



Prescribed Connections to NHS England

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Policy

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Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have:

Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and

Given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

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1 Background

- 1.1 Until 31 March 2013, strategic health authorities and primary care trust clusters had responsibilities in accordance with The Medical Profession (Responsible Officers) Regulations 2010. From 1 April 2013, NHS England took over these responsibilities in accordance with The Medical profession (Responsible Officers) (amendment) Regulations 2013.
- 1.2 Under the Regulations NHS England is the only body that has the power to nominate or appoint more than one responsible officer (RO). This document describes how doctors with a prescribed connection to NHS England can identify their RO with effect from 1 April 2015, when NHS England's Area Teams were integrated into the four existing regional teams: London, Midlands & East, North and South.
- 1.3 This document does not apply to doctors with a prescribed connection to other designated bodies (DB)
- 1.4 NHS England has to nominate or appoint sufficient ROs to ensure that each RO has the capacity to carry out their duties set out in the regulations. The number of ROs appointed is as follows:
 - 15 local teams ROs
 - 4 regional ROs
 - 1 national RO (NHS England's national Medical Director)
- 1.5 The following groups of doctors have a prescribed connection to NHS England:
 - Doctors employed by NHS England
 - Doctors on a medical or ophthalmic performers list
 - ROs in England (except those who have a prescribed connection to the Department of Health)
 - Secondary care locums, without a higher connection, linked to a locum agency, which is not on the Crown Commercial Service framework.
- 1.6 Not all doctors in these groups will have a connection to NHS England, for example, doctors on a performers list and who are employed or commissioned by the armed forces for more than fifty per cent of their time have a connection to the appropriate force.

2 Assigning doctors to a RO

A diagram of the prescribed connections of doctors to ROs is in Annex A.

2.1 The Regulations allows NHS England to determine which RO is responsible for which doctor.

2.2 Paragraph 2.5 – 2.9 below sets out the criteria on how NHS England will usually assign a doctor to a RO.

2.3 Where a decision is not reached about doctors with national or regional roles, NHS England's National Medical Director will decide which RO the doctor concerned is assigned to. Similarly, where a decision is not reached for those doctors who are on a performers list, the Head of Primary Care Commissioning will decide which RO the doctor should be assigned to.

2.4 All doctors are assigned to a single RO.

Doctors employed by NHS England

2.5 The RO for the four regional Medical Directors and doctors employed by NHS England in national roles is the national RO.

2.6 The RO for doctors employed by NHS England in regional roles is the relevant regional RO.

2.7 The ROs within NHS England's local teams will connect to the relevant regional RO

2.8 Doctors employed by NHS England's local teams will connect to the relevant local team RO

2.9 Where doctors in any of the above roles (2.5 – 2.8) are also on a performers list, the above criteria takes precedence in order to assign the doctor to a RO.

Doctors on a performers list

2.10As a general principle, in England, the RO for doctors on a performers list will be in the local team responsible for managing the doctor on the list. In practice, this will usually mean that:

- (i) Those who are partners in, or salaried employees of, a practice (or practices) within a Clinical Commissioning Group (CCG) will connect to the local team RO where the CCG is located.
- (ii) Those who work across a number of practices and where the majority of their clinical work lies within a local team's responsibility will connect to the RO in that local team.

- (iii) Those who cannot be allocated under 2.10(i) or (ii), then the doctor will connect to the RO of the local team that covers the doctor's GMC registered address
- (iv) Those who are not linked to a practice or CCG and who have an address outside England will connect to the RO in the local team indicated in the following table.

Doctors GMC registered address is in:	Local Team RO
Scotland	NHS England North (Cumbria & North)
North Wales: Betsi Cadwaladr University Health Board	NHS England North (Cheshire & Merseyside)
Mid Wales: Hywel Dda health Board, Powys Teaching Health Board	NHS England Midlands & East (North Midlands)
South Wales: Abertawe Bro Morgannwg University Health Board; Aneurin Bevan Health Board; Cardiff & Vale University Health Board; and Cwm Taf Health Board	NHS England Midlands & East (West Midlands)
Northern Ireland	NHS England North (Cheshire & Merseyside)
Isle of Man	NHS England North (Cheshire & Merseyside)
Channel Islands	NHS England South (Wessex)
Elsewhere outside the UK	NHS England London (North West)

Armed Forces Doctors:

2.11 Some doctors provide services to the armed forces through third party arrangements (often referred to as Type 2 GPs). These doctors are only likely to have a connection to NHS England if they work solely through a locum agency. Where there is a connection to NHS England the responsible officer will be in NHS England's local team responsible for managing that doctor on the Performers List.

2.12 Doctors on a performers list who spend more than fifty percent of their time commissioned by or employed directly by the armed forces are connected to the armed forces RO. In the Performers List these are often referred to as Type 1 GPs.

ROs

2.13 The ROs for other NHS and non-NHS designated bodies (except those who have a prescribed connection to the Department of Health) will connect to the regional RO where the principle office of the designated body is located.

Locum Doctors:

2.14 Doctors who only contract with a locum agency, which is not participating in the Crown Commercial Service framework, who live in England, will connect to the RO in the local team that covers the doctor's GMC registered address. Where the locum doctors contracts with the agency through a company, i.e. the contract is between the company and the agency, there is then no connection to NHS England.

Assignment of a RO in more complex circumstances:

2.15 Where no RO is identified through the criteria set in paragraph 2.5 – 2.9, the national RO for NHS England will assign the doctor to an appropriate RO.

2.16 Sometimes there may be reasonable and practical circumstances for NHS England to allocate a different RO. Allocation of a different RO is not expected to be commonplace but it will facilitate the evaluation of fitness to practice and the monitoring of conduct and performance (for example, where oversight is more local to where a doctor is practising). A different RO will be assigned after the ROs involved have agreed to the change and the doctor has confirmed there is no conflict of interest or appearance of bias with the new RO.

2.17 Where the doctor's practise suggests a potential connection to more than one RO within NHS England, the following criteria (in order of rank) will be used to assign a RO:

- (i) A doctor employed within a regional office who is also on the medical performers list will connect to the regional RO where they are employed rather than the local team RO where they are practising.
- (ii) Where the doctor potentially connects to more than one part of NHS England at an equivalent level (for example, an RO covers two designated bodies in different regions), the doctor's RO is determined by the region or local team covering the location where the doctor performs most of their work (for example, the time spent working for each organisation in a normal working week).
- (iii) Where the doctor has a potential connection to more than one part of NHS England at an equivalent level and there is no difference in the amount of time spent in each location, the doctor will connect to the RO for the local team that covers the doctor's GMC registered address.

2.18 Where it is more efficient and provides more effective oversight, NHS England may agree a different RO for any doctor with a connection to the organisation.

Annex A

Prescribed connections of Doctors (within NHS England) to ROs

