

# NATIONAL HEALTH SERVICE ACT 1977

## The Primary Care Trust (Functions) Directions 2000

The Secretary of State for Health, in exercise of the powers conferred on him by sections 17, 17A(4), 99(3) and 126(4) of the National Health Service Act 1977(a) and regulation 9(1) of the Primary Care Trusts (Membership, Procedure and Administration Arrangements) Regulations 2000(b) hereby makes the following Directions:

### Commencement, application and interpretation

**1.** —(1) These Directions come into force on 1st April 2000 and apply to every Health Authority and Primary Care Trust in England.

(2) In these Directions—

“the Act” means the National Health Service Act 1977;

“AIDS” means Acquired Immune Deficiency Syndrome;

“appropriate Health Authority” means, in relation to a Primary Care Trust, the Health Authority in whose area the trust is established;

“community health services” means any services which the Secretary of State may provide under section 3(1)(d) or (e) of, or Schedule 1 to, the Act and any service which he has a duty to provide under section 5(1) or (1A) of that Act(c);

“Executive Committee” means the committee of a Primary Care Trust appointed under regulation 9(1) of the Membership Regulations;

“GP practice” means—

(a) a single medical practitioner who practises otherwise than in partnership, or

(b) any two or more medical practitioners who practice in partnership;

“HIV” means Human Immunodeficiency Virus;

“the Membership Regulations” means the Primary Care Trusts (Membership, Procedure and Administration Arrangements) Regulations 2000;

“the Health Authority Regulations” means the National Health Service (Functions of Health Authorities and Administration Arrangements) Regulations 1996(d);

“Primary Care Group” means a committee appointed under regulation 14(1) of the Health Authorities (Membership and Procedure) Regulations 1996(e), in accordance with the Secretary of State’s directions of 15th October 1998 and exercising functions in accordance with the Secretary of State’s directions of 25th March 1999(f);

“the Regulations” means the Primary Care Trusts (Functions) (England) Regulations 2000(g);

“relevant Primary Care Trust” has the meaning given in regulation 2(1) of the Regulations;

“specialised services” means specialised services which are, or are to be, planned, and the provision of which is, or is to be, arranged, by two or more Health Authorities acting jointly or by a joint committee of two or more such Authorities, and includes facilities and services for treating and caring for persons with AIDS or infected with HIV;

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(a) 1977 c. 49. The functions of the Secretary of State under section 17 and 126(4) are, so far as exercisable in relation to Wales, transferred to the National Assembly for Wales by article 2(a) of the National Assembly for Wales (Transfer of Functions) Order 1999, S.I. 1999/672.

(b) S.I. 2000/89.

(c) Section 5(1) was amended by the Health and Medicines Act 1988 (c.49) (“the 1988 Act”), Schedule 3; section 5(1A) and (1B) was inserted by the 1988 Act, section 10(1); Schedule 1 was amended by the 1988 Act, Schedule 2, paragraph 7 and the Education Act 1996 (c. 56), Schedule 37, paragraph 46.

(d) S.I. 1996/708.

(e) S.I. 1996/707 as amended by the S.I. 1997/2991, 1998/648 and 1998/262.

(f) A copy of the directions may be obtained by writing to the Department of Health, PC-GMS, Room 7E60, Quarry House, Leeds LS2 7UE.

(g) S.I. 2000/695

“the Trust” means, in relation to an Executive Committee, the Primary Care Trust of which it is a committee.

(3) For the purposes of these Directions—

- (a) references to the persons for whom a Primary Care Trust is responsible are to be construed in accordance with regulation 2(3) of the Regulations;
- (b) the persons for whom a Primary Care Group is responsible are the practice patients of the medical practitioners in relation to which the Group exercises the functions delegated to it by the Health Authority of which it is a committee.

### **Provision of services by Primary Care Trusts**

2. In addition to any prohibitions or restrictions in its PCT order and to any directions given by the Secretary of State or by the appropriate Health Authority, a Primary Care Trust may, in the exercise of the functions which it is directed to exercise by the appropriate Health Authority, provide only those services as the Secretary of State may from time to time approve in writing in relation to that trust.

### **Limitations on the delegation of certain functions which may be exercised by Primary Care Trusts**

3. —(1) The following facilities or services are specified for the purposes of regulation 3(3) of the Regulations (directions by the Secretary of State limiting the extent to which functions must be delegated by a Health Authority)—

- (a) specialised services;
- (b) facilities and services for testing for, and preventing the spread of, AIDS, HIV and genito-urinary infections and diseases and for treating and caring for persons with genito-urinary infections or diseases;
- (c) specialist health promotion services; and
- (d) services at walk-in centres.

(2) The services specified in sub-paragraph (1) above may be exercised to the extent described in relation to the service in question in whichever of the paragraphs (4) to (7) below apply.

### **Specialised services**

4. —(1) A Health Authority may direct a Primary Care Trust in relation to which they are the appropriate Health Authority to exercise the functions specified in regulation 3(2) of the Regulations to the extent that they consist of providing or securing the provision of any specialised services, subject to the conditions specified in sub-paragraph (2) of this paragraph.

(2) The conditions referred to in sub-paragraph (1) are—

- (a) the arrangements for delegation have been approved by the Secretary of State;
- (b) the Health Authority retain responsibility for planning the provision of specialised services;
- (c) the Regional Specialised Commissioning Group for the NHS Executive Region in which the Primary Care Trust is established have approved a plan for securing the provision of the services in question; and
- (d) the Primary Care Trust has been designated in the plan referred to in paragraph (c) as a body to be responsible, subject to paragraph (b), for securing the provision of the services in question for the benefit of persons specified in that plan.

### **HIV/AIDS prevention, genito-urinary medicine and contraceptive services**

5. —(1) A Health Authority may direct a Primary Care Trust in relation to which they are the appropriate Health Authority to exercise the functions specified in sub-paragraph (2) of this paragraph, subject to the conditions specified in sub-paragraph (3).

(2) The functions referred to in sub-paragraph (1) are—

- (a) the functions specified in regulation 3(2) of the Regulations to the extent that they consist of providing or securing the provision of facilities and services—
    - (i) for testing for, and preventing the spread of, AIDS, HIV and genito-urinary infections and diseases, and
    - (ii) for treating and caring for persons with genito-urinary infections or diseases;
  - (b) the functions under section 5(1)(b) of the Act (services relating to contraception) exercisable by a Health Authority.
- (3) The conditions referred to in sub-paragraph (1) are—
- (a) any arrangement made by a Primary Care Trust for the provision of any of the facilities or services referred to in sub-paragraph (2) must take into account any other arrangements for the provision of facilities and services referred to in that sub-paragraph which have been, or are to be, made by that trust;
  - (b) a plan for securing the provision of those facilities and services in an area which includes the area of the Primary Care Trust, which takes account of—
    - (i) any plan referred to in paragraph 4(2)(b) above relating to facilities and services for treating and caring for persons with AIDS or infected with HIV, and
    - (ii) of any relevant guidance by the Secretary of State,
 is or has been agreed between the health service bodies involved in the provision, or securing the provision, of those facilities and services in the area to which the plan applies;
  - (c) arrangements are in place for the application to those facilities or services of quality standards which are in accordance with any relevant guidance given by the Secretary of State;
  - (d) arrangements are in place for co-ordinating the planning of these facilities and services with the planning of the facilities and services for the treating and caring for persons with AIDS or infected with HIV;
  - (e) the planning of the facilities and services for testing for, and preventing the spread of, AIDS and HIV take account of the local epidemiology of HIV infection and targets those persons or classes of persons most vulnerable to infection;
  - (f) at least half of the funding made available for expenditure on facilities and services for testing for, and preventing the spread of, AIDS and HIV is applied towards facilities or services for those persons or classes of persons most vulnerable to infection.

### **Specialist health promotion services**

**6.**—(1) A Health Authority may direct a Primary Care Trust in relation to which they are the appropriate Health Authority to exercise the functions specified in regulation 3(2) of the Regulations to the extent that they consist of providing or securing the provision of any specialist health promotion services, subject to approval of the arrangements by the Regional Director of Public Health at the relevant Regional Office of the NHS Executive.

### **Walk-in centres**

**7.**—(1) A Health Authority may direct a Primary Care Trust in relation to which they are the appropriate Health Authority to exercise the functions specified in regulation 3(2) of the Regulations to the extent that they consist of providing or securing the provision of services at walk-in centres, subject to the conditions specified in sub-paragraph (2) of this paragraph apply.

(2) The conditions referred to in sub-paragraph (1) are—

- (a) the Health Authority shall ensure that the provision of walk-in centres will be co-ordinated with the provision of other health services in the area of the trust, including in particular—
  - (i) services under Part II of the Act;

- (ii) services provided under pilot schemes under the National Health Service (Primary Care) Act 1997(a);
  - (iii) community health services; and
  - (iv) accident and emergency services.
- (b) the Health Authority must be satisfied that appropriate arrangements will be in place for managing the centres in accordance with the criteria set out in HSC 1999/116.

### **Services to be provided for the benefit of all persons present in the area of the Primary Care Trust**

**8.** For the purposes of regulation 3(4)(b)(ii) of the Regulations, the services in respect of which a Primary Care Trust is to exercise its functions for the benefit of all persons present in the trust's area are—

- (a) services provided at walk-in centres;
- (b) facilities and services for testing for, and preventing the spread of, genito-urinary infections and diseases and for treating and caring for persons with such infections or diseases;
- (c) services which the Secretary of State has a duty to provide under section 5(1)(a) of the Act or which he may provide under Schedule 1 to the Act (medical inspection and treatment of pupils);
- (d) services which the Secretary of State has a duty to provide under section 5(1)(b) of the Act (services relating to contraception);
- (e) health promotion services;
- (f) services in connection with drug and alcohol misuse.

### **Change in the relevant Primary Care Trust or Health Authority**

**9.**—(1) Where it becomes apparent to a Primary Care Group or Primary Care Trust and an adjacent Primary Care Group or Primary Care Trust that as a result of a change in the numbers of practice patients, or the address or addresses of one or more practice patients, of a GP practice—

- (a) the Group or trust responsible for the practice patients of that GP practice will, on 1st April of the next financial year, no longer be their responsible for those practice patients, and
- (b) the Group or trust which is not responsible for the practice patients of that GP practice will, on 1st April of the next financial year, be responsible for those practice patients,

sub-paragraph (2) of this paragraph shall apply.

(2) The Primary Care Group or Primary Care Trust and the adjacent Primary Care Group or Primary Care Trust shall consult the GP practice as to whether—

- (a) the Health Authority or Authorities of which the Primary Care Group is, or Primary Care Groups are, a committee or committees, or
- (b) the trust or trusts in question,

should enter into arrangements under regulation 5 of the Health Authority Regulations, regulation 12 of the Membership Regulations, or any other appropriate arrangements, for the purpose of ensuring that the Primary Care Group or trust which is responsible for the practice patients of that practice will continue to exercise functions in relation to that practice and those practice patients.

### **Functions of Executive Committees**

**10.** Subject to paragraph 11, the functions of an Executive Committee shall be—

- (a) to prepare proposals for the Trust's policy development, strategy or priorities for consideration by the members of the Trust;

- (b) to exercise on behalf of the Trust the functions delegated to the Committee pursuant to regulation 12(1)(d) of the Membership Regulations;
- (c) to provide advice to the members of the Trust in relation to the exercise of functions by the Trust;
- (d) to provide advice and assistance to the GP practices for which the Trust is the relevant Primary Care Trust for the purpose of facilitating the exercise of the functions of the Trust;
- (e) to otherwise assist the Trust in the exercise of its functions.

#### **Restrictions on the exercise of functions by Executive Committees**

**11.** —(1) An Executive Committee must exercise its functions in accordance with these and any other directions given by the Secretary of State or the Trust, or, in the case of a function which a Health Authority has directed the Trust to exercise under section 17A(1) of the Act, any directions given by that Authority under section 17B(1) of that Act.

(2) An Executive Committee must exercise its functions in accordance with any restrictions or conditions imposed by the Trust and in exercising its functions must have regard to any guidance given by the Secretary of State with respect to corporate governance in Primary Care Trusts.

(3) An Executive Committee must prepare and send such reports, and supply such information, to the Trust as the Trust may require.

(4) In determining which functions are to be delegated to its Executive Committee a Trust must have regard to any guidance given by the Secretary of State with respect to corporate governance in Primary Care Trusts.

#### **Adoption of Standing Financial Instructions**

**12.** —(1) Each Primary Care Trust shall give, and may vary or revoke, Standing Financial Instructions for the regulation of the conduct of its members and officers in relation to all financial matters with which they are concerned.

(2) The Standing Financial Instructions of each Primary Care Trust shall take into account any guidance or directions given by the Secretary of State about the provisions to be incorporated in the Standing Financial Instructions.

(3) Standing Financial Instructions given by the Primary Care Trust in accordance with any specific requirement in directions given by the Secretary of State may not be varied or dispensed with except as directed by the Secretary of State.

Signed by authority of the Secretary of State

Member of the Senior Civil Service  
Department of Health