

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

Changes to legislation: There are currently no known outstanding effects for the Health and Care Act 2022, SCHEDULE 3. (See end of Document for details)

SCHEDULES

SCHEDULE 3

Section 22

CONFERRAL OF PRIMARY CARE FUNCTIONS ON INTEGRATED CARE BOARDS ETC

PART 1

CONFERRAL OF FUNCTIONS ETC

PROSPECTIVE

Preliminary

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

Commencement Information

II Sch. 3 para. 1 not in force at Royal Assent, see [s. 186\(6\)](#)

PROSPECTIVE

Power to require NHS England to continue to exercise certain primary care functions

2 In section 3B (Secretary of State's power to require NHS England to commission services), in subsection (1)—

(a) before paragraph (a) insert—

“(za) primary medical services of a prescribed description;”;

(b) after paragraph (a), insert—

“(aa) primary ophthalmic services of a prescribed description;”.

Commencement Information

I2 Sch. 3 para. 2 not in force at Royal Assent, see [s. 186\(6\)](#)

Medical services

3 For section 83 and the italic heading before it substitute—

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“Meaning of primary medical services

82A Primary medical services for purposes of this Act

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

Duty of integrated care boards to arrange primary medical services

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

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

General functions

83 General power to make arrangements

- (1) An integrated care board may make such arrangements for the provision of primary medical services as it considers appropriate for the purpose of discharging its functions under section 82B (and may, in particular, make contractual arrangements with any person).
- (2) NHS England may make such arrangements for the provision of primary medical services as it considers appropriate for the purpose of discharging any functions under section 3B(1) (and may, in particular, make contractual arrangements with any person).
- (3) The arrangements that may be made under this section include—
 - (a) in the case of an integrated care board, arrangements for the performance of a service outside its area (whether or not in England);
 - (b) in the case of NHS England, arrangements for the performance of a service outside England.
- (4) Arrangements under this section may confer discretions on a person with whom they are made in relation to anything to be provided under the arrangements.

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- (5) The powers under this section are in addition to the powers conferred by sections 84 and 92.

83A Publication of information

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

Commencement Information

I3 Sch. 3 para. 3 not in force at Royal Assent, see [s. 186\(6\)](#)

- 4 (1) Section 84 (general medical services contracts: introductory) is amended as follows.
- (2) In subsection (1), for “The Board” substitute “An integrated care board or NHS England”.
- (3) In subsection (3) for “the Board” substitute “the integrated care board or NHS England (as the case may be)”.
- (4) For subsection (4) substitute—
- “(4) The services to be provided under a general medical services contract may include services which are not primary medical services.
- (4A) The services to be provided under a general medical services contract may include—
- (a) in the case of a contract entered into by an integrated care board, services to be performed outside its area (whether or not in England);
- (b) in the case of a contract entered into by NHS England, services to be performed outside England.
- (4B) A general medical services contract may confer discretions on a person with whom it is made in relation to anything to be provided under the contract.”
- (5) In subsection (5), for “the Board” substitute “the integrated care board or NHS England”.

Commencement Information

I4 Sch. 3 para. 4 not in force at Royal Assent, see [s. 186\(6\)](#)

- 5 In section 86 (persons eligible to enter into GMS contracts), in subsection (1), for “The Board” substitute “An integrated care board or NHS England”.

Commencement Information

I5 Sch. 3 para. 5 not in force at Royal Assent, see [s. 186\(6\)](#)

- 6 In section 87 (GMS contracts: payments), in subsection (3)(d), for “the Board” substitute “an integrated care board or NHS England”.

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Commencement Information

I6 Sch. 3 para. 6 not in force at Royal Assent, see [s. 186\(6\)](#)

- 7 (1) Section 89 (GMS contracts: other required terms) is amended as follows.
- (2) Omit subsections (1A) to (1E).
- (3) In subsection (4)(a), for “the Board” substitute “an integrated care board or NHS England”.

Commencement Information

I7 Sch. 3 para. 7 not in force at Royal Assent, see [s. 186\(6\)](#)

I8 Sch. 3 para. 7(1) in force at 1.7.2022 for specified purposes by [S.I. 2022/734](#), [reg. 2\(a\)](#), [Sch.](#) (with [regs. 13, 29, 30](#))

I9 Sch. 3 para. 7(2) in force at 1.7.2022 by [S.I. 2022/734](#), [reg. 2\(a\)](#), [Sch.](#) (with [regs. 13, 29, 30](#))

- 8 (1) Section 91 (persons performing primary medical services) is amended as follows.
- (2) In subsection (1), for “the Board”, in the first place it occurs, substitute “an integrated care board or NHS England”.
- (3) In subsection (2), for paragraph (b) substitute—
- “(b) an integrated care board or NHS England is responsible for a primary medical service if it secures its provision under or by virtue of any enactment.”

Commencement Information

I10 Sch. 3 para. 8 not in force at Royal Assent, see [s. 186\(6\)](#)

- 9 (1) Section 92 (arrangements for the provision of primary medical services) is amended as follows.
- (2) In the heading, for “the Board” substitute “an integrated care board or NHS England”.
- (3) For subsection (1), substitute—
- “(1) An integrated care board or NHS England may make agreements, other than arrangements pursuant to section 83 or general medical services contracts, under which primary medical services are provided.”
- (4) After subsection (5) insert—
- “(5A) An agreement may confer discretions on a person with whom it is made in relation to anything to be provided under the agreement.”

Commencement Information

I11 Sch. 3 para. 9 not in force at Royal Assent, see [s. 186\(6\)](#)

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- 10 In section 93 (persons with whom agreements may be made under section 92), in subsection (1), for “The Board” substitute “An integrated care board or NHS England”.

Commencement Information

I12 Sch. 3 para. 10 not in force at Royal Assent, see [s. 186\(6\)](#)

- 11 (1) Section 94 (regulations about section 92 arrangements) is amended as follows.
- (2) In subsection (2), for “the Board” substitute “an integrated care board or NHS England”.
- (3) In section (3), for paragraph (ca) substitute—
- “(ca) provide that section 92 arrangements made by an integrated care board may be made in relation to services to be performed outside its area (whether or not in England),
- (cb) provide that section 92 arrangements made by NHS England may be made in relation to services to be performed outside England.”.
- (4) Omit subsections (3A) to (3E).
- (5) In subsection (6), for “the Board” substitute “an integrated care board or NHS England”.
- (6) In subsection (7), omit “to” in the first place it occurs.

Commencement Information

I13 Sch. 3 para. 11 not in force at Royal Assent, see [s. 186\(6\)](#)

I14 Sch. 3 para. 11(1) in force at 1.7.2022 for specified purposes by [S.I. 2022/734](#), [reg. 2\(a\)](#), [Sch.](#) (with [regs. 13, 29, 30](#))

I15 Sch. 3 para. 11(4) in force at 1.7.2022 by [S.I. 2022/734](#), [reg. 2\(a\)](#), [Sch.](#) (with [regs. 13, 29, 30](#))

- 12 (1) Section 96 (assistance and support: primary medical services) is amended as follows.
- (2) In subsection (1)—
- (a) for “The Board” substitute “An integrated care board”;
- (b) in paragraph (za), for “83(2)” substitute “83”.
- (3) In subsection (2)—
- (a) for “the Board”, in the first place it occurs, substitute “an integrated care board”;
- (b) for “the Board”, in the second place it occurs, substitute “the integrated care board”.

Commencement Information

I16 Sch. 3 para. 12 not in force at Royal Assent, see [s. 186\(6\)](#)

- 13 (1) Section 97 (Local Medical Committees) is amended as follows.

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- (2) In subsection (1), for “The Board may recognise a committee formed for an area, which it is satisfied” substitute “An integrated care board may recognise a committee formed for an area that includes the whole or part of the integrated care board’s area if it is satisfied that the committee”.
- (3) In subsection (3)(b), for “the Board” substitute “the integrated care board”.
- (4) In subsection (6), for “the Board” substitute “an integrated care board”.
- (5) In subsection (10)—
 - (a) for “The Board” substitute “An integrated care board”;
 - (b) in paragraphs (a) and (b), for “the Board” substitute “the integrated care board”.

Commencement Information

I17 Sch. 3 para. 13 not in force at Royal Assent, see [s. 186\(6\)](#)

14 For section 98A substitute—

“98A Delegation of Secretary of State’s functions to NHS England

- (1) The Secretary of State may direct NHS England to exercise any of the Secretary of State’s functions relating to the provision of primary medical services.
- (2) Subsection (1) does not apply to any function of the Secretary of State of making an order or regulations.

98B NHS England’s power to direct integrated care boards

NHS England may give directions to an integrated care board about the exercise by it of any of its functions under this Part.”

Commencement Information

I18 Sch. 3 para. 14 not in force at Royal Assent, see [s. 186\(6\)](#)

Commencement Information

- I3** Sch. 3 para. 3 not in force at Royal Assent, see [s. 186\(6\)](#)
- I4** Sch. 3 para. 4 not in force at Royal Assent, see [s. 186\(6\)](#)
- I5** Sch. 3 para. 5 not in force at Royal Assent, see [s. 186\(6\)](#)
- I6** Sch. 3 para. 6 not in force at Royal Assent, see [s. 186\(6\)](#)
- I7** Sch. 3 para. 7 not in force at Royal Assent, see [s. 186\(6\)](#)
- I8** Sch. 3 para. 7(1) in force at 1.7.2022 for specified purposes by [S.I. 2022/734](#), [reg. 2\(a\)](#), [Sch.](#) (with [regs. 13, 29, 30](#))
- I9** Sch. 3 para. 7(2) in force at 1.7.2022 by [S.I. 2022/734](#), [reg. 2\(a\)](#), [Sch.](#) (with [regs. 13, 29, 30](#))
- I10** Sch. 3 para. 8 not in force at Royal Assent, see [s. 186\(6\)](#)
- I11** Sch. 3 para. 9 not in force at Royal Assent, see [s. 186\(6\)](#)
- I12** Sch. 3 para. 10 not in force at Royal Assent, see [s. 186\(6\)](#)
- I13** Sch. 3 para. 11 not in force at Royal Assent, see [s. 186\(6\)](#)

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- I14** Sch. 3 para. 11(1) in force at 1.7.2022 for specified purposes by [S.I. 2022/734, reg. 2\(a\)](#), [Sch.](#) (with [regs. 13, 29, 30](#))
- I15** Sch. 3 para. 11(4) in force at 1.7.2022 by [S.I. 2022/734, reg. 2\(a\)](#), [Sch.](#) (with [regs. 13, 29, 30](#))
- I16** Sch. 3 para. 12 not in force at Royal Assent, see [s. 186\(6\)](#)
- I17** Sch. 3 para. 13 not in force at Royal Assent, see [s. 186\(6\)](#)
- I18** Sch. 3 para. 14 not in force at Royal Assent, see [s. 186\(6\)](#)

PROSPECTIVE

Dental services

- 15 For section 99 and the italic heading before it substitute—

“Meaning of primary dental services

98C Primary dental services for purposes of this Act

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

Duty of integrated care boards to arrange primary dental services

99 Duty of integrated care boards to arrange primary dental services

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

General functions

99A General power to make arrangements

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

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- (2) NHS England may make such arrangements for the provision of primary dental services as it considers appropriate for the purpose of discharging any functions under section 3B(1) (and may, in particular, make contractual arrangements with any person).
- (3) The arrangements that may be made under this section include—
 - (a) in the case of an integrated care board, arrangements for the performance of a service outside its area (whether or not in England);
 - (b) in the case of NHS England, arrangements for the performance of a service outside England.
- (4) The powers in this section are in addition to the powers conferred by sections 100 and 107.

99B Publication of information

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

Commencement Information

I19 Sch. 3 para. 15 not in force at Royal Assent, see [s. 186\(6\)](#)

- 16 (1) Section 100 (general dental services contracts: introductory) is amended as follows.
- (2) In subsection (1), for “The Board” substitute “An integrated care board or NHS England”.
 - (3) In subsection (3)—
 - (a) for “the Board” substitute “the integrated care board or NHS England (as the case may be)”;
 - (b) in paragraph (a) omit the words from “(which” to the end.
 - (4) After subsection (3) insert—
 - “(3A) The services to be provided under a general dental services contract may include services which are not primary dental services.
 - (3B) The services to be provided under a general dental services contract may include—
 - (a) in the case of a contract entered into by an integrated care board, services to be performed outside its area (whether or not in England);
 - (b) in the case of a contract entered into by NHS England, services to be performed outside England.”
 - (5) In subsection (4), for “the Board” substitute “the integrated care board or NHS England”.

Commencement Information

I20 Sch. 3 para. 16 not in force at Royal Assent, see [s. 186\(6\)](#)

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

Commencement Information

I21 Sch. 3 para. 17 not in force at Royal Assent, see [s. 186\(6\)](#)

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

Commencement Information

I22 Sch. 3 para. 18 not in force at Royal Assent, see [s. 186\(6\)](#)

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

Commencement Information

I23 Sch. 3 para. 19 not in force at Royal Assent, see [s. 186\(6\)](#)

- 20 (1) Section 106 (persons performing primary dental services) is amended as follows.
- (2) In subsection (1), for “the Board”, in the first place it occurs, substitute “an integrated care board or NHS England”.
- (3) In subsection (2), for paragraph (b) substitute—
- “(b) an integrated care board or NHS England is responsible for a primary dental service if it secures its provision under or by virtue of any enactment.”

Commencement Information

I24 Sch. 3 para. 20 not in force at Royal Assent, see [s. 186\(6\)](#)

- 21 (1) Section 107 (arrangements for the provision of primary dental services) is amended as follows.
- (2) In the heading, for “the Board” substitute “an integrated care board or NHS England”.
- (3) For subsection (1) substitute—
- “(1) An integrated care board or NHS England may make agreements, other than arrangements pursuant to section [99A](#) or general dental services contracts, under which primary dental services are provided.”
- (4) Omit subsection (6).

Commencement Information

I25 Sch. 3 para. 21 not in force at Royal Assent, see [s. 186\(6\)](#)

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- 22 In section 108 (persons with whom agreements may be made under section 107), in subsection (1), for “The Board” substitute “An integrated care board or NHS England”.

Commencement Information

I26 Sch. 3 para. 22 not in force at Royal Assent, see [s. 186\(6\)](#)

- 23 (1) Section 109 (regulations about section 107 arrangements) is amended as follows.
- (2) In subsection (2), for “the Board” substitute “an integrated care board or NHS England”.
- (3) In section (3), for paragraph (ca) substitute—
- “(ca) provide that section 107 arrangements made by an integrated care board may be made in relation to services to be performed outside its area (whether or not in England),
- (cb) provide that section 107 arrangements made by NHS England may be made in relation to services to be performed outside England.”.
- (4) In subsection (6), for “the Board” substitute “an integrated care board or NHS England”.
- (5) In subsection (7), omit “to” in the first place it occurs.

Commencement Information

I27 Sch. 3 para. 23 not in force at Royal Assent, see [s. 186\(6\)](#)

- 24 (1) Section 112 (assistance and support: primary dental services) is amended as follows.
- (2) In subsection (1)—
- (a) for “The Board” substitute “An integrated care board”;
- (b) before paragraph (a) insert—
- “(za) primary dental services pursuant to section [99A](#),”.
- (3) In subsection (2)—
- (a) for “the Board”, in the first place it occurs, substitute “an integrated care board”;
- (b) for “the Board”, in the second place it occurs, substitute “the integrated care board”.

Commencement Information

I28 Sch. 3 para. 24 not in force at Royal Assent, see [s. 186\(6\)](#)

- 25 (1) Section 113 (Local Dental Committees) is amended as follows.
- (2) In subsection (1), for “The Board may recognise a committee formed for an area, which it is satisfied” substitute “An integrated care board may recognise a committee formed for an area that includes the whole or part of the integrated care board’s area if it is satisfied that the committee”.

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(3) In subsection (3)—

- (a) in paragraph (a), omit sub-paragraph (i);
- (b) in paragraph (b), for “the Board” substitute “the integrated care board”.

(4) In subsection (6), for “the Board” substitute “an integrated care board”.

(5) In subsection (10)—

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

Commencement Information

I29 Sch. 3 para. 25 not in force at Royal Assent, see [s. 186\(6\)](#)

26 For section 114A substitute—

“114A Delegation of Secretary of State’s functions to NHS England

- (1) The Secretary of State may direct NHS England to exercise any of the Secretary of State’s functions relating to the provision of primary dental services.
- (2) Subsection (1) does not apply to any function of the Secretary of State of making an order or regulations.

114B NHS England’s power to direct integrated care boards

NHS England may give directions to an integrated care board about the exercise by it of any of its functions under this Part.”

Commencement Information

I30 Sch. 3 para. 26 not in force at Royal Assent, see [s. 186\(6\)](#)

Commencement Information

- I19** Sch. 3 para. 15 not in force at Royal Assent, see [s. 186\(6\)](#)
- I20** Sch. 3 para. 16 not in force at Royal Assent, see [s. 186\(6\)](#)
- I21** Sch. 3 para. 17 not in force at Royal Assent, see [s. 186\(6\)](#)
- I22** Sch. 3 para. 18 not in force at Royal Assent, see [s. 186\(6\)](#)
- I23** Sch. 3 para. 19 not in force at Royal Assent, see [s. 186\(6\)](#)
- I24** Sch. 3 para. 20 not in force at Royal Assent, see [s. 186\(6\)](#)
- I25** Sch. 3 para. 21 not in force at Royal Assent, see [s. 186\(6\)](#)
- I26** Sch. 3 para. 22 not in force at Royal Assent, see [s. 186\(6\)](#)
- I27** Sch. 3 para. 23 not in force at Royal Assent, see [s. 186\(6\)](#)
- I28** Sch. 3 para. 24 not in force at Royal Assent, see [s. 186\(6\)](#)
- I29** Sch. 3 para. 25 not in force at Royal Assent, see [s. 186\(6\)](#)
- I30** Sch. 3 para. 26 not in force at Royal Assent, see [s. 186\(6\)](#)

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PROSPECTIVE

Ophthalmic services

27 Before section 115 (and the italic heading before it) insert—

“Meaning of primary ophthalmic services

114C Primary ophthalmic services for purposes of this Act

- (1) Regulations may provide that services of a prescribed description must, or must not, be regarded as primary ophthalmic services for the purposes of this Act (but these regulations may not affect the duty in section 115(1)(a)).
- (2) Regulations under this section may, in particular, describe services by reference to the manner or circumstances in which they are provided.”

Commencement Information

I31 Sch. 3 para. 27 not in force at Royal Assent, see [s. 186\(6\)](#)

28 In the italic heading before section 115, for “the Board” substitute “integrated care boards”.

Commencement Information

I32 Sch. 3 para. 28 not in force at Royal Assent, see [s. 186\(6\)](#)

- 29 (1) Section 115 (primary ophthalmic services) is amended as follows.
- (2) For the heading substitute “Duty of integrated care boards to arrange primary ophthalmic services”.
 - (3) For subsections (1) and (1A) substitute—

“(1) Each integrated care board must exercise its powers so as to secure the provision of the following primary ophthalmic services to such extent as it considers necessary to meet the reasonable requirements of the people for whom it has responsibility—

 - (a) the sight-testing service mentioned in subsection (2),
 - (b) such other primary ophthalmic services as may be prescribed, and
 - (c) to the extent that it considers necessary to meet all reasonable requirements, any further primary ophthalmic services.

(1A) For the purposes of this section an integrated care board has responsibility for—

 - (a) the group of people for whom it has core responsibility (see section [14Z31](#)), and
 - (b) such other people as may be prescribed (whether generally or in relation to a prescribed service).”
 - (4) Omit subsections (4), (4A), (5), (7) and (8).

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Commencement Information

I33 Sch. 3 para. 29 not in force at Royal Assent, see [s. 186\(6\)](#)

30 After section 116 insert—

“General functions

116A General powers to make arrangements

- (1) An integrated care board may make such arrangements for the provision of primary ophthalmic services as it considers appropriate for the purpose of discharging its functions under section 115 (and may, in particular, make contractual arrangements with any person).
- (2) NHS England may make such arrangements for the provision of primary ophthalmic services as it considers appropriate for the purpose of discharging any functions under section 3B (and may, in particular, make contractual arrangements with any person).
- (3) The arrangements that may be made under this section include—
 - (a) in the case of an integrated care board, arrangements for the performance of a service outside its area (whether or not in England);
 - (b) in the case of NHS England, arrangements for the performance of a service outside England.
- (4) The powers in this section are in addition to the power conferred by section 117.

116B Publication of information

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

Commencement Information

I34 Sch. 3 para. 30 not in force at Royal Assent, see [s. 186\(6\)](#)

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

- (2) In subsection (1), for “The Board” substitute “An integrated care board or NHS England”.
- (3) In subsection (3) for “the Board” substitute “the integrated care board or NHS England (as the case may be)”.
- (4) For subsection (4) substitute—

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

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(4A) The services to be provided under a general ophthalmic services contract may include—

- (a) in the case of a contract entered into by an integrated care board, services to be performed outside its area (whether or not in England);
- (b) in the case of a contract entered into by NHS England, services to be performed outside England.”

(5) In subsection (5), for “the Board” substitute “the integrated care board or NHS England”.

Commencement Information

I35 Sch. 3 para. 31 not in force at Royal Assent, see [s. 186\(6\)](#)

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

Commencement Information

I36 Sch. 3 para. 32 not in force at Royal Assent, see [s. 186\(6\)](#)

33 In section 119 (exclusion of contractors), in subsection (1), for “the Board” substitute “an integrated care board or NHS England”.

Commencement Information

I37 Sch. 3 para. 33 not in force at Royal Assent, see [s. 186\(6\)](#)

34 In section 120 (GOS contracts: payments), in subsection (3)(d), for “the Board” substitute “an integrated care board or NHS England”.

Commencement Information

I38 Sch. 3 para. 34 not in force at Royal Assent, see [s. 186\(6\)](#)

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

Commencement Information

I39 Sch. 3 para. 35 not in force at Royal Assent, see [s. 186\(6\)](#)

36 (1) Section 123 (persons performing primary ophthalmic services) is amended as follows.

(2) In subsection (1), for “the Board”, in the first place it occurs, substitute “an integrated care board or NHS England”.

(3) In subsection (2), for paragraph (b) substitute—

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Changes to legislation: There are currently no known outstanding effects for the Health and Care Act 2022, SCHEDULE 3. (See end of Document for details)

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

Commencement Information

I40 Sch. 3 para. 36 not in force at Royal Assent, see [s. 186\(6\)](#)

- 37 (1) Section 124 (assistance and support: primary ophthalmic services) is amended as follows.
- (2) In subsection (1), for “The Board” substitute “An integrated care board”.
- (3) In subsection (2)—
- (a) for “the Board”, in the first place it occurs, substitute “an integrated care board”;
 - (b) for “the Board”, in the second place it occurs, substitute “the integrated care board”.

Commencement Information

I41 Sch. 3 para. 37 not in force at Royal Assent, see [s. 186\(6\)](#)

- 38 (1) Section 125 (Local Optical Committees) is amended as follows.
- (2) In subsection (1), for “The Board may recognise a committee formed for an area, which it is satisfied” substitute “An integrated care board may recognise a committee formed for an area that includes the whole or part of the integrated care board’s area if it is satisfied that the committee”.
- (3) In subsection (3)(b), for “the Board” substitute “the integrated care board”.
- (4) In subsection (7), for “the Board” substitute “an integrated care board”.
- (5) In subsection (10)—
- (a) for “The Board” substitute “An integrated care board”;
 - (b) in paragraphs (a) and (b), for “the Board” substitute “the integrated care board”.

Commencement Information

I42 Sch. 3 para. 38 not in force at Royal Assent, see [s. 186\(6\)](#)

- 39 For section 125A substitute—

“125A Delegation of Secretary of State’s functions to NHS England

- (1) The Secretary of State may direct NHS England to exercise any of the Secretary of State’s functions relating to the provision of primary ophthalmic services.
- (2) Subsection (1) does not apply to any function of the Secretary of State of making an order or regulations.

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

Changes to legislation: There are currently no known outstanding effects for the Health and Care Act 2022, SCHEDULE 3. (See end of Document for details)

125B NHS England's power to direct integrated care boards

NHS England may give directions to an integrated care board about the exercise by it of any of its functions under this Part.”

Commencement Information

I43 Sch. 3 para. 39 not in force at Royal Assent, see [s. 186\(6\)](#)

Commencement Information

- I31** Sch. 3 para. 27 not in force at Royal Assent, see [s. 186\(6\)](#)
- I32** Sch. 3 para. 28 not in force at Royal Assent, see [s. 186\(6\)](#)
- I33** Sch. 3 para. 29 not in force at Royal Assent, see [s. 186\(6\)](#)
- I34** Sch. 3 para. 30 not in force at Royal Assent, see [s. 186\(6\)](#)
- I35** Sch. 3 para. 31 not in force at Royal Assent, see [s. 186\(6\)](#)
- I36** Sch. 3 para. 32 not in force at Royal Assent, see [s. 186\(6\)](#)
- I37** Sch. 3 para. 33 not in force at Royal Assent, see [s. 186\(6\)](#)
- I38** Sch. 3 para. 34 not in force at Royal Assent, see [s. 186\(6\)](#)
- I39** Sch. 3 para. 35 not in force at Royal Assent, see [s. 186\(6\)](#)
- I40** Sch. 3 para. 36 not in force at Royal Assent, see [s. 186\(6\)](#)
- I41** Sch. 3 para. 37 not in force at Royal Assent, see [s. 186\(6\)](#)
- I42** Sch. 3 para. 38 not in force at Royal Assent, see [s. 186\(6\)](#)
- I43** Sch. 3 para. 39 not in force at Royal Assent, see [s. 186\(6\)](#)

PROSPECTIVE

Pharmaceutical services

40 For section 168A substitute—

“168A Delegation of Secretary of State's functions to NHS England

- (1) The Secretary of State may direct NHS England to exercise any of the Secretary of State's functions relating to services that may be provided as pharmaceutical services, or as local pharmaceutical services, under this Part.
- (2) Subsection (1) does not apply to any function of the Secretary of State of making an order or regulations.”

Commencement Information

I44 Sch. 3 para. 40 not in force at Royal Assent, see [s. 186\(6\)](#)

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Changes to legislation: There are currently no known outstanding effects for the Health and Care Act 2022, SCHEDULE 3. (See end of Document for details)

PROSPECTIVE

PART 2

CONSEQUENTIAL AMENDMENTS

Dentists Act 1984

41 The Dentists Act 1984 is amended as follows.

Commencement Information

I45 Sch. 3 para. 41 not in force at Royal Assent, see [s. 186\(6\)](#)

42 In section 40 (definition of business of dentistry), in subsection (2)(aa), for “a contract under section 100 of the National Health Service Act 2006” substitute “arrangements under section [99A](#) of the National Health Service Act 2006 or a contract under section 100 of that Act”.

Commencement Information

I46 Sch. 3 para. 42 not in force at Royal Assent, see [s. 186\(6\)](#)

43 In section 53 (interpretation), in subsection (3)(a)(i), for “92 or 107” substitute “[83](#), 92, [99A](#) or 107”.

Commencement Information

I47 Sch. 3 para. 43 not in force at Royal Assent, see [s. 186\(6\)](#)

Commencement Information

I45 Sch. 3 para. 41 not in force at Royal Assent, see [s. 186\(6\)](#)

I46 Sch. 3 para. 42 not in force at Royal Assent, see [s. 186\(6\)](#)

I47 Sch. 3 para. 43 not in force at Royal Assent, see [s. 186\(6\)](#)

Access to Health Records Act 1990

44 In section 1 of the Access to Health Records Act 1990 (“Health record” and related expressions) as it has effect under the law of England and Wales, in subsection (2)—

(a) in paragraph (a)—

(i) before “or a Local Health Board” insert “, an integrated care board”;

(ii) for “the Board” substitute “or the integrated care board or Local Health Board”;

(b) after paragraph (a) insert—

“(aza) in the case of a record made by a health professional performing such services under a contract made with

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NHS England or an integrated care board under section 100 of the National Health Service Act 2006 (general dental services contracts), the person or body who entered into the contract with NHS England or the integrated care board (or, in a case where more than one person so entered into the contract, any such person);”;

(c) in paragraph (aa)—

- (i) for “92 or 107” substitute “83, 92, 99A or 107”;
- (ii) before “or a Local Health Board” insert “, an integrated care board”;
- (iii) for “the Board” substitute “or the integrated care board or Local Health Board”.

Commencement Information

I48 Sch. 3 para. 44 not in force at Royal Assent, see [s. 186\(6\)](#)

Trade Union and Labour Relations (Consolidation) Act 1992

45 In section 279 of the Trade Union and Labour Relations (Consolidation) Act 1992 (health service practitioners), for subsection (2) substitute—

“(2) In this Act “worker” also includes an individual regarded in their capacity as one who works or normally works or seeks to work as a person performing primary medical services, primary dental services or primary ophthalmic services—

- (a) in accordance with arrangements made by NHS England or an integrated care board under section 83, 92, 99A, 107 or 116A of the National Health Service Act 2006;
- (b) in accordance with arrangements made by a Local Health Board under section 50 or 64 of the National Health Service (Wales) Act 2006;
- (c) under a contract under section 84, 100 or 117 of the National Health Service Act 2006 entered into by the individual with NHS England or an integrated care board; or
- (d) under a contract under section 42 or 57 of the National Health Service (Wales) Act 2006 entered into by the individual with a Local Health Board,

and “employer” in relation to such an individual, regarded in that capacity, means that body.”

Commencement Information

I49 Sch. 3 para. 45 not in force at Royal Assent, see [s. 186\(6\)](#)

Health Service Commissioners Act 1993

46 In section 2A of the Health Service Commissioners Act 1993 (persons subject to investigation), in subsection (1)(c), for “92 or 107” substitute “83, 92, 99A or 107”.

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Changes to legislation: There are currently no known outstanding effects for the Health and Care Act 2022, SCHEDULE 3. (See end of Document for details)

Commencement Information

I50 Sch. 3 para. 46 not in force at Royal Assent, see [s. 186\(6\)](#)

Freedom of Information Act 2000

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

Commencement Information

I51 Sch. 3 para. 47 not in force at Royal Assent, see [s. 186\(6\)](#)

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

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

Commencement Information

I52 Sch. 3 para. 48 not in force at Royal Assent, see [s. 186\(6\)](#)

Health Act 2006

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

Commencement Information

I53 Sch. 3 para. 49 not in force at Royal Assent, see [s. 186\(6\)](#)

National Health Service Act 2006

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

Commencement Information

I54 Sch. 3 para. 50 not in force at Royal Assent, see [s. 186\(6\)](#)

- 51 In section 80 (supply of goods and services by the Secretary of State and NHS bodies), in subsections (5) and (7), before “may” insert “or an integrated care board”.

Commencement Information

I55 Sch. 3 para. 51 not in force at Royal Assent, see [s. 186\(6\)](#)

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Changes to legislation: There are currently no known outstanding effects for the Health and Care Act 2022, SCHEDULE 3. (See end of Document for details)

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

(2) In subsection (4)(e), for “83(2)” substitute “83”.

(3) In subsection (4A), for “83(2)”, in the first place it occurs, substitute “83”.

Commencement Information

I56 Sch. 3 para. 52 not in force at Royal Assent, see [s. 186\(6\)](#)

53 In section 276 (index of defined expressions)—

- (a) in the entry relating to “primary dental services” for “section 99” substitute “section 98C”;
- (b) in the entry relating to “primary medical services” for “section 83” substitute “section 82A”;
- (c) in the entry relating to “primary ophthalmic services” for “section 115” substitute “section 114C”.

Commencement Information

I57 Sch. 3 para. 53 not in force at Royal Assent, see [s. 186\(6\)](#)

54 In Schedule 4 (NHS trusts), for paragraph 24 and the italic heading before it substitute—

“Provision of services under section 83, 92, 99A or 107

24 An NHS trust may provide services—

- (a) under arrangements made under section 83 (primary medical services);
- (b) under an agreement made under section 92 (primary medical services), and may do so as a member of a qualifying body (within the meaning given by section 93);
- (c) under arrangements made under section 99A (primary dental services);
- (d) under an agreement made under section 107 (primary dental services), and may do so as a member of a qualifying body (within the meaning given by section 108).”

Commencement Information

I58 Sch. 3 para. 54 not in force at Royal Assent, see [s. 186\(6\)](#)

Commencement Information

I54 Sch. 3 para. 50 not in force at Royal Assent, see [s. 186\(6\)](#)

I55 Sch. 3 para. 51 not in force at Royal Assent, see [s. 186\(6\)](#)

I56 Sch. 3 para. 52 not in force at Royal Assent, see [s. 186\(6\)](#)

I57 Sch. 3 para. 53 not in force at Royal Assent, see [s. 186\(6\)](#)

I58 Sch. 3 para. 54 not in force at Royal Assent, see [s. 186\(6\)](#)

Status: This version of this schedule contains provisions that are prospective.
Changes to legislation: There are currently no known outstanding effects for the Health and Care Act 2022, SCHEDULE 3. (See end of Document for details)

National Health Service (Wales) Act 2006

- 55 (1) Section 51 (persons with whom agreement may be made under section 50 for the provision of primary medical services) is amended as follows.
- (2) In subsection (1)—
- (a) in paragraph (d)(ii) after “section 64 arrangements,” insert “section 83 arrangements,”;
 - (b) in paragraph (e) after “a section 64 employee,” insert “a section 83 employee,”.
- (3) In subsection (3)—
- (a) after the definition of “section 17C employee” insert—
““section 83 arrangements” means arrangements for the provision of services made under section 83 of the National Health Service Act 2006,”;
 - (b) after the definition of “section 107 arrangements” insert—
““section 83 employee” means an individual who, in connection with the provision of services in accordance with section 83 arrangements, is employed by a person providing or performing those services,”.

Commencement Information

I59 Sch. 3 para. 55 not in force at Royal Assent, see [s. 186\(6\)](#)

- 56 (1) Section 65 (persons with whom agreement may be made under section 64 for the provision of primary dental services) is amended as follows.
- (2) In subsection (1)—
- (a) in paragraph (d)(ii) after “section 92 arrangements,” insert “section 99A arrangements,”;
 - (b) in paragraph (e) after “a section 92 employee,” insert “a section 99A employee,”.
- (3) In subsection (3)—
- (a) after the definition of “section 92 arrangements” insert—
““section 99A arrangements” means arrangements for the provision of services made under section 99A of the National Health Service Act 2006,”;
 - (b) after the definition of “section 92 employee” insert—
““section 99A employee” means an individual who, in connection with the provision of services in accordance with section 99A arrangements, is employed by a person providing or performing those services,”.

Commencement Information

I60 Sch. 3 para. 56 not in force at Royal Assent, see [s. 186\(6\)](#)

Commencement Information

I59 Sch. 3 para. 55 not in force at Royal Assent, see [s. 186\(6\)](#)

Status: This version of this schedule contains provisions that are prospective.
Changes to legislation: There are currently no known outstanding effects for the
 Health and Care Act 2022, SCHEDULE 3. (See end of Document for details)

I60 Sch. 3 para. 56 not in force at Royal Assent, see [s. 186\(6\)](#)

Health Act 2009

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

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

Commencement Information

I61 Sch. 3 para. 57 not in force at Royal Assent, see [s. 186\(6\)](#)

Domestic Abuse Act 2021

58 In section 80 of the Domestic Abuse Act 2021 (prohibition on charging for the provision of medical evidence of domestic abuse), in subsection (5)(a), for subparagraph (ii) substitute—

“(ii) any arrangements made under section [83](#) of that Act;”.

Commencement Information

I62 Sch. 3 para. 58 not in force at Royal Assent, see [s. 186\(6\)](#)

Status:

This version of this schedule contains provisions that are prospective.

Changes to legislation:

There are currently no known outstanding effects for the Health and Care Act 2022, SCHEDULE 3.