

Overarching:

- Most content is UK wide, either by changing UK wide legislation, or extending powers to administrations / other agencies.
 - Table of [which Provisions apply to which country here](#).
 - Specific constitutional mechanisms for how this is done detailed [Act's Part 2](#).
 - Will flag in notes below the national-reach of different parts of the Act, but generally, where nation-specific powers are introduced, it is to extend powers already held elsewhere
- Act's powers are time limited for two years; with authorities in each nation able to bring forward/extend by 6 months; and government able to create 'transitory arrangements'. [Full explainer of sunset clause used here](#).
- Act has come into force, but not all measures will be used from day 1. I.e. it has given powers to be used by the national government(s) at a time they see fit.

Temporary register ([main Provisions, part 2](#)):

- Gave UK-wide power to Health Care Professions to create Temporary Registers of professionals who would not otherwise be registered professionals.
- In other Provisions of the Bill, similar powers introduced for:
 - Nurse & Midwifery Council;
 - Social Work regulators in England and Wales; and
 - Northern Ireland's Pharmaceutical Society)
- The General Medical Council already has similar powers; as England, Scotland and Wales' pharmacists.
- HCPC said they will start with recently (3 year) retired, and final year students, but the Bill does not limit the regulators to these groups.
- For Allied Health Professionals, this was done by the Bills's [Schedule 1, which amended the Health Professions Order 2001](#), so that when the Secretary of State deems there to be an emergency situation (which they have), the HCPC can:
 - Place individuals, or entire groups comprising specific groups of people onto Temporary Register if they deem them otherwise "fit, proper and suitably experienced". The HCPC can do this for groups without first identifying each individual person within the group – i.e. they can unilaterally say 'all otherwise fit final year students are on the list'
 - Those on the Temporary Register 'may or may not' be subject to the same conditions imposed on those on the main Register – i.e. it's in the HCPC's gift to decide how to deal with them
 - Details of how fitness to practice issues will apply to those on the Temporary Register detailed in the link above

Indemnity (main provisions, [part 11 for England and Wales](#), [12 for Scotland](#), [13 for Northern Ireland](#))

- Creates indemnity for healthcare professionals (including, students) for clinical negligence liabilities during coronavirus outbreak – both when treating coronavirus patients, and when working in roles/services beyond their normal day-to-day work
- The legislation appears on my non-legal reading to apply to NHS staff only
- Cover under the indemnity clause will only apply when activity outside the scope of pre-existing indemnity cover arrangements (both state-backed and privately provided schemes)
 - Government expects "the vast majority" of staff to be covered by existing state schemes, e.g. the [NHS England's Clinical Negligence Scheme for Trusts and the other nation's equivalents](#)

NHS Pensions (main provisions, [45 England and Wales](#), [46 Scotland](#), [47 Northern Ireland](#))

- To assist Return to Practice, elements of the NHS Pension Scheme suspended in each nation:

- Mostly affects members of the 1995 Pension Scheme. A small number of members could be affected in the 2008 Section and the 2015 Scheme
 - For 1995 Scheme Members with Special Class status (applicable to physios if they were in post on or before 6 March 1995): [normal pension abatement rules](#) – which in normal times reduces the value of their pension – are suspended.
 - Staff can return to work immediately after retirement - continuing, increasing, or decreasing their work commitments – and remain in receipt of full pension.
 - Some members of the 2008 Section and 2015 Scheme have increased access to 'retirement flexibilities', allowing them to draw down part of their pensions while continuing to work.

Other return to work issues

- Powers for Scotland ([34 – 35](#)) and Wales ([33](#)) to suspend or modify Disclosure and Barring Service provisions. Will apply to new workers and volunteers in health and social care.
- Powers for Scotland to have wider range of healthcare professionals deliver vaccination programmes ([36](#))

Suspension of the Care Act ([14-16](#))

- Among the most controversial aspects of the Act, large element of the 2014 Care Act and related legislation is suspended.
- *England and Wales*
- Local Authorities no longer required, as they were under the England and Wales Care Act 2014, to carry out assessment of needs “within a reasonable timescale” for adults (patients and carers) requiring either care or support.
- Subsequent duty to meet assessed-needs, now only applicable where failing to do so would directly “breach a person’s human rights” (England), or where “it is necessary to meet a person’s needs in order to protect them from abuse or neglect, or a risk of abuse or neglect” (Wales).
- So, Local Authorities retain right to meet needs, but would no longer have a duty to, though expected to do so “if they are able to”. In theory, powers only to be used when corona-virus related demand & workforce pressure threaten to knock a local authority over leaving them unable to fulfil their other statutory duties.
- All very murky and clear risk of more people failing between cracks. Scant consolation that the Care Act offered a bunch of loopholes.
- *Scotland* – Similar to above, though amending Social Work Act 1968.
- Care and Support Alliance already registering issues with these provisions, see attached document.
- Related docs: [Government’s COVID - Ethical framework for Social Care](#)

Emergency Volunteer Leave (Main provisions, [8 and 9](#))

- A right to ‘Emergency Volunteer leave’ created (all UK nations)
- Most workers volunteering in health and social care can, with a signed letter from NHS or Local Authority specifying the dates of their volunteering, take between 2-4 consecutive weeks leave from their usual role at three days’ notice.
- Those on Volunteering leave entitled to full employment law protections, and entitled to return to work to their same position.
- Secretary of State must make arrangements (TBD) for emergency volunteers loss of earnings, travel, and subsistence costs; and must make a statement to Parliament on this asap.
 - All above does not apply to workers in micro employers of <10 employees, and in a few other mostly public-sector roles.

Statutory sick pay

- This has been pretty widely reported on, but in summary, here and
 - Three day qualifying period for Stat Sick Pay suspended.

- SME Employers (< 250 staff) able to claim 2 weeks statutory sick pay costs and other 'additional amount' costs (details TBD).
 - Legislation leaves door open for extending this to larger organisations/extended periods of time at a later date
 - Details to be worked out, but regulations to take effect from 13th March.
- Government given power to modify national insurance rules (e.g. NIC thresholds; Employment Allowance eligibility) at a later date.
- in other bills, provisions made for, in theory:
 - for stat sick pay for those needing as per government advice to self-isolate, with online isolation notes in theory available.