SCHEDULE 7

Regulation 103

Transitional provisions

Pharmaceutical needs assessments

1.—(1) The pharmaceutical needs assessment of a Primary Care Trust immediately before the appointed day (including any supplementary statements that are part of that assessment)—

(a) is not to be treated as invalidly made, for the purposes of these Regulations, by virtue of any differences between these Regulations and the 2005 Regulations; and

(b) accordingly, unless invalidly made for some other reason, it continues in effect as if validly made under these Regulations (until it is replaced on or after the appointed day by a revised assessment).

(2) If, on the appointed day, a Primary Care Trust is consulting on the contents of its assessment as required by regulation 3F of the 2005 Regulations(**1**) (consultation)—

(a) that consultation is not to be treated as invalidly carried out, for the purposes of these Regulations, by virtue of any differences between these Regulations and the 2005 Regulations; and

(b) accordingly, unless invalidly carried out for some other reason, it is to be treated on the appointed day (and as appropriate thereafter) as being validly carried out under regulation 8.

Listing applications: NHS chemists

2.—(1) An application made under regulation 5(1) or 40(1) of the 2005 Regulations(**2**) (which relate to applications for inclusion in a pharmaceutical list and preliminary consent applications)—

(a) which has not been determined before the appointed day;

(b) which, if it were determined under the 2005 Regulations, would be determined having regard to regulation 12(1) or 13(1)(a) to (c) of those Regulations(**3**) (which relate to the necessary or expedient test and exemptions from that test); and

(c) which has been notified—

(i) under regulation 23(2) of the 2005 Regulations(**4**) (notification of applications) and the period for making representations set out in that regulation 23(2) has elapsed before the appointed day, or

(ii) under regulation 33(2) of the 2005 Regulations(**5**) (notification of applications in respect of premises in a controlled locality) and the period for making representations set out in regulation 33(4) of those Regulations(**6**), as it applies in relation to notifications under that regulation 33(2), has elapsed before the appointed day,

is to be determined in accordance with the provisions of the 2005 Regulations, until that application is finally determined.

(2) An application to which sub-paragraph (1)(a) and (b) applies is to be treated as meeting the requirements of sub-paragraph (1)(c) if—

(**1**) Prior to its repeal, regulation 3F was inserted by S.I. 2010/914.
(**2**) Prior to its repeal, regulation 5(1) was amended by S.I. 2005/1501.
(**3**) Prior to their repeal, regulation 12(1) and the heading of regulation 13(1) were amended by S.I. 2009/2205.
(**4**) Prior to its repeal, regulation 23(2) was amended by S.I. 2006/3373 and 2008/528.
(**5**) Prior to its repeal, regulation 33(2) was amended by S.I. 2008/528.
(**6**) Prior to its repeal, regulation 33(4) was amended by S.I. 2005/1501.

(a) consideration of it was deferred by the Primary Care Trust under the 2005 Regulations (but not because the application was incomplete) for a period of at least 14 days; and

(b) had the application been notified on the date of the deferral instead of being deferred, the relevant period for making representations, as mentioned in sub-paragraph (1)(c)(i) or (ii), would have elapsed before the appointed day.

(3) An application made under regulation 5(1), 40(1) or 54(2) of the 2005 Regulations (which relate to applications for inclusion in a pharmaceutical list, preliminary consent applications and temporary provision during a period of suspension)—

(a) which has not been determined before the appointed day;

(b) to which, if it were determined under the 2005 Regulations, would be determined having regard to regulation 6 to 10, 13(1)(d) or 54 of those Regulations(**7**) (which relate to different types of exempt application, exemption from the necessary or expedient test and temporary provision during a period of suspension),

is to be determined in accordance with the provisions of the 2005 Regulations, until that application is finally determined.

(4) Where an application made under the 2005 Regulations for preliminary consent has been finally granted before the appointed day—

(a) an application under regulation 5(1) of the 2005 Regulations that is in accordance with regulation 41(1) of those Regulations (effect of preliminary consent) may be made in relation to that consent; and

(b) any such application is to be determined in accordance with the provisions of the 2005 Regulations, until that application is finally determined.

(5) Where an application made under 2005 Regulations for preliminary consent is made before the appointed day and that application is to be determined in accordance with those Regulations by virtue of sub-paragraph (1) or (3), if the application is granted—

(a) an application under regulation 5(1) of the 2005 Regulations that is in accordance with regulation 41(1) of those Regulations may be made in relation to that consent; and

(b) any such application is to be determined in accordance with the provisions of the 2005 Regulations, until that application is finally determined.

(6) Where by virtue of this paragraph, an application is to be determined in accordance with regulation 10 of the 2005 Regulations, as relevant—

(a) the LPS Regulations(**8**); or

(b) the National Health Service (Local Pharmaceutical Services and Pharmaceutical Services) (No. 2) Regulations 2002(**9**),

apply as regards the determination of that application as in force immediately before the appointed day.

(7) Where an application under regulation 5(1), 40(1) or 54(2) of the 2005 Regulations has been determined in accordance with those Regulations, whether before the appointed day or by virtue of this paragraph—

(a) the arrangements for bringing an appeal in relation to that application; and

(b) the determination of any appeal validly brought,

are to be in accordance with the provisions of the 2005 Regulations.

(**7**) Prior to their repeal, amendments were made to these provisions by S.I. 2005/1501, 2006/552 and 3373, 2007/289, and 2009/2205.
(**8**) S.I. 2006/552.
(**9**) S.I. 2002/2016.

(8) Where an application under regulation 5(1), 40(1) or 54(2) of the 2005 Regulations has not been determined before the appointed day and is not to be determined in accordance with those Regulations by virtue of this paragraph—

(a) that application is void; and

(b) any fee charged by the Primary Care Trust in relation to that application in accordance with directions under section 131 of the 2006 Act (power to charge) is to be treated as invalidly charged.

Listing applications: dispensing doctors

3.—(1) An application made under Part 5 of the 2005 Regulations (provision of pharmaceutical services by doctors) for outline consent or premises approval (including temporary premises approval) which has not been determined before the appointed day is to be determined in accordance with the provisions of those Regulations, until that application is finally determined.

(2) Where an application under that Part has been determined in accordance with the 2005 Regulations, whether before the appointed day or by virtue of sub-paragraph (1)—

(a) the arrangements for bringing an appeal in relation to that application (and so appeals relating to any of the decisions referred to in regulation 38((2)(e) to (j) of the 2005 Regulations(**10**) (appeals in connection with determinations in respect of controlled localities etc.); and

(b) the determination of any appeal validly brought,

are to be in accordance with the provisions of the 2005 Regulations.

(3) If, before the appointed day, a Primary Care Trust requires a doctor to provide pharmaceutical services under regulation 60(4)(a) of the 2005 Regulations(**11**) (arrangements for provision of pharmaceutical services by doctors), and—

(a) the doctor has appealed against that decision before the appointed day; or

(b) the time limit for bringing an appeal against the decision in regulation 60(12) of the 2005 Regulations has not elapsed before the appointed day,

the arrangements for bringing an appeal in relation to that decision, and the determination of any appeal validly brought, are to be in accordance with the 2005 Regulations.

Approved retail areas

4. Where after the appointed day, by virtue of paragraph 2(1), an application is to be determined having regard to regulation 13(1)(a) of the 2005 Regulations (exemptions from the necessary or expedient test), for the purposes of that application an area is an approved retail area if immediately before the appointed day it was a retail area that was for the time being approved by the Secretary of State under regulation 15 of those Regulations (approved retail areas).

Controlled localities

5.—(1) Each Primary Care Trust must, in respect of an area which on the appointed day continues to be, or to be part of, a controlled locality by virtue of regulation 36(1), delineate precisely the boundary of the controlled locality which that area is, or of which that area is a part—

(a) on the map that it publishes alongside its pharmaceutical needs assessment map in accordance with regulation 39(2)(a)(ii)(aa); or

(b) if it publishes no such map, in its pharmaceutical needs assessment map.

(**10**) Prior to its repeal, regulation 38(2) was amended by S.I. 2006/3373.
(**11**) Prior to its repeal, regulation 60(4) was amended by S.I. 2005/1015 and 2006/3373.

(2) Where—

(a) before the appointed day, a Primary Care Trust has given notice under regulation 31(5) of the 2005 Regulations (determination that an area is a controlled locality) that it proposes to determine whether or not an area is or is not a controlled locality or part of a controlled locality; or

(b) a Primary Care Trust is required by virtue of paragraph 2 or 3 to determine an application and in connection with determining that application it needs also to determine whether or not an area is or is not a controlled locality or part of a controlled locality,

the consideration of whether the area in question is or is not either a controlled locality or part of a controlled locality, and the arrangements for bringing an appeal in relation to a related determination that an area is or is not a controlled locality, or part of a controlled locality, are to be in accordance with the 2005 Regulations.

(3) Where, by virtue of sub-paragraph (2), it is determined (whether by a Primary Care Trust or on appeal by the Secretary of State) that an area is or is not, or is or is not part of, a controlled locality—

(a) the Primary Care Trust for that area must amend—

(i) the map that it publishes alongside its pharmaceutical needs assessment map in accordance with regulation 39(2)(a)(ii)(aa), or

(ii) if it publishes no such map, in its pharmaceutical needs assessment map,

to reflect that determination (unless that determination does not change the controlled locality boundaries already included in that map); and

(b) any area that becomes, or becomes part of, a controlled locality as a consequence of that determination is then a controlled locality, or part of a controlled locality, for the purposes of these Regulations (unless or until it is determined under these Regulations that it is no longer, or no longer part of, a controlled locality).

Reserved locations

6.—(1) Where—

(a) an application is received by a Primary Care Trust which it is required to determine—

(i) in accordance with paragraph 2, and

(ii) having regard to regulation 12 or 13 of the 2005 Regulations (which relate to the necessary or expedient test and exemptions from it); and

(b) the premises or relevant location from which the applicant wishes to provide pharmaceutical services is or may be a reserved location,

pending the final determination of that application, the classification of any area in relation to those premises or that relevant location as a reserved location is to be determined in accordance with the provisions of the 2005 Regulations (if a further reserved location determination is required after the application is finally determined, it is to be in accordance with the provisions of these Regulations).

(2) Where, under regulation 35 of the 2005 Regulations(**12**) (pharmaceutical services in reserved locations)—

(a) a determination of whether or not an area is a reserved location is made by virtue of sub-paragraph (1); or

(b) a determination of whether or not an area is a reserved location has been made before the appointed day, and—

(i) that determination has been appealed before the appointed day; or

(**12**) Prior to its repeal, regulation 35 was amended by S.I. 2005/1501.

(ii) the time limit for bringing an appeal against the determination has not elapsed before the appointed day,

the arrangements for bringing an appeal in relation to that determination, and the determination of any appeal validly brought, are to be in accordance with the 2005 Regulations.

(3) Where, by virtue of this paragraph, it is determined (whether by a Primary Care Trust or on appeal by the Secretary of State) that an area is or is not a reserved location, if as a consequence a reserved location thereafter takes effect—

(a) the Primary Care Trust for that area must delineate precisely the boundary of the reserved location on the map on which it delineates the boundary of the related controlled locality pursuant to regulation 39(2)(a)(i); and

(b) the reserved location is then a reserved location for the purposes of these Regulations (unless or until it is determined under these Regulations that it is no longer a reserved location).

Gradual discontinuation of the provision of pharmaceutical services by doctors

7.—(1) Where, when granting an application which by virtue of paragraph 2 is finally determined in accordance with the 2005 Regulations, a Primary Care Trust is required to consider under regulation 20(2) of the 2005 Regulations (imposition of conditions)—

(a) any termination of arrangements with any person on its dispensing doctor list; and

(b) any postponement of any such termination,

arising out of that grant (but not for a reason set out in regulation 50(1)(a) to (c), (e) or (f) of these Regulations), that consideration and its decision are to be in accordance with the provisions of the 2005 Regulations.

(2) Where, under the 2005 Regulations—

(a) a decision relating to termination of arrangements, or the postponement of the termination of arrangements, is made by virtue of sub-paragraph (1); or

(b) before the appointed day, a decision relating to termination of arrangements, or the postponement of the termination of arrangements, with a dispensing doctor has been made by a Primary Care Trust in a case where the Primary Care Trust could have postponed the termination of the arrangements, and—

(i) that decision has been appealed before the appointed day; or

(ii) the time limit for bringing an appeal against that decision has not elapsed before the appointed day,

the arrangements for bringing an appeal in relation to that decision, and the determination of any appeal validly brought, are to be in accordance with the 2005 Regulations.

(3) Where before the appointed day a Primary Care Trust is considering under the 2005 Regulations, in any case in which it could postpone the termination of arrangements with a dispensing doctor, either the termination of arrangements with a dispensing doctor or the postponement of the termination of arrangements with a dispensing doctor—

(a) that consideration and its decision are to be in accordance with the provisions of the 2005 Regulations; and

(b) the arrangements for bringing an appeal in relation to that decision, and the determination of any appeal validly brought, are to be in accordance with the 2005 Regulations.

(4) Conditions imposed by virtue of regulation 20(2) or 35(6)(b) (pharmaceutical services in reserved locations) of the 2005 Regulations relating to the postponement of termination of

arrangements with a dispensing doctor, whether or not imposed by virtue of this paragraph, continue to have effect as if imposed under these Regulations.

Gradual introduction of the provision of pharmaceutical services by doctors

8.—(1) Where, when granting an application which by virtue of paragraph 3 is finally determined in accordance with the 2005 Regulations, a Primary Care Trust is required to consider under regulation 20(2) of the 2005 Regulations (imposition of conditions) any postponement of the making of arrangements with a dispensing doctor, arising out of that grant, that consideration and its decision are to be in accordance with the provisions of the 2005 Regulations.

(2) Where, under regulation 20(2) of the 2005 Regulations—

(a) a decision relating to postponement of the making of arrangements is made by virtue of sub-paragraph (1); or

(b) a decision relating to postponement of the making of arrangements, has been made before the appointed day, and—

(i) that decision has been appealed before the appointed day; or

(ii) the time limit for bringing an appeal against that decision has not elapsed before the appointed day,

the arrangements for bringing an appeal in relation to that decision, and the determination of any appeal validly brought, are to be in accordance with the 2005 Regulations.

(3) Where before the appointed day a Primary Care Trust is considering under regulation 20(2) of the 2005 Regulations the postponement of the making of arrangements with a dispensing doctor—

(a) that consideration and its decision are to be in accordance with the provisions of the 2005 Regulations; and

(b) the arrangements for bringing an appeal in relation to that decision, and the determination of any appeal validly brought, are to be in accordance with the 2005 Regulations.

(4) Conditions imposed by virtue of regulation 20(2) of the 2005 Regulations relating to postponement of the making of arrangements with a dispensing doctor, whether or not imposed by virtue of this paragraph, continue to have effect as if imposed under these Regulations.

Giving effect to listing decisions taken under the 2005 Regulations

9. Where, before the appointed day or as a consequence of paragraph 2 or 3, a person is entitled on the basis of a decision (whether by a Primary Care Trust or on appeal)—

(a) to be included in pharmaceutical list or dispensing doctor list but has not been included in that list;

(b) to have listed in relation to their entry in a pharmaceutical list or dispensing doctor list premises that have not been listed in relation to them,

the arrangements for the listing of that person or those premises, and the circumstances in which that decision lapses, are as set out in the 2005 Regulations.

Dispensing contractor lists

10.—(1) Subject to sub-paragraphs (3) to (5), any contractor included in a dispensing contractor list of a Primary Care Trust before the appointed day (whether by virtue of paragraph 51(1) of Schedule 6 to the GMS Regulations or paragraph 51(1) of Schedule 5 to the PMS Regulations(**13**)

(**13**) Prior to their repeal, these provisions were amended by S.I. 2005/3315.

(which relate to dispensing contractor lists)) is to be included in the dispensing doctor list of that Primary Care Trust with effect from the appointed day.

(2) As regards that listing—

(a) a contractor who is not an individual general practitioner is to be listed as a provider of primary medical services (in the case of members of a provider of primary medical services, all the members of the provider who are to be listed may elect for listing of the provider, in accordance with regulation 46(4));

(b) the premises approval to be listed in relation to the person listed is the premises approval of the contractor under the GMS Regulations or the PMS Regulations (for these purposes, any residual premises approval for the purposes of the GMS Regulations or the PMS Regulations is to be a premises approval for the purposes of these Regulations); and

(c) the area of outline consent to be listed in relation to the person listed is the area of the consent to dispense of the contractor under the GMS Regulations or the PMS Regulations.

(3) If before the appointed day the Primary Care Trust began a process which could have led to the removal of a contractor or premises from its dispensing contractor list (whether by virtue of paragraph 48B or 51(2) of Schedule 6 to the GMS Regulations or paragraph 47B or 51(2) of Schedule 5 to the PMS Regulations(**14**) (which relate to lapse of consent to dispense and premises approval, and to dispensing contractor lists) the outcome of that process is to be determined in accordance with the GMS Regulations or, as the case may be, the PMS Regulations.

(4) Pending the outcome of that process—

(a) Part 3 of Schedule 6 to the GMS Regulations (prescribing and dispensing) or, as the case may be Part 3 of Schedule 5 of the PMS Regulations (prescribing and dispensing), continues to apply as regards any dispensing by the contractor; and

(b) accordingly, the Primary Care Trust must maintain a dispensing contractor list until the outcome of that process is determined.

(5) Once the outcome of that process is determined—

(a) if the contractor is not to be removed from the dispensing contractor list (even if additional premises of the contractor are to be removed), that contractor is to be included in the Primary Care Trust's dispensing doctor list, and sub-paragraph (2) applies as regards that listing as it would have applied had the determination been made before the appointed day and the contractor had been included in the dispensing doctor list with effect from the appointed day; or

(b) if the contractor is to be removed from the dispensing contractor list, the requirement to continue to maintain a dispensing contractor list that arises because of that dispensing contractor ceases.

(6) An application made under Part 3 Schedule 6 to the GMS Regulations, or Part 3 of Schedule 5 to the PMS Regulations, for consent to dispense or premises approval (including temporary premises approval) which has not been determined before the appointed day is to be determined in accordance with the provisions of the GMS Regulations, or as the case may be the PMS Regulations, until that application is finally determined.

(7) Where an application made under Part 3 Schedule 6 to the GMS Regulations, or Part 3 of Schedule 5 to the PMS Regulations, for consent to dispense or premises approval (including temporary premises approval) has been determined in accordance with the GMS Regulations, or as the case may be the PMS Regulations, whether before the appointed day or by virtue of sub-paragraph (6)—

(a) the arrangements for bringing an appeal in relation to that application; and

(**14**) Prior to their repeal, the cited provisions were inserted by, or amended by, S.I. 2005/3315.

(b) the determination of any appeal validly brought,

are to be in accordance with the provisions of the Regulations under which the application was determined.

(8) Where—

(a) a Primary Care Trust grants an application for premises approval which by virtue of this regulation is finally determined in accordance with the GMS Regulations or the PMS Regulations; and

(b) that Primary Care Trust is required to consider under the GMS Regulations or, as the case may be, the PMS Regulations any postponement of the making of arrangements to provide dispensing services, arising out of that grant,

that consideration and its decision on any postponement are to be in accordance with the provisions of the GMS Regulations or, as the case may be, the PMS Regulations.

(9) Where, under the GMS Regulations or the PMS Regulations—

(a) a decision relating to postponement of the making of arrangements is made by virtue of sub-paragraph (8); or

(b) a decision relating to postponement of the making of arrangements to provide dispensing services has been made before the appointed day, and—

(i) that decision has been appealed before the appointed day; or

(ii) the time limit for bringing an appeal against that decision has not elapsed before the appointed day,

the arrangements for bringing an appeal in relation to that decision, and the determination of any appeal validly brought, are to be in accordance with the GMS Regulations or, as the case may be, the PMS Regulations.

(10) Conditions imposed by virtue of the GMS Regulations or the PMS Regulations relating to postponement of the making of arrangements to provide dispensing services, whether or not imposed by virtue of this regulation, continue to have effect as if imposed under these Regulations in relation to the provision of pharmaceutical services.

(11) Any entry that would, but for the repeal of paragraph 51 of Schedule 6 to the GMS Regulations or paragraph 51 of Schedule 5 to the PMS Regulations, have been made in a Primary Care Trust's dispensing contractor list following the grant of an application by virtue of this regulation is instead to be made to that Primary Care Trust's dispensing doctor list, and sub-paragraph (2) is to apply as regards that listing as if, instead of the entry being made in its dispensing doctor list, the entry had been made immediately before the appointed day in its dispensing contractor list.

Continuing matters: periods of time

11.—(1) Where a period of time specified in a provision of the 2005 Regulations is current on the appointed day, and a period of time is also specified in a corresponding provision of these Regulations, these Regulations have effect as if the corresponding provision of these Regulations had been in force when that period began to run.

(2) Where—

(a) consideration of a matter under a provision of these Regulations in respect of a specified period of time requires consideration of a period of time before the appointed day; and

(b) a corresponding provision of the 2005 Regulations also required consideration of that matter in respect of a specified period of time,

the provision of these Regulations has effect as if it had been in force when the period of time specified in it began to run.

Other continuing matters: NHS chemists

12.—(1) A pharmaceutical list or ETP list of a Primary Care Trust that is the current list immediately before the appointed day is also the current pharmaceutical or EPS list at the start of the appointed day, unless the Primary Care Trust is required or entitled to give effect to a decision reached before the appointed day to change, remove or include an entry the list from the start of the appointed day, in which case the current list at the start of the appointed day is the list as modified to give effect to that decision.

(2) Subject to sub-paragraph (3), as regards the resolution of any matter arising under the 2005 Regulations and relating to—

(a) compliance with the terms of service of a chemist before the appointed day (whether compliance by the chemist or a Primary Care Trust); or

(b) an ongoing matter that arose before the appointed day and relates to changing or removing any entry in a pharmaceutical list by virtue of a provision of the 2005 Regulations (other than pursuant to an application under regulation 5(1), 40(1) or 54(2) of those Regulations, as regulation 3 applies in those cases),

that matter is to be resolved in accordance with the relevant provisions of the 2005 Regulations, and where applicable the SCAT Regulations and the Drug Tariff.

(3) Sub-paragraph (2) is without prejudice to the ability of Primary Care Trust to commence proceedings under Chapter 6 of Part 7 of the 2006 Act on or after the appointed day that relate to matters arising before the appointed day (potentially together with matters arising on or after the appointed day), but any decisions in those proceedings are be reached in accordance with the relevant provisions of these Regulations (and that Chapter 6).

(4) Decisions and reviews of decisions in any proceedings commenced under Chapter 6 of Part 7 of the 2006 Act before the appointed day are to continue to be reached in accordance with the relevant provisions of the 2005 Regulations (and that Chapter 6), except in the case of a review of a decision where the request by the practitioner for a review is made on or after the appointed day (such a review is to be in accordance with the relevant provisions of these Regulations and that Chapter 6).

(5) Where a person was suspended from a pharmaceutical list by virtue of Chapter 6 of Part 7 of the 2006 Act before the appointed day, decisions on payments in respect of the period of suspension that preceded the appointed day, and any appeals relating to those decisions, are to be in accordance with the 2005 Regulations and with the determinations under regulation 58 of the 2005 Regulations(**15**) (payments to suspended chemists) that were in force immediately before the appointed day.

(6) Any direction or approval under a provision of Schedule 1 or 3 to the 2005 Regulations is to continue in effect as a direction or approval under the corresponding provision of Schedule 4 or 5 to these Regulations, until amended or revoked by virtue of that corresponding provision or sub-paragraph (1).

Other continuing matters: dispensing doctors

13.—(1) A dispensing list of a Primary Care Trust that is the current list immediately before the appointed day is also the current list at the start of the appointed day, unless—

(a) the Primary Care Trust is required or entitled to give effect to a decision reached before the appointed day to change, remove or include an entry in the list from the start of the

(**15**) Prior to its repeal, regulation 58 was amended by S.I. 2006/3373.

appointed day, in which case the current list at the start of the appointed day is the list as modified to give effect to that decision; or

(b) immediately before the appointed day the Primary Care Trust had a dispensing contractor list, in which case its dispensing doctor list at the start of the appointed day is the list as modified to give effect to paragraph (a) and regulation 10.

(2) As regards the resolution of any matter arising under the 2005 Regulations and relating to—

(a) compliance with the terms of service of a dispensing doctor before the appointed day (whether compliance by the dispensing doctor or a Primary Care Trust); or

(b) an ongoing matter that arose before the appointed day and relates to changing or removing any entry in a dispensing doctor list by virtue of a provision of the 2005 Regulations (other than pursuant to an application under Part 5 of those Regulations for outline consent or premises approval, as regulation 4 applies in those cases),

that matter is to be resolved in accordance with the relevant provisions of the 2005 Regulations, and where applicable the SCAT Regulations and the relevant directions under section 87 of the 2006 Act (GMS contracts: payments).

Continuing operation of SCAT arrangements

14.—(1) Where—

(a) before the appointed day; or

(b) by virtue of paragraph 12 or 13,

a matter is or becomes the subject of proceedings under the SCAT Regulations, those proceedings and the undertaking of any related matter provided for under the SCAT Regulations are to be in accordance with the SCAT Regulations.

(2) The enactments amended by paragraph 1(2) and (3) of Schedule 8 continue to have effect without those amendments to the extent necessary to allow for anything that could have happened in connection with proceedings under the SCAT Regulations, or with any related matter, before the appointed day to happen on or after the appointed day.

The application of Group 12 of Schedule 8 to the Value Added Tax Act 1994

15. Pending amendment of Group 12 of Schedule 8 to the Value Added Tax Act 1994(**16**) (zero rating: drugs, medicines, aids for the handicapped, etc.) to take account of the repeal of the 2005 Regulations, the definition of "relevant provision" in Note (2D) shall apply in relation to supplies on or after 1st October 2010 as if for paragraph (j) there were substituted—

"(j) Part 8 of the National Health Service (Pharmaceutical Services) Regulations 2012.".

Terms of service for distance selling premises

16.—(1) Until the end of the transitional period, regulation 64(3)(d) and (e) do not apply as regards listed chemist premises in respect of which the person listed in relation to them is, immediately before the appointed day, subject to the condition imposed by regulation 13(4) of the 2005 Regulations (exemption from necessary or expedient test).

(2) For these purposes, the transitional period begins on the appointed day and ends at the beginning of the day which is 6 months after the appointed day.

(**16**) 1994 c.23; relevant amendments have been made to Group 12 by S.I. 2009/2972.