 October 2013.

(1) This section applies where qualifying EEA expenditure is incurred by a person on or after 25 October 2013 (but see subsections (9) and (14)).

(2) A Health Board must, on an application made by the person, reimburse to that person the amount of the qualifying EEA expenditure incurred by that person, but this is subject to subsections (8) and (9), to any limit applicable under subsection (11) and to any deduction applicable under section 75D.

(3) For the purpose of this section, “qualifying EEA expenditure” is expenditure incurred on the provision by an authorised provider, in an EEA State other than the United Kingdom, to a person ordinarily resident in Scotland (“the patient”) of services as respects which condition A or condition B is met.

(4) Condition A is that the services—

(a) are necessary to treat or diagnose a medical condition of the patient, and
(b) are the same as or equivalent to services that a Health Board in whose area a patient resides would make or have made available to a patient under this Act in the circumstances of the patient’s case.

(5) But in the case of services which, although meeting the requirements in paragraphs (a) and (b) of subsection (4), fall within subsection (6), condition A is only met if, before the services were provided, the Health Board had given authorisation under section 75BB for the provision of the services to the patient.

(6) Services fall within this subsection if—

(a) they are subject to planning requirements relating to the objective of ensuring sufficient and permanent access to a balanced range of high quality treatment or to the wish to control costs and avoid, as far as possible, any waste of financial, technical and human resources, and—

(i) involve a stay in hospital accommodation for at least one night, or
(ii) require the use of highly specialised and cost-intensive medical infrastructure or medical equipment,

(b) they involve treatments presenting a particular risk for the patient or the population, or

(c) they are provided by a healthcare provider in circumstances that, on a case-by-case basis, could give rise to serious and specific concerns relating to the quality or safety of the care, with the exception of healthcare services which are subject to European Union legislation ensuring a minimum level of safety and quality throughout the European Union.

(7) Condition B is that before the services were provided the Health Board had given authorisation under section 75BB(4)(b) for the provision of the services to the patient.

(8) The duty in subsection (2) does not apply where the applicant for reimbursement incurred the qualifying EEA expenditure in connection with an arrangement which was entered into by or on behalf of the applicant in the course of business and under which the applicant has gained or might be expected to gain any financial benefit.
(9) This section does not apply in circumstances where Article 20 or 27(3) of Regulation (EC) No. 883/2004 apply.

(10) Subsection (11) applies where the services are the same as or equivalent to services that the Health Board in whose area a patient resides would have made available to that patient under this Act in the circumstances of the patient’s case.

(11) The Health Board may limit the amount of any reimbursement under this section to the cost that the Board would have incurred if the same or an equivalent service had been made available by the Board to a patient resident in the Board’s area.

(12) A Health Board may, on an application made by a person who receives reimbursement of qualifying expenditure under paragraph (2), reimburse to that person travelling expenses (including the travelling expenses of companions) incurred or to be incurred for the purpose of their obtaining any services reimbursed under this section.

(13) The Scottish Ministers may determine—
(a) the form in which an application under this section must be made, and
(b) the information to be provided in support of the application.

(14) This section does not apply where expenditure is incurred in Iceland, Liechtenstein or Norway before Directive 2011/24/EU of the European Parliament and of the Council of 9 March 2011 on the application of patients’ rights in cross-border healthcare applies to that state in accordance with the EEA Agreement.

(15) In this section and section 75BB, “authorised provider”, and “services” have the meaning given in section 75B.

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**Textual Amendments**

F466 Ss. 75B-75D inserted (7.7.2010) by The National Health Service (Reimbursement of the Cost of EEA Treatment) (Scotland) Regulations 2010 (S.S.I. 2010/283), reg. 3(3)

F468 S. 75BA - 75BB inserted (25.10.2013) by The National Health Service (Cross-Border Health Care) (Scotland) Regulations 2013 (S.S.I. 2013/292), regs. 1(1), 8(4)

**75BB  Prior authorisation for the purposes of section 75BA**

(1) A person may apply to a Health Board under this section for prior authorisation for the purposes of section 75BA in relation to the provision of services (“the requested services”) to a person ordinarily resident in Scotland (“the patient”).

(2) The requested services must be—
(a) services which fall within section 75BA(6) and meet the requirements in paragraphs (a) and (b) of section 75BA(4), or
(b) services that are neither the same as nor equivalent to services that a Health Board in whose area the patient resides would make available to the patient under this Act in the circumstances of the patient’s case.

(3) The Scottish Ministers may determine—
(a) the form in which an application under this section must be made, and
(b) the information to be provided in support of the application.

(4) A Health Board—
(a) must authorise the provision of the requested services if they are services mentioned in subsection (2)(a) (but see subsection (5)), and

(b) may authorise the provision of the requested services in any case where—

(i) the requested services are necessary to treat or diagnose a medical condition of the patient, and

(ii) the duty in paragraph (a) does not apply.

(5) The duty in subsection (4)(a) does not apply if at least one of the following conditions is met—

(a) by receiving the requested services the patient would, according to a clinical evaluation, be exposed with reasonable certainty to a patient-safety risk that cannot be regarded as acceptable, taking into account the potential benefit for the patient of the requested service,

(b) the general public will be exposed with reasonable certainty to a substantial safety hazard as a result of the requested service,

(c) the requested service is to be provided by a healthcare provider that raises serious and specific concerns relating to the respect of standards and guidelines on quality of care and patient safety, including provisions on supervision, whether these standards and guidelines are laid down by laws or regulations or through accreditation systems established by the state in which the requested services will be provided,

(d) the Health Board can provide to the patient services that are the same as or equivalent to the requested services within a period of time that is medically justifiable, taking into account the patient’s state of health at the time the decision under this section is made and the probable course of the medical condition to which the requested services relate.

(6) The matters to which a Health Board is to have regard in determining for the purpose of subsection (5)(d) whether the length of any delay is medically justifiable include—

(a) the patient’s medical history,

(b) the extent of any pain, disability, discomfort or other suffering that is attributable to the medical condition to which the requested services are to relate,

(c) whether any such pain, disability, discomfort or suffering makes it impossible or extremely difficult for the patient to carry out ordinary daily tasks, and

(d) the extent to which the provision of the requested services would be likely to alleviate, or enable the alleviation of, the pain, disability, discomfort or suffering.

(7) In section 75D (deduction of NHS charges)—

(a) in subsection (1) after “75B(1)” insert “or 75BA”;

(b) in subsection (2) after “75C” insert “or 75BA and 75BB”.

(8) Any authorisation or refusal of authorisation in part or full under this section must be in writing.

(9) In this section and section 75C “writing” includes an electronic communication as defined in section 15 of the Electronic Communications Act 2000 which has been recorded and is capable of being reproduced.
Prior authorisation

(1) An eligible person may apply to the Health Board in whose area that person resides for prior authorisation for the purposes of section 75B.

(2) Prior authorisation must be given if the eligible services are specified services which—
   (a) are the same as or equivalent to those that the Health Board in whose area the eligible person resides would make available under this Act in the circumstances of the person's case; and
   (b) are not available to the eligible person from the Health Board without undue delay.

(3) Prior authorisation may be given for any other eligible services falling within section 75B(2)(b) or (c).

(4) “Undue delay” means that the services cannot be provided within a period of time which is acceptable on the basis of medical evidence as to the clinical needs of the eligible person, taking into account that person's state of health at the time the decision is made and the probable course of the medical condition to which the services relate.

(5) In assessing whether there is undue delay for the purposes of subsection (2), the Health Board must consider—
   (a) the eligible person's medical history;
   (b) the extent of any pain, disability, discomfort or other suffering that is attributable to the medical condition to which the services are to relate;
   (c) whether any such pain, disability, discomfort or suffering makes it impossible or extremely difficult for the patient to carry out ordinary daily tasks; and
   (d) the extent to which the services would be likely to alleviate, or enable the alleviating of, the pain, disability, discomfort or suffering.

(6) Any authorisation under this section must be in writing.

Deduction of NHS charges

(1) A Health Board may deduct from any amount to be reimbursed under section 75B(1) [F469 or 75BA], in whole or in part, any NHS charge which would have been payable by the eligible person for the same service or an equivalent service if the service had been made available by the Health Board in whose area the eligible person resides.
(2) Subsection (1) does not apply to the extent that the eligible person would, if the services received had been provided under this Act otherwise than in accordance with sections 75B and 75C [F470 or 75BA and 75BB], be entitled to any exemption or remission from any NHS charge.

(3) In this section “NHS charge” means any charge payable in accordance with sections 69 to 74 or regulations made under those sections.

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Textual Amendments

F466 Ss. 75B-75D inserted (7.7.2010) by The National Health Service (Reimbursement of the Cost of EEA Treatment) (Scotland) Regulations 2010 (S.S.I. 2010/283), reg. 3(3)

F469 Words in s. 75D(1) inserted by 1978 c. 29 s. 75BB(7)(a) (as inserted) (25.10.2013) by The National Health Service (Cross-Border Health Care) (Scotland) Regulations 2013 (S.S.I. 2013/292), regs. 1(1), 8(4)

F470 Words in s. 75D(2) inserted by 1978 c. 29 s. 75BB(7)(b) (as inserted) (25.10.2013) by The National Health Service (Cross-Border Health Care) (Scotland) Regulations 2013 (S.S.I. 2013/292), regs. 1(1), 8(4)

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Inquiries, and default and emergency powers

76 Inquiries.

(1) The Secretary of State may cause an inquiry to be held in any case where he deems it advisable to do so in connection with any matter arising under this Act.

(2) The provisions of Schedule 12 shall have effect with regard to any inquiry which the Secretary of State is, under this Act, required or authorised to hold.

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Modifications etc. (not altering text)

C54 S. 76 modified (1.4.2012) by Patient Rights (Scotland) Act 2011 (asp 5), ss. 21(1), 26(3) (with ss. 18(3), 20); S.S.I. 2012/35, art. 2(a)

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77 Default powers.

(1) Where the Secretary of State is of the opinion, on representations made to him or otherwise, that—

(a) any Health Board; F471 ...

[ F472(aa) an NHS trust ]

(b) F473 .......................................................

(c) the Dental Estimates Board [F474; or

(d) HIS,]

have failed to carry out any functions conferred or imposed on them by or under this Act, or have in carrying out those functions failed to comply with any regulations, schemes, proposals or directions relating to those functions, he may after holding an inquiry make an order declaring them to be in default.

(2) When such an order is made, the members of the body shall forthwith vacate their office, and the order—
(a) shall provide for the appointment [F475 or, as the case may be, election], in accordance with the provisions of this Act, of new members of the body; and

(b) may contain such provisions as seem to the Secretary of State expedient for authorising any person to act in the place of the body in question pending the appointment [F475 or, as the case may be, election] of new members.

(3) An order made under this section may contain such supplementary and incidental provisions as appear to the Secretary of State to be necessary or expedient.

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**Textual Amendments**

F471 Word in s. 77(1) repealed (1.10.2010 for specified purposes, 1.4.2011 in so far as not already in force) by Public Services Reform (Scotland) Act 2010 (asp 8), s. 134(7), Sch. 17 para. 9(a); S.S.I. 2010/321, art. 3, Sch.; S.S.I. 2011/122, art. 2, Sch.

F472 S. 77(1)(aa) inserted by National Health Service and Community Care Act 1990 (c. 19, SIF 113:2), s. 66(1), Sch. 9 para. 19(14)

F473 S. 77(1)(b) repealed (1.4.2004) by Public Appointments and Public Bodies etc. (Scotland) Act 2003 (asp 4), ss. 17, 21(2), Sch. 4 para. 5(11); S.S.I. 2004/148, art. 2(c)

F474 S. 77(1)(d) and word inserted (1.10.2010 for specified purposes, 1.4.2011 in so far as not already in force) by Public Services Reform (Scotland) Act 2010 (asp 8), s. 134(7), Sch. 17 para. 9(b); S.S.I. 2010/321, art. 3, Sch.; S.S.I. 2011/122, art. 2, Sch.

F475 Words in s. 77(2)(a) inserted (temp. from 24.6.2009 for certain purposes, otherwise prosp.) by Health Boards (Membership and Elections) (Scotland) Act 2009 (asp 5), ss. 3(a), 4, 6(2)(3), 7, 11(1); S.S.I. 2009/242, art. 2

F476 Words in s. 77(2)(b) inserted (temp. from 24.6.2009 for certain purposes, otherwise prosp.) by Health Boards (Membership and Elections) (Scotland) Act 2009 (asp 5), ss. 3(b), 4, 6(2)(3), 7, 11(1); S.S.I. 2009/242, art. 2

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**Modifications etc. (not altering text)**

C55 S. 77 extended by Mental Health (Scotland) Act 1984 (c. 36, SIF 85), ss. 17(2), 91(2), Sch. 1 para. 8(a)

C56 S. 77 applied (1.4.1991) by S.I. 1990/2639, art. 5(1)(2), Sch. Pt. I

C57 S. 77 applied (1.4.1993) by S.I. 1993/577, art. 5(1)(2), Sch. Pt. I (with art. 6)

S. 77 applied (1.4.1995) by S.I. 1995/574, art. 5(1)(2), Sch. Pt. I (with art. 6)

S. 77 applied (1.4.1999) by S.I. 1999/686, art. 5(1)(2), Sch. Pt. I

S. 77 applied (1.4.1999) by S.I. 1999/726, art. 5(1)(2), Sch. Pt. I


S. 77 applied (6.4.2001) by S.S.I. 2001/137, art. 5(1), Sch. Pt. I

S. 77 applied (31.3.2002) by S.S.I. 2002/103, art. 6, Sch. Pt. I (with art. 4(4))

S. 77 applied (27.6.2002) by S.S.I. 2002/305, art. 5(1), Sch. Pt. I (with art. 4(4))

C58 S. 77 applied (1.4.2012) by Patient Rights (Scotland) Act 2011 (asp 5), ss. 21(2), 26(3) (with ss. 18(3), 20; S.S.I. 2012/35, art. 2(a)

C59 S. 77 modified (1.4.2012) by Patient Rights (Scotland) Act 2011 (asp 5), ss. 21(1), 26(3) (with ss. 18(3), 20; S.S.I. 2012/35, art. 2(a)

C60 S. 77 modified (15.8.1997) by 1997 c. 46, s. 41(10), Sch. 2 Pt. 1 paras. 32, 51; S.I. 1997/1780, art. 2(1), Sch.

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78 **Emergency powers.**

If the Secretary of State is of the opinion that an emergency exists, and thinks it necessary in order to secure the effective continuance of any service under this Act, he shall have power to direct that any function conferred by or under this Act on any
body or person shall, during the period of the emergency, be performed by such other body or person as he may specify in the direction.

**Powers in case of service failure**

(1) This section applies where—

(a) it is a function of a body or person under or by virtue of this Act to provide, or secure the provision of, a service, and

(b) the Scottish Ministers consider that the body or person has failed, is failing or is likely to fail—

(i) to provide the service, or

(ii) to provide it to a standard which they regard as acceptable.

(2) The Scottish Ministers may, where they consider it necessary for the purpose of ensuring the provision of the service in question to a standard which they regard as acceptable, direct that specified functions of the body or person under or by virtue of this Act be performed, for a specified period and to a specified extent, by—

(a) a body falling within subsection (4), or

(b) one or more persons falling within subsection (5).

(3) In subsection (2), “specified” means specified in the direction.

(4) A body falls within this subsection if it is—

(a) a Health Board,

(b) a Special Health Board, \[^{F478}\] . . .

(c) the Agency \[^{F479}\], or

(d) HIS.]

(5) A person falls within this subsection if the person is—

(a) an employee of a Health Board, a Special Health Board \[^{F480}\], the Agency or HIS.],

(b) a member of the staff of the Scottish Administration, or

(c) an employee of a local authority.

(6) A body or person appointed by a direction given under subsection (2) to perform functions of a body or person referred to in subsection (1) is referred to in this section as an “appointed person”.

(7) An appointed person must comply with a direction given under subsection (2).

(8) The remuneration and expenses of, and any other costs reasonably incurred by, an appointed person in performing the functions specified in the direction shall, unless
otherwise specified in the direction, be paid by the body or person referred to in subsection (1).

(9) Anything done or omitted by an appointed person in performing the functions specified in the direction is to be regarded as done or omitted by the body or person referred to in subsection (1).

(10) A person dealing with an appointed person in good faith and for value is not concerned to inquire whether the appointed person is acting within the powers conferred by virtue of the direction.

(11) The Scottish Ministers may vary or withdraw a direction given under subsection (2).

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Textual Amendments

F477 Ss. 78A, 78B inserted (30.9.2004) by National Health Service Reform (Scotland) Act 2004 (asp 7), ss. 6, 12(1); S.S.I. 2004/361, art. 2(b)(i)

F478 Word in s. 78A(4) repealed (1.10.2010 for specified purposes, 1.4.2011 in so far as not already in force) by Public Services Reform (Scotland) Act 2010 (asp 8), s. 134(7), Sch. 17 para. 10(a)(i); S.S.I. 2010/321, art. 3, Sch.; S.S.I. 2011/122, art. 2, Sch.

F479 S. 78A(4)(d) and word inserted (1.10.2010 for specified purposes, 1.4.2011 in so far as not already in force) by Public Services Reform (Scotland) Act 2010 (asp 8), s. 134(7), Sch. 17 para. 10(a)(ii); S.S.I. 2010/321, art. 3, Sch.; S.S.I. 2011/122, art. 2, Sch.

F480 Words in s. 78A(5)(a) substituted (1.10.2010 for specified purposes, 1.4.2011 in so far as not already in force) by Public Services Reform (Scotland) Act 2010 (asp 8), s. 134(7), Sch. 17 para. 10(b); S.S.I. 2010/321, art. 3, Sch.; S.S.I. 2011/122, art. 2, Sch.

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Modifications etc. (not altering text)

C64 S. 78A modified (1.4.2012) by Patient Rights (Scotland) Act 2011 (asp 5), ss. 21(1), 26(3) (with ss. 18(3), 20); S.S.I. 2012/35, art. 2(a)

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78B Relationship of sections 77, 78 and 78A

The powers conferred by each of sections 77, 78 and 78A are without prejudice to the powers conferred by the other two sections.
PART V

PROPERTY AND FINANCE

Land and other property

79 Purchase of land and moveable property.

(1) The Secretary of State may purchase by agreement any moveable property and, by agreement or compulsorily, any land which he considers is required for the purposes of any service under this Act \[F481\] and may take any such property or land on lease,\[F482\] and may use for those purposes any property, heritable or moveable, acquired by him or on his behalf under this Act.

(1A) Without prejudice to any other power of disposal, the Secretary of State may dispose of any land which he considers is no longer required for the purposes of any service under this Act \[F483\]...

(2) Where the Secretary of State acquires premises under subsection (1) \[F484\] other than on lease he may acquire compulsorily, in accordance with Schedule 13, any equipment, furniture or other moveable property used in or in connection with the premises.

(2A) For the avoidance of doubt, the power to use heritable property conferred by section (1), and the power to dispose of land conferred by subsection (1A), include power to let the property or, as the case may be, land.

(3) Any Health Board \[F485\], the Agency or (in connection with the exercise of its health service functions only) HIS may acquire on behalf of the Secretary of State any moveable property which may be required for the purposes aforesaid.

(4) For the purpose of the purchase of land by agreement by the Secretary of State—

(a) the Lands Clauses Acts (except so much thereof as relates to the acquisition of land otherwise than by agreement, and the provisions relating to access to the special Act, and except sections 120 to 125 of the \[M27\] Lands Clauses Consolidation (Scotland) Act 1845), and

(b) section 6 and sections 70 to 78 of the \[M28\] Railways Clauses Consolidation (Scotland) Act 1845 (as originally enacted and not as amended by section 15 of the \[M29\] Mines (Working Facilities and Support) Act 1923),

are hereby incorporated with this section; and in construing those Acts for the purposes of this section, this section shall be deemed to be the special Act and the Secretary of State shall be deemed to be the promoter of the undertaking.

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Textual Amendments

F481 Words inserted by National Health Service and Community Care Act 1990 (c. 19, SIF 113:2), s. 66(1), Sch. 9 para. 19(15)(a)
F482 S. 79(1A) inserted by Health and Social Services and Social Security Adjudications Act 1983 (c. 41, SIF 113:3), s. 14(2), Sch. 7 para. 3
F483 Words in s. 79(1A) repealed (1.8.1995) by 1995 c. 7, ss. 14(2), 15(2), Sch. 5 (with ss. 9(3)(5)(7), 13, 14(3))
F484 Words inserted by National Health Service and Community Care Act 1990 (c. 19, SIF 113:2), s. 66(1), Sch. 9 para. 19(15)(b)
80  Transferred property free of trusts.

(1) All property vested in the Secretary of State by virtue of section 6 of the National Health Service (Scotland) Act 1947 is so vested free of any trust existing immediately before 5th July 1948; and the Secretary of State may use any such property for the purpose of any of the functions exercisable by him under this Act, but shall so far as practicable secure that the objects for which any such property was used immediately before the said 5th July are not prejudiced by the exercise of the power hereby conferred.

(2) Where the character and associations of any voluntary hospital transferred to the Secretary of State by virtue of the said Act of 1947 are such as to link it with a particular religious denomination, regard shall be had in the general administration of the hospital to the preservation of the character and associations of the hospital.

Marginal Citations
M30 1947 c. 27.
81 Power of voluntary organisations to transfer property to Secretary of State.

Notwithstanding anything contained in the constitution or rules of any voluntary organisation formed for the purpose of providing a service of nurses for attendance on the sick in their own home or of midwives, or in any trust deed or other instrument relating to any such organisation or service, any property vested in the organisation or held by any persons on trust for the organisation or service or for any specific purposes connected with the organisation or service may be transferred to the Secretary of State on such terms as may be agreed between the Secretary of State and the organisation or trustees, with a view to the property being used or held by the Secretary of State for purposes similar to the purposes for which it was previously used or held.

Trust property

82 Use and administration of certain endowments and other property held by Health Boards.

(1) All endowments vested in a Health Board by virtue of section 37 of the National Health Service (Scotland) Act 1972 are so vested free of any trust existing immediately before 1st April 1974 (hereafter in this section referred to in relation to any such endowment as “the original trust”); but all such endowments shall be held by the Health Board on trust for such purposes relating to services provided under this Act in or in relation to hospitals, or to the functions of the Board with respect to research, as the Board may think fit.

(2) All property vested in a Health Board by virtue of section 39 of the said Act of 1972 is so vested free of any trust existing immediately before the said 1st April (hereafter in this section referred to in relation to any such property as “the original trust”); but all such property shall be held by the Health Board on trust for such purposes relating to services provided under this Act or to the functions of the Board with respect to research, as the Board may think fit.

[487](2A) All endowments and other property (including value in lieu of the property) vested in a Health Board by virtue of section 5 or 6(2) of the Public Appointments and Public Bodies etc. (Scotland) Act 2003 (asp 4) is so vested free of any trust existing immediately before it is so vested (hereafter in this section referred to in relation to any such endowment or property as “the original trust”); but all such endowments and other property shall be held by the Health Board on trust for such purposes relating to services provided under this Act or in relation to hospitals, or to the functions of the Board with respect to research, as the Board may think fit.]

[488](2B) All endowments and property held in trust transferred to a Health Board by an order under paragraph 26 of Schedule 7A (whenever made) are held by the Health Board free of any trust existing immediately before the transfer (hereafter in this section referred to in relation to any such endowment or property as “the original trust”); but all such endowments and property shall be held by the Health Board on trust for such purposes relating to services provided under this Act, or to the functions of the Board with respect to research, as the Board may think fit.]

(3) In exercising the power conferred on them by this section in relation to any endowment or property a Health Board shall secure, so far as is reasonably practicable, that the objects of the original trust (including, in the case of an endowment, the objects of the endowment) and the observance of any conditions attaching thereto, including,
in particular, conditions intended to preserve the memory of any person or class of persons, are not prejudiced by the exercise of the power.

(4) Any reference in this section to an endowment or to any property includes a reference to the accumulated income thereof.

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**Power of Health Boards and local health councils to hold property on trust.**

(1) A Health Board \[^{F489}\] and HIS, shall have power to accept, hold and administer any property on trust for purposes relating to any service which it is their function to make arrangements for, administer or provide, or to their functions with respect to research.

\[^{F490}\] Any reference in subsection (1) to a function of HIS is to be construed as a reference to that body's health service functions only.

\[^{F491}\] A Health Board shall have power to accept, hold and administer any property on trust for purposes relating to any service which it is the function of any NHS trust in the area of the Health Board to make arrangements for, administer or provide.

(2) A local health council shall have power to accept, hold and administer any property on trust for purposes relating to any function conferred upon them by or under any enactment.

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**Textual Amendments**

- **F487** S. 82(2A) inserted (12.2.2004) by Public Appointments and Public Bodies etc. (Scotland) Act 2003 (asp 4), ss. 10(2), 21(3); S.S.I. 2003/602, art. 2(4)(c)
- **F488** S. 82(2B) inserted (30.9.2004) by National Health Service Reform (Scotland) Act 2004 (asp 7), ss. 1(2), 12(1); S.S.I. 2004/361, art. 2(b)(i)

**Modifications etc. (not altering text)**

- **C72** S. 82 applied (1.4.1999) by S.I. 1999/686, art. 5(1)(2), Sch. Pt. I

**Marginal Citations**

- **M31** 1972 c. 58.
S. 83(1) applied (1.4.2000) by S.S.I. 2000/47, art. 5(1)(2), Sch. Pt. I
S. 83(1) applied (6.4.2001) by S.S.I. 2001/137, art. 5(1), Sch. Pt. I
S. 83(1) applied (31.3.2002) by S.S.I. 2002/103, art. 6, Sch. Pt. I (with art. 4(4))
S. 83(1) applied (27.6.2002) by S.S.I. 2002/305, art. 5(1), Sch. Pt. I (with art. 4(4))

84 Power of trustees to make payments to Health Boards.

(1) Where property (other than property transferred to the Secretary of State under Part V of the National Health Service (Scotland) Act 1972 or to a Health Board under Part VI of that Act) was immediately before 1st April 1974, and is at any time after the commencement of this Act, held on trust under a trust instrument the terms of which authorise or require the trustees (whether immediately or in the future) to apply any part of the capital or income of the property for the purposes of any hospital or service which is administered by a Health Board [F492] or (in connection with the exercise of its health service functions only) by HIS[F493] or an NHS trust], the trust instrument shall be construed as authorising, or, as the case may be, requiring, the trustees to pay that capital or income to the Health Board [F494] or NHS trust[F495] concerned [F495] or, as the case may be, to HIS[F496].

(2) Where property so held on trust is, under the trust instrument, to be applied for the purposes of hospitals which are administered by more than one Health Board [F497] or NHS trusts[F498], the trustees shall distribute the property between the Boards [F499] or NHS trusts] concerned, in such manner, having regard to the purposes of the trust, as the trustees may determine.

(3) Any sums paid to a Health Board [F498] or to HIS[F499] or an NHS trust] under this section shall, so far as practicable, be applied by them for the purposes specified in the trust instrument.

Textual Amendments

F492 Words in s. 84(1) inserted (1.10.2010 for specified purposes, 1.4.2011 in so far as not already in force) by Public Services Reform (Scotland) Act 2010 (asp 8), s. 134(7), Sch. 17 para. 13(a)(i); S.S.I. 2010/321, art. 3, Sch.; S.S.I. 2011/122, art. 2, Sch.
F493 Words inserted by National Health Service and Community Care Act 1990 (c. 19, SIF 113:2), s. 66(1), Sch. 9 para. 19(16)(a)(i)
F494 Words inserted by National Health Service and Community Care Act 1990 (c. 19, SIF 113:2), s. 66(1), Sch. 9 para. 19(16)(a)(ii)
F495 Words in s. 84(1) inserted (1.10.2010 for specified purposes, 1.4.2011 in so far as not already in force) by Public Services Reform (Scotland) Act 2010 (asp 8), s. 134(7), Sch. 17 para. 13(a)(iii); S.S.I. 2010/321, art. 3, Sch.; S.S.I. 2011/122, art. 2, Sch.
F496 Words inserted by National Health Service and Community Care Act 1990 (c. 19, SIF 113:2), s. 66(1), Sch. 9 para. 19(16)(b)(i)
F497 Words inserted by National Health Service and Community Care Act 1990 (c. 19, SIF 113:2), s. 66(1), Sch. 9 para. 19(16)(b)(ii)
F498 Words in s. 84(3) inserted (1.10.2010 for specified purposes, 1.4.2011 in so far as not already in force) by Public Services Reform (Scotland) Act 2010 (asp 8), s. 134(7), Sch. 17 para. 13(b); S.S.I. 2010/321, art. 3, Sch.; S.S.I. 2011/122, art. 2, Sch.
F499 Words inserted by National Health Service and Community Care Act 1990 (c. 19, SIF 113:2), s. 66(1), Sch. 9 para. 19(16)(c)
84A Power to raise money, etc., by appeals, collections, etc.

(1) A Health Board [F501] or (in connection with the exercise of its health service functions only) HIS[F502] or NHS trust[F503] shall have power to engage in activities intended to stimulate the giving (whether on trust or otherwise) of money or other property to assist them in providing or improving any services or any facilities or accommodation which is or are to be provided as part of the health service or to assist them in connection with their functions with respect to research.

(2) A local health council shall have power to engage in activities intended to stimulate the giving (whether on trust or otherwise) of money or other property to assist them in carrying out any function conferred upon them by or under any enactment.

(3) Subject to any directions of the Secretary of State excluding specified descriptions of activity, the activities authorised by this section include public appeals or collections and competitions, entertainments, bazaars, sales of produce or other goods and other similar activities and the activities may involve the use of land, premises or other property held by or for the benefit of the Board [F503], NHS trust [F503] or local health council exercising the power [F504] or, as the case may be, by or for the benefit of HIS, subject however to any restrictions on the purposes for which trust property may be used.

(4) Subject to subsections (5) and (6), the Health Board [F503], NHS trust[F505] or local health council at whose instance property is given in pursuance of this section shall, after defraying out of it any expenses incurred in obtaining it, hold, administer and apply the property on trust for or for the purpose for which it was given.

[F506] Subsection (4) applies (subject to the subsections mentioned there) to HIS in respect of property given in pursuance of this section as it applies to a Health Board in respect of such property given at the instance of the Health Board.

(4A) Where property held by a Health Board [F507] or by HIS[F503] or NHS trust[F503] or local health council under this section is more than sufficient to enable the purpose for which it was given to be fulfilled, the excess shall be applicable, in default of any provision for its application made by the trust or other instrument under or in accordance with which the property comprising the excess was given, for such purposes connected with any of the functions of the Board [F507], NHS trust[F503] or council as the Board [F507], NHS trust[F503] or council think fit [F508] or, as the case may be, of HIS as HIS thinks fit.]
(6) Where property held by a Health Board or by HIS, NHS trust or local health council under this section is insufficient to enable the purpose for which it was given to be fulfilled then—

(a) the Board or, as the case may be, HIS, NHS trust or the council may apply so much of the capital or income at their disposal as is needed to enable the purpose to be fulfilled subject, however, in the case of trust property, to any restrictions on the purposes for which the trust property may be applied, and in the case of money paid or payable by the Secretary of State under section 85(1), to any directions he may give; but

(b) where the capital or income applicable under paragraph (a) is insufficient or is not applied to enable the purpose to be fulfilled, the property so held by the Board or by HIS, NHS trust or the council shall be applicable, in default of any provision for its application made by the trust or other instrument under or in accordance with which the property was given, for such purposes connected with any of the functions of the Board, NHS trust or council as the Board, NHS trust or council think fit.

(7) Where under subsections (5) or (6) property becomes applicable for purposes other than that for which it was given, the Health Board or, as the case may be, HIS, NHS trust or local health council shall have regard to the desirability of applying the property for a purpose similar to that for which it was given.
84B Joint ventures

(1) The Scottish Ministers may do any (or all) of the following—

(a) form or participate in forming bodies corporate to provide facilities or services for persons or groups of persons exercising functions, or otherwise providing services, under this Act;

(b) participate in providing facilities or services for persons or groups of persons falling within paragraph (a);

(c) with a view to securing or facilitating the provision by bodies corporate of facilities or services for persons or groups of persons falling within paragraph (a)—

(i) invest in the bodies corporate (whether by acquiring assets, securities or rights or otherwise);

(ii) provide loans and guarantees and make other kinds of financial provision to or in respect of them.

(1A) The Scottish Ministers may do any (or all) of the following—

(a) form or participate in forming bodies corporate for any of the purposes mentioned in subsection (1B),

(b) participate in bodies corporate formed for any of those purposes,

(c) with a view to securing or facilitating any of the purposes for which such a body corporate is formed—
(1) (i) transfer, or secure the transfer, to the body corporate of heritable or moveable property held by the Scottish Ministers, a Health Board, the Common Services Agency for the Scottish Health Service ("the Agency") or Healthcare Improvement Scotland ("HIS") under or by virtue of, or for the purposes of, this Act and any rights, liabilities or obligations relating to the property,

(ii) otherwise invest in the body corporate (whether by acquiring assets, securities or rights or otherwise),

(iii) provide loans and guarantees and make other kinds of financial provision to or in respect of the body corporate.

(1B) The purposes are—

(a) management or development of any heritable property held by the Scottish Ministers, a Health Board, the Agency or HIS under or by virtue of, or for the purposes of, this Act,

(b) management of any moveable property so held,

(c) disposal of any such heritable or moveable property.

(2) For the purpose of subsection (1), it is immaterial that the facilities or services provided or to be provided by a body corporate are not provided or to be provided—

(a) only to persons or groups of persons exercising functions, or otherwise providing services, under this Act; or

(b) to such persons or groups of persons only in that capacity.

(2A) The Scottish Ministers may—

(a) form or participate in forming bodies corporate for a prescribed purpose,

(b) participate in bodies corporate formed for a prescribed purpose.

(2B) A purpose prescribed under subsection (2A) must relate to the functions conferred on the Scottish Ministers by or under this Act.

(3) In this section—

“companies” means companies as defined in section 1(1) of the Companies Act 2006;

“facilities” includes the provision of (or the use of) premises, goods, equipment, materials, vehicles, plant or apparatus.

Textual Amendments

F514 Words in s. 84B(1) substituted (22.9.2014) by Public Bodies (Joint Working) (Scotland) Act 2014 (asp 9), ss. 66(a), 72(2); S.S.I. 2014/231, art. 2

F515 S. 84B(1A)(1B) inserted (22.9.2014) by Public Bodies (Joint Working) (Scotland) Act 2014 (asp 9), ss. 66(b), 72(2); S.S.I. 2014/231, art. 2

F516 Words in s. 84B(2) substituted (22.9.2014) by Public Bodies (Joint Working) (Scotland) Act 2014 (asp 9), ss. 66(c), 72(2); S.S.I. 2014/231, art. 2

F517 S. 84B(2A)(2B) inserted (22.9.2014) by Public Bodies (Joint Working) (Scotland) Act 2014 (asp 9), ss. 66(d), 72(2); S.S.I. 2014/231, art. 2

Finance and accounts

85A Means of meeting expenditure of Health Boards out of public funds.

(1) The Secretary of State shall pay to each Health Board sums equal to their general Part II expenditure.

(2) “General Part II expenditure” is expenditure which—

(a) is attributable to the payment of remuneration to persons providing services in pursuance of Part II; but

(b) does not fall within paragraphs (b) to (e) of subsection (4).

(3) The Secretary of State shall pay to each Health Board and to HIS, in respect of each financial year, sums not exceeding the amount allotted for that year by the Secretary of State to the Board or, as the case may be, HIS towards meeting their main expenditure.

(4) In subsection (3) “main expenditure” means expenditure which is attributable to—

(a) the performance by the Board of their functions or, as the case may be, by HIS of its health service functions, in that year, but—

(i) is not general Part II expenditure; and

(ii) does not fall within paragraphs (b) or (c);

(b) the reimbursement of expenses of persons providing services in pursuance of Part II which are designated expenses incurred in connection with the provision of the services (or in giving instruction in matters relating to the services);

(c) remuneration which is paid to persons providing additional pharmaceutical services (in accordance with directions under section 27A) in respect of such of those services as are designated;

(d)

(e) remuneration which is referable to the cost of drugs for which the Health Board is accountable in that year (whether paid by it or by another Health Board).

(5) In paragraphs (b) to (e) of subsection (4), “designated” means designated in writing by the Secretary of State for the purposes of that paragraph and in relation to the allotment in question.

(6) An amount is allotted to a Health Board or to HIS for a year under this section when they are notified by the Secretary of State that it is allotted to them for that year; and the Secretary of State may make an allotment under this section increasing or reducing an allotment previously so made.

(7) Where the Secretary of State proposes to pay any sum to a Health Board, he may, with the consent of the Treasury, instead pay that sum to an NHS trust in discharge of the whole or any part of any liability of the Health Board to the NHS trust.

(8) The Secretary of State may give directions to a Health Board or to HIS with respect to the application of sums paid to them and a Board to whom directions have been given under this subsection and HIS, when directions are so given to it, shall comply with the directions.

(9) The expenditure of a University Liaison Committee shall, for the purposes of this section, be deemed to be the expenditure of the Health Board for whose area it is...
constituted, and, where a University Liaison Committee is constituted for the areas of more than one Health Board, its expenditure shall be apportioned between the Boards concerned in such manner as may be determined by the Secretary of State.

(10) Payments under this section shall be made at such times and in such manner, and subject to such conditions as to records, certificates or otherwise, as the Secretary of State may determine.

(11) In this section and section 85AB, “drugs” includes medicines and listed appliances (within the meaning of section 27).

Further provision as to expenditure on drugs.

(1) For each financial year, the Secretary of State shall apportion, in such manner as he thinks appropriate, among all Health Boards the total of the remuneration referable to the cost of drugs which is paid by each Health Board in that year.

Textual Amendments

<table>
<thead>
<tr>
<th>Reference</th>
<th>Description</th>
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<tbody>
<tr>
<td>FS19</td>
<td>S. 85, 85AA, 85AB substituted for s. 85 (1.10.1999) by 1999 c. 8, s. 52; S.I. 1999/90, art. 2(a), Sch. 1</td>
</tr>
<tr>
<td>FS20</td>
<td>Words in s. 85AA(3) inserted (1.10.2010 for specified purposes, 1.4.2011 in so far as not already in force) by Public Services Reform (Scotland) Act 2010 (asp 8), s. 134(7), Sch. 17 para. 15(a)(i); S.S.I. 2010/321, art. 3, Sch.; S.S.I. 2011/122, art. 2, Sch.</td>
</tr>
<tr>
<td>FS21</td>
<td>Words in s. 85AA(3) inserted (1.10.2010 for specified purposes, 1.4.2011 in so far as not already in force) by Public Services Reform (Scotland) Act 2010 (asp 8), s. 134(7), Sch. 17 para. 15(a)(ii); S.S.I. 2010/321, art. 3, Sch.; S.S.I. 2011/122, art. 2, Sch.</td>
</tr>
<tr>
<td>FS22</td>
<td>Words in s. 85AA(4)(a) inserted (1.10.2010 for specified purposes, 1.4.2011 in so far as not already in force) by Public Services Reform (Scotland) Act 2010 (asp 8), s. 134(7), Sch. 17 para. 15(b); S.S.I. 2010/321, art. 3, Sch.; S.S.I. 2011/122, art. 2, Sch.</td>
</tr>
<tr>
<td>FS23</td>
<td>Words in s. 85AA(4)(a)(ii) substituted (1.4.2004) by Primary Medical Services (Scotland) Act 2004 (asp 1), ss. 8, 9(1), (Sch. para. 1(16)(a); S.S.I. 2004/58, art. 2(3))</td>
</tr>
<tr>
<td>FS24</td>
<td>S. 85AA(4)(d) repealed (1.4.2004) by Primary Medical Services (Scotland) Act 2004 (asp 1), ss. 8, 9(1), (Sch. para. 1(16)(b); S.S.I. 2004/58, art. 2(3))</td>
</tr>
<tr>
<td>FS25</td>
<td>Words in s. 85AA(6) inserted (1.10.2010 for specified purposes, 1.4.2011 in so far as not already in force) by Public Services Reform (Scotland) Act 2010 (asp 8), s. 134(7), Sch. 17 para. 15(c); S.S.I. 2010/321, art. 3, Sch.; S.S.I. 2011/122, art. 2, Sch.</td>
</tr>
<tr>
<td>FS26</td>
<td>Words in s. 85AA(8) inserted (1.10.2010 for specified purposes, 1.4.2011 in so far as not already in force) by Public Services Reform (Scotland) Act 2010 (asp 8), s. 134(7), Sch. 17 para. 15(d)(i); S.S.I. 2010/321, art. 3, Sch.; S.S.I. 2011/122, art. 2, Sch.</td>
</tr>
<tr>
<td>FS27</td>
<td>Words in s. 85AA(8) inserted (1.10.2010 for specified purposes, 1.4.2011 in so far as not already in force) by Public Services Reform (Scotland) Act 2010 (asp 8), s. 134(7), Sch. 17 para. 15(d)(ii); S.S.I. 2010/321, art. 3, Sch.; S.S.I. 2011/122, art. 2, Sch.</td>
</tr>
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Modifications etc. (not altering text)

<table>
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<tbody>
<tr>
<td>S. 85AA applied (31.3.2002) by S.S.I. 2002/103, art. 6, Sch. Pt. I (with art. 4(4))</td>
<td></td>
</tr>
<tr>
<td>S.85AA applied (27.6.2002) by S.S.I. 2002/305, art. 5(1), Sch. Pt. I (with art. 4(4))</td>
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<tr>
<td>C80</td>
<td>S. 85AA applied (1.4.2003) by S.I. 1990/2639, art. 5(1), Sch. Pt. 1 (as amended by The Health Education Board for Scotland Amendment Order 2003 (S.S.I. 2003/154), art. 6(e))</td>
</tr>
</tbody>
</table>
(2) A Health Board is accountable in any year for remuneration referable to the cost of drugs to the extent (and only to the extent) that such remuneration is apportioned to it under subsection (1).

(3) Where in any financial year any remuneration referable to the cost of drugs for which a Health Board is accountable is paid by another Health Board, the remuneration is to be treated (for the purposes of this section) as having been paid by the first Health Board in the performance of its functions.

(4) The Secretary of State may, in particular, exercise his discretion under subsection (1) —

(a) so that any apportionment reflects, in the case of each Health Board, the financial consequences of orders for the provision of drugs, being orders which in his opinion are attributable to the Board in question;
(b) by reference to averaged or estimated amounts.

(5) The Secretary of State may make provision for any remuneration referable to the cost of drugs which is paid by a Health Board other than the Health Board which is accountable for the payment to be reimbursed in such manner as he may determine.

(6) The Secretary of State shall determine what remuneration paid by Health Boards to persons providing pharmaceutical services is to be treated for the purposes of section 85AA and this section as remuneration referable to the cost of drugs.

Expenses of certain bodies.

(1) There shall, in respect of each financial year, be paid by the Secretary of State sums not exceeding the amount allotted by him for that year to each of the following bodies towards meeting the expenditure attributable to the performance by that body of their functions in that year—

(a) the Agency;
(b) every Special Health Board;
(c) the Dental Estimates Board;
(d) the tribunal;
(e) every local health council.

(2) The date on which an allotment under subsection (1) (including an allotment increasing or reducing an allotment previously made) takes effect is the date on which the body receiving the allotment are notified of its amount by the Secretary of State.

(3) The Secretary of State may give directions to a body referred to in subsection (1) with respect to the application of the sums paid to them under that subsection and it shall
be the duty of any body to whom directions have been given under this subsection to comply with the directions.

(4) Payments under subsection (1) shall be made at such times and in such manner, and subject to such conditions as to records, certificates or otherwise, as the Secretary of State may determine.

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**Textual Amendments**

<table>
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<tr>
<td>F529</td>
<td>S. 85,85AA, 85AB substituted for s. 85 (1.10.1999) by 1999 c. 8, s. 52; S.S.I. 1999/90, art. 2(a), Sch. 1</td>
</tr>
<tr>
<td>F530</td>
<td>S. 85(1)(c) repealed (1.4.2004) by Public Appointments and Public Bodies etc. (Scotland) Act 2003 (asp 4), ss. 17, 21(2), Sch. 4 para. 5(12); S.S.I. 2004/148, art. 2(c)</td>
</tr>
<tr>
<td>F531</td>
<td>S. 85(1)(ea) inserted (1.10.2010 for specified purposes, 1.4.2011 in so far as not already in force) by Public Services Reform (Scotland) Act 2010 (asp 8), s. 134(7), Sch. 17 para. 16(a); S.S.I. 2010/321, art. 3, Sch.; S.S.I. 2011/122, art. 2, Sch.</td>
</tr>
<tr>
<td>F532</td>
<td>S. 85(1A) inserted (1.10.2010 for specified purposes, 1.4.2011 in so far as not already in force) by Public Services Reform (Scotland) Act 2010 (asp 8), s. 134(7), Sch. 17 para. 16(b); S.S.I. 2010/321, art. 3, Sch.; S.S.I. 2011/122, art. 2, Sch.</td>
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**Modifications etc. (not altering text)**

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<tr>
<td>C81</td>
<td>S. 85 applied (5.10.2005) by Mental Health (Care and Treatment) (Scotland) Act 2003 (asp 13), ss. 4(3), 333(2)-(4), Sch. 1 para. 9(a), S.S.I. 2005/161, art. 3</td>
</tr>
</tbody>
</table>

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### 85A Financial duties of bodies referred to in section 85.

(1) It is the duty of each such body as is referred to in section [F534]85AA(1) or 85(1), in respect of each financial year, so to perform their functions as to secure that the expenditure attributable to the performance of their functions in that year does not exceed the aggregate of—

- (a) the amounts allotted to that body for that year under section [F534]85AA(1) or 85(1) [F535]and, as the case may be, section [F536]85AA(3)];
- (b) any other sums received under this Act in that year by that body; and
- (c) any sums received otherwise than under this Act in that year by that body for the purposes of enabling them to defray any such expenditure.

References to “functions” in subsection (1) are, in the application of that subsection [F537]1A to HIS, to be construed as references to HIS’s health service functions only.

(2) [F538]Subsection (9) of section 85AA shall apply for the purposes of this section as it applies for the purposes of that section.

(3) The Secretary of State may give such directions to a body referred to in section [F539]85AA(1) or 85(1) as appear to him to be requisite to secure that the body comply with the duty imposed on them by subsection (1) and it shall be the duty of the body to comply with the directions.

Directions under this subsection may be specific in character.
(4) To the extent to which—
   (a) any expenditure of a Health Board \[^{F540}\text{HIS}\] or a local health council is defrayed by that body as trustee; or
   (b) any sums are received by such a body as trustee or under section 84A, that expenditure and, subject to subsection (5), those sums shall be disregarded for the purposes of this section, and, for those purposes, sums which, in the hands of such a body, cease to be trust funds and become applicable by the body otherwise than as trustee shall be treated, on their becoming so applicable, as having been received by the body otherwise than as trustee.

(5) Of the sums received by a body under section 84A so much only as accrues to the body after defraying any expenses incurred in obtaining them shall be disregarded under subsection (4).

(6) Subject to subsection (4), the Secretary of State may, by directions, determine—
   (a) whether sums of a description specified in the directions are or are not to be treated for the purposes of this section as being receivable under this Act by a body of a description so specified;
   (b) whether expenditure of a description specified in the directions is or is not to be treated for the purposes of this section as being attributable to the performance of functions by a body of a description so specified; or
   (c) the extent to which and the circumstances in which sums received but not yet spent by a body under section \[^{F541}\text{85AA(1)}\]*\[^{F542}\text{85(1)}\]*\[^{F543}\text{85AA(3)}\]* are to be treated for the purposes of this section as part of the expenditure of the body and to which financial year’s expenditure they are to be attributed.

Textual Amendments

F533 S. 85A inserted by Health Services Act 1980 (c. 53), s. 6(4)(5) in relation to the financial year 1980 to 1981 and subsequent years
F534 Words in s. 85A(1) inserted (1.10.1999) by 1999 c. 8, s. 65(1), Sch. 4 para. 55(a); S.S.I. 1999/99, art. 2(a)(b), Sch. 1
F535 Words inserted by Health and Medicines Act 1988 (c. 49, SIF 113:2), s. 16(4)(a)
F536 Word in s. 85A(1)(a) substituted (1.10.1999) by 1999 c. 8, s. 65(1), Sch. 4 para. 55(a); S.S.I. 1999/99, art. 2(a)(b), Sch. 1
F537 S. 85A(1A) inserted (1.10.2010 for specified purposes, 1.4.2011 in so far as not already in force) by Public Services Reform (Scotland) Act 2010 (asp 8), s. 134(7), Sch. 17 para. 17(a); S.S.I. 2010/321, art. 3, Sch.; S.S.I. 2011/122, art. 2, Sch.
F538 Words in s. 85A(2) substituted (1.10.1999) by 1999 c. 8, s. 65(1), Sch. 4 para. 55(b); S.S.I. 1999/99, art. 2(a)(b), Sch. 1
F539 Words in s. 85A(3) inserted (1.10.1999) by 1999 c. 8, s. 65(1), Sch. 4 para. 55(c); S.S.I. 1999/99, art. 2(a)(b), Sch. 1
F540 Words in s. 85A(4)(a) inserted (1.10.2010 for specified purposes, 1.4.2011 in so far as not already in force) by Public Services Reform (Scotland) Act 2010 (asp 8), s. 134(7), Sch. 17 para. 17(b); S.S.I. 2010/321, art. 3, Sch.; S.S.I. 2011/122, art. 2, Sch.
F541 Word in s. 85A(6)(c) inserted (1.10.1999) by 1999 c. 8, s. 65(1), Sch. 4 para. 55(d); S.S.I. 1999/99, art. 2(a)(b), Sch. 1
F542 Words inserted by Health and Medicines Act 1988 (c. 49, SIF 113:2), s. 16(4)(b)
F543 Word in s. 85A(6)(c) substituted (1.10.1999) by 1999 c. 8, s. 65(1), Sch. 4 para. 55(d); S.S.I. 1999/99, art. 2(a)(b), Sch. 1
Schemes for meeting losses and liabilities etc. of certain health service bodies.

(1) The Secretary of State may by regulations made with the consent of the Treasury establish a scheme whereby any of the bodies mentioned in subsection (2) may make provision to meet—

(a) expenses arising from any loss of or damage to their property; and

(b) liabilities to third parties for loss, damage (including solatium) or injury arising out of the carrying out of the functions of the bodies concerned.

(2) The bodies referred to in subsection (1) are—

(a) Health Boards;

(b) the Agency;

(c) NHS trusts—

(ea) Special Health Boards;—

(eb) HIS;...

(f) the Mental Welfare Commission for Scotland;

(g) local authorities; and

(h) integration joint boards established by order under section 9(2) of the 2014 Act,

but a scheme under this section may limit the class or description of bodies which are eligible to participate in it.

The reference—

(a) in paragraph (a) of subsection (1) to property of HIS is to be construed as a reference to property held by HIS in connection with the exercise of its health service functions;

(b) in paragraph (b) of that subsection to the functions of HIS is to be construed as a reference to the health service functions of that body.]
(2B) (a) in paragraph (a) of subsection (1) to property of a local authority is to be construed as a reference to property held by a local authority in connection with the exercise of its relevant functions;

(b) in paragraph (b) of that subsection to the functions of a local authority is to be construed as a reference to the relevant functions of a local authority.

(2C) In subsection (2B), “relevant functions” means—

(a) integration functions; and

(b) such other functions as the Scottish Ministers may by order specify.

(2D) In subsection (2C)(a), “integration functions” means functions which in pursuance of an integration scheme under the 2014 Act are—

(a) delegated to the authority;

(b) to be carried out in conjunction with functions delegated to the authority (that is, functions set out in the integration scheme in pursuance of section 1(3)(c) of that Act); or

(c) to be carried out by the authority by virtue of a direction under section 26 of the 2014 Act.

(3) Without prejudice to the generality of the power conferred by subsection (1), a scheme under this section may—

(a) provide for the scheme to be administered by the Secretary of State, the Agency [F554 HIS], or a Health Board or NHS trust specified in the scheme;

(b) require any body which participates in the scheme to make payments in accordance with the scheme; and

(c) provide for the making of payments for the purposes of the scheme by the Secretary of State.

(4) Without prejudice to any other power of direction conferred on the Secretary of State,—

(a) if the Secretary of State so directs, any body which is eligible to participate in a scheme shall do so; and

(b) where a scheme provides for it to be administered by the Secretary of State, the Agency [F555 HIS] or a Health Board or NHS trust shall carry out such functions in connection with the administration of the scheme as the Secretary of State may direct.

[ Subsection (4)(a) does not apply in relation to a local authority.]

(4A) Neither the Secretary of State nor any body administering a scheme under this section shall, by virtue of their activities under the scheme, be regarded as [F557 effecting or carrying out contracts of insurance for the purposes of the Financial Services and Markets Act 2000].

(6) In this section, “the 2014 Act” means the Public Bodies (Joint Working) (Scotland) Act 2014.
F547 S. 85B(2)(e) and the word preceding it inserted (1.10.1999) by 1999 c. 8, s. 65(1), Sch. 4 para. 56(b); S.S.I. 1999/90, art. 2(a)(b), Sch. 1
F548 S. 85B(2)(f) and the word preceding it inserted (13.5.2002) by 2002 asp 5, s. 21(b); S.S.I. 2002/170, art. 2(2)
F549 S. 85B(2)(ea) inserted (1.10.2010 for specified purposes, 1.4.2011 in so far as not already in force) by Public Services Reform (Scotland) Act 2010 (asp 8), s. 134(7), Sch. 17 para. 18(a); S.S.I. 2010/321, art. 3, Sch.; S.S.I. 2011/122, art. 2, Sch.
F550 Word in s. 85B(2) repealed (25.2.2015) by Public Bodies (Joint Working) (Scotland) Act 2014 (asp 9), ss. 65(2)(a), 72(2); S.S.I. 2014/231, art. 2A (as amended (25.2.2015) by S.S.I. 2015/44, art. 2)
F551 S. 85B(2)(g)(h) added (25.2.2015) by Public Bodies (Joint Working) (Scotland) Act 2014 (asp 9), ss. 65(2)(b), 72(2); S.S.I. 2014/231, art. 2A (as amended (25.2.2015) by S.S.I. 2015/44, art. 2)
F552 S. 85B(2A) inserted (1.10.2010 for specified purposes, 1.4.2011 in so far as not already in force) by Public Services Reform (Scotland) Act 2010 (asp 8), s. 134(7), Sch. 17 para. 18(b); S.S.I. 2010/321, art. 3, Sch.; S.S.I. 2011/122, art. 2, Sch.
F553 Ss. 85B(2B)-(2D) inserted (25.2.2015) by Public Bodies (Joint Working) (Scotland) Act 2014 (asp 9), ss. 65(3), 72(2); S.S.I. 2014/231, art. 2A (as amended (25.2.2015) by S.S.I. 2015/44, art. 2)
F554 Word in s. 85B(3)(a) inserted (1.10.2010 for specified purposes, 1.4.2011 in so far as not already in force) by Public Services Reform (Scotland) Act 2010 (asp 8), s. 134(7), Sch. 17 para. 18(c); S.S.I. 2010/321, art. 3, Sch.; S.S.I. 2011/122, art. 2, Sch.
F555 Words in s. 85B(4)(b) inserted (1.10.2010 for specified purposes, 1.4.2011 in so far as not already in force) by Public Services Reform (Scotland) Act 2010 (asp 8), s. 134(7), Sch. 17 para. 18(d); S.S.I. 2010/321, art. 3, Sch.; S.S.I. 2011/122, art. 2, Sch.
F556 S. 85B(4A) inserted (25.2.2015) by Public Bodies (Joint Working) (Scotland) Act 2014 (asp 9), ss. 65(4), 72(2); S.S.I. 2014/231, art. 2A (as amended (25.2.2015) by S.S.I. 2015/44, art. 2)
F557 Words in s. 85B(5) substituted (1.12.2001) by S.I. 2001/3649, arts. 1, 221
F558 S. 85B(6) inserted (25.2.2015) by Public Bodies (Joint Working) (Scotland) Act 2014 (asp 9), ss. 65(5), 72(2); S.S.I. 2014/231, art. 2A (as amended (25.2.2015) by S.S.I. 2015/44, art. 2)

86 Accounts of Health Boards and the Agency.

[F559] (1) The following bodies that is to say—

(a) every Health Board;
(b) the Agency; and

[F560] (ba) every NHS trust,]

shall keep, in such form as the Secretary of State may, with the approval of the Treasury, direct, accounts of all moneys received or paid out by them [F561](in the case of HIS, in connection with the exercise of that body's health service
functions only], and [F562] shall send those accounts to the Scottish Ministers by such time as they may direct.

[F563(1AA)] The Scottish Ministers shall send the accounts to the Auditor General for Scotland for auditing.

[F564(1A)]

(1B) In preparing its annual accounts in pursuance of subsection (1), an NHS trust shall comply with any directions given by the Secretary of State with the approval of the Treasury as to—

(a) the methods and principles according to which the accounts are to be prepared; and

(b) the information to be given in the accounts.

[F565(1C)]

(1C) In preparing its annual accounts in pursuance of subsection (1), an NHS trust shall comply with any directions given by the Secretary of State with the approval of the Treasury as to—

(a) the methods and principles according to which the accounts are to be prepared; and

(b) the information to be given in the accounts.

[F566(2)]

(2) Every [F567] body mentioned in paragraphs (a) to (c) of subsection (1) shall prepare and transmit to the Secretary of State in respect of each financial year accounts in such form as the Secretary of State may, with the approval of the Treasury, direct.

[F568(4)] The Scottish Ministers may if they think fit prepare, in respect of any financial year, summarised or consolidated accounts, in such form as they may determine, of such of the bodies mentioned in paragraphs (a) to (c) of subsection (1), or such groups of those bodies, as they may determine; and they shall transmit any such accounts to the Auditor General for Scotland for auditing.

Textual Amendments

F559 S. 86(1)(a)(b)(c) substituted by National Health Service and Community Care Act 1990 (c. 19, SIF 113:2), s. 36(2)(3)

F560 S. 86(1)(ba) inserted (1.10.2010 for specified purposes, 1.4.2011 in so far as not already in force) by Public Services Reform (Scotland) Act 2010 (asp 8), s. 134(7), Sch. 17, para. 19(a)(i); S.S.I. 2010/321, art. 3, Sch.; S.S.I. 2011/122, art. 2, Sch.

F561 Words in s. 86(1) inserted (1.10.2010 for specified purposes, 1.4.2011 in so far as not already in force) by Public Services Reform (Scotland) Act 2010 (asp 8), s. 134(7), Sch. 17, para. 19(a)(ii); S.S.I. 2010/321, art. 3, Sch.; S.S.I. 2011/122, art. 2, Sch.

F562 Words in s. 86(1) substituted (1.4.2000) by 2000 asp 1, s. 26(1), Sch. 4, para. 4(3)(a); S.S.I. 2000/10, art. 2(3)

F563 S.86(1AA) inserted (1.4.2000) by 2000 asp 1, s. 26(1), Sch. 4, para. 4(3)(b); S.S.I. 2000/10, art. 2(3)

F564 S. 86(1A)(1B) inserted by National Health Service and Community Care Act 1990 (c. 19, SIF 113:2), s. 36(2)(4)

F565 S. 86(1A)(1C)(5) repealed (1.10.1999) by 1999 c. 8, s. 8, 65, Sch. 4 para. 57, Sch. 5; S.S.I. 1999/90, art. 2(b)(c), Sch. 2

F566 S. 86(2) repealed (1.4.1995) by National Health Service and Community Care Act 1990 (c. 19, SIF 113:2), ss. 36(1), 66(2), Sch. 7 para. 14(4), Sch. 10; S.I. 1994/2658, art. 4(a)(b) and expressed to be repealed (1.4.2000) by 2000 asp 1, s. 26(1), Sch. 4, para. 4(3)(c); S.S.I. 2000/10, art. 2(3)

F567 Words substituted by National Health Service and Community Care Act 1990 (c. 19, SIF 113:2), s. 36(6)

F568 S. 86(4) substituted (1.4.2000) by 2000 asp 1, s. 26(1), Sch. 4, para. 4(3)(d); S.S.I. 2000/10, art. 2(3)
87 Regulation of financial arrangements of Health Boards, the Agency and the Dental Estimates Board.

(1) Regulations may provide, in the case of all or any of the following bodies, that is to say, Health Boards, the Agency [F569 HIS], and the Dental Estimates Board, for restricting the making of payments by or on behalf of the body otherwise than on such authorisation and subject to such conditions as may be specified in the regulations; but such provision may be made subject to such exceptions as may be so specified.

(2) Regulations made under this section may contain such other provisions as to the making and carrying out by all or any of those bodies of such arrangements with respect to financial matters as the Secretary of State thinks necessary for the purpose of securing that the affairs of such bodies are conducted, so far as reasonably practicable, in such manner as to prevent financial loss and to ensure and maintain efficiency.

(3) Without prejudice to the operation of the provisions of any such regulations, the Secretary of State may give to any of the said bodies such directions (which may be specific in character) as to any matter with respect to which regulations may be made under this section as it appears to him is requisite for the purpose of securing that the affairs of the body are conducted, so far as reasonably practicable, in such manner as is mentioned in subsection (2); and a body to whom any such directions are given shall comply therewith.

[F570(4 ) In relation to HIS, the references—
   (a) in subsection (1) to payments;
   (b) in subsection (2) to arrangements and affairs; and
   (c) in subsection (3) to affairs,
are to be construed as references to payments, arrangements and affairs for or in connection with the exercise by HIS of its health service functions only.]
S. 87(4) added (1.10.2010 for specified purposes, 1.4.2011 in so far as not already in force) by Public Services Reform (Scotland) Act 2010 (asp 8), s. 134(7), Sch. 17 para. 20(b); S.S.I. 2010/321, art. 3, Sch.; S.S.I. 2011/122, art. 2, Sch.

Modifications etc. (not altering text)

S. 87 applied (1.4.1991) by S.I. 1990/2639, art. 5(1)(2), Sch. Pt. I
S. 87 applied (1.4.1993) by S.I. 1993/577, art. 5(1)(2), Sch. Pt. I (with art. 6)
S. 87 applied (1.4.1995) by S.I. 1995/574, art. 5(1)(2), Sch. Pt. I (with art. 6)
S. 87 applied (1.4.1999) by S.I. 1999/686, art. 5(1)(2), Sch. Pt. I
S. 87 applied (1.4.1999) by S.I. 1999/726, art. 5(1)(2), Sch. Pt. I
S. 87 applied (1.4.2000) by S.S.I. 2000/47, art. 5(1)(2), Sch. Pt. I
S. 87 applied (6.4.2001) by S.S.I. 2001/137, art. 5(1), Sch. Pt. I
S. 87 applied (31.3.2002) by S.S.I. 2002/103, art. 6, Sch. Pt. I (with art. 4(4))
S. 87 applied (27.6.2002) by S.S.I. 2002/305, art. 5(1), Sch. Pt. I (with art. 4(4))

[F571 Fund-holding practices]

Textual Amendments

Ss. 87A–87C inserted (the insertion being in force 17.9.1990 in relation to the provisions of section 87A and section 87B(1) (in so far as section 87B(1) provides for the meaning of “recognised fund-holding practice” and “allotted sum”) but otherwise in force 1.4.1991) by National Health Service and Community Care Act 1990 (c. 19, SIF 113:2), s. 34

S. 87A repealed (1.10.1999) by 1999 c. 8, ss. 45, 65(2), Sch. 5; S.S.I. 1999/90, art. 2(a)(c), Sch. 1, 2

S. 87B repealed (1.10.1999) by 1999 c. 8, ss. 45, 65(2), Sch. 5; S.S.I. 1999/90, art. 2(a)(c), Sch. 2

S. 87C repealed (1.10.1999) by 1999 c. 8, ss. 45, 65(2), Sch. 5; S.S.I. 1999/90, art. 2(a)(c), Sch. 1, Sch. 2
Payment of allowances and remuneration to members of certain bodies connected with the health services.

(1) The Secretary of State may pay to members of—
   (a) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .
   (b) the Dental Estimates Board,
   (c) the Tribunal,
   (d) any body on which functions are conferred by regulations under section 22
      [F578] or by regulations which make provision in relation to section 17C
      arrangements of a kind that may be made by regulations under section 22], and
   (e) any body specified in an order made by the Secretary of State as being a
      body recognised by him to have been formed for the purpose of performing a
      function connected with the provision of services under this Act,
      such travelling and other allowances, including compensation for loss of remunerative
      time, as he may, with the approval of the Minister for the Civil Service, from time to
      time determine.

(2) The Secretary of State may pay to members of—
   (a) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .
   (b) the Dental Estimates Board,
   (c) the Tribunal,
   (d) any other body constituted under or by virtue of Part II, being a body specified
      in an order made for the purposes of this section by the Secretary of State with
      the approval of the Minister for the Civil Service, and
   (e) any body on which functions are conferred by regulations under section 22
      [F578] or by regulations which make provision in relation to section 17C
      arrangements of a kind that may be made by regulations under section 22],
      such remuneration as the Secretary of State may, with such approval, from time to
time determine.
(3) Allowances shall not be paid under subsection (1) except in connection with the performance of such powers or duties, in such circumstances, as may, with the approval of the Minister for the Civil Service, be determined by the Secretary of State.

(4) Any payments made under this section shall be made at such times and in such manner, and subject to such conditions as to records, certificates or otherwise, as the Secretary of State may, with the approval of the Minister for the Civil Service, determine.

Textual Amendments
F577 S. 88(1)(a) repealed (1.4.2004) by Public Appointments and Public Bodies etc. (Scotland) Act 2003 (asp 4), ss. 17, 21(2), Sch. 4 para. 5(13)(a); S.S.I. 2004/148, art. 2(c)
F578 Words in s. 88(1)(d)(2)(e) inserted (5.3.2001) by 1997 c. 46, s. 41(10), Sch. 2 Pt. 1 para. 56; S.S.I. 2001/58, art. 2
F579 S. 88(2)(a) repealed (1.4.2004) by Public Appointments and Public Bodies etc. (Scotland) Act 2003 (asp 4), ss. 17, 21(2), Sch. 4 para. 5(13)(b); S.S.I. 2004/148, art. 2(c)

89 Superannuation of officers of certain hospitals.

(1) The Secretary of State may enter into an agreement with the governing body of any hospital to which this section applies for admitting, on such terms and conditions as may be provided in the agreement, officers of the hospital of such classes as may be so provided to participate in the superannuation benefits provided under regulations made under section 10 of the Superannuation Act 1972, in like manner as officers of Health Boards; and the said regulations shall apply accordingly in relation to the officers so admitted, subject to such modifications as may be provided in the agreement.

(2) The governing body of any hospital to which this section applies shall have all such powers as may be necessary for the purpose of giving effect to any terms and conditions on which their officers are admitted to participate in those superannuation benefits.

(3) This section applies to any hospital (not vested in the Secretary of State) which is used, in pursuance of arrangements made by the governing body of the hospital with a Health Board, for the provision of services under this Act.

Marginal Citations
M33 1972 c. 11.

F580 Part VI

The Health Service Commissioner for Scotland

Textual Amendments
F580 Pt. VI (ss. 90-97) repealed (5.2.1994) by 1993 c. 46, ss. 20, 22(4), Sch. 3 (with s. 3(4)).
PART VII

MISCELLANEOUS AND SUPPLEMENTARY

Miscellaneous

98 Charges in respect of non-residents.

Regulations may provide for the making and recovery in such manner as may be prescribed of such charges as [F594 the Secretary of State may determine] in respect of the provision of such services under this Act as may be prescribed for such persons not ordinarily resident in Great Britain as may be prescribed; and the regulations may provide that the charges are only to be made in such cases as may be determined in accordance with the regulations. [F595 The Secretary of State may calculate charges under this section on any basis that he considers to be the appropriate commercial basis.]

Textual Amendments

F594 Words substituted by Health and Medicines Act 1988 (c. 49, SIF 113:2), s. 7(13)
F595 Words added by Health and Medicines Act 1988 (c. 49, SIF 113:2), s. 7(14)

99 Evasion of charges.

If any person, for the purpose of evading the payment of any charge under this Act, or of reducing the amount of any such charge—

(a) knowingly makes any false statement or false representation, or
(b) produces or furnishes, or causes or knowingly allows to be produced or furnished, any document or information which he knows to be false in a material particular,

the charge, or as the case may be the balance of the charge, may be recovered from him as a simple contract debt by the person by whom the cost of the service in question was defrayed.
Recovery of charges and payments.

(1) Where goods or services to which this section applies are provided and either—

(a) any charge payable by any person under this Act in respect of the provision of the goods or services is reduced, remitted or repaid, but that person is not entitled to the reduction, remission or repayment; or

(b) any payment under this Act is made to, or for the benefit of, any person in respect of the cost of obtaining the goods or services but that person is not entitled to, or to the benefit of, the payment,

the amount mentioned in subsection (2) is recoverable as a debt from the person in question by the responsible authority.

(2) That amount—

(a) in a case within subsection (1)(a), is the amount of the charge or (where it has been reduced) reduction;

(b) in a case within subsection (1)(b), is the amount of the payment.

(3) Where two or more persons are liable under section 99 or this section to pay an amount in respect of the same charge or payment, those persons shall be jointly and severally liable.

(4) For the purposes of this section, the circumstances in which a person is to be treated as not entitled to a reduction, remission or repayment of a charge, or to (or to the benefit of) a payment, include in particular those in which it is received (wholly or partly)—

(a) on the ground that he or another is a person of a particular description, where the person in question is not in fact of that description;

(b) on the ground that he or another holds a particular certificate, when the person in question does not in fact hold such a certificate or does hold such a certificate but is not entitled to it;

(c) on the ground that he or another has made a particular statement, when the person in question has not made such a statement or the statement made by him is false.

(5) In this section and section 99ZB, “responsible authority” means—

(a) in relation to the recovery of any charge under section 99 in respect of the provision of goods or services to which this section applies, the person by whom the charge is recoverable;

(b) in relation to the recovery by virtue of this section of the whole or part of the amount of any such charge, the person by whom the charge would have been recoverable;

(c) in a case within subsection (1)(b), the person who made the payment.

(6) But the Secretary of State may by directions provide for—

(a) the functions of any responsible authority of recovering any charges under this Act in respect of the provision of goods or services to which this section applies;

(b) the functions of any responsible authority under this section and section 99ZB,
to be exercised on behalf of the authority by another health service body.

(7) This section applies to the following goods and services—
(a) dental treatment and appliances provided in pursuance of this Act;
(b) drugs and medicines provided in pursuance of this Act;
(c) the testing of sight;
(d) optical appliances;
(e) any other appliances provided in pursuance of this Act.

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**Textual Amendments**

**F596** Ss. 99ZA-ZB inserted (14.10.1999) by 1999 c. 8, s. 59(1); S.S.I. 1999/115, art. 2

**F599** 99ZB

(1) Regulations may provide that, where a person fails to pay—
(a) any amount recoverable from him under section 99 in respect of the provision of goods or services to which section 99ZA applies; or
(b) any amount recoverable from him under section 99ZA,
a notice (referred to in this section as a penalty notice) may be served on the person, by or on behalf of the responsible authority, requiring him to pay to the authority, within a prescribed period, that amount together with a charge (referred to in this section as a penalty charge) of an amount determined in accordance with the regulations.

(2) The regulations may not provide for the amount of the penalty charge to exceed whichever is the smaller of—
(a) £100;
(b) the amount referred to in subsection (1)(a) or (b) multiplied by 5.

(3) The Secretary of State may by order provide for subsection (2) to have effect as if, for the sum specified in paragraph (a) or the multiplier specified in paragraph (b) (including that sum or multiplier as substituted by a previous order), there were substituted a sum or (as the case may be) multiplier specified in the order.

(4) Regulations may provide that, if a person fails to pay the amount he is required to pay under a penalty notice within the period in question, he must also pay to the responsible authority by way of penalty a further sum determined in accordance with the regulations.

(5) The further sum must not exceed 50 per cent. of the amount of the penalty charge.

(6) Any sum payable under the regulations (including the amount referred to in subsection (1)(a) or (b)) may be recovered by the responsible authority as a debt.

(7) But a person is not liable by virtue of a penalty notice—
(a) to pay at any time so much of any amount referred to in subsection (1)(a) or (b) for which he is jointly and severally liable with another as at that time has been paid, or ordered by a court to be paid, by that other; or
(b) to a penalty charge, or a further sum by way of penalty, if he shows that he did not act wrongfully, or with any lack of care, in respect of the charge or payment in question.
(8) Section 99ZA and this section apply to charges which may be made and recovered under section 20 of the National Health Service (Primary Care) Act 1997 as they apply to charges under this Act which may be recovered under section 99; and the reference to this Act in section 99ZA(7)(a) includes a reference to a pilot scheme (within the meaning of the 1997 Act).

Textual Amendments

F597 S. 99ZA-ZB inserted (14.10.1999) by 1999 c. 8, s. 59(2); S.I. 1999/115, art. 2

Marginal Citations

M42 1997 c.46.

[F598]99A Holidays for patients etc.

The Secretary of State’s functions may be performed outside Scotland, in so far as they relate—

(a) to holidays for patients;
(b) to the transfer of patients to or from England, Wales, Northern Ireland, the Isle of Man or the Channel Islands; or
(c) to the return of patients who have received treatment in Scotland to countries or territories outside the British Islands.

Textual Amendments

F598 S. 99A added by Health and Social Security Act 1984 (c. 48, SIF 113:1), s. 9(2)

100 Accommodation for persons displaced in course of development.

(1) Where the carrying out of a scheme for the provision by the Secretary of State in pursuance of this Act or the Mental Health (Care and Treatment) (Scotland) Act 2003 of accommodation or other facilities will involve the displacement from any premises of persons residing in them, the Secretary of State may make arrangements with one or more of the following bodies—

(a) an authority who are a local authority for the purposes of the Housing (Scotland) Act 1987,]

[F601](b) the Scottish Special Housing Association;
(c) a Housing Association or Housing Trust within the meaning of the Housing Associations Act 1985.]

[F602](d) a development corporation established under the New Towns (Scotland) Act 1968,

for securing, in so far as it appears to him that there is no other residential accommodation suitable for the reasonable requirements of those persons available on reasonable terms, the provision of residential accommodation in advance of the displacements from time to time becoming necessary as the carrying out of the scheme proceeds.
(2) Arrangements made under subsection (1) may include provision for the making by the Secretary of State to the body with whom the arrangements are made of payments of such amounts, and for such purposes, as may be approved by the Treasury.

Textual Amendments

F599 Words in s. 100(1) substituted (27.9.2005) by The Mental Health (Care and Treatment) (Scotland) Act 2003 (Modification of Enactments) Order 2005 (S.S.I. 2005/465), arts. 1, 2, Sch. 1 para. 7(2)
F600 “1987” substituted for “1966” by Housing (Scotland) Act 1987 (c. 26, SIF 61), ss. 335, 339(2), Sch. 23 para. 24(a)
F601 S. 100(1)(b)(c) substituted for paragraph (b) by Housing (Scotland) Act 1987 (c. 26, SIF 61), ss. 335, 339(2), Sch. 23 para. 24(b)
F602 “(d)” substituted for “(c)” by Housing (Scotland) Act 1987 (c. 26, SIF 61), ss. 335, 339(2), Sch. 23 para. 24(c)

Marginal Citations

M43 1968 c. 16.

101 Protection of Health Boards and Common Services Agency.

Section 166 of the Public Health (Scotland) Act 1897 (which relates to the protection of local authorities and their officers) shall apply in relation to a Health Board, an NHS trust and the Agency in like manner as the said section applies in relation to a local authority, but with the substitution for any reference to that Act of a reference to this Act.

Textual Amendments

F603 Words inserted by National Health Service and Community Care Act 1990 (c. 19, SIF 113:2), s. 66(1), Sch. 9 para. 19(19)

Modifications etc. (not altering text)

C106 S. 101 excluded by National Health Service (Amendment) Act 1986 (c.66, SIF 113:2), ss. 1(6), 2(3)
C107 S. 101 applied by S.I. 1990/2639, art. 5(1)(2), Sch. Pt. I
C108 S. 101 applied (1.4.1993) by S.I. 1993/577, art. 5(1)(2), Sch. Pt. I (with art. 6)
S. 101 applied (1.4.1995) by S.I. 1995/574, art. 5(1)(2), Sch. Pt. I (with art. 6)
S. 101 applied (1.4.1999) by S.I. 1999/686, art. 5(1), Sch. Pt. I
S. 101 applied (1.4.1999) by S.I. 1999/726, art. 5(1)(2), Sch. Pt. I
S. 101 applied (31.3.2002) by S.S.I. 2002/103, art. 6, Sch. Pt. I (with art. 4(4))
S. 101 applied (27.6.2002) by S.S.I. 2002/305, art. 5(1), Sch. Pt. I (with art. 4(4))

Marginal Citations

M44 1897 c. 38.

[F604] 102 State hospitals.

(1) The Secretary of State shall provide such hospitals as appear to him to be necessary for persons subject to detention under the Criminal Procedure (Scotland) Act 1995
(c. 46) or] the [\footnote{Mental Health (Care and Treatment) (Scotland) Act 2003 (asp 13)}] who require treatment under conditions of special security on account of their dangerous, violent or criminal propensities.

(2) Hospitals provided by the Secretary of State under subsection (1) are referred to in this Act as "state hospitals".

(3) Subject to subsection (4) and section 2, state hospitals shall be under the control and management of the Secretary of State.

(4) The Secretary of State may provide for the management of a state hospital to be undertaken on his behalf by—

(a) [\footnote{A Health Board, a Special Health Board, the Agency or an NHS trust to the extent that power to do so is delegated to the Board, Agency or trust by the Secretary of State.}]

(b) [\footnote{A Health Board, a Special Health Board, the Agency or an NHS trust to the extent that power to do so is delegated to the Board, Agency or trust by the Secretary of State.}]

(5) [\footnote{A Health Board, a Special Health Board, the Agency or an NHS trust to the extent that power to do so is delegated to the Board, Agency or trust by the Secretary of State.}]

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103 Arbitration.

Any question which is required by this Act or by any regulation thereunder to be determined by arbitration shall be determined by a single arbiter agreed upon by the parties, or, failing such agreement, appointed by the Court of Session on the application of any of the parties to the question; and at any stage in the proceedings in any such arbitration the arbiter may, and shall if so directed by the Court of Session, state a case for the opinion of that Court on any question of law arising in the arbitration.

104 Exemption from stamp duty.

(1) Stamp duty shall not be payable on any conveyance, agreement or assignation made, or instrument executed, solely for the purpose of giving effect to any transfer of property, rights or liabilities by, or by an order made under, sections 2 or 82 or paragraph 7 of Schedule 6.
(2) Section 12 of the Finance Act 1895 (which requires Acts to be stamped as conveyances on sale in certain cases) shall not apply to the transfer of property, rights or liabilities by, or by an order made under, section 2, and stamp duty shall not be payable on any such order.

Marginal Citations
M45 1895 c. 16.

Exemption from stamp duty land tax

(1) This section applies to a land transaction effected by a conveyance, agreement or assignation made, or an instrument executed, solely for the purpose of giving effect to any transfer of property, rights or liabilities held upon trust under section 82.

(2) For the purposes of stamp duty land tax the land transaction is exempt from charge.

(3) Relief under this section must be claimed in a land transaction return or an amendment of such a return.

(4) In this section—
“land transaction” has the meaning given by section 43(1) of the Finance Act 2003;
“land transaction return” has the meaning given by section 76(1) of that Act.

Textual Amendments
F610 S. 104A inserted (1.12.2003) by The Stamp Duty Land Tax (Consequential Amendment of Enactments) Regulations 2003 (S.I. 2003/2867), reg. 2, Sch. para. 9(3)

Supplementary

Orders, regulations and directions.

(1) Any power to make orders and regulations conferred by this Act shall be exercisable by statutory instrument.

[1A] Subsection (1) does not apply to orders made under section 12D(1) or paragraph 26(1) of Schedule 7A.

(2) A statutory instrument made by virtue of this Act shall, subject to subsections to (4), be subject to annulment in pursuance of a resolution by either House of Parliament.

[2A] No regulations shall be made under paragraph 12(1) of Schedule 1A (Health Board elections) unless a draft has been laid before, and approved by resolution of, the Scottish Parliament.

[2A] No regulations shall be made under section 17L(1)(b) or sub-paragraphs (1) or (2) of paragraph 6 of Schedule 6 (capital value of and borrowings from relevant endowments or orders under section 10G,
10Z16(3) or section 99ZB(3)]] unless a draft has been laid before Parliament and approved by a resolution of each House of Parliament.

(4) Subsection (2) does not apply to—
   (a) an order made under section 2(1) constituting a Health Board;
   (b) orders made under sections 2(11), 8, 10(3) to (5) [\[12A(1), 12A(8), 12E(1), 12G(2),]] 70(2) [\[12A(1), 12A(8), 12E(1), 12G(2),]] unless a draft has been laid before Parliament and approved by a resolution of each House of Parliament.

(5) Any power to make regulations conferred on the Secretary of State by this Act is, if the Treasury so direct, exercisable by the Treasury and the Secretary of State jointly except in the case of—
   (a) regulations made under section 22;
   (b) regulations made under section 69(1) in respect of charges for the drugs, medicines or appliances referred to in paragraph (a) of that subsection, or under paragraph 1(1) of Schedule 11 in respect of the remission or repayment of any charge payable under that section in the cases provided for in paragraph 1(1) of that Schedule;
   (c) regulations made under paragraph 2(2) of that Schedule;
   (d) regulations made under paragraph 2(6) of that Schedule;

(6) Where under any provision of this Act—
   (a) power to make an order may be exercisable, or
   (b) directions may be given, or
   (c) schemes may be made,
that provision includes power to vary or revoke the order or direction or scheme, as the case may be, by subsequent order or subsequent directions or subsequent scheme made in the like manner and subject to the same provisions.

(7) Any power [\[conferred by this Act\[ to make regulations, orders or directions] may be exercised—
   (a) either in relation to all cases to which the power extends, or in those cases subject to exceptions, or in relation to any [\[specified cases or classes of case], and
   (b) subject to such other exceptions or conditions as the Secretary of State thinks fit,
and shall include power to make such [\[supplementary, incidental, consequential, transitory, transitional or saving] provision as appears to the Secretary of State to be expedient.

[\[This subsection does not apply to regulations made under section 22 (but without prejudice to subsection (3) of that section) or to an order made under section 49 (but without prejudice to paragraph 1(1) of Schedule 10).]
106 Supplementary regulatory powers.

Regulations may make provision for all or any of the following matters,—

(a) for prescribing the forms of notices and other documents, and the manner of service of notices and other documents;

(b) for prescribing the manner in which documents may be executed or proved;

(c) for prescribing the manner in which resolutions of any bodies constituted under this Act are to be proved.

107 Local enactments.

(1) Subject to subsection (2), where any local enactment provides for any matter which is also provided for by any provision of this Act or of any order or regulations made under this Act, the provisions of this Act, or as the case may be, of that order or those regulations, shall have effect in substitution for the local enactment, which shall cease to have effect.

(2) The Secretary of State may by order except from the operation of subsection (1) such local enactments as may be specified in the order and direct that corresponding provisions of this Act or of any order or regulations made under this Act, shall not have effect in the areas in which the specified local enactments have effect.
(3) If it appears to the Secretary of State that any local enactment not being an enactment which has ceased to have effect by virtue of subsection (1), is inconsistent with any provision of this Act or that any order or regulations made under this Act, or is no longer required, or regulations to be amended, having regard to any such provision, order or regulation, he may by order repeal or amend the local enactment as he may consider appropriate.

108 Interpretation and construction.

(1) In this Act, unless the contrary intention appears—

“the Agency” has the meaning indicated in section 10;

“area medical committee”, “area dental committee”, “area nursing and midwifery committee”, “area pharmaceutical committee” and “area optical committee” have the meanings indicated in section 9(2);

“community care services” has the meaning given by section 12A(8) of the Social Work (Scotland) Act 1968;

“the Dental Estimates Board” has the meaning indicated in section 4;

“dental practitioner” means a person registered in the dentists register under the Dentists Act 1984;

“dispensing optician” means a person who is registered in the register kept under section 2 of the Opticians Act 1958 of dispensing opticians or a body corporate enrolled in the list kept under section 4 of that Act or such bodies carrying on business as dispensing opticians;

“education authority” has the same meaning as in the Education (Scotland) Act 1980;

“EEA State” means a member State, Norway, Iceland or Lichtenstein;

“equipment” includes any machinery, apparatus or appliance, whether fixed or not, and any vehicle;

“functions” includes powers and duties;

“general medical services contract ” has the meaning given in section 17J(2);

“general ophthalmic services ” is to be construed in accordance with section 26(1F);

“goods ” includes accommodation

“governing body”, in relation to any hospital to which section 89 applies, includes any body, whether corporate or unincorporate, having the control and management of the hospital or any part of it or otherwise carrying on the business of the hospital or any part of it;

“Health Board” means a Health Board constituted under section 2;

“the health service” means the health service established in pursuance of section 1 of the National Health Service (Scotland) Act 1947;

“health service hospital” means a hospital vested in the Secretary of State for the purposes of his functions under this Act or vested in an NHS trust;
“hospital” means—
(a) any institution for the reception and treatment of persons suffering from illness,
(b) any maternity home, and
(c) any institution for the reception and treatment of persons during convalescence or persons requiring medical rehabilitation, and any institution for providing dental treatment maintained in connection with a dental school,

and includes clinics, dispensaries, and out-patient departments maintained in connection with any such home or institution, and “hospital accommodation” shall be construed accordingly;

“the Hospital Trust” has the meaning indicated in section 11;

“illness” includes mental disorder within the meaning of section 328 of the Mental Health (Care and Treatment) (Scotland) Act 2003 and any injury or disability requiring medical or dental treatment or nursing;

“integration joint board” means an integration joint board established under section 9(2) of the Public Bodies (Joint Working) (Scotland) Act 2014;

“local authority” means a council constituted under section 2 of the Local Government etc. (Scotland) Act 1994;

“local consultative committee” means a committee recognised by the Secretary of State under section 9(1);

“local health council” has the meaning indicated in section 7;

“medical” includes surgical;

“medical practitioner” means a registered medical practitioner within the meaning of Schedule 1 to the Interpretation Act 1978;

“medicine” includes such chemical re-agents as are included in a list for the time being approved by the Secretary of State for the purposes of section 27;

“modifications” includes additions, omissions and amendments;

“National Health Service trust” has the meaning indicated by section 12A and “NHS trust” shall be construed accordingly;

“NHS contract” has the meaning indicated by section 17A(3);

“officer” includes servant;

“operational date”, in relation to an NHS trust, shall be construed in accordance with paragraph 3(1)(e) of Schedule 7A;

“ophthalmic optician” means a person registered in the register of optometrists maintained under section 7 of the Opticians Act 1989 or in the register of visiting optometrists from relevant European States maintained under section 8B(1)(a) of that Act, or a body corporate registered in the register of bodies corporate maintained under section 9 of that Act carrying on business as an optometrist.

“patient” includes an expectant or nursing mother and a lying-in woman;
[F651 “pilot scheme” has the meaning given by section 1 of the National Health Service (Primary Care) Act 1997 (c.46);]

“prescribed” means prescribed by regulations made by the Secretary of State under this Act;

[F653 “primary medical services” is to be construed in accordance with section 2C(5);]

“property” includes rights;

[F654 “provide” includes manage]

[F655 “registered pharmacist” means a person registered as a pharmacist in Part 1 or 4 of the register maintained under article 19 of the Pharmacy Order 2010;]


“regulations” means regulations made by the Secretary of State under this Act;

“relevant endowment” has the meaning indicated in section 11;

[F657 “the Research Trust” means the Scottish Hospital Endowments Research Trust constituted under subsection (1) of section 12 of this Act (before the repeal of that subsection by section 38(2)(a) of the Smoking, Health and Social Care (Scotland) Act 2005 (asp 13);]

[F658 “section 17C arrangements” has the same meaning as in section 17E(9);]

[F659 “Special Health Board” means a Special Health Board constituted under section 2;]

[F660 “state hospital” has the meaning indicated in section 102(2)]

“superannuation benefits” means annual superannuation allowances, gratuities and periodical payments payable on retirement, death or incapacity, and similar benefits;

[F659 “the Tribunal” has the meaning indicated in section 29;]

“the Trust” has the meaning indicated in section 11;

“University Liaison Committee” means a committee such as is referred to in section 8;

[F661 “voluntary organisation” means a body the activities of which are carried on otherwise than for profit, but does not include any public or local authority.]

[F664(1A) References in this Act to “carrying on the business of dentistry” are to be construed in accordance with section 40 of the Dentists Act 1984 (c. 24).]

(2) References in this Act to the purposes of a hospital shall be construed as referring both to the general purposes of the hospital and to any specific purpose of the hospital.

(3) Any reference in this Act to any enactment is a reference to it as amended or applied by or under any other enactment including this Act.
(4) In this Act, except where otherwise indicated,—

(a) a reference to a numbered Part, section or Schedule is a reference to the Part or section of, or the Schedule to, this Act so numbered;

(b) a reference in a section to a numbered subsection is a reference to the subsection of that section so numbered;

(c) a reference in a section, subsection or Schedule to a numbered or lettered paragraph is a reference to the paragraph of that section, subsection or Schedule so numbered or lettered; and

(d) a reference to any provision of an Act (including this Act) includes a reference to any Schedule incorporated in the Act by that provision.]
Transitional provisions and savings, consequential amendments and repeals.

Schedule 15 to this Act is hereby given effect, and subject to the transitional provisions and savings contained in that Schedule—

(a) the enactments and the order specified in Schedule 16 have effect subject to the amendments (being amendments consequent on this Act) specified in that Schedule, and

Marginal Citations
M46 1958 c. 32.
M47 1980 c. 44.
M48 1947 c. 27.
(b) the enactments specified in Schedule 17 (which include enactments which were spent before the passing of this Act) are hereby repealed to the extent specified in the third column of that Schedule;

but nothing in this Act shall be taken as prejudicing the operation of \[F665\] sections 16(1) and 17(2)(a) of the \[M49\] Interpretation Act 1978 (which relates to the operation of repeals).

Textual Amendments

\[F665\] Words substituted by virtue of Interpretation Act 1978 (c. 30), s. 25(2)

Modifications etc. (not altering text)

\[C112\] The text of s. 109(a)(b) is in the form in which it was originally enacted: it was not reproduced in Statutes in Force and does not reflect any amendments or repeals which may have been made prior to 1.2.1991

Marginal Citations

\[M49\] 1978 c. 30.

110 Citation, extent and commencement.

(1) This Act may be cited as the National Health Service (Scotland) Act 1978.

(2) Subject to \[F666\] subsection (3) \[F666\] subsections (2A) and (3), this Act extends only to Scotland.

\[F667\] (2A) Section 87B(3) extends also to England and Wales.

(3) Paragraph 3 of Schedule 10 extends to other parts of the United Kingdom.

(4) This Act shall come into force on 1st January 1979.
SCHEDULES

SCHEDULE 1

HEALTH BOARDS

PART I

Constitution

1 A Health Board shall be a body corporate and shall have a common seal.

Modifications etc. (not altering text)

C113 Sch. 1 paras. 1, 2, 4–7, 9–15, Sch. 5 paras. 7B, 7C applied by S.I. 1990/2639, art. 5(1)(2), Sch. Pt. I
C114 Sch. 1 para. 1 applied (1.4.1993) by S.I. 1993/577, art. 5(1)(2), Sch. Pt. I (with art. 6)
Sch. 1 para. 1 applied (1.4.1995) by S.I. 1995/574, art. 5(1)(2), Sch. Pt. I (with art. 6)
Sch. 1 para. 1 applied (1.4.1999) by S.I. 1999/686, art. 5(1)(2), Sch. Pt. I
Sch. 1 para. 1 applied (1.4.2000) by S.S.I. 2000/47, art. 5(1)(2), Sch. Pt. I
Sch. 1 para. 1 applied (6.4.2001) by S.S.I. 2001/137, art. 5(1), Sch. Pt. I
Sch. 1 para. 1 applied (31.3.2002) by S.S.I. 2002/103, art. 6, Sch. Pt. I (with art. 4(4))
Sch. 1 para. 1 applied (27.6.2002) by S.S.I. 2002/305, art. 5(1), Sch. Pt. I (with art. 4(4))
C115 Sch. 1 para. 1 applied (1.4.1999) by S.I. 1999/726, art. 5(1)(2), Sch. Pt. I

(1) A Health Board is to consist of the following types of members—
   (a) a chairman, and other members, appointed by the Scottish Ministers
       (“appointed members”), and
   (b) councillors appointed by the Scottish Ministers following nomination by
       local authorities in the area of the Health Board (“councillor members”),
       and
   (c) individuals elected as members of the Health Board at an election held under
       Schedule 1A (“elected members”).

(2) Regulations must, in relation to each Health Board, specify—
   (a) the total number of members of the Board, and
   (b) the number of each type of member.

(3) At least one councillor member must be appointed for each local authority whose
    area is wholly or partly within the area of the Board.

Textual Amendments

F668 Sch. 1 para. 2 substituted (24.6.2009 for certain purposes and otherwise prospr.) by Health Boards
(Membership and Elections) (Scotland) Act 2009 (asp 5), ss. 1(2), 4, 7, 11(1); S.S.I. 2009/242, art. 2
F669 Sch. 1 para. 2(1)(a) amendment to earlier affecting provision 2009 asp 5 s. 6(4) (31.12.2013) by The
Health Boards (Membership and Elections) (Scotland) Order 2013 (S.S.I. 2013/364), art. 3(2)
F670 Words in Sch. 1 para. 2(1) inserted (cond.) (31.12.2013 with effect only in respect of the specified areas, that being the date the pilot order is revoked) by Health Boards (Membership and Elections) (Scotland) Act 2009 (asp 5), s. 6(2)(4)(a)(ii)11(1)(1); S.S.I. 2013/364, art. 2 (with art. 3(1))

F671 Sch. 1 para. 2(1)(c) amendment to earlier affecting provision 2009 asp 5 s. 6(4) (31.12.2013) by The Health Boards (Membership and Elections) (Scotland) Order 2013 (S.S.I. 2013/364), art. 3(2)

F672 Sch. 1 para. 2(1)(c) repealed (31.12.2013 with effect only in respect of the specified areas, that being the date the pilot order is revoked) by Health Boards (Membership and Elections) (Scotland) Act 2009 (asp 5), s. 6(2)(4)(a)(ii)11(1)(1); S.S.I. 2013/364, art. 2 (with art. 3(1))

F673 Sch. 1 para. 2(3) amendment to earlier affecting provision 2009 asp 5 s. 6(4) (31.12.2013) by The Health Boards (Membership and Elections) (Scotland) Order 2013 (S.S.I. 2013/364), art. 3(2)

F674 Sch. 1 para. 2(3) substituted for Sch. 1 para. 2(3) (31.12.2013 with effect only in respect of the specified areas, that being the date the pilot order is revoked) by Health Boards (Membership and Elections) (Scotland) Act 2009 (asp 5), s. 6(2)(4)(b)11(1)(1); S.S.I. 2013/364, art. 2 (with art. 3(1))

F675A In the case of a prescribed Health Board at least one of the appointed members must hold a post in a university with a medical or dental school.

Subordinate Legislation Made

P7 Sch. 1 para. 2A: s. 105(7) (with ss. 2(10), 108(1) and Sch. 1 paras. 2A, 4 and 11) power exercised by S.I. 1991/571.
Sch. 1 para. 2A: s. 105(7) (with ss. 2(10), 108(1) and Sch. 1 paras. 2A, 4 and 11) power exercised by S.I.1991/809.
Sch 1 para 2A: for previous exercises of this power see Index to Government Orders

Textual Amendments

F675 Sch. 1 para. 2A inserted by National Health Service and Community Care Act 1990 (c. 19, SIF 113:2), s. 27(3), Sch. 5 para. 2

F676 Words in Sch. 1 para. 2A substituted (24.6.2009 for certain purposes and otherwise prosp.) by Health Boards (Membership and Elections) (Scotland) Act 2009 (asp 5), ss. 1(3), 4, 7, 11(1); S.S.I. 2009/242, art. 2

3 An appointed member may be appointed only after consultation with the following bodies—

(a) any university appearing to the Secretary of State to have an interest in the provision of health services in that area;

(b) such organisations as the Secretary of State may recognise as representative in that area of the medical, dental, nursing, pharmaceutical and ophthalmic professions and such other professions as the Secretary of State considers appropriate, or of those professions generally; and

(d) such other organisations as appear to the Secretary of State to be concerned.

Textual Amendments

F677 Words in Sch. 1 para. 3 substituted (24.6.2009 for certain purposes and otherwise prosp.) by Health Boards (Membership and Elections) (Scotland) Act 2009 (asp 5), ss. 1(4)(a), 4, 7, 11(1); S.S.I. 2009/242, art. 2

F678 Sch. 1 para. 3(a) omitted (24.6.2009 for certain purposes and otherwise prosp.) by virtue of Health Boards (Membership and Elections) (Scotland) Act 2009 (asp 5), ss. 1(4)(b), 4, 7, 11(1); S.S.I. 2009/242, art. 2
A person appointed as chairman of a Health Board may not be an employee of that Health Board.

The Secretary of State may pay to
(a) the chairman of a Health Board,
(b) such other members of a Health Board as may be prescribed, and
(c) such members of committees and sub-committees of a Health Board as may be prescribed,
such remuneration as he may, with the approval of the Minister for the Civil Service, from time to time determine.

A Health Board may employ such officers and servants on such terms as to remuneration and conditions of service as the Board may, in accordance with regulations and any directions given under this paragraph by the Secretary of State.
Regulations may make provision with respect to the method of appointment of officers or servants of a Health Board and as to the qualifications, remuneration and conditions of service of those persons.

Regulations or directions under paragraph 5 may provide for approvals, authorisations or determinations to have effect from a date (which may be before or after the date of giving or making them but may not be before if to the detriment of such officers and servants) specified in them and a direction under that paragraph may relate to a particular officer or servant or class of officer or servant specified in the direction.

Textual Amendments

F683 Words added by Health and Social Services and Social Security Adjudications Act 1983 (c. 41, SIF 113:3), s. 14(2), Sch. 7 para. 4

F684 Words added by National Health Service and Community Care Act 1990 (c.19, SIF 113:2), s. 27(3), Sch. 5 para. 4

Modifications etc. (not altering text)

C121 Sch. 1 paras. 1, 2, 4–7, 9–15, Sch. 5 paras. 7B, 7C applied by S.I. 1990/2639, art. 5(1)(2), Sch. Pt. I

C122 Sch. 1 para. 5 applied (1.4.1993) by S.I. 1993/577, art. 5(1)(2), Sch. Pt. I (with art. 6)

Sch. 1 para. 5 applied (1.4.1995) by S.I. 1995/574, art. 5(1)(2), Sch. Pt. I (with art. 6)

Sch. 1 para. 5 applied (1.4.1999) by S.I. 1999/686, art. 5(1)(2), Sch. Pt. I

Sch. 1 para. 5 applied (1.4.2000) by S.S.I. 2000/47, art. 5(1)(2), Sch. Pt. I

Sch. 1 para. 5 applied (6.4.2001) by S.S.I. 2001/137, art. 5(1), Sch. Pt. I

Sch. 1 para. 5 applied (31.3.2002) by S.S.I. 2002/103, art. 6, Sch. Pt. I (with art. 4(4))

Sch. 1 para. 5 applied (27.6.2002) by S.S.I. 2002/305, art. 5(1), Sch. Pt. I (with art. 4(4))

C123 Sch. 1 para. 5 applied (1.4.1999) by S.I. 1999/726, art. 5(1)(2), Sch. Pt. I

[\textbf{F683}A] Regulations or directions under paragraph 5 may provide for approvals, authorisations or determinations to have effect from a date (which may be before or after the date of giving or making them but may not be before if to the detriment of such officers and servants) specified in them and a direction under that paragraph may relate to a particular officer or servant or class of officer or servant specified in the direction.]

6 Regulations may make provision with respect to the method of appointment of officers or servants of a Health Board and as to the qualifications, remuneration and conditions of service of those persons.
Sub-paragraph (3) applies where the registration of a dental practitioner in the dentists register is suspended—

(a) by an interim suspension order under section 32 of the Dentists Act 1984 (interim orders); or

(b) by a direction or order of the Health Committee, the Professional Performance Committee or the Professional Conduct Committee of the General Dental Council under any of sections 27B, 27C or 30 of that Act following a relevant determination that that practitioner's fitness to practise is impaired.

(2) For the purposes of sub-paragraph (1), a “relevant determination” that a practitioner's fitness to practise is impaired is a determination which is based solely on—

(a) the ground mentioned in paragraph (b) of subsection (2) of section 27 of the Dentists Act 1984 (deficient professional performance);

(b) the ground mentioned in paragraph (c) of that subsection (adverse physical or mental health); or

(c) both those grounds.

(3) Where this sub-paragraph applies, notwithstanding paragraph 7 of this Schedule, the suspension shall not terminate any contract of employment made between the dental practitioner and a Health Board, but a person whose registration is so suspended shall not perform any duties under a contract made between him and a Health Board which involves the practice of dentistry within the meaning of the Dentists Act 1984.

Regulations may provide for the transfer of officers and servants from a Health Board to—
(a) another Health Board;
(b) the Agency; or
(c) a state hospital,
and for arrangements under which the services of an officer or servant of a Health Board are placed at the disposal of a body mentioned in sub-paragraphs (a) to (c).]

Textual Amendments

F688 Sch. 1 paras. 7A–7C inserted by National Health Service and Community Care Act 1990 (c. 19, SIF 113:2), s. 27(3), Sch. 5 para. 5

Modifications etc. (not altering text)

C132 Sch. 1 paras. 7A, 7B, 11A applied (1.4.1991) by S.I. 1990/2639, art. 5(1)(2), Sch. Pt I
C133 Sch. 1 para. 7A applied (1.4.1993) by S.I. 1993/577, art. 5(1)(2), Sch. Pt I (with art. 6)
  Sch. 1 para. 7A applied (1.4.1995) by S.I. 1995/574, art. 5(1)(2), Sch. Pt I (with art. 6)
  Sch. 1 para. 7A applied (1.4.1999) by S.I. 1999/686, art. 5(1)(2), Sch. Pt I
  Sch. 1 para. 7A applied (1.4.2000) by S.S.I. 2000/47, art. 5(1)(2), Sch. Pt I
  Sch. 1 para. 7A applied (6.4.2001) by S.S.I. 2001/137, art. 5(1), Sch. Pt I
  Sch. 1 para. 7A applied (31.3.2002) by S.S.I. 2002/103, art. 6, Sch. Pt I (with art. 4(4))
  Sch. 1 para. 7A applied (27.6.2002) by S.S.I. 2002/305, art. 5(1), Sch. Pt I (with art. 4(4))
C134 Sch. 1 para. 7A applied (1.4.1999) by S.I. 1999/726, art. 5(1)(2), Sch. Pt I

7B Directions may be given by the Secretary of State—
(a) to a Health Board to place services of any of its officers or servants at the disposal of a body mentioned in sub-paragraphs (a) to (c) of paragraph 7A; and
(b) to any such body to employ as an officer or servant any person who is or was employed by a Health Board and is specified in the direction, and a Board or body to which such directions are given shall comply with the directions.

Modifications etc. (not altering text)

C135 Sch. 1 paras. 7A, 7B, 11A applied (1.4.1991) by S.I. 1990/2639, art. 5(1)(2), Sch. Pt I
C136 Sch. 1 para. 7B applied (1.4.1993) by S.I. 1993/577, art. 5(1)(2), Sch. 1 Pt I (with art. 6)
  Sch. 1 para. 7B applied (1.4.1995) by S.I. 1995/574, art. 5(1)(2), Sch. Pt I (with art. 6)
  Sch. 1 para. 7B applied (1.4.1999) by S.I. 1999/686, art. 5(1)(2), Sch Pt.I
  Sch. 1 para. 7B applied (1.4.2000) by S.S.I. 2000/47, art. 5(1)(2), Sch. Pt I
  Sch. 1 para. 7B applied (6.4.2001) by S.S.I. 2001/137, art. 5(1), Sch. Pt I
  Sch. 1 para. 7B applied (31.3.2002) by S.S.I. 2002/103, art. 6, Sch. Pt I (with art. 4(4))
  Sch. 1 para. 7B applied (27.6.2002) by S.S.I. 2002/305, art. 5(1), Sch. Pt I (with art. 4(4))
C137 Sch. 1 para. 7B applied (1.4.1999) by S.I. 1999/726, art. 5(1)(2), Sch. Pt I

7C Before making regulations under paragraph 7A or 8A, the Secretary of State shall consult such bodies and organisations as appear to him to be concerned.

8 Regulations under paragraph 6 shall not contain a requirement that all consultants employed for the purpose of hospitals shall be employed whole-time.

F689 8A In connection with arrangements relating to community care services F690,..., regulations may make provision with respect to—
(a) the transfer to employment by a local authority of officers or servants employed by a Health Board; and

(b) the transfer to employment by a National Health Service body of officers and servants transferred to employment by a local authority by virtue of this paragraph,

and for the purposes of this paragraph “ National Health Service body ” means a Health Board, the Agency or an NHS trust.

**Textual Amendments**

- **F689** Sch. 1 para. 8A inserted by National Health Service and Community Care Act 1990 (c. 19, SIF 113:2), s. 27(3), Sch. 5 para. 6

- **F690** Words in Sch. 1 para. 8A repealed (1.4.2015) by The Public Bodies (Joint Working) (Scotland) Act 2014 (Consequential Modifications and Saving) Order 2015 (S.S.I. 2015/157), art. 1(1), Sch. para. 2(5)

**PART II**

**Supplementary provisions**

An elected member holds office for a period beginning with the day after the day of the Health Board election at which the member was elected and ending on the day of the next following Health Board election in the Health Board area.

(2) An elected member vacates office on becoming—

(a) a member of the European Parliament,

(b) a member of the House of Commons,

(c) a member of the House of Lords,

(d) a member of the Scottish Parliament, or

(e) a local authority councillor.

(3) Regulations may specify further circumstances in which an elected member must vacate office before the end of that period and, in particular, may specify that an elected member is to vacate office on becoming the holder of a post set out in a list of restricted posts maintained by the Health Board concerned for that purpose.
National Health Service (Scotland) Act 1978 (c. 29)

SCHEDULE 1 – Health Boards

Document Generated: 2019-11-19

Status: This version of this Act contains provisions that are prospective.

Changes to legislation: National Health Service (Scotland) Act 1978 is up to date with all changes known to be in force on or before 19 November 2019. There are changes that may be brought into force at a future date. Changes that have been made appear in the content and are referenced with annotations. (See end of Document for details) View outstanding changes

Textual Amendments

F693 Sch. 1 para. 10A inserted (temp. from 24.6.2009 for certain purposes and prosp. otherwise) by Health Boards (Membership and Elections) (Scotland) Act 2009 (asp 5), ss. 1(6), 4, 6(2)(3), 7, 11(1); S.S.I. 2009/242, art. 2

11 Regulations may make provision—

(a) as to the appointment, tenure and vacation of office of [F694 appointed members and councillor members (including provision specifying circumstances in which the Scottish Ministers may determine that such a member is to vacate office)];

(b) as to the delegation of functions to committees or sub-committees [F695 constituted in accordance with the regulations]; [F696 and]

(c) as to the procedure of Health Boards, their committees and sub-committees;

11A A Health Board may subscribe to the funds of any associations or other bodies having objects of which the Board approves.]

Textual Amendments

F694 Words in Sch. 1 para. 11(a) substituted (24.6.2009 for certain purposes and otherwise prosp.) by Health Boards (Membership and Elections) (Scotland) Act 2009 (asp 5), ss. 1(7), 4, 7, 11(1); S.S.I. 2009/242, art. 2

F695 Words substituted by National Health Service and Community Care Act 1990 (c. 19, SIF 113:2), s. 27(3), Sch. 5 para. 7

F696 Word inserted by Health Services Act 1980 (c. 53), Sch. 6 para. 7(4)(a)

F697 Word and para. 11(d) repealed by Health Services Act 1980 (c. 53), Sch. 7

Modifications etc. (not altering text)

C138 Sch. 1 paras. 1, 2, 4–7, 9–15, Sch. 5 paras. 7B, 7C applied by S.I. 1990/2639, art. 5(1)(2), Sch. Pt. I

C139 Sch. 1 para. 11 applied (1.4.1993) by S.I. 1993/577, art. 5(1)(2), Sch. Pt. I (with art. 6)

Sch. 1 para. 11 applied (1.4.1995) by S.I. 1995/574, art. 5(1)(2), Sch. Pt. I (with art. 6)

Sch. 1 para. 11 applied (1.4.1999) by S.I. 1999/686, art. 5(1)(2), Sch. Pt. I

Sch. 1 para. 11 applied (1.4.2000) by S.S.I. 2000/47, art. 5(1)(2), Sch. Pt. I

Sch. 1 para. 11 applied (6.4.2001) by S.S.I. 2001/137, art. 5(1), Sch. Pt. I

Sch. 1 para. 11 applied (31.3.2002) by S.S.I. 2002/103, art. 6, Sch. Pt. I (with art. 4(4))

Sch. 1 para. 11 applied (27.6.2002) by S.S.I. 2002/305, art. 5(1), Sch. Pt. I (with art. 4(4))

C140 Sch. 1 para. 11 applied (1.4.1999) by S.I. 1999/726, art. 5(1)(2), Sch. Pt. I

[F69811A A Health Board may subscribe to the funds of any associations or other bodies having objects of which the Board approves.]

Textual Amendments

F698 Para. 11A inserted by Health Services Act 1980 (c. 53), Sch. 6 para. 7(5)

Modifications etc. (not altering text)

C141 Sch. 1 paras. 7A, 7B, 11A applied (1.4.1991) by S.I. 1990/2639, art. 5(1)(2), Sch. Pt. I

C142 Sch. 1 para. 11A applied (1.4.1993) by S.I. 1993/577, art. 5(1)(2), Sch. Pt. I (with art. 6)

Sch. 1 para. 11A applied (1.4.1995) by S.I. 1995/574, art. 5(1)(2), Sch. Pt. I (with art. 6)

Sch. 1 para. 11A applied (1.4.1999) by S.I. 1999/686, art. 5(1)(2), Sch. Pt. I (with art. 6)
The Secretary of State shall pay to members of a Health Board, the committees
By
The proceedings of a Health Board shall not be invalidated by any vacancy in
Sch. 1 para. 12
Sch. 1 para. 13 are made
Sch. 1 para. 13
Sch. 1 paras. 1
Sch. 1 para. 13
Sch. 1 para. 12
Sch. 1 para. 13
Sch. 1 para. 12
Sch. 1 paras. 1
Sch. 1 para. 13
C143
Sch. 1 para. 11A applied (1.4.2000) by S.I. 1999/726, art. 5(1)(2), Sch. Pt. I
The proceedings of a Health Board shall not be invalidated by any vacancy in
membership or by any defect in the appointment [F699 or, as the case may be, election] of any member thereof.

Textual Amendments

F699 Words in Sch. 1 para. 12 inserted (temp. from 24.6.2009 for certain purposes and otherwise prosp.) by Health Boards (Membership and Elections) (Scotland) Act 2009 (asp 5), ss. 1(8), 4, 6(2)(3), 7, 11(1); S.S.I. 2009/242, art. 2

Modifications etc. (not altering text)

C144 Sch. 1 paras. 1, 2, 4–7, 9–15, Sch. 5 paras. 7B, 7C applied by S.I. 1990/2639, art. 5(1)(2), Sch. Pt. I
C145 Sch. 1 para. 12 applied (1.4.1993) by S.I. 1993/577, art. 5(1)(2), Sch. Pt. I (with art. 6)
C146 Sch. 1 para. 12 applied (1.4.1999) by S.I. 1999/726, art. 5(1)(2), Sch. Pt. I (with art. 6)
Sch. 1 para. 12 applied (1.4.2000) by S.S.I. 2000/47, art. 5(1)(2), Sch. Pt. I
Sch. 1 para. 12 applied (6.4.2001) by S.S.I. 2001/137, art. 5(1), Sch. Pt. I
Sch. 1 para. 12 applied (31.3.2002) by S.S.I. 2002/103, art. 6, Sch. Pt. I (with art. 4(4))
Sch. 1 para. 12 applied (27.6.2002) by S.S.I. 2002/305, art. 5(1), Sch. Pt. I (with art. 4(4))

The Secretary of State shall pay to members of a Health Board, the committees and sub-committees thereof, such travelling and other allowances, including compensation for loss of remunerative time, as he may, with the approval of the Minister for the Civil Service, from time to time determine.

Modifications etc. (not altering text)

C147 Sch. 1 paras. 1, 2, 4–7, 9–15, Sch. 5 paras. 7B, 7C applied by S.I. 1990/2639, art. 5(1)(2), Sch. Pt. I
C148 By S.I. 1990/2639, art. 4(2)(f) certain functions of the Secretary of State under para. 13 are made exercisable (1.4.1991) by Health Education Board for Scotland
C149 Sch. 1 para. 13 applied (with modifications) (1.4.1993) by S.I. 1993/577, art. 5(1)(2), Sch. 1 Pt. I (with art. 6)
Sch. 1 para. 13 applied (with modifications) (1.4.1995) by S.I. 1995/574, art. 5(1)(2), Sch. 1 Pt. I (with art. 6)
Sch. 1 para. 13 applied (with modifications) (1.4.1999) by S.I. 1999/686, art. 5(1)(2), Sch. 1 Pt. I
Sch. 1 para. 13 applied (with modifications) (1.4.2000) by S.S.I. 2000/47, art. 5(1)(2), Sch. Pt. I
Sch. 1 para. 13 applied (with modifications) (6.4.2001) by S.S.I. 2001/137, art. 5(1), Sch. Pt. I
Sch. 1 para. 13 applied (with modifications) (31.3.2002) by S.S.I. 2002/103, art. 6, Sch. Pt. I (with art. 4(4))
Sch. 1 para. 13 applied (with modifications) (27.6.2002) by S.S.I. 2002/305, art. 4(2)(k) (with art. 4(4))

C150 Sch. 1 para. 13 applied (with modifications) (1.4.1999) by S.I. 1999/726, art. 5(1)(2), Sch. Pt. I
Sch. 1 para. 13: functions transferred (27.6.2002) by S.S.I. 2002/305, art. 4(2)(k) (with art. 4(4))
14 Allowances shall not be paid under paragraph 13 except in connection with the performance of such powers or duties, in such circumstances, as the Secretary of State may determine.

15 Payment under paragraph 13 shall be made at such times and in such manner, and subject to such conditions as to records, certificates or otherwise, as the Secretary of State may determine.

Textual Amendments
F700 Sch. 1 para. 16 repealed (6.2.2004) by Public Appointments and Public Bodies etc. (Scotland) Act 2003 (asp 4), ss. 17, 21(2), Sch. 4 para. 5(15); S.S.I. 2003/602, art. 2(2)

Textual Amendments
F701 Sch. 1 para. 17 repealed (6.2.2004) by Public Appointments and Public Bodies etc. (Scotland) Act 2003 (asp 4), ss. 17, 21(2), Sch. 4 para. 5(15); S.S.I. 2003/602, art. 2(2)
Registration (Scotland) Act 1938) shall continue to be exercisable by them under this paragraph.

Marginal Citations
M50 1972 c. 58.
M51 1938 c. 73.

19 The Secretary of State may, with any necessary modifications, by order apply any of the provisions of paragraph 6 of Schedule 3 to the Civil Aviation Act 1982 to the case of a person who enters the employment of a Health Board after having been employed in employment to which the said paragraph 6 applies, and any such order may provide that for the purposes of any enactment specified in the order, or for any other purposes so specified, there shall be deemed to have been no break in the employment of any such person.

Textual Amendments
F702 Words substituted by Civil Aviation Act 1982 (c. 16), Sch. 15 para. 22(a)
F703 Words substituted by Civil Aviation Act 1982 (c. 16), Sch. 15 para. 22(b)

SCHEDULE 1A
HEALTH BOARD ELECTIONS

Textual Amendments
F704 Sch. 1A inserted (temp. from 24.6.2009 for certain purposes and otherwise prosp.) by Health Boards (Membership and Elections) (Scotland) Act 2009 (asp 5), ss. 2(3), 4, 6(2)(3), 7, 11(1); S.S.I. 2009/242, art. 2

Health Board elections

1 An election held under this Schedule is known as a “Health Board election”.

Timing of Health Board elections

2 (1) A Health Board must hold the first Health Board election in the Health Board area on the day specified in election regulations.

(2) Election regulations may specify different days for the first election in different Health Board areas.

(3) A Health Board must hold subsequent Health Board elections on the first Thursday falling after the end of the period of 4 years beginning with the day of the previous election.
(4) But a Health Board election may be held in a Health Board area before the day specified in sub-paragraph (3) if the Scottish Ministers make an order under section 77 specifying the date of a Health Board election in that area.

Electoral wards

3 (1) Each Health Board area is to be comprised of a single electoral ward unless election regulations specify that a Health Board area is to be divided into more than one ward.

(2) If regulations specify such a division they must also specify—
(a) the number of electoral wards in the Health Board area,
(b) the boundaries of those wards, and
(c) the number of elected members to be elected in each ward.

(3) Before regulations specifying such a division are made—
(a) the Scottish Ministers must consult the Local Government Boundary Commission for Scotland, and
(b) the Commission must give the Scottish Ministers advice about the boundaries of the electoral wards which the Health Board is to be divided into.

Conduct of election

4 (1) Election regulations must appoint an individual as the returning officer for each ward in which a Health Board election is to be held.

(2) Election regulations may make provision about—
(a) the tenure and vacation of office of a returning officer,
(b) the functions of a returning officer,
(c) a returning officer's fees and expenses,
(d) any other matters relating to returning officers that the Scottish Ministers consider appropriate.

5 (1) The nomination of a candidate must be made—
(a) within the period specified in election regulations (the “nomination period”), and
(b) in accordance with any other requirement made in those regulations.

(2) A candidate may withdraw from a Health Board election at any time before the end of the nomination period.

6 If, at the end of the nomination period, the number of nominated candidates in an electoral ward is equal to or less than the number of elected members to be elected for that ward—
(a) the Health Board election is not to be held in the ward, and
(b) on the day on which the election was to be held the returning officer must—
(i) declare the nominated candidates (if any) to be deemed to have been elected as elected members for the ward, and
(ii) if the number of nominated candidates is less than the number of elected members to be elected for the ward, declare the number of vacancies in the ward.
(1) In any other case, the elected members are to be elected for the electoral ward at a poll held in accordance with this paragraph.

(2) At the poll, each individual entitled to vote may vote by marking on the ballot paper—
   (a) the voter’s first preference from among the candidates, and
   (b) if the voter wishes to express a further preference for one or more candidates, the voter’s second and, if the voter wishes, subsequent preferences from among those candidates.

(3) Election regulations must, in particular, make provision about—
   (a) the manner in which and period during which votes may be cast,
   (b) the form and content of ballot papers,
   (c) the manner in which the number of votes which will secure the return of a candidate as an elected member is to be calculated,
   (d) the procedure for counting votes,
   (e) the declaration of the result of the poll.

Candidates

(1) An individual is disqualified from being a candidate in a Health Board election if the individual is—
   (a) a member of the European Parliament,
   (b) a member of the House of Commons,
   (c) a member of the House of Lords,
   (d) a member of the Scottish Parliament, or
   (e) a local authority councillor.

(2) Election regulations may make further provision about—
   (a) who is qualified to be a candidate in a Health Board election, and
   (b) the circumstances in which an individual may be disqualified from being a candidate,

and, in particular, may disqualify from being a candidate an individual holding a post set out in a list of restricted posts maintained by the Health Board concerned for that purpose.

Franchise

(1) An individual is entitled to vote at a Health Board election if the individual—
   (a) is aged 16 or over, and
   (b) meets any further criteria specified in election regulations.

(2) Such further criteria may, in particular, provide that an individual is entitled to vote at a Health Board election only if the individual—
   (a) is registered in the register of local government electors in respect of an address in the Health Board area, and
   (b) would be entitled to vote at a local government election in an electoral area falling wholly or partly in the Health Board area (or would be so entitled if aged 18 or over).
(3) Election regulations may determine, or set out the criteria for determining, the electoral ward in which an individual is entitled to vote.

(4) Election regulations may not entitle an individual to vote—
   (a) more than once in the same Health Board area, nor
   (b) in more than one Health Board area.

**Election expenses**

10 Election regulations may make provision about the expenses which may be incurred by any person in connection with a Health Board election.

**Vacancies**

11 (1) This paragraph applies if—
   (a) a returning officer declares a vacancy in an electoral ward (see paragraph 6), or
   (b) an elected member vacates office before the end of the period mentioned in paragraph 10A(1) of Schedule 1.

(2) The Scottish Ministers may—
   (a) direct the Health Board with the vacancy to invite an unelected candidate to fill the vacancy, or
   (b) appoint, in accordance with any provision made by election regulations, an individual to fill the vacancy.

(3) If a vacancy arises less than 6 months before the date of the next Health Board election in the Health Board area where it arises, the Scottish Ministers may, instead of taking action under sub-paragraph (2), direct the Health Board to leave the vacancy unfilled until that next election.

(4) An individual who fills a vacancy is to be deemed to be an elected member of the Health Board elected for the ward in which the vacancy occurred.

(5) In sub-paragraph (2)(a), an “unelected candidate” is an individual who—
   (a) was a nominated candidate in the last Health Board election to be held in the Health Board area, and
   (b) is identified by criteria specified in election regulations.

**Election regulations**

12 (1) The Scottish Ministers may make regulations ("election regulations") in relation to any matter specified in this Schedule as something in relation to which provision may be made by election regulations.

(2) Election regulations may make further provision about Health Board elections (in so far as not already provided for in this Schedule).

(3) In particular, election regulations may provide that an enactment applies (with or without modifications specified in the regulations) or does not apply to Health Board elections.
(4) In sub-paragraph (3), “enactment” includes an Act of the Scottish Parliament and any instrument made under such an Act.]
2 The affairs of the Agency shall be managed by a management committee constituted in accordance with paragraph 3.

3 The management committee shall consist of a chairman appointed by the Secretary of State and \[F707\] such other members as the Secretary of State may, after consultation with the Health Boards, appoint.

(a) 5 members appointed by the Secretary of State;
(b) 6 members appointed by the Secretary of State on the nomination of the Health Boards acting jointly; and
(c) such other members as may be appointed by the Secretary of State after consultation with the Health Boards, acting jointly.

Textual Amendments

F707 Words substituted by National Health Service and Community Care Act 1990 (c. 19, SIF 113:2), s. 27(3), Sch. 5 para. 9

F708 Para. 3A inserted by Health Services Act 1980 (c. 53), Sch. 6 para. 8(2)

F709 Words inserted by National Health Service and Community Care Act 1990 (c. 19, SIF 113:2), s. 27(3), Sch. 5 para. 10

4 The proceedings of the management committee shall not be invalidated by any vacancy in its membership or by any defect in the appointment of any member thereof.

5 The Secretary of State shall pay to members of the management committee and sub-committees thereof such travelling and other allowances, including compensation for loss of remunerative time, as he may, with the approval of the Minister for the Civil Service, from time to time determine.

6 Allowances shall not be paid under paragraph 5 except in connection with the performance of such powers or duties, in such circumstances, as the Secretary of State may determine.

7 The Agency may employ such officers and servants on such terms as to remuneration and conditions of service as the management committee may, \[F710\] determine \[F711\] in accordance with regulations and any directions given under this paragraph by the Secretary of State.

Textual Amendments

F710 Words repealed by Health Services Act 1980 (c. 53), Sch. 7

F711 Words inserted by Health Services Act 1980 (c. 53), Sch. 6 para. 8(3)(b)

F712 Para. 3A inserted by Health Services Act 1980 (c. 53), Sch. 6 para. 8(2)
or after the date of giving or making them but may not be before if to the detriment of such officers and servants) specified in them.]

Textual Amendments
F712 Sch. 5 para. 7A added by Health and Social Services and Social Security Adjudications Act 1983 (c. 41, SIF 113:3), s. 14(2), Sch. 7 para. 4(2)

[F713 Sch. 5 para. 7B Regulations may provide for the transfer of officers and servants from the Agency to a Health Board or state hospital, and for arrangements under which the services of an officer or servant of the Agency are placed at the disposal of a Health Board or state hospital.]

Subordinate Legislation Made
P9 Sch. 5 para. 7B: s. 105(7) (with s. 108(1) and Sch. 5 para. 7B) power exercised by S.I. 1991/345

Textual Amendments
F713 Sch. 5 para. 7B, 7C inserted by National Health Service and Community Care Act 1990 (c. 19, SIF 113:2), s. 27(3), Sch. 5 para. 11

Modifications etc. (not altering text)
C158 Sch. 1 paras. 1, 2, 4–7, 9–15, Sch. 5 paras. 7B, 7C applied by S.I. 1990/2639, art. 5(1)(2), Sch. Pt. I
Sch. 5 para. 7B applied (1.4.1993) by S.I. 1993/577, art. 5(1)(2), Sch. Pt. I (with art. 6)
Sch. 5 para. 7B applied (1.4.1995) by S.I. 1995/574, art. 5(1)(2), Sch. Pt. I (with art. 6)
Sch. 5 para. 7B applied (1.4.1999) by S.I. 1999/686, art. 5(1)(2), Sch. Pt. I
Sch. 5 para. 7B applied (1.4.2000) by S.S.I. 2000/47, art. 5(1)(2), Sch. Pt. I
Sch. 5 para. 7B applied (6.4.2001) by S.S.I. 2001/137, art. 5(1), Sch. Pt. I
Sch. 5 para. 7B applied (with modifications) (31.3.2002) by S.S.I. 2002/103, art. 6, Sch. Pt. I (with art. 4(4))
Sch. 5 para. 7B applied (27.6.2002) by S.S.I. 2002/305, art. 5(1), Sch. Pt. I (with art. 4(4))
C159 Sch. 5 para. 7B applied (1.4.1999) by S.I. 1999/726, art. 5(1)(2), Sch. Pt. I

7C Directions may be given by the Secretary of State—
(a) to the Agency to place services of any of its officers or servants at the disposal of a Health Board or state hospital; and
(b) to a Health Board or state hospital to employ as an officer or servant any person who is or was employed by the Agency and is specified in the direction,
and it shall be the duty of the Agency, a Health Board or a state hospital to comply with any such directions given to it.

Modifications etc. (not altering text)
C160 Sch. 1 paras. 1, 2, 4–7, 9–15, Sch. 5 paras. 7B, 7C applied by S.I. 1990/2639, art. 5(1)(2), Sch. Pt. I
C161 Sch. 5 para. 7C applied (1.4.1993) by S.I. 1993/577, art. 5(1), Sch. Pt. I (with art. 6)
Sch. 5 para. 7C applied (1.4.1995) by S.I. 1995/574, art. 5(1)(2), Sch. Pt. I (with art. 6)
Sch. 5 para. 7C applied (1.4.1999) by S.I. 1999/686, art. 5(1)(2), Sch. Pt. I
Sch. 5 para. 7C applied (1.4.2000) by S.S.I. 2000/47, art. 5(1)(2), Sch. Pt. I
Sch. 5 para. 7C applied (6.4.2001) by S.S.I. 2001/137, art. 5(1), Sch. Pt. I
8 Regulations may make provision with respect to—
   (a) the appointment, tenure and vacation of office of the chairman and members of the management committee;
   (b) enabling alternative members to attend in place of any member of the committee who may be absent;
   (c) the appointment by the management committee of sub-committees, whose membership may include persons who are not members of the management committee;
   (d) the procedure of the management committee; and
   (e) the method of appointment of officers or servants of the Agency and the qualifications, remuneration and conditions of service of those persons.

8A In connection with arrangements relating to community care services, regulations may make provision with respect to—
   (a) the transfer to employment by a local authority of officers or servants employed by the Agency; and
   (b) the transfer to employment by a National Health Service body of officers and servants transferred to employment by a local authority by virtue of this paragraph.

B Before making regulations under paragraph 7B or 8A, the Secretary of State shall consult such bodies and organisations as appear to him to be concerned.

9 No officer or servant of the Agency to whom regulations or any directions given under paragraph 7] apply shall be employed otherwise than in accordance with the regulations or, as the case may be, the directions.
National Health Service (Scotland) Act 1978 (c. 29)
SCHEDULE 5A – Healthcare Improvement Scotland

Document Generated: 2019-11-19

Status: This version of this Act contains provisions that are prospective.

Changes to legislation: National Health Service (Scotland) Act 1978 is up to date with all changes known to be in force on or before 19 November 2019. There are changes that may be brought into force at a future date. Changes that have been made appear in the content and are referenced with annotations. (See end of Document for details) View outstanding changes

Textual Amendments
F718 Sch. 5 para. 11 repealed (1.8.1995) by 1995 c. 7 ss. 14(2), 15(2), Sch. 5 (with ss. 9(3)(5)(7), 13, 14(3), Sch. 3(2))

12 The Secretary of State may exercise the powers conferred by paragraph 19 of Schedule 1 in the case of a person who enters the employment of the Agency and to whom that paragraph otherwise applies.

F719 F720 SCHEDULE 5A

HEALTHCARE IMPROVEMENT SCOTLAND

Textual Amendments
F719 Sch. 5A inserted (1.8.2010 for specified purposes, 1.10.2010 for specified purposes, 1.4.2011 in so far as not already in force) by Public Services Reform (Scotland) Act 2010 (asp 8), s. 134(7), Sch. 16; S.S.I. 2010/221, art. 3(2)(3), Sch.; S.S.I. 2010/321, art. 3, Sch.; S.S.I. 2011/122, art. 2, Sch.
F720 Sch. 5A inserted (1.8.2010 for certain purposes, 1.10.2010 for certain purposes and otherwise prosp.) by Public Services Reform (Scotland) Act 2010 (asp 8), ss. 110(1), 134(7), Sch. 16; S.S.I. 2010/221, art. 3(2)(3), Sch.; S.S.I. 2010/321, art. 3, Sch.

Status

1 (1) Healthcare Improvement Scotland is a body corporate.
(2) HIS is not to be regarded as a servant or agent of the Crown, or as having any status, immunity or privilege of the Crown, nor are its members or its employees to be regarded as civil servants.
(3) HIS’s property is not to be regarded as property of, or held on behalf of, the Crown.

Membership of HIS

2 (1) HIS is to consist of the following members—
(a) a person appointed by the Scottish Ministers to chair HIS;
(b) the person appointed under paragraph 2(1)(a) of schedule 11 to the Public Services Reform (Scotland) Act 2010 (asp 8) to chair Social Care and Social Work Improvement Scotland; and
(c) no fewer than 10 nor more than 13 other members appointed by the Scottish Ministers.
(2) The Scottish Ministers may by order amend sub-paragraph (1)(c) by substituting for the minimum or maximum number of members for the time being specified there such other number as they think fit.
(3) In appointing members, the Scottish Ministers are to have regard to the desirability of including—
(a) persons who have experience of, and have shown capacity and capability in, the provision of services provided under the health service or independent health care services;
(b) persons who use, or have used services provided under the health service or independent health care services;
(c) persons who have such other skills, knowledge or experience as the Scottish Ministers consider to be relevant in relation to the exercise of HIS's functions.

Terms of appointment etc.

3 (1) Each member of HIS is to be appointed for such period as the Scottish Ministers think fit.

(2) A member—
(a) holds and vacates office in accordance with the terms and conditions of appointment; but
(b) may, by written notice to the Scottish Ministers, resign office as a member.

(3) A person is, on ceasing to be a member, eligible for reappointment.

Removal of members

4 The Scottish Ministers may, by written notice, remove a member from office if they are satisfied that—
(a) the member—
(i) has been adjudged bankrupt;
(ii) has granted a trust deed for creditors or a composition contract;
(iii) has proposed a voluntary arrangement which has been approved;
(b) the member's estate has been sequestrated;
(c) the member has been absent from 3 consecutive meetings of HIS without the permission of HIS;
(d) the member is otherwise unfit or unable to discharge the functions of a member.

Disqualification from membership

5 A person is disqualified from appointment, and from holding office, as a member of HIS if that person is—
(a) a member of the Scottish Parliament;
(b) a member of the House of Commons;
(c) a member of the European Parliament.

Remuneration and allowances for members

6 HIS must pay to each of its members such—
(a) remuneration; and
(b) allowances and expenses,
as the Scottish Ministers may determine.
Chief executive and other employees

7 (1) HIS is to employ a chief executive.

(2) The chief executive must be a member of HIS.

(3) The Scottish Ministers are to make the first appointment of the chief executive on such terms and conditions as the Scottish Ministers may determine.

(4) Each subsequent chief executive is, with the approval of the Scottish Ministers, to be appointed by HIS on such terms and conditions as HIS may, with such approval, determine.

(5) HIS may (subject to any directions given under sub-paragraph (6)) appoint such other employees on such terms and conditions as HIS may determine.

(6) The Scottish Ministers may give directions to HIS as regards—
   (a) the appointment of employees under sub-paragraph (5); and
   (b) the terms and conditions of their employment.

(7) HIS may, with the approval of the Scottish Ministers—
   (a) pay or make arrangements for the payment;
   (b) make payments or contributions towards the provision;
   (c) provide and maintain schemes (whether contributory or not) for the payment, of such pensions, allowances or gratuities to or in respect of any person who is or has ceased to be an employee of HIS, as it may determine.

(8) The reference in sub-paragraph (7) to pensions, allowances and gratuities includes a reference to pensions, allowances and gratuities by way of compensation for loss of employment.

\[\text{F721 Medical reviewers}\]

Textual Amendments

F721 Sch. 5A para. 7A inserted (8.6.2013) by Certification of Death (Scotland) Act 2011 (asp 11), s. 32(3), sch. 1 para. 2; S.S.I. 2013/159, art. 2, sch.

7A (1) HIS must appoint persons employed under paragraph 7(5) to exercise the functions of medical reviewers; and when doing so those employees are to be known as medical reviewers.

(2) HIS must appoint a person employed under paragraph 7(5) to exercise the functions of the senior medical reviewer; and when doing so that employee is to be known as the senior medical reviewer.

(3) A person appointed as a medical reviewer or the senior medical reviewer must—
   (a) be a medical practitioner;
   (b) have been so throughout the 5 years prior to appointment; and
   (c) have such other qualifications, training and experience as may be specified by regulations.

(4) A member of HIS may not exercise the functions of—
   (a) a medical reviewer; or
(b) the senior medical reviewer.

(5) An employee of HIS (other than a medical reviewer) may not exercise any function of a medical reviewer other than those under section 17.

(6) An employee of HIS (other than the senior medical reviewer) may not exercise the functions of the senior medical reviewer (except by virtue of arrangements made under paragraph 11(2C)).

(7) An appointment as a medical reviewer or the senior medical reviewer does not affect the appointed person's status as employed under paragraph 7(5).

Committees

8

(1) HIS may establish committees for any purpose relating to its functions.

(2) Subject to section 10Z16, HIS is to determine the composition of its committees.

(3) HIS may appoint persons who are not members of HIS to be members of a committee.

(4) A committee of HIS is to comply with any directions given to it by HIS.

Procedure and meetings

9

(1) HIS may determine its own procedure and that of its committees, including a quorum for meetings.

(2) The validity of any proceedings of HIS, or any of its committees, is not affected by a vacancy in membership nor by any defect in the appointment of a member.

(3) Members of—

(a) the Scottish Executive and persons authorised by the Scottish Ministers;

(b) Social Care and Social Work Improvement Scotland and persons authorised by it,

may attend and take part in meetings of HIS or any of its committees, but are not entitled to vote at such meetings.

General powers

10

(1) HIS may do anything which appears to be necessary or expedient for the purpose of, or in connection with, or which appears conducive to, the exercise of its functions.

(2) In particular, HIS may—

(a) enter into contracts;

(b) with the consent of the Scottish Ministers—

(i) borrow money;

(ii) acquire and dispose of land;

(iii) borrow sums in sterling by way of overdraft for the purpose of meeting a temporary excess of expenditure over sums otherwise available to meet that expenditure.

Delegation of functions

11

(1) HIS may, subject to sub-paragraphs (2) to (3) authorise—
(a) the chief executive;
(b) any other employee;
(c) any of its committees,

to exercise such of its functions, and to such extent, as it may determine.

(2) HIS may not authorise any of the following functions to be exercised by any other person—
(a) the approval of annual reports and accounts;
(b) the approval of any budget or other financial plan.

[ F723 HIS may authorise an employee to carry out the functions of a medical reviewer under section 17.]

(2A) Any other function conferred on a medical reviewer or the senior medical reviewer may not, subject to sub-paragraph (2C), be delegated by HIS.

(2B) The senior medical reviewer may, with the approval of HIS, make arrangements for the functions of the senior medical reviewer to be carried out by a medical reviewer where the senior medical reviewer is absent or otherwise unavailable.

(3) Sub-paragraph (1) does not affect the responsibility of HIS for the exercise of its functions.

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### Textual Amendments

**F722** Word in sch. 5A para. 11(1) substituted (8.6.2013) by Certification of Death (Scotland) Act 2011 (asp 11), s. 32(3), sch. 1 para. 3(a); S.S.I. 2013/159, art. 2, sch.

**F723** Sch. 5A para. 11(2A)-(2C) inserted (8.6.2013) by Certification of Death (Scotland) Act 2011 (asp 11), s. 32(3), sch. 1 para. 3(b); S.S.I. 2013/159, art. 2, sch.

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### Location of office

12 HIS's determination of the location of its office premises is subject to the approval of the Scottish Ministers.

### Accounts

13 (1) HIS must—

(a) keep proper accounts and accounting records;
(b) prepare in respect of each financial year a statement of accounts; and
(c) send a copy of the statement to the Scottish Ministers,

and must do so in accordance with any directions the Scottish Ministers may give.

(2) HIS must send the statement of accounts to the Auditor General for Scotland for auditing.

### Reports

14 (1) As soon as practicable after the end of each financial year, HIS must prepare a report which is—

(a) to provide information on the discharge of HIS's functions during that year; and
(b) to include a copy of the statement of accounts for that year audited by the
Auditor General for Scotland.

(2) HIS must—
(a) publish the report;
(b) lay a copy of the report before the Scottish Parliament;
(c) send a copy of the report to the Scottish Ministers.

(3) HIS may publish such other reports and information on matters relevant to the
functions of HIS as it considers appropriate.]

SCHEDULE 6

Textual Amendments
F724 Sch. 6 repealed (6.5.2004) by Public Appointments and Public Bodies etc. (Scotland) Act 2003 (asp 4), ss. 17, 21(2), Sch. 4 para. 5(17); S.S.I. 2004/198, art. 2(c)

SCHEDULE 7

THE RESEARCH TRUST

Textual Amendments
F735 Sch. 7 para. 1 repealed (1.11.2005) by Smoking, Health and Social Care (Scotland) Act 2005 (asp 13), ss. 38(3)(a), 43(3); S.S.I. 2005/492, art. 3(b), Sch. 2

2 The Research Trust shall be a body corporate.

Members

Textual Amendments
F736 Sch. 7 paras. 3-3G and cross-headings substituted (1.11.2005) for Sch. 7 para. 3 by Smoking, Health and Social Care (Scotland) Act 2005 (asp 13), ss. 38(3)(b), 43(3); S.S.I. 2005/492, art. 3(b), Sch. 2

3 Subject to paragraph 3A, the Research Trust shall consist of such number of
members appointed by the Trust as the Trust may determine.
3A (1) The persons who are the members of the Research Trust immediately before the day on which section 38 of the Smoking, Health and Social Care (Scotland) Act 2005 (asp 13) comes into force shall, on that day, continue to be members (the “continuing members”).

(2) The terms and conditions of appointment of the continuing members shall, on the 90th day after whichever of the following occurs first—

(a) the day on which that section comes into force; or
(b) the day on which the Research Trust first make standing orders under paragraph 3F,

be the terms and conditions of appointment the Research Trust determine for the members appointed by them under paragraph 3B(1).

(3) The provisions of paragraphs 3B(2) and (3) to 3D and 3F shall apply to the continuing members as they apply to members appointed under paragraph 3; and in the application of paragraph 3C any period of appointment of a continuing member as a member (before he became a continuing member by virtue of sub-paragraph (1)) shall count for the purposes of determining eligibility for re-appointment in accordance with paragraph 3C.

Terms of office etc

3B (1) Subject to the provisions of this Schedule, the appointment of a member under paragraph 3 shall be on such terms and conditions as the Research Trust may determine, but shall not be for a period exceeding 4 years.

(2) A person holds and vacates office as member in accordance with the person's terms of appointment.

(3) A person may resign office as member at any time by notice in writing to the Research Trust.
3C A person who ceases to be a member of the Research Trust shall be eligible for re-appointment, but only once.

**Textual Amendments**

F736 Sch. 7 paras. 3-3G and cross-headings substituted (1.11.2005) for Sch. 7 para. 3 by Smoking, Health and Social Care (Scotland) Act 2005 (asp 13), ss. 38(3)(b), 43(3); S.S.I. 2005/492, art. 3(b), Sch. 2

**Payments to members**

3D The Research Trust may make payments from their funds to their members in respect of any loss of earnings the members would otherwise have made or any additional expenses to which they would not otherwise have been subject, being loss of expenses necessarily suffered or incurred for the purpose of enabling the members to discharge their duties as members of the Trust.

**Textual Amendments**

F736 Sch. 7 paras. 3-3G and cross-headings substituted (1.11.2005) for Sch. 7 para. 3 by Smoking, Health and Social Care (Scotland) Act 2005 (asp 13), ss. 38(3)(b), 43(3); S.S.I. 2005/492, art. 3(b), Sch. 2

**Staff**

3E (1) The Research Trust may appoint such staff, on such terms and conditions (including as to remuneration and allowances), as they consider appropriate.

(2) The Research Trust may—

(a) pay, or make arrangements for the payment of;

(b) make payments towards the provision of; and

(c) provide and maintain schemes (whether contributory or not) for the payment of,

such pensions, allowances and gratuities to or in respect of such of their employees, or former employees, as they may determine.

(3) The reference in sub-paragraph (1) to pensions, allowances and gratuities includes a reference to pensions, allowances and gratuities by way of compensation for loss of employment or reduction in remuneration.

**Textual Amendments**

F736 Sch. 7 paras. 3-3G and cross-headings substituted (1.11.2005) for Sch. 7 para. 3 by Smoking, Health and Social Care (Scotland) Act 2005 (asp 13), ss. 38(3)(b), 43(3); S.S.I. 2005/492, art. 3(b), Sch. 2

**Standing orders**

3F (1) The Research Trust—

(a) shall make and maintain standing orders regulating—

(i) the appointment by them of members;
(ii) the appointment of a member as convener;
(iii) the terms and conditions of office of members and convener;
(iv) their procedure;
(v) such other matters as the Research Trust consider appropriate;

(b) may, subject to sub-sub-paragraph (a), amend such standing orders from time to time.

(2) The first set of standing orders under this paragraph shall be made before the expiry of the period of 90 days beginning with the day on which section 38 of the Smoking, Health and Social Care (Scotland) Act 2005 (asp 13) comes into force.

(3) Subject to the provisions of this Schedule, the Research Trust may regulate their own procedure.

(4) The validity of any proceedings of the Research Trust shall not be affected by any vacancy in membership nor by any defect in the appointment of a member.

Textual Amendments

F736 Sch. 7 paras. 3-3G and cross-headings substituted (1.11.2005) for Sch. 7 para. 3 by Smoking, Health and Social Care (Scotland) Act 2005 (asp 13), ss. 38(3)(b), 43(3); S.S.I. 2005/492, art. 3(b), Sch. 2

Powers etc.

3G The Research Trust may do anything which appears to them to be necessary or expedient for the purpose of, or in connection with, the exercise of their functions.

Textual Amendments

F736 Sch. 7 paras. 3-3G and cross-headings substituted (1.11.2005) for Sch. 7 para. 3 by Smoking, Health and Social Care (Scotland) Act 2005 (asp 13), ss. 38(3)(b), 43(3); S.S.I. 2005/492, art. 3(b), Sch. 2

4 F737 ..............................................................

Textual Amendments

F736 Sch. 7 paras. 3-3G and cross-headings substituted (1.11.2005) for Sch. 7 para. 3 by Smoking, Health and Social Care (Scotland) Act 2005 (asp 13), ss. 38(3)(b), 43(3); S.S.I. 2005/492, art. 3(b), Sch. 2

F737 Sch. 7 para. 4 repealed (1.1.2006) by Charities and Trustee Investment (Scotland) Act 2005 (asp 10), ss. 95, 107(2), Sch. 3 para. 5; S.S.I. 2005/644, art. 2(1), Sch.

5 The Research Trust shall have, in relation to their funds, the like powers as trustees have in relation to their trust estate under subsection (1) of section 4 of the Trusts (Scotland) Act 1921.

Textual Amendments

F736 Sch. 7 paras. 3-3G and cross-headings substituted (1.11.2005) for Sch. 7 para. 3 by Smoking, Health and Social Care (Scotland) Act 2005 (asp 13), ss. 38(3)(b), 43(3); S.S.I. 2005/492, art. 3(b), Sch. 2
Where the Research Trust borrow money or draw upon capital to meet expenditure of a capital nature, they shall set aside annually a sum sufficient to repay such loan or draft within a period which shall not exceed 30 years; but this paragraph shall not apply in the case of a draft on capital to the extent only of surplus income added to capital.

Textual Amendments

F736 Sch. 7 paras. 3-3G and cross-headings substituted (1.11.2005) for Sch. 7 para. 3 by Smoking, Health and Social Care (Scotland) Act 2005 (asp 13), ss. 38(3)(b), 43(3); S.S.I. 2005/492, art. 3(b), Sch. 2

F738 Words in Sch. 7 para. 6 repealed (1.11.2005) by Smoking, Health and Social Care (Scotland) Act 2005 (asp 13), ss. 38(3)(c), 43(3); S.S.I. 2005/492, art. 3(b), Sch. 2

Textual Amendments

F736 Sch. 7 paras. 3-3G and cross-headings substituted (1.11.2005) for Sch. 7 para. 3 by Smoking, Health and Social Care (Scotland) Act 2005 (asp 13), ss. 38(3)(b), 43(3); S.S.I. 2005/492, art. 3(b), Sch. 2

F739 Sch. 7 para. 7 repealed (1.11.2005) by Smoking, Health and Social Care (Scotland) Act 2005 (asp 13), ss. 38(3)(d), 43(3); S.S.I. 2005/492, art. 3(b), Sch. 2

National Health Service Trusts

Textual Amendments

F740 Schs. 7A, 7B inserted by National Health Service and Community Care Act 1990 (c. 19, SIF 113:2), s. 32, Sch. 6

F741 Sch. 7A repealed (1.9.2004 but only for the purpose stated in art. 2(a)(i) of the commencing S.S.I.) by National Health Service Reform (Scotland) Act 2004 (asp 7), ss. 1(1), 12(1), S.S.I. 2004/361, art. 2(a)(i)

Modifications etc. (not altering text)

C162 Sch. 7A applied in part (1.4.1999) by S.I. 1999/686, art. 5(1)(2)

Part I

Orders Establishing NHS Trusts Etc.

1 Any reference in this Part of this Schedule to an order is a reference to an order under section 12A(1) establishing an NHS trust or any subsequent order under that provision amending or revoking a previous order.
2 The provisions made by an order shall be in conformity with any general provision made by regulations under section 12A(5).

3 (1) Without prejudice to any amendment made by subsequent order, the first order to be made in relation to any NHS trust shall specify—
   (a) the name of the trust;
   (b) the functions of the trust;
   (c) the number of executive directors and trustees;
   (d) where the trust is to be regarded as having a significant teaching commitment, a provision to secure the inclusion in the trustees referred to in paragraph (c) of a person appointed from a university with a medical or dental school specified in the order;
   (e) the operational date of the trust, that is to say, the date on which the trust is to begin to undertake the whole of the functions conferred on it; and
   (f) if a scheme is to be made under section 12B, the body (being a Health Board or the Agency) which is to make the scheme.

(2) For the purposes of sub-paragraph (1)(d), an NHS trust is to be regarded as having a significant teaching commitment in the following cases—
   (a) if the trust is established to provide services at a hospital or other establishment or facility which, in the opinion of the Secretary of State, has a significant teaching and research commitment; and
   (b) in any other case, if the Secretary of State so provides in the order.

(a) is employed by the university in question; and
(b) would also, apart from this sub-paragraph, be regarded as employed by the trust,

his employment by the trust shall be disregarded in determining whether, if appointed, he will be a trustee of the trust.

(4) An order shall specify the accounting date of the trust.
5 (1) An order may provide for the establishment of an NHS trust with effect from a date earlier than the operational date of the trust and, during the period between that earlier date and the operational date, the trust shall have such limited functions for the purposes of enabling it to begin to operate satisfactorily with effect from the operational date as may be specified in the order.

(2) If an order makes the provision referred to in sub-paragraph (1), then, at any time during the period referred to in that sub-paragraph, the NHS trust shall be regarded as properly constituted (and may carry out its limited functions accordingly) notwithstanding that, at that time, all or any of the executive officers have not yet been appointed.

(3) If an order makes the provisions referred to in sub-paragraph (1) above, the order may require a Health Board to discharge such liabilities of the NHS trust as—
   (a) may be incurred during the period referred to in that sub-paragraph; and
   (b) are of a description specified in the order.

PART II
DUTIES, POWERS AND STATUS OF NHS TRUSTS

Specific duties

6 [In carrying out the functions for the time being conferred on it an NHS trust shall comply with any directions given to it by the Secretary of State, whether of a general or of a particular nature.]

(2) .................................................

Textual Amendments
F744 Sch. 7A para. 6(1) substituted (1.10.1999) by 1999 c. 8, s. 49(2); S.S.I. 1999/90, art. 2(a), Sch. 1

7 (1) For each accounting year an NHS trust shall prepare and send to the Secretary of State an annual report in such form as may be determined by the Secretary of State.

(2) At such time or times as may be prescribed, an NHS trust shall hold a public meeting at which its audited accounts, its annual report, and such other documents as may be prescribed shall be presented.

(3) In such circumstances and at such time or times as may be prescribed, an NHS trust shall hold a public meeting at which such documents as may be prescribed shall be presented.

Subordinate Legislation Made
P11 Sch. 7A para. 7(2): S. 12A(5) (with ss. 105(7), 108(1) and Sch. 7A para. 7(2)) power exercised by S.I. 1991/535

8 An NHS trust shall furnish to the Secretary of State such reports, returns and other information, including information as to its forward planning as, and in such form as, he may require.
(1) An NHS trust shall be liable to pay—
   (a) to the chairman and any F745 trustee of the trust—
      (i) remuneration of an amount determined by the Secretary of State, not exceeding such amount as may be approved by the Treasury; and
      (ii) such travelling and other allowances as may be determined by the Secretary of State with the approval of the Treasury; and
   (b) to any member of a committee or sub-committee of the trust who is not also a director such travelling and other allowances as may be so determined.

(2) If an NHS trust so determines in the case of a person who is or has been a chairman of the trust, the trust shall be liable to pay such pension, allowances or gratuities to or in respect of him as may be determined by the Secretary of State with the approval of the Treasury.

(3) Different determinations may be made under sub-paragraph (1) or (2) in relation to different cases or description of cases.

10 An NHS trust may enter into NHS contracts.

11 An NHS trust may undertake and commission research and make available staff and provide facilities for research by other persons.

12 An NHS trust may—
   (a) provide training for persons employed or likely to be employed by the trust or otherwise in the provision of services under this Act; and
   (b) make facilities and staff available in connection with training by a university or any other body providing training in connection with the health service.

13 An NHS trust may enter into arrangements for the carrying out on such terms as seem to it to be appropriate, of any of its functions jointly with any Health Board, with the Agency, with another NHS trust or with any other body or individual.

14 According to the nature of its functions, an NHS trust may make accommodation or services or both available for patients who give undertakings (or for whom undertakings are given) to pay, in respect of the accommodation or services (or both) such charges as the trust may determine.

15 For the purpose of making additional income available in order better to perform its functions, an NHS trust shall have the powers specified in section 7(2) of the Health and Medicines Act M60 1988 (extension of powers of Secretary of State for financing the Health Service).
General powers

16 Subject to Schedule 7B, an NHS trust shall have power to do anything which appears to it to be necessary or expedient for the purpose of or in connection with the discharge of its functions, including in particular power—
   (a) to acquire and dispose of land and other property;
   (b) to enter into such contracts as seem to the trust to be appropriate;
   (c) to accept gifts of money, land or other property, including money, land or other property to be held on trust, for purposes relating to any service which it is their function to provide, administer, or make arrangements for; and
   (d) to employ staff on such terms as the trust thinks fit.

Textual Amendments

F746 Words in Sch. 7A para. 16(c) repealed (1.10.1999) by 1999 c. 8, s. 65, Sch. 4 para. 62(b), Sch. 5; S.S.I. 1999/90, art. 2(a)-(c), Schs. 1, 2

17 In connection with arrangements relating to community care services, the Secretary of State may by regulations make provision with respect to—
   (a) the transfer to employment by a local authority of staff employed by an NHS trust; and
   (b) the transfer to employment by a national Health Service body of staff transferred to employment by a local authority by virtue of this paragraph.

Textual Amendments

F747 Words in Sch. 7A para. 17 repealed (1.4.2015) by The Public Bodies (Joint Working) (Scotland) Act 2014 (Consequential Modifications and Saving) Order 2015 (S.S.I. 2015/157), art. 1(1), Sch. para. 2(7)

18 Regulations made under paragraph 17 may make such incidental and consequential provision in relation to staff transferred by virtue of that paragraph as may be made in relation to officers and servants of a Health Board transferred by virtue of regulations made under paragraph 8A of Schedule 1.

19 Before making regulations under paragraph 17, the Secretary of State shall consult such bodies and organisations as appear to him to be concerned.

20 (1) Without prejudice to the generality of paragraph 16, to or in respect of such of its employees as it may determine, an NHS trust may make such arrangements for providing pensions, allowances or gratuities as it may determine; and such arrangements may include the establishment and administration, by the trust or otherwise, of one or more pension schemes.

(2) The reference in sub-paragraph (1) to pensions, allowances or gratuities to or in respect of employees of an NHS trust includes a reference to pensions, allowances or gratuities by way of compensation to or in respect of any of the trust’s employees who suffer loss of office or employment or loss of diminution of emoluments.
An NHS trust shall not be regarded as the servant or agent of the Crown or, except as provided by this Act, as enjoying any status, immunity or privilege of the Crown; and an NHS trust’s property shall not be regarded as property of, or property held on behalf of, the Crown.

**PART III**

**SUPPLEMENTARY PROVISIONS**

Reimbursement for health services work carried out otherwise than under contract

1. In any case where an NHS trust provides goods or services for the benefit of an individual and—
   
   (a) those goods or services are not provided pursuant to an NHS contract; and
   
   (b) the condition of the individual is such that he needs those goods or services and, having regard to his condition, it is not practicable before providing them to enter into an NHS contract for their provision, and
   
   (c) the provision of those goods or services is a function of a Health Board or is within the primary functions of a Health Authority established under section 8 of the National Health Service Act 1977, the trust shall be remunerated by that Board or Health and Social Services Board in respect of the provision of the goods or services in question.

2. The rate of any remuneration payable by virtue of sub-paragraph (1) shall be calculated in such manner or on such basis as may be determined by the Secretary of State.

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**Textual Amendments**

- **F748** Words in Sch. 7A para. 22(1)(c) substituted (28.6.1995 for certain purposes and 1.4.1996 for all other purposes) by 1995 c. 17, ss. 2(1), 2(3), 8(1), Sch. 1 Pt. III para. 102(7)(b)(i), (with Sch. 2 para. 6)
- **F749** Words in Sch. 7A para. 22(1)(c) repealed (1.10.1999) by 1999 c. 8, s. 65, Sch. 4 para. 62(c), Sch. 5, S.S.I. 1999/90, art. 2(a)-(c), Schs. 1, 2
- **F750** Words in Sch. 7A para. 22(1) repealed (1.10.1999) by 1999 c. 8, s. 65, Sch. 4 para. 62(c), Sch. 5, S.S.I. 1999/90, art. 2(a)-(c), Schs. 1, 2
- **F751** Words in Sch. 7A para. 22(1) inserted by S.I. 1991/195, art. 4(6)

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**Textual Amendments**

- **F752** Sch. 7A para. 23 repealed (1.10.1999) by 1999 c. 8, s. 65, Sch. 4 para. 62(d), Sch. 5, S.S.I. 1999/90, art. 2(a)-(c), Schs. 1, 2
PART IV

DISSOLUTION

25

(1) The Secretary of State may by order dissolve an NHS trust.

(2) An order under this paragraph may be made—

(a) on the application of the NHS trust concerned; or

(b) if the Secretary of State considers it appropriate in the interests of the health service as a whole.

(3) Except where it appears to the Secretary of State necessary to make an order under this paragraph as a matter of urgency, no such order shall be made until after the completion of such consultation as may be prescribed.

26

(1) If an NHS trust is dissolved under this Part of this Schedule, the Secretary of State may by order transfer or provide for the transfer to—

(a) the Secretary of State, or

(b) a Health Board, or

(c) the Agency, or

(d) another NHS trust.

of such of the property, rights and liabilities of the NHS trust which is dissolved as in his opinion is appropriate and any such order may include provisions corresponding to those of section 12D.

[F754] For the avoidance of doubt, the reference to “property, rights and liabilities” in sub-

paragraph (1) includes endowments and property held in trust.]

(2) An order under this paragraph may make provision in connection with the transfer of staff employed by or for the purposes of the NHS trust which is dissolved; and such an order may include provisions corresponding to those of sections 12B and 12C, including provision for the making of a scheme by such body (being a Health Board or the Agency) as may be specified in the order.

(3) No order shall be made under this paragraph until after completion of such consultation as may be prescribed.
If an NHS trust is dissolved under this Part of this Schedule, the Secretary of State or such other NHS trust or Health Board as he may direct or, if he so directs, the Agency shall undertake the responsibility for the continued payment of any such pension, allowances or gratuities as, by virtue of paragraph 9(2) or paragraph 20 above, would otherwise have been the responsibility of the trust which has been dissolved.

An NHS trust may not be dissolved or wound up except in accordance with this Part of this Schedule.

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**Borrowing**

1. Subject to any direction given by the Secretary of State, to the provisions of this paragraph and to any limit imposed under the following provisions of this Schedule, for the purpose of its functions an NHS trust may borrow (both temporarily, by way of overdraft, and longer term) from the Secretary of State or from any other person.

2. An NHS trust may not grant any security over any of its assets or in any other way use any of its assets as security for a loan.

*It shall be for the Secretary of State, with the consent of the Treasury, to determine the terms of any loan made by him to an NHS trust (including terms as to the payment of interest, if any).*
Guarantees of borrowing

2 (1) The Secretary of State may guarantee, in such manner and on such conditions as, with the approval of the Treasury, he considers appropriate, the repayments of the principal of and the payment of interest on any sums which an NHS trust borrows from a person other than the Secretary of State.

(2) Immediately after a guarantee is given under this paragraph, the Secretary of State shall lay a statement of the guarantee before each House of Parliament.

(3) Where any sum is issued for fulfilling a guarantee so given, the Secretary of State shall lay before each House of Parliament a statement relating to that sum as soon as possible after the end of each financial year beginning with that in which the sum is issued and ending with that in which all liability in respect of the principal of the sum and in respect of interest on it is finally discharged.

(4) If any sums are issued in fulfilment of a guarantee given under this paragraph, the NHS trust concerned shall make to the Secretary of State, at such times and in such manner as the Secretary of State may from time to time direct,—

(a) payments of such amounts as the Secretary of State with the consent of the Treasury so directs in or towards repayment of the sums so issued; and

(b) payments of interest, at such rates as the Secretary of State with the consent of the Treasury so directs, on what is outstanding for the time being in respect of sums so issued.

Surplus funds

Textual Amendments

F759 Cross-heading and Sch. 7B paras. 2A, 2B inserted (1.4.2000) by 2000 asp 1, s. 8, Sch. 1 para. 2(1); S.S.I. 2000/10, art. 2(3)

F760 In any financial year the net aggregate amount of sums borrowed by NHS trusts shall not exceed the amount specified for that year for the purposes of this paragraph in a Budget Act.

Textual Amendments

F760 Sch. 7B paras. 2A, 2B and cross-heading inserted (1.4.2000) by 2000 asp 1, s. 8, Sch. 1 para. 2(1); S.S.I. 2000/10, art. 2(3)

F761 In paragraph 2A above, “net aggregate amount” means the aggregate amount of sums borrowed in the financial year less any repayments made during that year (otherwise than by way of interest) in respect of sums borrowed in that or any other year.]
Limits on indebtedness

Textual Amendments

F762 Sch. 7B paras. 3-4 repealed (1.4.2000) by 2000 asp 1, s. 8, Sch. 1 para. 2(2); S.S.I. 2000/10, art. 2(3)

F763

Additional public dividend capital

5 (1) If the Secretary of State, with the consent of the Treasury, considers it appropriate to do so, he may, instead of making a loan to an NHS trust under paragraph 1, pay an amount to the trust as public dividend capital.

F764 (2)

Surplus funds

6 If it appears to the Secretary of State that any sum held by an NHS trust other than a sum held on trust under section 12G is surplus to its foreseeable requirements, the trust shall, if the Secretary of State with the approval of the Treasury and after consultation with the trust so directs, pay that sum into the Consolidated Fund.

Textual Amendments

F765 Words in Sch. 7B para. 6 substituted (1.10.1999) by 1999 c. 8, s. 65(1), Sch. 4 para. 63(2)(a)(b); S.S.I. 1999/90, art. 2(a)(b), Sch. 1

Investment

F766 An NHS trust shall have power to invest money held by it in any investments, including investments which do not produce income, specified in directions made by the Secretary of State with the consent of the Treasury; but nothing in this paragraph applies in relation to money held on trust under section 12G.
The Tribunal shall consist of—
(a) a chairman appointed by the Lord President of the Court of Session,
(b) such number of deputy chairmen as may be so appointed,
(c) such number of persons as the Secretary of State may appoint for the purposes of this sub-paragraph,
(d) such number of medical practitioners as the Secretary of State may appoint for the purposes of this sub-paragraph,
(e) such number of medical practitioners having the qualifications prescribed under section 26 as the Secretary of State may appoint for the purposes of this sub-paragraph,
(f) such number of dental practitioners as the Secretary of State may appoint for the purposes of this sub-paragraph,
(g) such number of ophthalmic opticians as the Secretary of State may appoint for the purposes of this sub-paragraph, and
(h) such number of registered pharmacists as the Secretary of State may appoint for the purposes of this sub-paragraph.

A person appointed as the chairman or a deputy chairman shall be a practising—
(a) advocate; or

(1) Any direction with respect to—
   (a) the power conferred on an NHS trust by paragraph 1; or
   (b) the maximum amount which an NHS trust may invest in any investment or class of investment,
may be given only with the consent of the Treasury.
(b) solicitor,

of not less than ten years’ standing.

Textual Amendments

F769 Sch. 8 paras. 1-4 substituted for Sch 8 paras. 1-6 (1.1.1996) by 1995 c. 31, s. 12(2); S.I. 1995/3214, art. 2(1), Sch. (with art. 3)

F770 Any appointment for the purposes of paragraph 1(c) above shall be made after consultation with such body as the Secretary of State may recognise as representative of Health Boards.

Textual Amendments

F770 Sch. 8 paras. 1-4 substituted for Sch. 8 paras. 1-6 (1.1.1996) by 1995 c. 31, s. 12(2); S.I. 1995/3214, art. 2(1), Sch. (with art. 3)

F771 Any appointment for the purposes of any of sub-paragraphs (d) to (h) of paragraph 1 above shall be made after consultation with such organisations as the Secretary of State may recognise as representative of the profession or calling concerned.

Textual Amendments

F771 Sch. 8 paras. 1-4 substituted for Sch. 8 paras. 1-6 (1.1.1996) by 1995 c. 31, s. 12(2); S.I. 1995/3214, art. 2(1), Sch. (with art. 3)

5 For the purposes of paragraph 4, the Secretary of State shall, after consultation with such organisations as he may recognise as representative of the several professions or callings concerned, appoint the following panels, none of which shall exceed 6 persons, that is to say:—

(a) a panel of medical practitioners;
(b) a panel of medical practitioners having the qualifications prescribed under section 26;
(c) a panel of dental practitioners;
(d) a panel of ophthalmic opticians;
(e) 
(f) a panel of registered pharmacists.

6 If any member of the Tribunal is unable to act in any case a deputy may be appointed by the Lord President of the Court of Session or the Secretary of State, as in the case of the appointment of the member in question; and, if the member is the chairman, the deputy shall possess the professional qualifications required for the office of chairman, and, if the member is the practitioner member, the deputy shall be appointed from the same panel.

7 Regulations may make provision—
(a) with respect to the appointment, tenure of office and vacation of office of members of the Tribunal;
(b) with respect to the appointment of officers of the Tribunal.

1 Sch. 8 (1) The functions of the Tribunal shall be exercised by three members consisting of—
(a) the chairman or a deputy chairman,
(b) a person appointed under paragraph 1(c) above, and
(c) a person appointed under such one of sub-paragraphs (d) to (h) of paragraph 1 above as provides for the appointment of persons of the same profession or calling as that of the person concerned.

(2) In sub-paragraph (1)(c) above [as it has effect in relation to the functions mentioned below], the reference to the person concerned is—
(a) in the case of functions under [section 29 to 29C], to the person to whom the representations in question relate,
(b) in the case of functions under section 30 (or paragraph 6 of Schedule 15), to the person whose disqualification or conditional disqualification is under consideration,
(c) in the case of functions under section 32A, to the person to whom the application in question relates, and
(d) in the case of functions under section 32B, to the person in relation to whom section 32A(3) may be made to apply or continue to apply.

(2A) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

(3) In the case of functions under section 32A or 32B, sub-paragraph (1) above is subject to section 32C(2)(b).]

Textual Amendments
F773 Sch. 8 para. 8 inserted (1.1.1996) by 1995 c. 31, s. 12(3); S.I. 1995/3214, art. 2(1), Sch. (with art. 3)
F774 Words in Sch. 8 para. 8(2) inserted (1.4.1998) by 1997 c. 46, s. 41(10), Sch. 2 Pt. I para. 58(2); S.I. 1998/631, art. 2(1)(b), Sch. 2 (with arts. 3, 5)
F775 Words in Sch. 8 para. 2(a) substituted (4.3.2004) by 1999 c. 8, ss. 65, 67(1), Sch. 4 para. 64(a); S.S.I. 2004/32, art. 2(2)(c) (with savings for effects of 1999 c. 8 by S.S.I. 2004/31, art. 3)
F776 Words in Sch. 8 para. 8(2)(b) substituted (1.4.2006) by Smoking, Health and Social Care (Scotland) Act 2005 (asp 13), ss. 42(1), 43(3), Sch. 2 para. 2(20); S.S.I. 2006/121, art. 3(b), Sch. 2
F777 Words in Sch. 8 para. 2(d) substituted (4.3.2004) by 1999 c. 8, ss. 65, 67(1), Sch. 4 para. 64(c); S.S.I. 2004/32, art. 2(2)(c) (with savings for effects of 1999 c. 8 by S.S.I. 2004/31, art. 3)
F778 Sch. 8 para. 8(2A) repealed (2.7.2010) by Smoking, Health and Social Care (Scotland) Act 2005 (asp 13), ss. 42(2), 43(3), Sch. 3; S.S.I. 2010/185, art. 3(b), Sch. 2 Table
SCHEDULE 9

ADDITIONAL PROVISIONS AS TO PROHIBITION OF SALE OF MEDICAL PRACTICES

Prohibition, and certificate of Practices Committee

1 (1) Any person who sells or buys the goodwill of a medical practice which it is unlawful to sell by virtue of section 35(1) is guilty of an offence and liable on conviction on indictment to a fine or to imprisonment for a term not exceeding 3 months, or to both such fine and such imprisonment.

(2) Any person proposing to be a party to a transaction or series of transactions which he thinks might amount to a sale of the goodwill of a medical practice in contravention of section 35(1) may ask the Health Board which has arrangements with the person, under which, or in accordance with which, services as specified in section 35(1) are provided or performed, for a certificate under this paragraph.

(3) That Health Board shall consider any such application, and, if they are satisfied that the transaction or series of transactions does not involve the giving of valuable consideration in respect of the goodwill, or any part of the goodwill of such a medical practice, they shall issue to the applicant a certificate to that effect, which shall be in the prescribed form and shall set out all material circumstances disclosed to the Board.

(4) Where any person is charged with an offence under this paragraph in respect of any transaction or series of transactions, it shall be a defence to the charge to prove that the transaction or series of transactions was certified by the Health Board under sub-paragraph (3).

(5) Any document purporting to be such a certificate shall be admissible in evidence and shall be deemed to be such a certificate unless the contrary is proved.

(6) If it appears to the court that the applicant for any such certificate failed to disclose to the Board all the material circumstances, or made any misrepresentation with respect thereto, the court may disregard the certificate, and sub-paragraph (4) shall not apply thereto.

(7) A Health Board shall, at the request of the Lord Advocate, furnish him with a copy of any certificate issued by them under sub-paragraph (3), and with copies of any documents produced to them in connection with the application for that certificate.

Textual Amendments

F779 Words in Sch. 9 para. 1(1) repealed (1.4.1998) by 1997 c. 46, s. 41(10)(12), Sch. 2 Pt. I para. 59(2), Sch. 3 Pt. I; S.I. 1998/631, art. 2(1)(b), Sch. 2 (with arts. 3, 5)
F780 Sch. 9 para. 1(1)(a)(b) and words repealed by Criminal Justice Act 1982 (c. 48, SIF 39:1), Sch. 16
F781 Sch. 9 para. 1(2) substituted (1.4.1998) by 1997 c. 46, s. 41(10), Sch. 2 Pt. I para. 59(3); S.I. 1998/631, art. 2(1)(b), Sch. 2 (with arts. 3, 5)
F782 Words in Sch. 9 para. 1(2) substituted (1.4.2004) by Public Appointments and Public Bodies etc. (Scotland) Act 2003 (asp 4), ss. 17, 21(2), Sch. 4 para. 5(18)(a); S.S.I. 2004/148, art. 2(c)
Certain transactions deemed sale of goodwill

(1) For the purposes of section 35(1) and paragraph 1, a disposal of premises previously used for the purposes of a medical practice shall be deemed to be a sale of the goodwill of a medical practice if—

(a) the person disposing of the premises did so knowing that another person ("A") intended to use them for the purposes of A's medical practice; and

(b) the consideration for the disposal substantially exceeded the consideration that might reasonably have been expected if the premises had not previously been used for the purposes of a medical practice.

(1A) If a person disposes of any premises together with any other property, the court shall, for the purposes of sub-paragraph (1), make such apportionment of the consideration as it thinks just.

(1B) For the purposes of sub-paragraphs (1) and (1A)—

(a) “disposal” means any sale, letting or other form of disposal (whether by a single transaction or a series of transactions) and “disposes” and “disposing” are to be read accordingly; and

(b) a person who procures the disposal of any premises is to be treated as having disposed of them.

(2) Where in pursuance of any partnership agreement—

(a) any valuable consideration, other than the performance of services in the partnership business, is given by a partner or proposed partner as consideration for his being taken into partnership.

(b) any valuable consideration is given to a partner, or on in contemplation of his retirement or of his acceptance of a reduced share of the partnership profits, or to the personal representative of a partner on his death, not being a payment in respect of that partner’s share in past earnings of the partnership or in any partnership assets or any other payment required to be made to him.
as the result of the final settlement of accounts, as between him and the other partners, in respect of past transactions of the partnership, or

(c) services are performed by any partner for a consideration substantially less than those services might reasonably have been expected to be worth having regard to the circumstances at the time when the agreement was made, there shall be deemed for the purposes of section 35(1) and paragraph 1 to have been a sale of the goodwill of the practice of any partner to whom, or to whose personal representative, the consideration or any part thereof is given or, as the case may be, for whose benefit the services are performed, to the partner or each of the partners by or on whose behalf the consideration or any part thereof was given or, as the case may be, the partner who performed the services, and the said sale shall be deemed for the purposes of section 35(1) and paragraph 1 to have been effected—

(i) in a case to which paragraph (a) or paragraph (b) applies, at the time when the consideration was given, or, if the consideration was not all given at the same time, at the time when the first part thereof was given, or

(ii) in a case to which paragraph (c) applies, at the time when the agreement was made.

¶794(3) Sub-paragraph (3A) applies if a person ("the assistant")—

(a) performs services on behalf of a person who carries on a medical practice (or as an employee of a person employing a practitioner who carries on a medical practice);

(b) receives substantially less remuneration for performing those services than might reasonably have been expected, having regard to the circumstances at the time when the remuneration was fixed; and

(c) subsequently succeeds, whether as a result of a partnership agreement or otherwise, to that practice.

¶794(3A) For the purposes of section 35 and paragraph 1, a sale of the goodwill of the practice is to be deemed to have taken place (at the time when the remuneration was fixed), unless it is proved that the remuneration was not fixed in contemplation of the assistant’s succeeding to the practice.

¶795(4) For the purposes of section 35(1) and paragraph 1, the goodwill of a medical practice shall be deemed to have been sold if—

(a) a person carrying on the practice (or employing a practitioner who carries on a medical practice) agrees, for valuable consideration—

(i) to do or refrain from doing any act, for the purpose of facilitating the succession of another person to the practice; or

(ii) to allow any act to be done, for that purpose; or

(b) a person—

(i) gives valuable consideration to a person carrying on the practice (or employing a practitioner who carries on a medical practice); and

(ii) succeeds, or has previously succeeded, to the practice.

¶795(5) Sub-paragraph (4) does not apply—

(a) if it is proved that no part of the consideration was given in respect of the goodwill; or

(b) to anything done—

(i) in relation to the acquisition of premises for the purposes of a medical practice;
(ii) in pursuance of a partnership agreement; or
(iii) in the performance of medical services by one person as an assistant to another.

(6) In determining for the purposes of section 35(1) and this Schedule the consideration given in respect of any transaction, the court shall have regard to any other transaction appearing to the court to be associated with the first transaction, and shall estimate the total consideration given in respect of both or all the transactions, and shall apportion it between those transactions in such manner as it thinks just.

[F796(7) For the purposes of section 35 and this Schedule—

(a) consideration is deemed to be given to a person ("B") if—

(i) it is given to another person but with B’s knowledge and consent; and
(ii) it appears to the court that B has derived, or will derive, a substantial benefit from the giving of the consideration; and

(b) unless the context otherwise requires, references to a person include, in the case of an individual who has died, references to his personal representative.]
SCHEDULE 10

Section 49.

ADDITIONAL PROVISIONS AS TO REGULATIONS FOR THE MAKING AND RECOVERY OF CHARGES

Regulations under section 69—charges for drugs, medicines or appliances, or pharmaceutical services

1 (1) No charge shall be made under section 69(1) in relation to the supply of drugs, medicines and appliances referred to in paragraph (a) of that subsection in respect of—

(a) the supply of any drug, medicine or appliance for a patient who is for the time being resident in hospital, or

(b) the supply of any drug or medicine (otherwise than in accordance with section 17C arrangements) for the treatment of venereal disease, or

(c) the supply of any appliance for a person who is under 16 years of age or is under 19 years of age and is receiving qualifying full-time education, or

(d) the replacement or repair of any appliance in consequence of a defect in the appliance as supplied,

Textual Amendments

F800 Sch. 10 omitted (S.) (7.8.2017) by virtue of Health Services Medical Supplies (Costs) Act 2017 (c. 23), ss. 10(1)(b), 12(3); S.I. 2017/809, reg. 2(h) (with reg. 3)

F801 Words in Sch. 11 para. 1(1)(b) inserted (I.4.1998) by 1997 c. 46, s. 41(1), Sch. 2 Pt I para. 60; S.I. 1998/631, art. 2(1)(b), Sch. 2 (with arts. 3, 5)

F802 Words from “or is under” to “education, or” substituted for words from “or is undergoing” to “school, or” by Health Services Act 1980 (c. 53), s. 26(2), Sch. 5 Pt II para. 5

F803 Words repealed by Social Security Act 1988 (c. 7, SIF 113:1), s. 16(2), Sch. 5

F804 Sch. 11 para. 1(2) repealed by Social Security Act 1988 (c. 7, SIF 113:1), s. 16(2), Sch. 5
Regulations under section 70—charges for dental or optical appliances

2 [(1) The optical appliances referred to in section 70(1) are glasses and contact lenses, and the charge for glasses and contact lenses which that subsection authorises is a charge of such sum as may be determined by or in accordance with directions given by the Secretary of State.]

(2) Regulations may—

(a) vary the amount or maximum amount of any charge authorised by section 70(1) for any optical appliance, and this power includes power to direct that the charge shall not be payable; or

(b) vary the descriptions of appliances for which any such charge is authorised; and regulations made for the purposes of section 70(1) may be made so as to take effect—

(i) in the case of appliances supplied under this Act otherwise than under Part II, where the examination or testing of sight (otherwise than under that Part) leading to the supply of those appliances, or the first such examination or testing takes place on or after the date on which the regulations come into force;

(ii) 

(iii) 

(3) No charge shall be made under section 70(1) or (1A) in respect of any appliance supplied otherwise than under Part II to a patient for the time being resident in a hospital.

(4) No charge shall be made under section 70 (1A) in respect of the supply of a dental appliance if at the relevant time the person for whom that appliance was supplied—

(a) was under 18 years of age or was under 19 years of age and receiving qualifying full-time education; or

(b) was an expectant mother or had borne a child within the previous 12 months.

(5) 

(6) Regulations made with respect to any exemption under sub-paragraph (4) may provide that it shall be a condition of the exemption that such declaration is made in such form and manner, or such certificate or other evidence is supplied in such form and manner, as may be prescribed.

(7) In sub-paragraph (4), “the relevant time” means—

(a) in relation to a dental appliance supplied otherwise than under Part II, the time of the examination leading to the supply of the appliance, or the first such examination;]

(b) in relation to a dental appliance supplied under Part II, the time of the making of the contract or arrangement in pursuance of which the appliance is supplied.

(8) References in section 70 and in this paragraph to the supply of appliances shall be construed as including references to their replacement and, in the case of dentures, to their being relined or adjusted or having additions made to them] but no charge shall be made under those provisions in respect of the replacement of dentures if the replacement is required in consequence of loss or damage.
2A(1) It shall be the duty of the Secretary of State to provide by regulations for payments to be made by him or by a Health Board to meet, or to contribute towards, the cost incurred (whether by way of charge under this Act or otherwise) for the supply of optical appliances for which a prescription has been given in consequence of a testing of sight under this Act—

(a) for a child;

(b) for a person whose resources fall to be treated under the regulations as being less than his requirements; or

(c) for a person of such other description as may be prescribed or for which a prescription has been given for a person such as is mentioned in paragraph (a), (b) or (c) above in consequence of a testing of sight (not being a testing of sight under this Act) which took place in prescribed circumstances.

(2) In sub-paragraph (1) (above) “child” means—

(a) a person who is under the age of 16 years; or

(b) a person who is under the age of 19 years and receiving qualifying full-time education.

The Secretary of State may by regulations—

(3) (a) provide for payments to be made by him or by a Health Board to meet, or to contribute towards, any cost accepted by him or by the Board as having been incurred (whether by way of charge under this Act or otherwise) for the replacement or repair in prescribed circumstances of optical appliances for which a prescription was given in consequence of a testing of the sight of a person of a prescribed description; and

(c) direct how a person’s resources and requirements are to be calculated and, without prejudice to the generality of this sub-paragraph, give any such direction as to how they are to be calculated as may be given by regulations under section 75A(3).
(3A) Descriptions of persons may be prescribed under this paragraph by reference to any criterion and, without prejudice to the generality of this sub-paragraph, by reference to any of the criteria specified in section 75A(2).

(3B) Subsection (4) of section 75A shall have effect in relation to regulations under this paragraph as it has effect in relation to regulations under that section.

(4) If regulations under this paragraph provide for payments to be made by a Health Board, it shall be the duty of the Secretary of State to pay to the Board, in respect of each financial year, the sum attributable to the Board’s disbursements under the regulations.

(5) Sums falling to be paid in pursuance of regulations made under this paragraph shall be payable subject to compliance with such conditions as to records, certificates or otherwise as the Secretary of State may determine.

### Textual Amendments

F818 Sch. 11 para. 2A inserted by Health and Social Security Act 1984 (c. 48, SIF 113:1), s. 1(7), Sch. 1 Pt. II para. 7
F819 Words added after paragraph (c) of sub-paragraph (1) by Health and Medicines Act 1988 (c. 49, SIF 113:2), s. 13(2)
F820 Paragraphs (3)–(3B) substituted for paragraph (3) by Health and Medicines Act 1988 (c. 49, SIF 113:2), s. 13(5)
F821 Sch. 11 para. 2A(3)(a) repealed (7.3.2006 for certain purposes, otherwise 1.4.2006) by Smoking, Health and Social Care (Scotland) Act 2005 (asp 13), ss. 13(3), 43(3); S.S.I. 2005/492, art. 3(e) Sch. 3; S.S.I. 2006/121, art. 3(a), Sch. 1

### Regulations under section 71—charges for dental treatment

F822 (2) Regulations may vary the amount or the maximum amount of any charge authorised by section 71(1), and this power includes power to direct that the charge shall not be payable.

(3) Where any services in respect of which a charge is payable under section 70 are provided in pursuance of the contract or arrangement, the charges payable under that section and section 71(1) in respect of all services provided in pursuance of the contract or arrangement shall not exceed a prescribed sum in the aggregate.

(4) No charge shall be made under section 71(1) in respect of services provided for any person who, on the date of the contract or arrangement for the services—

F823(a) was under 18 years of age or was under 19 years of age and receiving qualifying full-time education, or

(c) was an expectant mother or had borne a child within the previous 12 months,

F824 (5) Regulations made with respect to any exemptions under sub-paragraph (4)]

may provide that it shall be a condition of the exemption that such declaration is made in such form and manner, or such certificate or other evidence is supplied in such form and manner, as may be prescribed.
For the purposes of section 39(2) (which provides for the Secretary of State to arrange for the free medical treatment of certain pupils) any charge made in pursuance of regulations under this Act in respect of the supply of drugs, medicines or appliances shall be disregarded.

Regulations may provide for the remission or repayment of any charges which, in pursuance of section 70(1) or section 71(1), are payable apart from this paragraph by a person whose income as calculated in accordance with regulations is at less than the prescribed rate, in respect of the supply or replacement of dental appliances or in respect of services provided as part of the general dental services.

For the purposes of sections 69 and 70 and of this Schedule, a bridge, whether fixed or removable, which takes the place of any teeth shall be deemed to be a denture having that number of teeth.

References in this Schedule to qualifying full-time education mean full-time instruction at a recognised educational establishment or by other means accepted as comparable by the Secretary of State, and for the purposes of such references—

(a) “recognised educational establishment” means an establishment recognised by the Secretary of State as being, or as comparable to, a school, college or university; and

(b) regulations may prescribe the circumstances in which a person is or is not to be treated as receiving full-time instruction.

Para. 7 inserted by Health Services Act 1980 (c. 53), s. 26(2), Sch. 5 Pt. II para. 8

F826 Words repealed by Health and Social Security Act 1984 (c. 48, SIF 113:1), s. 24, Sch. 8 Pt. I

F827 Words repealed by Health and Medicines Act 1988 (c. 49, SIF 113:2), s. 25(2), Sch. 3

F828 F828-7

F829 Sch. 11 para. 3(1) repealed by Health and Medicines Act 1988 (c. 49, SIF 113:2), s. 25(2), Sch. 3

F823 Words substituted by Health Services Act 1980 (c. 53), s. 26(2), Sch. 5 Pt. II para. 7(2).

F824 Words repealed by Health Services Act 1980 (c. 53), s. 26(2), Sch. 5 Pt. II para. 7(2)

F825 Words substituted by Health Services Act 1980 (c. 53), s. 26(2), Sch. 5 Pt. II para. 7(3)

Miscellaneous Provisions
INQUIRIES

1 The Secretary of State shall appoint a person to hold the inquiry and to report thereon to him.

2 The Secretary of State or the person appointed to hold the inquiry shall send to any person who appears to them to be interested, notification of the time when and the place where the inquiry is to be held.

3 The person appointed to hold the inquiry may by notice require any person—
   (a) to attend at the time and place set forth in the notice, to give evidence or to produce any books or documents in his custody or under his control which relate to any matter in question at the inquiry; or
   (b) to furnish within such reasonable period as is specified in the notice such information relating to any matter in question at the inquiry as the person appointed to hold the inquiry may think fit, and as the person so required is able to furnish; but—
      (i) no person shall be required in obedience to such a notice to attend at any place which is more than 10 miles from the place where he resides unless the necessary expenses are paid or tendered to him; and
      (ii) nothing in this paragraph shall empower the person appointed to hold the inquiry to require any person to produce any book or document or to answer any question which he would be entitled, on the ground of privilege or confidentiality, to refuse to produce or to answer if the inquiry were a proceeding in a court of law.

4 The person appointed to hold the inquiry may administer oaths and examine witnesses on oath, and may accept in lieu of evidence on oath by any person a statement in writing by that person.

5 Any person who refuses or wilfully neglects to attend in obedience to a notice under paragraph 3, or to give evidence, or who wilfully alters, suppresses, conceals, destroys or refuses to produce any book or document which he may be required by any such notice to produce, or who refuses or wilfully neglects to furnish any information which he is required to furnish under sub-paragraph (b) of paragraph 3, shall be liable on summary conviction to a fine not exceeding level 1 on the standard scale or to imprisonment for a period not exceeding 3 months.

Textual Amendments

F829 Words substituted by virtue of Criminal Procedure (Scotland) Act 1975 (c. 21), ss. 289F, 289G (as inserted by Criminal Justice Act 1982 (c.48), s. 54)

6 The expenses incurred by the Secretary of State in relation to any inquiry held under this Act (including a reasonable sum for the services of any officer engaged in the inquiry) shall be paid by such of the parties to the inquiry in such proportions as the Secretary of State may order.

7 The Secretary of State may make orders as to the expenses incurred by the parties appearing at any such inquiry and as to the parties by whom such expenses shall be paid.
8 Any order by the Secretary of State under paragraph 6 or paragraph 7 may be enforced in like manner as a recorded decree arbitral.

SCHEDULE 13

ACQUISITION OF PROPERTY OTHER THAN LAND

1 Where under this Act, in connection with the acquisition of any premises, the Secretary of State proposes to acquire any equipment, furniture or other moveable property used in or in connection with the premises, he may, at any time after the acquisition of the premises (in the case of acquisition by agreement) or at any time after the service of a notice to treat (in the case of a compulsory acquisition of premises), serve a notice on the owner of the premises specifying the property proposed to be acquired and specifying the time within which and the manner in which any objection to such acquisition may be made.

2 If any objection is duly made the Secretary of State shall afford to the said owner an opportunity of appearing before, and being heard by, a person appointed by him for the purpose; and after considering any such objection and the report of the person so appointed by him, the Secretary of State shall either withdraw the notice aforesaid or serve upon the owner a notice confirming that notice.

3 The property with respect to which a notice is served under paragraph 1 and is not withdrawn shall—
   (a) if no objection is duly made to the notice, vest in the Secretary of State at the expiration of the time for making such an objection;
   (b) if such an objection is duly made and the notice is confirmed by a notice served under paragraph 2, vest in the Secretary of State on the service of the last mentioned notice;

and shall in each case vest free of any pledge, lien or right in security.

4 Where any property is acquired in accordance with this Schedule there shall be paid by way of compensation to the owner of the property concerned a sum equal to the price which he might reasonably have been expected to have obtained upon a sale of the property effected by him immediately before the acquisition of the property by the Secretary of State; and any dispute as to the amount of such compensation shall be determined by arbitration; and the compensation shall accrue due at the time when the property vested in the Secretary of State.

5 Where property in respect of which compensation is payable as aforesaid was, immediately before the acquisition thereof by the Secretary of State, in the possession of some person by virtue of a hire purchase agreement, that person may, by a notice served on the Secretary of State, make a claim to have apportioned to him such part of the compensation as may be specified in his claim; and in default of agreement between the parties the claim shall be determined by arbitration, and the arbiter may apportion the compensation between the owner and the other person in such manner as appears to him to be just.

6 Any such compensation shall carry interest, as from the time when it accrues due until payment, at such rate as the Treasury may from time to time by order prescribe.

7 Where any sum by way of compensation is paid in accordance with this Schedule in respect of any property and, at the time when the compensation accrues due, the
property is subject to any pledge, lien or right in security, the sum so paid shall be deemed to be subject to that pledge, lien or right.

**SCHEDULE 14**

Section 93.

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**Textual Amendments**

F830 Sch. 14 repealed (5.2.1994) by 1993 c. 46, ss. 20, 22(4), Sch. 3 (with s. 3(4)).

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**SCHEDULE 15**

Section 109.

**TRANSITIONAL PROVISIONS AND SAVINGS**

**General**

1. (1) In so far as—

   (a) any agreement, appointment, apportionment, authorisation, determination, scheme, instrument, order or regulation made by virtue of an enactment repealed by this Act, or
   (b) any approval, consent, direction, or notice given by virtue of such an enactment, or
   (c) any complaint made or investigation begun by virtue of such an enactment, or
   (d) any other proceedings begun by virtue of such an enactment, or
   (e) anything done or having effect as if done,

   could, if a corresponding enactment in this Act were in force at the relevant time, have been made, given, begun or done by virtue of the corresponding enactment, it shall, if effective immediately before the corresponding enactment comes into force, continue to have effect thereafter as if made, given, begun or done by virtue of that corresponding enactment.

(2) Where—

   (a) there is any reference in this Act (whether express or implied) to a thing done or required or authorised to be done, or to a thing omitted, or to an event which has occurred, under or for the purposes of or by reference to or in contravention of any provisions of this Act, then,
   (b) that reference shall be construed (subject to its context) as including a reference to the corresponding thing done or required or authorised to be done, or omitted, or to the corresponding event which occurred, as the case may be, under or for the purposes of or by reference to or in contravention of any of the corresponding provisions of the repealed enactments.

2. Where any enactment passed before the commencement of this Act, or any instrument or document, refers either expressly or by implication to an enactment
repealed by this Act, the reference shall (subject to its context) be construed as or as including a reference to the corresponding provision of this Act.

3 Where any period of time specified in an enactment repealed by this Act is current at the commencement of this Act, this Act has effect as if its corresponding provision had been in force when that period began to run.

Section 37 of the National Health Service (Scotland) Act 1947

4 Notwithstanding the repeal by this Act of section 37 of the National Health Service (Scotland) Act 1947 (compensation for loss of right to sell a medical practice) that section shall continue to have such effect as may be necessary for the purposes of sections 1 to 7 of the National Health Service (Amendment) Act 1949.

The saving made by this paragraph applies to section 51 of the National Health Service Reorganisation Act 1973 (which amended section 37 of the National Health Service (Scotland) Act 1947), and to any regulations made under that section 37 which were in force immediately before the coming into force of this Act.

Marginal Citations
M64 1947 c. 27.
M65 1949 c. 93.
M66 1973 c. 32.

Persons authorised to provide pharmaceutical services

5 A person who for three years immediately before 16th December 1911 acted as a dispenser to a medical practitioner or a public institution is in the same position in relation to the undertaking referred to in section 28(2) regarding the dispensing of medicines as a registered pharmacist.

Disqualification of practitioners

6 Where by virtue of section 43(8) of the National Health Service (Scotland) Act 1947 a person’s name was disqualified for inclusion in any list referred to in section 43(1) of that Act, that person’s name is disqualified for inclusion in any list referred to in section 29(1), until such time as the Tribunal direct to the contrary.

Textual Amendments
F835 Words in Sch. 15 para. 6 substituted (1.1.1996) by 1995 c. 31, s. 10(2); S.I. 1995/3214, art. 2(1), Sch. with art. 3

Section 4 of the Health Services and Public Health Act 1968

7 An undertaking given before the coming into force of section 4(1) of the Health Services and Public Health Act 1968 in respect of payment under section 4 of the National Health Service (Scotland) Act 1947 (accommodation available on part
payment) continues to have the same effect as it had immediately before the coming into force of this Act.

Compensation of officers

8 Notwithstanding the repeal by the National Health Service (Scotland) Act 1972 of section 67 of the said Act of 1947, regulations made under paragraphs (c) to (e) of subsection (1) of that section shall continue to have effect until revoked by regulations under this Act.

Vehicles under section 33 of the Health Services and Public Health Act 1968

9 The provision of vehicles as mentioned in section 33 of the Health Services and Public Health Act 1968, and the taking of any such action as is mentioned in subsection (2) of that section, shall for the purposes of the National Health Service (Scotland) Act 1947 be treated as having been included among hospital and specialist services provided under Part II of that Act of 1947 as from its commencement.

Saving of amendments

10 Notwithstanding the repeal by this Act of sections 53 and 74 and Part I of Schedule 11 to the National Health Service (Scotland) Act 1947, and section 64(1) and Schedule 6 to the National Health Service (Scotland) Act 1972 and section 57(1) and Schedule 4 to the National Health Service Reorganisation Act 1973—

(a) the amendments made by Part I of Schedule 11 to that Act of 1947 to the Public Health (Scotland) Act 1897, and

(b) the amendments made by section 53 and paragraphs 37 to 77, 83(a), 84 to 87, 88, 89, 90, 91, 92, 93, 94, 95 to 97, 101, 102, 103, 104 to 107(a), 108 to 115, 117, 119 to 122, 123, 124, 125, 126, 127, 128, 130, 133, 134, 140 and 141 of Schedule 6 to that Act of 1972, and

(c) the amendments made by paragraphs 69(2), 82, 96, 102, 106, 109, 123, 128, 130, 133, 134, 140 and 141 of Schedule 4 to that Act of 1973,
shall continue to have the same effect as they had immediately before the coming into force of this Act, subject to any amendments made under this Act.

Textual Amendments

F836 “82” repealed (1.4.1991) by National Health Service and Community Care Act 1990 (c. 19, SIF 113:2), s. 66(2), Sch. 10
F837 Words in Sch. 15 para. 10(b) substituted (6.1.1997) by S.I. 1996/3097, arts. 1, 3(2)
F838 Words in Sch. 15 para. 10(b) repealed (28.6.1995 for certain purposes and otherwise 1.4.1996) by 1995 c. 17, ss. 2(1)(3), 5(1)(2), Sch. 1 Pt. III para. 102(8)(a), Sch. 3 (with Sch. 2 para. 6)
F839 “102” repealed by Mental Health Act 1983 (c. 20, SIF 85), ss. 131(1), 148(3), Sch. 6
F840 Words repealed by Education (Scotland) Act 1980 (c. 44), Sch. 4 para. 19
F841 Words in Sch. 15 para. 10(b) substituted (28.6.1995 for certain purposes and 1.4.1996 for all other purposes) by 1995 c. 17, ss. 2(1)(3), Sch. 1 Pt. III para. 102(8)(b) (with Sch. 2 para. 6)
F842 Word substituted by Reserve Forces Act 1980 (c. 9), Sch. 10 Pt. II
F843 Word repealed by Education (Scotland) Act 1980 (c. 44), Sch. 4 para. 19

Marginal Citations

M72 1973 c. 32.
M73 1897 c. 38.

Transfer of property of voluntary organisations

Notwithstanding the repeal by this Act of section 23(2) of the National Health Service (Amendment) Act 1949, section 23(1) of that Act shall be deemed to have had effect as from 5th July 1948.

Marginal Citations

M74 1949 c. 93.

Investigations by the Health Service Commissioner for Scotland

Permission deemed to have been granted under section 9(5) of the Health Services Act 1976

Where under any arrangements terminated by virtue of section 9(5) of the Health Services Act 1976—

(a) a person was deemed to have been granted under that section permission to use accommodation and facilities to the same extent and for the same purposes as were covered by those arrangements, then

(b) that person shall be deemed to have been granted under section 64 of this Act the like permission (and the provisions of that section shall apply accordingly).
Borrowing from the Hospital Trust by Boards of Management and Regional Hospital Boards

14 Notwithstanding the repeal by this Act of the provisions of section 6(2) and (3) of the Hospital Endowments (Scotland) Act 1971 relating to borrowings from relevant endowments by Boards of Management and Regional Hospital Boards, regulations made under that section shall continue to have effect until revoked by regulations under this Act.

Marginal Citations
M76 1971 c. 8.

Health functions of local authorities

[15 Notwithstanding the repeal by this Act of section 27 of the National Health Service (Scotland) Act 1947 (functions of local authorities relating to the prevention of illness, care and after-care), that section shall continue to have the same effect for the purposes of section 1(4) of the Social Work (Scotland) Act 1968 as it had immediately before the coming into force of this Act.]

Textual Amendments
F846 Sch. 15 para. 15 repealed (1.4.1991) by National Health Service and Community Care Act 1990 (c. 19, SIF 113:2), s. 66(2), Sch. 10

Marginal Citations
M77 1947 c. 27.
M78 1968 c. 49.

SCHEDULE 16

CONSEQUENTIAL AMENDMENTS OF ENACTMENTS

Modifications etc. (not altering text)
C165 The text of Sch. 16 is in the form in which it was originally enacted: it was not reproduced in Statutes in Force and, except as specified, does not reflect any amendments or repeals which may have been made prior to 1.2.1991.
The **M79** Polish Resettlement Act 1947

**Marginal Citations**

*M79* 1947 c. 19.

1 In section 11(3)(b) (application to Scotland), for the words “the National Health Service (Scotland) Acts 1947 to 1972” substitute the words “the National Health Service (Scotland) Act 1978”.

The **M80** Acquisition of Land (Authorisation Procedure) (Scotland) Act 1947

**Marginal Citations**

*M80* 1947 c. 42.

2 In section 1(1)(d) (compulsory purchase of land by the Secretary of State), for the words “.58 of the National Health Service (Scotland) Act 1972” substitute the words “79 of the National Health Service (Scotland) Act 1978”.

The **M81** National Assistance Act 1948

**Marginal Citations**

*M81* 1948 c. 29.

3 (1) In section 47 (removal of persons in need of care)—

(a) in subsection (8), for the words “Acts 1947 to 1972” substitute the words “Act 1978”;

(b) in subsection (10), for the words “section sixteen of the National Health Service (Scotland) Act 1947” substitute the words “section 45 of the National Health Service (Scotland) Act 1978” and for the word “sixteen” substitute the word “45”.

(2) In section 64 (interpretation), in the definition of “hospital”, for the words “eighty” and “1947” substitute the words “108” and “1978” respectively;

F847(3) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

**Textual Amendments**

F847 Sch. 16 para. 3(3) repealed (1.4.1996) by 1995 c. 17, s. 5(1)(2), Sch. 3 (with Sch. 2 para. 6)

The **M82** Law Reform (Personal Injuries) Act 1948

**Marginal Citations**

*M82* 1948 c. 41.
4. In section 2(4) (measure of damages), for the words “National Health Service (Scotland) Act 1947" substitute the words “National Health Service (Scotland) Act 1978".

The **[M83]** Children Act 1948

| Marginal Citations | M83 1948 c. 43. |

5. In section 59(1) (interpretation), in the definition of “hospital”, for the words “section eighty of the National Health Service (Scotland) Act 1948” substitute the words “section 108(1) of the National Health Service (Scotland) Act 1978”.

The **[M84]** Nurseries and Child Minders Regulation Act 1948

| Marginal Citations | M84 1948 c. 53. |

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<tr>
<td>F848 Sch. 16 para. 6 repealed (5.11.1993) by 1993 c. 50, s.1(1), Sch. 1 Pt. VIII.</td>
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The **[M85]** Nurses (Scotland) Act 1951

| Marginal Citations | M85 1951 c. 55. |

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<tr>
<td>F849 Sch. 16 para. 7 repealed (1.4.2002) by 2001 asp 8, s. 80(1), Sch. 4; S.S.I. 2002/162, art. 2(g)(i)</td>
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The **[M86]** Reserve and Auxiliary Forces (Protection of Civil Interests) Act 1951

| Marginal Citations | M86 1951 c. 65. |

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Textual Amendments

F850 Sch. 16 para. 8 repealed (1.4.1996) by 1995 c. 17, s. 5(1)(2), Sch. 3 (with Sch. 2 para. 6)

F851

Textual Amendments

F851 Sch. 16 para. 9 repealed by Medical Act 1983 (c. 54, SIF 83:1), ss. 54, 56(2), Sch. 7 Pt. 1

F852

Textual Amendments

F852 Sch. 16 para. 10 repealed by Dentists Act 1984 (c. 24, SIF 83:1), s. 54(2)(3), Sch. 6 Pt. 1

F853

Textual Amendments

F853 Sch. 16 para. 11 repealed by Opticians Act 1989 (c. 44, SIF 83:1), s. 37(4), Sch. 2

F854

Textual Amendments

F854 Sch. 16 paras. 12, 13 repealed by Mental Health (Scotland) Act 1984 (c. 36, SIF 85), ss. 17(2), 127(1)(2), Sch. 4 para. 4, Sch. 5

The *M87* Public Bodies (Admission to Meetings) Act 1960

Marginal Citations

M87 1960 c. 67.

F855

Textual Amendments

F855 Sch. 16 paras. 15–18 repealed by Education (Scotland) Act 1980 (c. 44), Sch. 5

F856
Textual Amendments

F856 Sch. 16 para. 19 repealed by Statute Law (Repeals) Act 1986 (c. 12) s. 1(1), Sch. 1 Pt. VIII

The Redundancy Payments Act 1965

Marginal Citations

M88 1965 c. 62.

20 In Schedule 3 (National Health Service Employers), in paragraph 7, for the words “section 13(8) of the National Health Service (Scotland) Act 1972” substitute the words “section 2(11) of the National Health Service (Scotland) Act 1978”.

The National Health Service 1966

Marginal Citations

M89 1966 c. 8.

21

Textual Amendments

F857 Sch. 16 para. 21 repealed by Health and Medicines Act 1988 (c. 49, SIF 113:2), s. 25(2), Sch. 3

The Superannuation (Miscellaneous Provisions) Act 1967

Marginal Citations

M90 1967 c. 28.

23 In section 11, for words “1947” substitute the words “1978”.

24 In section 7(5) (superannuation provisions of the National Health Service Acts), for the words “Acts 1947 to 1972” substitute the words “Act 1978”.

25
Textual Amendments

F859 Ss. 16(3), 20(2), 51, 52, 59–63, 65–68, 96(2), Sch. 16 paras. 25, 43 repealed by Health Services Act 1980 (c. 53), Sch. 7

The Health Services and Public Health Act 1968

Marginal Citations

M91 1968 c. 46.

26 (1) In section 59(2) (extension of power), for the words “IV” and “1947” substitute the words “II” and “1978” respectively.

(2) In section 63 (provision of instruction for employees)—

(a) in subsection 2(d), for the words “IV” and “1947” substitute the words “II” and “1978” respectively;

(b) in subsection (8), in paragraph (b) of the definition of “the relevant enactments”, for the words “section 6 of the National Health Service (Scotland) Act 1972” substitute the words “section 39 of the National Health Service (Scotland) Act 1978”.

27 In section 64 (financial assistance to voluntary organisations)—

(a) in subsection (4)(a), for the words “1972” substitute the words “1978”;

(b) in subsection (4)(b), for the words “IV” and “1947” substitute the words “II” and “1978”.

28 In section 65(6) (assistance by local authorities to voluntary organisations), in paragraph (c) of the substituted subsection (2B), for the words “1947 to 1972” substitute the words “1978”.

The Social Work (Scotland) Act 1968

Marginal Citations

M92 1968 c. 49.

29 (1) In section 60(1)(f) (control of certain establishments), for the words “1947 or the National Health Service (Scotland) Act 1972” substitute the words “1978”.

(2) In section 86(3) for the words “Part II of the National Health Service (Scotland) Act 1947” substitute the words “Part II of the National Health Service (Scotland) Act 1978”.

(3) In section 94(1), in the definition of “hospital”, for the words “1947” substitute the words “1978”.

The Social Work (Scotland) Act 1968

Marginal Citations

M92 1968 c. 49.
The **M93** Medicines Act 1968

Marginal Citations

M93 1968 c. 67.

30 In section 131(5) (meaning of certain expressions), for the words “Acts 1947 to 1972" substitute the words “Act 1978”.

31 In section 132(1) (interpretation), in the definition of “health centre”, for the words “section 2 of the National Health Service (Scotland) Act 1972" substitute the words “section 36 of the National Health Service (Scotland) Act 1978".

The **M94** Post Office Act 1969

Marginal Citations

M94 1969 c. 48.

F860

32 The

Textual Amendments

F860 Sch. 16 para. 32 repealed (26.3.2001 subject to art. 1(3) of the amending S.I.) by S.I. 2001/1149, art. 3(2), Sch. 2 (with art. 4(11))

The **M95** Chronically Sick and Disabled Persons Act 1970

Marginal Citations

M95 1970 c. 44.

33 In section 17(1) (separation of younger from older patients), for the words “1972" substitute the words “1978”.

34 The

Textual Amendments

F861 Sch. 16 para. 34 repealed by Finance Act 1980 (c. 48), Sch. 20 Pt. III

The **M96** Tribunals and Inquiries Act 1971

Marginal Citations

M96 1971 c. 62.

F862
Textual Amendments

F862 Sch. 16 para. 35 repealed (1.10.1992) by Tribunals and Inquiries Act 1992 (c. 53), ss. 18(2), 19(2), Sch. 4 Pt. I

The M97 Finance Act 1971

Marginal Citations

M97 1971 c. 68.

36 In Schedule 13 (health service agreement) in paragraph 1(1) for the words “1947” substitute the words “1978”.

37 .................................................. F863

Textual Amendments

F863 Sch. 16 para. 37 repealed by Income and Corporation Taxes Act 1988 (c. 1, SIF 63:1), s. 844(4), Sch. 31

The M98 Local Government (Scotland) Act 1973

Marginal Citations

M98 1973 c. 65.

38 In section 197 (inspection of documents) for the words “1972” substitute the words “1978”.

The M99 Trade Union and Labour Relations Act 1974

Marginal Citations

M99 1974 c. 52.

F86439 ..................................................

Textual Amendments

F864 Sch. 16 para. 39 repealed (16.10.1992) by Trade Union and Labour Relations (Consolidation) Act 1992 (c. 52), ss. 300(1), 302, Sch. 1
The **M100** Social Security Act 1975

**Marginal Citations**
M100 1975 c. 14.

**Textual Amendments**
F865 Sch. 16 para. 40 repealed (6.4.1992) by Disability Living Allowance and Disability Working Allowance Act 1991 (c. 21, SIF 113:1), s. 10, Sch. 4; S.I. 1991/2617, art. 2(f)
Sch. 16 para. 40 expressed to be repealed (1.7.1992) by Social Security (Consequential Provisions) Act 1992 (c. 6), ss. 3, 7(2), Sch.1 (subject as mentioned (6.3.1992) in Local Government Finance Act 1992 (c. 14), s. 118(5)(7) (with s. 118(1)(2)(4)).

The **M101** Criminal Procedure (Scotland) Act 1975

**Marginal Citations**
M101 1975 c. 21.

**Textual Amendments**
F866 Sch. 16 para. 41 repealed (1.4.1996) by 1995 c. 40, ss. 6, 7(2) Sch. 5 (with Sch. 3)

The **M102** House of Commons Disqualification Act 1975

**Marginal Citations**
M102 1975 c. 24.

42 In Schedule 1 in Part II (bodies of which all members are disqualified), in the entry relating to the Medical Practices Committee for the words “section 35 of the National Health Service (Scotland) Act 1947” substitute the words “section 3 of the National Health Service (Scotland) Act 1978”.

43 .......... F867

**Textual Amendments**
F867 Ss. 16(3), 20(2), 51, 52, 59–63, 65–68, 96(2), Sch. 16 paras. 25, 43 repealed by Health Services Act 1980 (c. 53), Sch. 7
## Textual Amendments

**F868** Sch. 16 para. 44 repealed by **Social Security Act 1990 (c. 27, SIF 113:1)**, s. 21(1)(2), Sch. 6 para. 14, Sch. 7

### Marginal Citations

**M103** 1977 c. 37.

45 In section 56(4), in paragraph (a), for the words “Part IV of the National Health Service (Scotland) Act 1947” substitute the words “Part II of the National Health Service (Scotland) Act 1978”

## SCHEDULE 17

### REPEALS

#### Modifications etc. (not altering text)

**C166** The text of Sch. 17 is in the form in which it was originally enacted: it was not reproduced in Statutes in Force and does not reflect any amendments or repeals which may have been made prior to 1.2.1991.

<table>
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<th>Chapter</th>
<th>Short Title</th>
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<tr>
<td>10 &amp; 11 Geo. 6. c. 27.</td>
<td>The National Health Service (Scotland) Act 1947.</td>
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<td>Sections 20(1), (3) and 21.</td>
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<td>Sections 23 and 28.</td>
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<tr>
<td></td>
<td></td>
<td>In section 32(1), the words “and this Act” where they second occur to “1947 and 1949”.</td>
</tr>
<tr>
<td></td>
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<td>In the Schedule, Part II.</td>
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<tr>
<td>15 &amp; 16 Geo. 6 &amp; 1 Eliz. 2. c. 25.</td>
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<td>1 &amp; 2 Eliz. 2. c. 41.</td>
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<td>The whole Act.</td>
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<td>1964 c. 60</td>
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<td>1966 c. 8.</td>
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<td>In section 12(2), from the words “so far as” where they second occur to the end.</td>
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<td>1968 c. 46.</td>
<td>The National Health Services and Public Health Act 1968.</td>
<td>In section 63(8), in paragraph (b) of “the relevant enactments”, the words “the 1947 Act”. In section 64(4), in the substituted paragraph (a), the words “the National Health Service (Scotland) Act 1947”. In section 79(1), from the words “and the” where they second occur to the words “1947 to 1968”. In Schedule 2, Part II. In Schedule 3, Part I.</td>
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<tr>
<td>1972 c. 58.</td>
<td>The National Health Service (Scotland) Act 1972.</td>
<td>The whole Act except sections 24(2), 26 to 28, 32 to 36, 52, 53, 61(1)-(3), and Schedule 4.</td>
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<td>In section 23 subsections (3) and (4).</td>
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</table>
Status:
This version of this Act contains provisions that are prospective.

Changes to legislation:
National Health Service (Scotland) Act 1978 is up to date with all changes known to be in force on or before 19 November 2019. There are changes that may be brought into force at a future date. Changes that have been made appear in the content and are referenced with annotations.

View outstanding changes

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<td>– s. 17X and cross-heading inserted by 2005 asp 13 s. 23</td>
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– s. 70(1A) repealed by 2005 asp 13 s. 14(2)(b)
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– s. 71(1) words substituted by 2005 asp 13 s. 14(4)
– s. 71A repealed by 2005 asp 13 s. 14(5)
– s. 73(c) repealed by 2004 asp 7 sch. 2
– s. 74(c) and word repealed by 2004 asp 7 sch. 2
– s. 75A(1)(b)(ii) word substituted by S.S.I. 2019/131 reg. 4(2)
– s. 75A(1)(d) and word repealed by 2004 asp 7 sch. 2
– s. 75A(2) words substituted by 2004 asp 7 sch. 1 para. 1(5)
– s. 75B revoked by S.S.I. 2019/131 reg. 4(3)
– s. 75C revoked by S.S.I. 2019/131 reg. 4(7)
– s. 75D(1) words omitted by S.S.I. 2019/131 reg. 4(8)(a)
– s. 75D(2) words omitted by S.S.I. 2019/131 reg. 4(8)(b)
– s. 75D(3) substituted by S.S.I. 2019/131 reg. 4(8)(c)
– s. 75BA(1) words inserted by S.S.I. 2019/131 reg. 4(4)(a)
– s. 75BA(3) words omitted by S.S.I. 2019/131 reg. 4(4)(b)
– s. 75BA(15) substituted by S.S.I. 2019/131 reg. 4(4)(c)
– s. 75BB(9) words omitted by S.S.I. 2019/131 reg. 4(5)
– s. 77 applied by S.S.I. 2019/336 sch. 1 Pt. 1
– s. 77(1)(aa) repealed by 2004 asp 7 sch. 2
– s. 78B applied by S.S.I. 2019/336 sch. 1 Pt. 1
– s. 79(3) applied by S.S.I. 2019/336 sch. 1 Pt. 1
– s. 82(2A) words repealed by 2004 asp 7 sch. 2
– s. 83(1)(1A) applied by S.S.I. 2019/336 sch. 1 Pt. 1
– s. 83(2) repealed by 2004 asp 7 sch. 2
– s. 84 applied by S.S.I. 2019/336 sch. 1 Pt. 1
– s. 84(1) words repealed by 2004 asp 7 sch. 2
– s. 84(2) words repealed by 2004 asp 7 sch. 2
– s. 84(3) words repealed by 2004 asp 7 sch. 2
– s. 84A applied by S.S.I. 2019/336 sch. 1 Pt. 1
– s. 84A(1) words repealed by 2004 asp 7 sch. 2
– s. 84A(2) words repealed by 2004 asp 7 sch. 2
– s. 84A(3) words repealed by 2004 asp 7 sch. 2
– s. 84A(4) words repealed by 2004 asp 7 sch. 2
– s. 84A(5) words repealed by 2004 asp 7 sch. 2
– s. 84A(6) words repealed by 2004 asp 7 sch. 2
– s. 84A(7) words repealed by 2004 asp 7 sch. 2
– s. 84B applied by S.S.I. 2019/336 sch. 1 Pt. 1
– s. 85(1)(f) repealed by 2004 asp 7 sch. 2
– s. 85A(4) applied by S.S.I. 2019/336 sch. 1 Pt. 1
– s. 85A(4)(a) words repealed by 2004 asp 7 sch. 2
– s. 85B(2) word repealed by 2002 asp 5 s. 21(a)
– s. 85B(2)(d) repealed by 2004 asp 7 sch. 2
– s. 85B(2)(f) and word inserted by 2002 asp 5 s. 21(b)
– s. 85B(3)(a) words repealed by 2004 asp 7 sch. 2
– s. 85B(4)(b) words repealed by 2004 asp 7 sch. 2
– s. 85AA applied by S.S.I. 2019/336 sch. 1 Pt. 1
– s. 85AA(2)(b) words substituted by 2005 asp 13 sch. 2 para. 2(17)(a)
– s. 85AA(4)(a)(ii) words substituted by 2005 asp 13 sch. 2 para. 2(17)(b)(i)
– s. 85AA(4)(c) repealed by 2005 asp 13 sch. 2 para. 2(17)(b)(ii)
– s. 85AA(4)(e) repealed by 2005 asp 13 sch. 2 para. 2(17)(b)(ii)
– s. 85AA(5) words substituted by 2005 asp 13 sch. 2 para. 2(17)(c)
– s. 85AA(7) repealed by 2004 asp 7 sch. 2
– s. 85AA(11) repealed by 2005 asp 13 sch. 3
– s. 85AB(6) words repealed by 2005 asp 13 sch. 3
– s. 85AB(6) words substituted by 2005 asp 13 sch. 2 para. 2(18)(a)
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**Changes and effects yet to be applied to the whole Act associated Parts and Chapters:**

Whole provisions yet to be inserted into this Act (including any effects on those provisions):

- s. 10C(3A) inserted by 2019 asp 6 s. 6(3)(a)
- s. 10I(1)(b)(c) and word inserted by 2019 asp 6 s. 6(4)(b)
- s. 121A applied by S.I. 1995/574, art. 5, Sch. Pt. 1 (as amended) by 2019 asp 6 s. 5(2)
- s. 121A applied by S.I. 1999/686, art. 5, Sch. Pt. 1 (as amended) by 2019 asp 6 s. 5(5)
- s. 121A applied by S.S.I. 2001/137, art. 5, sch. Pt. 1 (as amended) by 2019 asp 6 s. 5(8)
- s. 121A applied by S.S.I. 2002/305, art. 5, sch. Pt. 1 (as amended) by 2019 asp 6 s. 5(11)
- s. 121A-121O and cross-heading inserted by 2019 asp 6 s. 4(2)
s. 12IC-12IF applied by S.I. 1995/574, art. 5, Sch. Pt. 1 (as amended) by 2019 asp 6 s. 5(2)
s. 12IC-12IF applied by S.I. 1999/686, art. 5, Sch. Pt. 1 (as amended) by 2019 asp 6 s. 5(5)
s. 12IC-12IF applied by S.S.I. 2001/137, art. 5, sch. Pt. 1 (as amended) by 2019 asp 6 s. 5(8)
s. 12IC-12IF applied by S.S.I. 2002/305, art. 5, sch. Pt. 1 (as amended) by 2019 asp 6 s. 5(11)
s. 12IH-12IJ applied by S.I. 1995/574, art. 5, Sch. Pt. 1 (as amended) by 2019 asp 6 s. 5(2)
s. 12IH applied by S.I. 1999/686, art. 5, Sch. Pt. 1 (as amended) by 2019 asp 6 s. 5(5)
s. 12IH-12IJ applied by S.S.I. 2001/137, art. 5, sch. Pt. 1 (as amended) by 2019 asp 6 s. 5(8)
s. 12IH-12IJ applied by S.S.I. 2002/305, art. 5, sch. Pt. 1 (as amended) by 2019 asp 6 s. 5(11)
s. 12II applied by S.I. 1999/686, art. 5, Sch. Pt. 1 (as amended) by 2019 asp 6 s. 5(5)
s. 12II-12IN applied by S.I. 1995/574, art. 5, Sch. Pt. 1 (as amended) by 2019 asp 6 s. 5(8)
s. 12II-12IN applied by S.S.I. 2001/137, art. 5, sch. Pt. 1 (as amended) by 2019 asp 6 s. 5(11)
s. 12IM applied by S.I. 1999/686, art. 5, Sch. Pt. 1 (as amended) by 2019 asp 6 s. 5(5)
s. 12IN applied by S.I. 1999/686, art. 5, Sch. Pt. 1 (as amended) by 2019 asp 6 s. 5(5)
s. 12IP-12IW and cross-heading inserted by 2019 asp 6 s. 6(2)
s. 16A(5) added by 2002 asp 5 Sch. 2 para. 2(2)
s. 17Y and cross heading inserted by 2005 asp 13 s. 24
s. 19A(2)(b) words repealed by 2003 asp 4 sch. 4 para. 5(4) (This amendment not applied to legislation.gov.uk. Sch. 4 para. 5(4)-(9) omitted (1.4.2004) by virtue of S.S.I. 2004/167, Sch. para. 7)
s. 19B(2)(a) words substituted by 2003 asp 4 sch. 4 para. 5(5)(a) (This amendment not applied to legislation.gov.uk. Sch. 4 para. 5(4)-(9) omitted (1.4.2004) by virtue of S.S.I. 2004/167, Sch. para. 7)
s. 19B(2)(b) substituted by 2003 asp 4 sch. 4 para. 5(5)(b) (This amendment not applied to legislation.gov.uk. Sch. 4 para. 5(4)-(9) omitted (1.4.2004) by virtue of S.S.I. 2004/167, Sch. para. 7)
s. 19B(2)(c) words substituted by 2003 asp 4 sch. 4 para. 5(5)(c) (This amendment not applied to legislation.gov.uk. Sch. 4 para. 5(4)-(9) omitted (1.4.2004) by virtue of S.S.I. 2004/167, Sch. para. 7)
s. 19B(2)(e) word substituted by 2003 asp 4 sch. 4 para. 5(5)(d) (This amendment not applied to legislation.gov.uk. Sch. 4 para. 5(4)-(9) omitted (1.4.2004) by virtue of S.S.I. 2004/167, Sch. para. 7)
s. 70A inserted by 1997 c. 46 s. 26(2)
s. 70A(2) word substituted by 2005 asp 13 s. 14(3)
s. 75BC inserted by S.S.I. 2019/131 reg. 4(6)
s. 85AB(7) inserted by 2005 asp 13 sch. 2 para. 2(18)(b)
Sch. 11 para. 2(1A) inserted by 2005 asp 13 s. 14(6)(a)