
STATUTORY INSTRUMENTS

2026 No. 207

NATIONAL HEALTH SERVICE, ENGLAND

**The National Health Service Commissioning Board
and Clinical Commissioning Groups (Responsibilities
and Standing Rules) (Amendment) Regulations 2026**

<i>Made</i>	- - - -	<i>3rd March 2026</i>
<i>Laid before Parliament</i>		<i>4th March 2026</i>
<i>Coming into force</i>	- -	<i>1st April 2026</i>

The Secretary of State makes these Regulations in exercise of the powers conferred by [sections 6E\(1\) and \(2\)\(a\)](#) and [sections 272\(7\) and \(8\)](#) of the [National Health Service Act 2006](#)(1).

Citation, commencement, extent and application

1. These Regulations—

- (a) may be cited as the National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) (Amendment) Regulations 2026;
- (b) come into force on 1st April 2026; and
- (c) extend to England and Wales.

Amendment of the [National Health Service Commissioning Board and Clinical Commissioning Groups \(Responsibilities and Standing Rules\) Regulations 2012](#)

2.—(1) The [National Health Service Commissioning Board and Clinical Commissioning Groups \(Responsibilities and Standing Rules\) Regulations 2012](#)(2) are amended as follows.

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- (1) [2006 c. 41](#). Section 6E was inserted by [section 20\(1\)](#) of the [Health and Social Care Act 2012](#) (c. 7). Section 6E(1) was amended by [section 78\(2\)\(a\)](#) of the [Health and Care Act 2022](#) (c. 31). Sections 6E(1) and (2)(a) were amended by the [Health and Care Act 2022](#) (c. 31), Schedule 1, paragraph 1(1) and Schedule 4, paragraph 89(3).
- (2) [S.I. 2012/2996](#) (“the Standing Rules”) relevant amending instruments are [S.I. 2013/261](#), [2014/1611](#), [2022/634](#), [2023/1071](#), [2024/302](#) and [2025/245](#). Under [section 1](#) of the [Health and Care Act 2022](#) (c. 31), the NHS Commissioning Board was renamed NHS England. On 1st July 2022, in accordance with [Chapter A3](#) of [Part 2](#) of the [National Health Service Act 2006](#) (c. 41) (as inserted by [section 19](#) of the [Health and Care Act 2022](#)) and [S.I. 2022/632](#), NHS England established integrated care boards to take on the commissioning functions of clinical commissioning groups. As a consequence of those changes, [paragraph 1\(1\)](#) of [the Schedule](#) to [S.I. 2022/634](#) substitutes references to “clinical commissioning groups” with “integrated care board” in the Standing Rules. [Paragraph 1](#) of [the Schedule](#) to [S.I. 2023/1071](#) substitutes references to the “NHS Commissioning Board” with “NHS England” in the Standing Rules. There are other amending instruments but none is relevant.

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

(2) In [regulation 20](#), in [paragraph \(1\)](#)(3)—

- (a) in the definition of “flat rate payment”, for “£254.06” substitute “£267.68”;
- (b) in the definition of “high band payment”, for “£349.50” substitute “£368.24”.

Signed by authority of the Secretary of State for Health and Social Care

3rd March 2026

Stephen Kinnock
Minister of State
Department of Health and Social Care

(3) Relevant amendments to [regulation 20](#) were made by S.I. 2014/1611, 2024/302 and 2025/245.

EXPLANATORY NOTE

(This note is not part of the Regulations)

These Regulations amend the National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012 [S.I. 2012/2996](#) (“the Standing Rules”). They are made under the National Health Service Act [2006 \(c. 41\)](#), as amended by the Health and Care Act [2022 \(c. 31\)](#) (“the 2022 Act”), and they amend the requirements, or “the Standing Rules”, imposed on NHS England and integrated care boards. On 1st July 2022, the NHS Commissioning Board was renamed NHS England and integrated care boards became the successors of clinical commissioning groups, in accordance with the 2022 Act.

Regulation 2 amends regulation 20 of the Standing Rules to increase the rates for NHS funded nursing care payable by NHS England or an integrated care board.

A full impact assessment has not been prepared for this instrument as no, or no significant, impact on the private, voluntary or public sector is foreseen.