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STATUTORY INSTRUMENTS

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**2015 No. 1430**

**NATIONAL HEALTH SERVICE, ENGLAND**

**The National Health Service Commissioning Board and  
Clinical Commissioning Groups (Responsibilities and  
Standing Rules) (Amendment) (No.2) Regulations 2015**

*Made* - - - - *25th June 2015*  
*Laid before Parliament* *1st July 2015*  
*Coming into force* - - *1st October 2015*

The Secretary of State for Health makes the following Regulations in exercise of the powers conferred by sections 6E and 272(7) and (8) of the National Health Service Act 2006(1).

**Citation, commencement and interpretation**

1.—(1) These Regulations may be cited as the National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) (Amendment) (No.2) Regulations 2015 and come into force on 1st October 2015.

(2) In these Regulations, “the principal Regulations” means the National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012(2).

**Amendments in relation to Standing Rules: NHS Continuing Healthcare and NHS funded nursing care**

2. In regulation 20 of the principal Regulations(3) (interpretation)—

- (a) in the definition of “flat rate payment”, for “£110.89” substitute “£112”;
- (b) in the definition of “high band payment”, for “£152.61” substitute “£154.14”.

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(1) [2006 c.41](#). Section 6E was inserted by section 20 of the Health and Social Care Act [2012 \(c.7\)](#). Powers exercised in making these Regulations are exercisable by the Secretary of State in relation to England only (*see* section 271(1)). *See* section 275(1) for the definition of “regulations”.

(2) [S.I.2012/2996](#).

(3) Relevant amendments are made by [S.I. 2014/1611](#).

### **Amendments in relation to Standing Rules: waiting times**

3.—(1) Regulation 45 of the principal Regulations (duty to meet the maximum waiting time standards) is amended as follows.

- (2) Omit paragraphs (1) and (2).
- (3) In paragraph (3), after “commence” insert “appropriate”.
- (4) Omit paragraphs (5) and (6).

### **Amendment in relation to Standing Rules: duty to have regard to guidance**

4. In regulation 50 of the principal Regulations(4) (duty to have regard to guidance), for ““The Referral to Treatment Consultant-led Waiting Times Rules Suite dated April 2014”” substitute ““The Referral to Treatment Consultant-led Waiting Times Rules Suite dated October 2015””(5).

Signed by authority of the Secretary of State for Health.

25th June 2015

*Prior*  
Parliamentary Under-Secretary of State  
Department of Health

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(4) As amended by [S.I.2013/2891](#).

(5) The Rules Suite can be found at <https://www.gov.uk/government/publications/right-to-start-consultant-led-treatment-within-18-weeks>. A hard copy may be obtained on request in writing from the Clinical Services Team, Room 2S07, Department of Health, Quarry House, Quarry Hill, Leeds, LS2 7UE.

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## EXPLANATORY NOTE

*(This note is not part of the Regulations)*

These Regulations amend the National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012 ([S.I.2012/2996](#)).

The amendments made by regulation 2 increase the rates for NHS-funded Nursing Care payable by the relevant body (the National Health Service Commissioning Board or a clinical commissioning group).

The amendments made by regulation 3 remove the reference to the Referral to Treatment operational standards for NHS treatment which has commenced so that the only remaining standard is that 92% of patients on incomplete pathways should have been waiting no more than 18 weeks from referral.

The amendment made by regulation 4 reflects the fact that because of the amendments made by regulation 3, it is necessary to update “The Referral to Treatment Consultant-led Waiting Times Rules Suite” which a relevant body must have regard to in carrying out its duties. The existing Rules Suite is updated with effect from 1st October 2015.

An impact assessment has not been produced for this instrument as minimal impact on business or the private or voluntary sector is foreseen.