
STATUTORY INSTRUMENTS

2012 No. 2996

The National Health Service Commissioning
Board and Clinical Commissioning Groups
(Responsibilities and Standing Rules) Regulations 2012

PART 9 **E+W**

Standing rules: waiting times

Interpretation **E+W**

44.—(1) In this Part—

“appropriate treatment” means treatment that is the first treatment provided to a person as a result of, and in response to, an elective referral;

“eligible referrer” means—

- (a) a general dental practitioner,
- (b) a general medical practitioner,
- (ba) ^[F1]a person acting on behalf of an NHS cancer screening service,]
- (c) a person approved to make an elective referral under arrangements made by the relevant body which has responsibility for the person being referred, and
- (d) any other person whose request to refer is accepted by—
 - (i) a consultant,
 - (ii) a member of a consultant's team, or
 - (iii) persons providing interface services where a person who has been referred may be referred on from those services to a consultant or consultant-led team,

who is to provide the assessment or treatment required as a result of a referral;

“elective referral” means referral by an eligible referrer to a health service provider for assessment or treatment that is not identified as being immediately required at the time of referral;

“each data collection period” means each calendar month and the end of such a period means the end of the last day of the calendar month in question;

“interface services” means services that are provided otherwise than by a consultant-led team, which provide clinical triage, assessment and treatment services, but does not include mental health services or services provided under a primary care contract;

^[F2]“NHS cancer screening service” means any cancer screening programme which the Secretary of State has arranged for NHS England or an integrated care board to commission under section 7A of the National Health Service Act 2006;]

“registered healthcare professional” means a person who is a member of a profession regulated by one of the following bodies—

- (a) the General Medical Council,
- (b) the Nursing and Midwifery Council, or
- (c) the Health and Care Professions Council;

“specialist” means a registered healthcare professional working as a consultant, or as part of a consultant-led team, who specialises in the area of professional practice which is most appropriate for the diagnosis and treatment of the type of suspected cancer in question;

“start date” means the date on which the person's referral request was received by the health service provider to whom that person has been referred for the provision of health care services by—

- (a) in regulations 45 to 51—
 - (i) an eligible referrer; or
 - (ii) themselves, with the prior approval of an eligible referrer, or
- (b) [^{F3}in regulations 52 and 53, an eligible referrer]

“suitable health service provider”, in relation to a person who has been referred for assessment or treatment, is a health service provider who—

- (a) can provide services which consist of, or include, treatment which is clinically appropriate for that person in response to the reasons for the referral, and
- (b) will provide those services pursuant to a commissioning contract with a relevant body;

“treatment” means an intervention that is intended to manage a person's disease, condition or injury and, insofar as reasonably practicable, avoid further interventions, but does not include a therapy or healthcare intervention referred to in regulation 46(3);

F4
...

F5
...

(2) For the purposes of this Part, where reference is made to an appointment date being reasonable, it is reasonable if it falls at least 3 weeks after the date on which the offer of the appointment was made.

Textual Amendments

- F1** Words in [reg. 44\(1\)](#) inserted (1.4.2024) by [The National Health Service Commissioning Board and Clinical Commissioning Groups \(Responsibilities and Standing Rules\) \(Amendment\) Regulations 2024 \(S.I. 2024/302\)](#), regs. 1(b), **2(8)(a)**
- F2** Words in [reg. 44\(1\)](#) inserted (1.4.2024) by [The National Health Service Commissioning Board and Clinical Commissioning Groups \(Responsibilities and Standing Rules\) \(Amendment\) Regulations 2024 \(S.I. 2024/302\)](#), regs. 1(b), **2(8)(b)**
- F3** Words in [reg. 44\(1\)](#) substituted (1.4.2024) by [The National Health Service Commissioning Board and Clinical Commissioning Groups \(Responsibilities and Standing Rules\) \(Amendment\) Regulations 2024 \(S.I. 2024/302\)](#), regs. 1(b), **2(8)(c)**
- F4** Words in [reg. 44\(1\)](#) omitted (1.4.2024) by virtue of [The National Health Service Commissioning Board and Clinical Commissioning Groups \(Responsibilities and Standing Rules\) \(Amendment\) Regulations 2024 \(S.I. 2024/302\)](#), regs. 1(b), **2(8)(d)**
- F5** Words in [reg. 44\(1\)](#) omitted (1.7.2022) by virtue of [The Health and Care Act 2022 \(Consequential and Related Amendments and Transitional Provisions\) Regulations 2022 \(S.I. 2022/634\)](#), regs. 1(2), **209(8)**

Duty to meet the maximum waiting times standards **E+W**

45.—^{F6}(1)

^{F6}(2)

(3) A relevant body must make arrangements to ensure that at the end of each data collection period, not less than 92% of the persons falling with paragraph (4) have been waiting to commence [^{F7}appropriate] treatment for less than 18 weeks.

(4) A person falls within this paragraph if—

- (a) the relevant body has responsibility for that person;
- (b) there has been a start date in respect of that person; and
- (c) the person's waiting time period, as specified in regulation 46, has not come to an end.

^{F8}(5)

^{F8}(6)

Textual Amendments

F6 Reg. 45(1)(2) omitted (1.10.2015) by virtue of [The National Health Service Commissioning Board and Clinical Commissioning Groups \(Responsibilities and Standing Rules\) \(Amendment\) \(No.2\) Regulations 2015 \(S.I. 2015/1430\)](#), regs. 1(1), **3(2)**

F7 Word in reg. 45(3) inserted (1.10.2015) by [The National Health Service Commissioning Board and Clinical Commissioning Groups \(Responsibilities and Standing Rules\) \(Amendment\) \(No.2\) Regulations 2015 \(S.I. 2015/1430\)](#), regs. 1(1), **3(3)**

F8 Reg. 45(5)(6) omitted (1.10.2015) by virtue of [The National Health Service Commissioning Board and Clinical Commissioning Groups \(Responsibilities and Standing Rules\) \(Amendment\) \(No.2\) Regulations 2015 \(S.I. 2015/1430\)](#), regs. 1(1), **3(4)**

The waiting time period **E+W**

46.—(1) The waiting time period for a person, as referred to in regulation 45(4)(c), begins with the start date and ends when any of the following paragraphs applies.

(2) The referred person received appropriate treatment.

(3) The referred person commenced therapy or received a healthcare science intervention where a consultant, a member of a consultant-led team or an individual providing an interface service decides that the therapy or that intervention is the treatment that is most appropriate for that person.

(4) A person's name is added to a national transplant waiting list.

(5) The referred person is notified, verbally or in writing, that the calculation of the period of eighteen weeks beginning on the start date no longer applies in their case because—

- (a) it is more appropriate for that person to receive treatment from a primary care service;
- (b) a clinical decision is made to start a period of monitoring of that person ^{F9}...;
- (c) a clinical decision is made that no treatment should be provided to that person;
- (d) they did not attend the first appointment made as a result of the referral by the health service provider to whom they were referred and they—
 - (i) had been made aware of the consequences of not attending an appointment, and
 - (ii) had not requested in advance of the date for the first appointment that the appointment be re-arranged for a different date; or

- (e) they are being discharged back in to the care of their general medical practitioner because they did not attend an appointment, other than an appointment referred to in subparagraph (d), made as a result of the referral by the health service provider to whom they were referred and they—
- (i) had been made aware of the consequences of not attending an appointment, and
 - (ii) had not requested in advance of the date for that appointment that the appointment be re-arranged for a different date.

Textual Amendments

- F9** Words in [reg. 46\(5\)\(b\)](#) omitted (1.1.2024) by virtue of [The National Health Service Commissioning Board and Clinical Commissioning Groups \(Responsibilities and Standing Rules\) \(Amendment\) \(No. 2\) Regulations 2023 \(S.I. 2023/1105\)](#), regs. 1(b), **2(7)**

Application of duty to offer an alternative provider **E+W**

- 47.**—(1) Regulation 48 applies if the conditions in paragraph (2) to (6) are met.
- (2) A person has been referred to a health service provider (“the relevant health service provider”) for the provision of health care services by—
- (a) an eligible referrer; or
 - (b) themselves, with the prior approval of an eligible referrer.
- (3) The referral is for assessment or treatment in the course of the provision of health care services by—
- (a) a consultant;
 - (b) a member of a consultant's team; or
 - (c) persons providing interface services where a person who has been referred may be referred on from those services to a consultant or consultant-led team.
- (4) The relevant health service provider, or the relevant body which has responsibility for the person referred, has been notified that the person referred—
- (a) has not commenced appropriate treatment; or
 - (b) will not have commenced appropriate treatment,
- within eighteen weeks, beginning with the start date.
- (5) The notification referred to in paragraph (4) was given by—
- (a) in the case of the relevant health service provider or [^{F10}an integrated care board], the person referred or a person lawfully acting on their behalf; or
 - (b) in the case of [^{F11}NHS England], [^{F10}an integrated care board] which has been notified by the person referred or a person lawfully acting on their behalf.
- (6) The relevant body which has responsibility for the person referred is satisfied that the person has not commenced or will not commence appropriate treatment within eighteen weeks, beginning with the start date.

Textual Amendments

- F10** Words in [Regulations](#) substituted (1.7.2022) by [The Health and Care Act 2022 \(Consequential and Related Amendments and Transitional Provisions\) Regulations 2022 \(S.I. 2022/634\)](#), reg. 1(2), Sch. para. 1(1)(3) (with Sch. para. 1(2))

F11 Words in Regulations substituted (6.11.2023) by [The Health and Care Act 2022 \(Further Consequential Amendments\) \(No. 2\) Regulations 2023 \(S.I. 2023/1071\)](#), reg. 1(1), **Sch. para. 1**

Duty to offer an alternative provider **E+W**

48.—(1) Subject to regulation 49, where this regulation applies, the relevant body which has responsibility for the person referred must take all reasonable steps to ensure that that person is offered an appointment in accordance with paragraphs (2) to (4).

(2) The appointment offered must be with a consultant, or a member of a consultant's team, at a suitable health service provider other than the relevant health service provider.

(3) The appointment must be an appointment to commence treatment earlier than the person referred would have commenced treatment if they had continued to wait for treatment at the relevant health service provider.

(4) If there is more than one suitable health service provider, the person referred must be offered a choice of appointment with more than one suitable health service provider that meets the requirements of paragraphs (2) and (3).

(5) In this regulation and regulation 49, “relevant health service provider” has the meaning given to it in regulation 47(2).

Exceptions to the duty **E+W**

49.—(1) Regulation 48 does not apply in the circumstances described in any of paragraphs (2) to (10).

(2) The person referred did not attend an appointment made by the relevant health service provider in response to the referral where—

- (a) the date for the appointment was reasonable;
- (b) that person had been made aware of the consequences of not attending appointments; and
- (c) that person had not requested in advance that the date for that appointment be re-arranged.

(3) The person referred did not attend a re-arranged appointment made by the relevant health service provider in response to the referral where—

- (a) that person had re-arranged the date of the appointment;
- (b) the original date for the appointment had been reasonable; and
- (c) that person had been made aware of the consequences of not attending appointments.

(4) The patient chose to commence treatment on a date falling after the end of the period of 18 weeks beginning with the start date where—

- (a) that patient had been offered a reasonable appointment date falling within that period; or
- (b) they decided that they did not want to be offered any appointment dates within that period.

(5) The person referred decided that they did not want to commence treatment.

(6) The person referred was unable to commence treatment during the period of 18 weeks beginning with the start date for reasons not related to the relevant health service provider, or relevant body which has responsibility for that person, where that person—

- (a) has been offered a reasonable appointment date falling within that period; or
- (b) was unable to make themselves available for any appointment dates within that period.

(7) A person falling within regulation 47(3)(a), (b) or (c) has assessed the person referred and decided—

- (a) that it is in the best clinical interests of that patient to commence treatment after the end of the period of 18 weeks beginning with the start date;
 - (b) that the person does not need treatment; or
 - (c) to refer the patient back to primary care services prior to any treatment commencing.
- (8) A person falling within regulation 47(3)(a), (b) or (c) has assessed the person referred and decided that the person requires a period of monitoring which consist of or includes being re-assessed at intervals within the period of 18 weeks beginning with the start date.
- (9) The patient is placed on the national transplant waiting list.
- (10) The patient is referred for the purpose of receiving maternity services.

Duty to have regard to guidance E+W

50. In carrying out its duties under regulations 45 and 48, a relevant body must have regard to the document entitled [^{F12}Referral to treatment consultant-led waiting times: rules suite (October 2022)].

Textual Amendments

F12 Words in [reg. 50](#) substituted (1.1.2024) by [The National Health Service Commissioning Board and Clinical Commissioning Groups \(Responsibilities and Standing Rules\) \(Amendment\) \(No. 2\) Regulations 2023 \(S.I. 2023/1105\)](#), regs. 1(b), **2(8)**

Duty to notify E+W

51. Where—

- (a) a person meets the conditions in regulation 47(2) and (3);
- (b) [^{F11}NHS England] has responsibility for that person in respect of the health care service to be provided on referral; and
- (c) [^{F10}an integrated care board] receives notification from that person, or a person acting lawfully on that person's behalf, that they—
 - (i) have not commenced appropriate treatment; or
 - (ii) will not commence appropriate treatment,
 within 18 weeks beginning with the start date,

that [^{F10}integrated care board] must notify [^{F11}NHS England] in writing of that information.

Textual Amendments

F10 Words in [Regulations](#) substituted (1.7.2022) by [The Health and Care Act 2022 \(Consequential and Related Amendments and Transitional Provisions\) Regulations 2022 \(S.I. 2022/634\)](#), reg. 1(2), Sch. para. 1(1)(3) (with Sch. para. 1(2))

F11 Words in [Regulations](#) substituted (6.11.2023) by [The Health and Care Act 2022 \(Further Consequential Amendments\) \(No. 2\) Regulations 2023 \(S.I. 2023/1071\)](#), reg. 1(1), **Sch. para. 1**

[^{F13}Duty to make arrangements to diagnose or rule out cancer E+W

52.—(1) A relevant body must make arrangements to ensure that at the end of each data collection period, for persons falling within paragraph (2), the waiting time period to diagnose or rule out

cancer did not exceed 28 days in at least 75% of cases where the waiting time period ended in that data collection period.

- (2) A person falls within this paragraph if—
- (a) the relevant body has responsibility for that person; and
 - (b) they are a person in respect of whom an urgent referral has been made on or after 1st April 2024 by an eligible referrer—
 - (i) for suspected cancer, or
 - (ii) for breast symptoms (where cancer is not suspected).
- (3) The waiting time period referred to in paragraph (1) begins on the start date and ends on the date when—
- (a) an outcome (either a diagnosis or ruling out of cancer) is communicated to the person or, if earlier, a notification containing an outcome is sent to the person,
 - (b) a clinical decision is made that the person requires further interval scanning or testing before a diagnosis of cancer can be made or cancer can be ruled out, or
 - (c) a clinical decision is made that the person requires treatment before a diagnosis of cancer can be made or cancer can be ruled out.
- (4) Where—
- (a) the person concerned did not attend the first appointment made by a health service provider in response to the urgent referral, and
 - (b) that person had not requested in advance of the first appointment that the date for that appointment be rearranged,

the period of time specified in paragraph (5) is excluded from the calculation of the waiting time period specified in paragraph (3).

- (5) The period of time to be excluded for the purposes of paragraph (4)—
- (a) begins with the start date, and
 - (b) ends on the date on which the health service provider receives notification that the person who has been urgently referred is available again for an appointment with that provider.
- (6) In the exercise of its functions under paragraph (1), a relevant body must have regard to the National Institute for Health and Care Excellence Guideline “Suspected cancer: recognition and referral” published on 23rd June 2015 and updated on 2nd October 2023.
- (7) For the purposes of this regulation and regulation 53, cancer is to be regarded as having been ruled out either when a diagnosis of cancer has been excluded or when all reasonable steps to exclude cancer have been completed.]

Textual Amendments

F13 Reg. 52 substituted (1.4.2024) by [The National Health Service Commissioning Board and Clinical Commissioning Groups \(Responsibilities and Standing Rules\) \(Amendment\) Regulations 2024 \(S.I. 2024/302\)](#), regs. 1(b), **2(9)** (with reg. 3)

[^{F14}Duty to offer alternative provider to diagnose or rule out cancer **E+W**

- 53.**—(1) Paragraph (2) applies where—
- (a) there is a person in respect of whom an urgent referral has been made on or after 1st April 2024 by an eligible referrer—

- (i) for suspected cancer, or
- (ii) for breast symptoms (where cancer is not suspected);
- (b) the referral is to a health service provider (“the provider”) for—
 - (i) an appointment with a specialist, or
 - (ii) a review of appropriate diagnostic imaging, with a view to a specialist diagnosing or ruling out cancer;
- (c) the referred person, or a person lawfully acting on their behalf, asks the provider or the relevant body which has responsibility for the person referred to arrange an alternative appointment or review;
- (d) the provider or the relevant body which has responsibility for the person referred is satisfied that:
 - (i) the person referred will not receive a diagnosis or ruling out of cancer within 28 days beginning with the start date, and
 - (ii) an appointment with a suitable alternative provider may expedite a diagnosis or ruling out of cancer;
- (e) no clinical decision has been made that the person requires further interval scanning or testing;
- (f) no clinical decision has been made that the person requires treatment before a diagnosis of cancer can be made or cancer can be ruled out.

(2) Subject to paragraph (5), where this paragraph applies, the relevant body which has responsibility for the person referred must, in accordance with paragraphs (3) and (4), take all reasonable steps to ensure that the person is offered an appointment with a specialist or a review of appropriate diagnostic imaging by a specialist with a suitable alternative provider.

(3) The appointment or review for the purposes of paragraph (2) must seek to enable the diagnosis or ruling out of cancer earlier than the person would have received were they to continue to wait for an appointment or review (as applicable) from the provider.

(4) If there is more than one suitable alternative health service provider, the person referred must be offered a choice of an appointment with a specialist or a review (as appropriate) as between those providers.

(5) Paragraph (2) does not apply if the person—

- (a) was made aware of the consequences of not attending the first appointment made by the provider in response to the referral, and
- (b) did not attend the first appointment.

(6) In the exercise of its functions under paragraph (2), a relevant body must have regard to the NHS England Guidance “National Cancer Waiting Times Monitoring Dataset Guidance” published on 17th August 2023.”.]

Textual Amendments

F14 Reg. 53 substituted (1.4.2024) by [The National Health Service Commissioning Board and Clinical Commissioning Groups \(Responsibilities and Standing Rules\) \(Amendment\) Regulations 2024 \(S.I. 2024/302\)](#), regs. 1(b), **2(9)** (with reg. 3)

Advice and assistance **E+W**

54.—(1) Each [F10: integrated care board] must—

Changes to legislation: There are currently no known outstanding effects for the The National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012, PART 9. (See end of Document for details)

- (a) establish a service for the purpose of providing advice and assistance to persons—
 - (i) for whom it has responsibility, and
 - (ii) ^{F15}in the circumstances set out in regulation 47(2) and (3), or in regulation 53(1)(a) to (b)] (“relevant persons”);
 - (b) publish the name and contact details of the service; and
 - (c) take reasonable steps to communicate the name and contact details of that service to any relevant persons for which it has responsibility.
- (2) Each ^{F10}[integrated care board] must make arrangements to ensure that any health service provider providing services to a relevant person pursuant to a commissioning contract with that ^{F10}[integrated care board] —
- (a) establishes a service for the purpose of providing advice and assistance to relevant persons referred to the provider;
 - (b) publishes the name and contact details of that service; and
 - (c) takes reasonable steps to communicate the name and contact details of that service to any relevant persons referred to the provider for whom the relevant body is responsible.

Textual Amendments

- F10** Words in [Regulations](#) substituted (1.7.2022) by [The Health and Care Act 2022 \(Consequential and Related Amendments and Transitional Provisions\) Regulations 2022 \(S.I. 2022/634\)](#), reg. 1(2), Sch. para. 1(1)(3) (with Sch. para. 1(2))
- F15** Words in [reg. 54\(1\)\(a\)\(ii\)](#) substituted (1.4.2024) by [The National Health Service Commissioning Board and Clinical Commissioning Groups \(Responsibilities and Standing Rules\) \(Amendment\) Regulations 2024 \(S.I. 2024/302\)](#), regs. 1(b), **2(10)**

Transitional provision **E+W**

^{F16}55.

Textual Amendments

- F16** [Reg. 55](#) omitted (1.7.2022) by virtue of [The Health and Care Act 2022 \(Consequential and Related Amendments and Transitional Provisions\) Regulations 2022 \(S.I. 2022/634\)](#), regs. 1(2), **209(9)**

Changes to legislation:

There are currently no known outstanding effects for the The National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012, PART 9.