Changes to legislation: National Health Service Act 2006, PART 2 is up to date with all changes known to be in force on or before 27 June 2024. 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

SCHEDULES

[^{F1}SCHEDULE 1A E+W

CLINICAL COMMISSIONING GROUPS

Textual Amendments

F1 Sch. 1A inserted (27.3.2012 for specified purposes, 1.10.2012 for specified purposes, 1.4.2013 in so far as not already in force) by Health and Social Care Act 2012 (c. 7), ss. 25(2), 306(1)(d)(4), **Sch. 2** (with Sch. 6 paras. 7-13); S.I. 2012/1831, art. 2(2); S.I. 2013/160, art. 2(2) (with arts. 7-9)



FURTHER PROVISION ABOUT CLINICAL COMMISSIONING GROUPS

Status

- 10 (1) A clinical commissioning group is a body corporate.
 - (2) A clinical commissioning group is not to be regarded as a servant or agent of the Crown or as enjoying any status, privilege or immunity of the Crown.
 - (3) The property of a clinical commissioning group is not to be regarded as property of, or property held on behalf of, the Crown.

Staff

- 11 (1) A clinical commissioning group may appoint such persons to be employees of the group as it considers appropriate.
 - (2) A clinical commissioning group must-
 - (a) pay its employees remuneration and travelling or other allowances in accordance with determinations made by its governing body under section 14L(3)(a), and
 - (b) employ them on such other terms and conditions as it may determine.
 - (3) A clinical commissioning group may, for or in respect of such of its employees as it may determine, make arrangements for providing pensions, allowances or gratuities.
 - (4) Such arrangements may include the establishment and administration, by the clinical commissioning group or otherwise, of one or more pension schemes.
 - (5) The arrangements that may be made under sub-paragraph (3) include arrangements for the provision of pensions, allowances or gratuities by way of compensation to or in respect of any of the clinical commissioning group's employees who suffer loss of office or employment or loss or diminution of emoluments.

Accountable officer

- 12 (1) A clinical commissioning group must have an accountable officer.
 - (2) The accountable officer is to be appointed by $[^{F2}NHS$ England].
 - (3) [^{F2}NHS England] may appoint a person to be the accountable officer for more than one clinical commissioning group (and in the following provisions of this paragraph such an appointment is referred to as a "joint appointment").
 - (4) The accountable officer may be—
 - (a) an individual who is a member of the clinical commissioning group or of any body that is a member of the group or, in the case of a joint appointment, an individual who is a member of any of the groups in question or of any body that is a member of any of those groups, or
 - (b) an employee of the group or of any member of the group or, in the case of a joint appointment, an employee of any of the groups in question or of any member of those groups.
 - (5) If the accountable officer is not an employee of the clinical commissioning group or, in the case of a joint appointment, of any of the groups in question, the group or any of the groups may pay remuneration and travelling or other allowances to the accountable officer in accordance with determinations made by its governing body under section 14L(3)(a).
 - (6) A clinical commissioning group may, for or in respect of its accountable officer, make arrangements for providing pensions, allowances or gratuities.
 - (7) The arrangements that may be made under sub-paragraph (6) include arrangements for the provision of pensions, allowances or gratuities by way of compensation to or in respect of the accountable officer where the officer suffers loss of office or loss or diminution of emoluments.
 - (8) Where a clinical commissioning group has, by virtue of paragraph 11(4), established a pension scheme, the arrangements that may be made under sub-paragraph (6) include arrangements for the accountable officer to be a member of the scheme.
 - (9) The accountable officer is responsible for ensuring that the clinical commissioning group or, in the case of a joint appointment, each of the groups in question—
 - (a) complies with its obligations under—
 - (i) sections 14Q and 14R,
 - (ii) sections 223H to 223J,
 - (iii) paragraphs 17 to 19 of this Schedule, and
 - (iv) any other provision of this Act specified in a document published by [^{F2}NHS England] for the purposes of this sub-paragraph, and
 - (b) exercises its functions in a way which provides good value for money.

Textual Amendments

F2 Words in Act substituted (1.7.2022) by Health and Care Act 2022 (c. 31), s. 186(6), Sch. 1 para. 1(1)(2);
S.I. 2022/734, reg. 2(a), Sch. (with regs. 13, 29, 30)

Changes to legislation: National Health Service Act 2006, PART 2 is up to date with all changes known to be in force on or before 27 June 2024. 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

Modifications etc. (not altering text)

C1 Sch. 1A para. 12(9)(b) modified (1.10.2012) by Health and Social Care Act 2012 (c. 7), s. 306(4), Sch. 6 para. 11(2)(p); S.I. 2012/1831, art. 2(2)

Remuneration etc for members of governing bodies

- 13 (1) A clinical commissioning group may pay members of its governing body such remuneration and travelling or other allowances as it considers appropriate.
 - (2) A clinical commissioning group may, for or in respect of such members of its governing body as it may determine, make arrangements for providing pensions, allowances or gratuities.
 - (3) Such arrangements may include the establishment and administration, by the clinical commissioning group or otherwise, of one or more pension schemes.
 - (4) The arrangements that may be made under sub-paragraph (2) include arrangements for the provision of pensions, allowances or gratuities by way of compensation to or in respect of any members of the governing body who suffer loss or diminution of emoluments.
 - (5) Where a clinical commissioning group has, by virtue of paragraph 11(4), established a pension scheme, the arrangements that may be made under sub-paragraph (2) include arrangements for members of the governing body to be members of the scheme.
 - (6) Sub-paragraph (2) does not apply to members of the governing body who are—
 - (a) members or employees of the clinical commissioning group, or
 - (b) members or employees of a body that is a member of the clinical commissioning group.

Additional powers in respect of payment of allowances

- 14 A clinical commissioning group may pay such travelling or other allowances as it considers appropriate to any of the following—
 - (a) members of the clinical commissioning group who are individuals;
 - (b) individuals authorised to act on behalf of a member of the clinical commissioning group in dealings between the member and the group;
 - (c) members of any committee or sub-committee of the clinical commissioning group or its governing body.

F3

Textual Amendments

F3 Sch. 1A para. 15 and cross-heading omitted (17.6.2021) by virtue of NHS (Charitable Trusts Etc) Act 2016 (c. 10), ss. 1(1)(d), 5(1); S.I. 2021/712, reg. 3(a)

F3

Externally financed development agreements

- 16 (1) The powers of a clinical commissioning group include power to enter into externally financed development agreements.
 - (2) For the purposes of this paragraph, an agreement is an externally financed development agreement if it is certified as such in writing by the Secretary of State.
 - (3) The Secretary of State may give a certificate under this paragraph if—
 - (a) in the Secretary of State's opinion the purpose or main purpose of the agreement is the provision of services or facilities in connection with the discharge by a clinical commissioning group of any of its functions, and
 - (b) a person proposes to make a loan to, or provide any other form of finance for, another party in connection with the agreement.
 - (4) If a clinical commissioning group enters into an externally financed development agreement it may also, in connection with that agreement, enter into an agreement with a person who falls within sub-paragraph (3)(b) in relation to the externally financed development agreement.
 - (5) In sub-paragraph (3)(b) "another party" means any party to the agreement other than the clinical commissioning group.
 - (6) The fact that an agreement made by a clinical commissioning group has not been certified under this paragraph does not affect its validity.

Accounts and audits

- 17 (1) A clinical commissioning group must keep proper accounts and proper records in relation to the accounts.
 - (2) A clinical commissioning group must prepare annual accounts in respect of each financial year.
 - (3) [^{F2}NHS England] may, with the approval of the Secretary of State, direct a clinical commissioning group to prepare accounts in respect of such period or periods as may be specified in the direction.
 - (4) [^{F2}NHS England] may, with the approval of the Secretary of State, give directions to a clinical commissioning group as to—
 - (a) the methods and principles according to which its annual or other accounts must be prepared, and
 - (b) the form and content of such accounts.
 - (5) The annual accounts and, if [^{F2}NHS England] so directs, accounts prepared by virtue of sub-paragraph (3) must be audited in accordance with the [^{F4}Local Audit and Accountability Act 2014].
 - (6) The Comptroller and Auditor General may examine—
 - (a) the annual accounts and any records relating to them, and
 - (b) any report on them by the auditor or auditors.
 - (7) A clinical commissioning group must send its audited annual accounts, and any audited accounts prepared by it by virtue of sub-paragraph (3), to [^{F2}NHS England] by no later than the date specified in a direction by [^{F2}NHS England].

Changes to legislation: National Health Service Act 2006, PART 2 is up to date with all changes known to be in force on or before 27 June 2024. 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

- (8) [^{F2}NHS England] may direct a clinical commissioning group to send its unaudited annual accounts, and any unaudited accounts prepared by it by virtue of subparagraph (3), to [^{F2}NHS England] by no later than the date specified in a direction by [^{F2}NHS England].
- (9) For the purposes of this paragraph "financial year" includes the period which begins on the day the clinical commissioning group is established and ends on the following 31 March.

Textual Amendments

- F2 Words in Act substituted (1.7.2022) by Health and Care Act 2022 (c. 31), s. 186(6), Sch. 1 para. 1(1)(2); S.I. 2022/734, reg. 2(a), Sch. (with regs. 13, 29, 30)
- **F4** Words in Sch. 1A para. 17(5) substituted (1.4.2015) by Local Audit and Accountability Act 2014 (c. 2), s. 49(1), **Sch. 12 para. 71**; S.I. 2015/841, art. 3(x)

Modifications etc. (not altering text)

C2 Sch. 1A para. 17(5) applied (with modifications) (10.2.2015) by The Local Audit (Appointing Person) Regulations 2015 (S.I. 2015/192), reg. 1(1), Sch. para. 18 (with reg. 1(2))

Provision of financial information to [^{F5}NHS England]

Textual Amendments

- F5 Words in Sch. 1A para. 18 cross-heading substituted (1.7.2022) by Health and Care Act 2022 (c. 31), s. 186(6), Sch. 1 para. 12; S.I. 2022/734, reg. 2(a), Sch. (with regs. 13, 29, 30)
- 18 (1) [^{F2}NHS England] may direct a clinical commissioning group to supply it with such information relating to its accounts or to its income or expenditure, or its use of resources, as may be specified in the direction.
 - (2) The power conferred by sub-paragraph (1) includes power to direct a clinical commissioning group to supply [^{F2}NHS England] with—
 - (a) estimates of its future income or expenditure or its future use of resources;
 - (b) any information which [^{F2}NHS England] considers is necessary to enable it to verify any other information supplied to it under sub-paragraph (1).
 - (3) A clinical commissioning group must supply [^{F2}NHS England] with any information specified in a direction under sub-paragraph (1) within such period as may be specified in the direction.
 - (4) In this paragraph, a reference to the use of resources is a reference to their expenditure, consumption or reduction in value.

Textual Amendments

F2 Words in Act substituted (1.7.2022) by Health and Care Act 2022 (c. 31), s. 186(6), Sch. 1 para. 1(1)(2); S.I. 2022/734, reg. 2(a), Sch. (with regs. 13, 29, 30)

Provision of information required by the Secretary of State

- 19 (1) The Secretary of State may require each clinical commissioning group to provide [^{F2}NHS England] with such information as the Secretary of State considers it necessary to have for the purposes of the functions of the Secretary of State in relation to the health service.
 - (2) The information must be provided in such form, and at such time or within such period, as the Secretary of State may require.
 - (3) The powers conferred by this paragraph must be exercised in the same way in relation to each clinical commissioning group.
 - (4) [^{F2}NHS England] must give any information obtained by it under sub-paragraph (1) to the Secretary of State, in such form, and at such time or within such period, as the Secretary of State may require.

Textual Amendments

F2 Words in Act substituted (1.7.2022) by Health and Care Act 2022 (c. 31), s. 186(6), Sch. 1 para. 1(1)(2);
S.I. 2022/734, reg. 2(a), Sch. (with regs. 13, 29, 30)

Incidental powers

20 The power conferred on a clinical commissioning group by section 2 includes, in particular, power to—

- (a) enter into agreements,
- (b) acquire and dispose of property, and
- (c) accept gifts (including property to be held on trust for the purposes of the clinical commissioning group).

Seal and evidence

- 21 (1) The application of a clinical commissioning group's seal must be authenticated by the signature of any person who has been authorised (generally or specially) for that purpose.
 - (2) Any instrument which, if executed by an individual, would not need to be under seal may be executed on behalf of a clinical commissioning group by any person who has been authorised (generally or specially) for that purpose.
 - (3) A document purporting to be duly executed under a clinical commissioning group's seal or to be signed on its behalf must be received in evidence and, unless the contrary is proven, taken to be so executed or signed.]

Changes to legislation:

National Health Service Act 2006, PART 2 is up to date with all changes known to be in force on or before 27 June 2024. 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

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. 3B(1)(aa) inserted by 2022 c. 31 Sch. 3 para. 2(b) s. 3B(1)(za) inserted by 2022 c. 31 Sch. 3 para. 2(a) s. 13G(4) words omitted by virtue of 2012 c. 7, Sch. 14 para. 4A (as inserted) by 2014 c. 23 s. 120(18)(a) s. 35(3A)(3B) inserted by 2012 c. 7 s. 159(4) s. 35(3A) words substituted by 2022 c. 31 Sch. 5 para. 12(4) (This amendment not applied to legislation.gov.uk. The insertion of s. 35(3A) by 2012 c. 7 s.159(4) not yet in force.) s. 40(4)-(4B) substituted for s. 40(4) by 2012 c. 7 Sch. 14 para. 5 s. 42(1A) inserted by 2012 c. 7 Sch. 14 para. 6 s. 65F(2A)-(2F) inserted by 2012 c. 7 Sch. 14 para. 15(4) (This amendment is itself amended before it comes into force by 2014 c. 23, ss. 85(15), 120(18)(b)(c), 127(1); S.I. 2014/1714, art. 3(2)(b)(c)) s. 65H(10A) inserted by 2012 c. 7 Sch. 14 para. 17(4) s. 65H(10A) omitted by 2022 c. 31 Sch. 8 para. 7(7) (This amendment not applied to legislation.gov.uk. 2012 c. 7 Sch. 14 revoked at 1.7.2022 by 2022 c. 31, s. 186(6), Sch. 7 para. 13 before the insertion of s. 65H(10A) could come into effect.) s. 82A-83A and cross-heading substituted for s. 83 and cross-heading by 2022 c. 31 Sch. 3 para. 3 s. 84(4)-(4B) substituted for s. 84(4) by 2022 c. 31 Sch. 3 para. 4(4) s. 92(5A) inserted by 2022 c. 31 Sch. 3 para. 9(4) s. 94(3)(ca)(cb) substituted for s. 94(3)(ca) by 2022 c. 31 Sch. 3 para. 11(3) s. 98A98B substituted for s. 98A by 2022 c. 31 Sch. 3 para. 14 s. 98BC-99B and cross-heading substituted for s. 99 and cross-heading by 2022 c. 31 Sch. 3 para. 15 s. 100(3A)(3B) inserted by 2022 c. 31 Sch. 3 para. 16(4) s. 109(3)(ca)(cb) substituted for s. 109(3)(ca) by 2022 c. 31 Sch. 3 para. 23(3) s. 112(1)(za) inserted by 2022 c. 31 Sch. 3 para. 24(2)(b) s. 114A114B substituted for s. 114A by 2022 c. 31 Sch. 3 para. 26 s. 114C and cross-heading inserted by 2022 c. 31 Sch. 3 para. 27 s. 116A116B and cross-heading inserted by 2022 c. 31 Sch. 3 para. 30 s. 117(4)(4A) substituted for s. 117(4) by 2022 c. 31 Sch. 3 para. 31(4) s. 125A125B substituted for s. 125A by 2022 c. 31 Sch. 3 para. 39 s. 223C(1)(c)(d) inserted by 2022 c. 31 s. 28 s. 223LA inserted by 2022 c. 31 s. 30(3) Sch. 15 para. 4(1)(b) and word omitted by 2012 c. 7 Sch. 14 para. 39(3)