



**Isle of Man**  
Government  
*Reiltys Ellan Vannin*



# NATIONAL HEALTH AND CARE SERVICE GENERAL SCHEME 2017 CONSULTATION

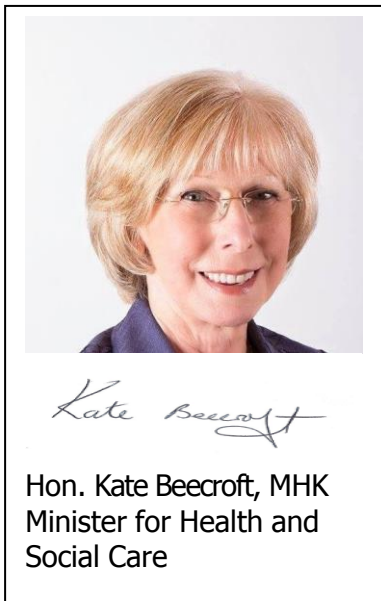
Department of Health and Social Care  
*Rheynn Slaynt as Kiarail y Theay*

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## **CONTENTS**

<b>Foreword</b>	<b>3</b>
<b>Introduction</b>	<b>4</b>
<b>Summary</b>	<b>4</b>
<b>About the consultation</b>	<b>7</b>
<b>Title, commencement and interpretation</b>	<b>8</b>
<b>Department's commitment to providing care</b>	<b>8</b>
<b>Facilities for the provision of care</b>	<b>8</b>
<b>Community care facilities</b>	<b>8</b>
<b>Health care professionals and support staff</b>	<b>8</b>
<b>General medical services</b>	<b>8</b>
<b>Urgent out of hours care</b>	<b>9</b>
<b>Dental services</b>	<b>9</b>
<b>Pharmaceutical services</b>	<b>9</b>
<b>Ophthalmic services</b>	<b>10</b>
<b>Provision of hospital services</b>	<b>10</b>
<b>Mental health and wellbeing</b>	<b>10</b>
<b>Public health</b>	<b>10</b>
<b>General provisions on charges</b>	<b>10</b>
<b>General provisions in respect of exemptions and entitlements</b>	<b>11</b>
<b>Prescription and appliance charges</b>	<b>12</b>
<b>Dental charges</b>	<b>13</b>
<b>Optical payments</b>	<b>13</b>
<b>Visitors' charges</b>	<b>16</b>
<b>Expenses in respect of off-Island travel for care</b>	<b>17</b>
<b>Revocations</b>	<b>18</b>
<b>APPENDIX – Draft Scheme</b>	

## Foreword by the Minister for Health and Social Care



The Department of Health and Social Care provides essential care services to the people and visitors of the Isle of Man.

Section 8 of the National Health and Social Care Act 2016 (“the Act”) requires the Department of Health and Social Care (“the Department”) to ensure that care is provided to individuals to the extent and in the manner set out in one or more Schemes.

This Scheme will be the first of those Schemes and will cover the Department’s general commitments in respect of the services which it will provide under the Act and the charges and contributions which it will make regarding those services.

We are faced with significant challenges around improving the quality of our services whilst managing the pressures presented by an ageing population and increasing financial pressures. However, our focus will remain on the continued delivery of the priorities set down in the Five Year Strategy for Health and Social Care, which align with the policy statements within the Programme for Government.

Our aim is to deliver value for money by paying attention to how we spend our funds, how we can reduce waste and how we can generate income, so that we can put as much money as possible into frontline services.

The main text of this consultation should be read in association with the text of the draft Scheme which is included in the appendix. Comments are welcomed on specific paragraphs of the Scheme or more generally.

## **Introduction**

The National Health and Care Service Act 2016, which was approved by Tynwald last year modernised the legal framework for the provision of Health and Care services by, most significantly, introducing the requirement for a National Health and Care Service Charter and introducing the framework for Schemes which will contain more detail about the provisions in the Act.

The Act cannot be brought into operation until a Scheme has been approved by Tynwald.

The main aim of the Act was to replace the provisions of the National Health Service Act 2001 to provide a modern and equitable framework under which the Department can provide quality health and care services for the people of the Isle of Man.

The six key deliverables of the Act are:

- 1. An integrated health and care service**
2. Provision for the Charter
- 3. Provision for the Schemes**
- 4. A revised approach to charges and contributions**
- 5. Strengthening our position with regard to commissioning and contracts, and;**
6. Strengthening the roles of our committees and the complaints process.

This Scheme will provide more detail about the 4 deliverables in bold above.

It is anticipated that the Scheme will be reviewed and updated on an annual basis in association with the development of the 5-year Health and Social Care Strategy to reflect any changes to services or charges or any shifts in delivery models.

## **Summary**

### **Commitment to the provision of services**

Firstly, Part 2 of the Scheme sets out the Department's commitment to the provision of care in respect of prevention, diagnosis, treatment, care and after-care (including off-Island). The Scheme deals mostly with health related matters but some relevant adjustments have been made to recognise the fact that the Department now has both health and social care responsibilities and to support the ongoing development of integrated care.

The Act introduced an ability for the Department to make a charge where an individual occupies a facility (such as a hospital bed) when they don't need to be there and alternative arrangements are available. This charge will not be included in this Scheme as it is specifically provided for in the Act. The Department is not yet in a position to implement this charge.

The Scheme lists in Schedule 1 the services which the Department currently ensures are provided in respect of hospital and community care, mental health and wellbeing and public health services. These lists have been taken from the Service Delivery Plans for each area and basically reconstitute the National Health Service which was described in the NHS Act 2001 into the National Health and Care Service under the NHCS Act 2016.

### **Contracted services**

Part 2 of the Scheme also provides some additional detail about the existing arrangements which the Department makes with external private service providers. These provisions relating to GPs, dentists, opticians and pharmacies are effectively carried forward from the NHS Act 2001 with some adjustments to reflect the fact that GP and dental services are now provided through contracts.

## **Charges and contributions**

Part 3 of the Scheme consolidates provisions from all of the existing regulations relating to charges and contributions into one place and makes some procedural adjustments to reflect current practice. It also introduces some changes to the charges and contributions and the associated exemptions and entitlements to reflect the economic climate and the Department's commitment to realigning its thinking about service delivery.

The most significant general change is the introduction of the ability for the Department to refer for investigation, if necessary, any claim for exemption or entitlement where it is suspected that the person was deliberately trying to avoid paying.

The only provision whereby any form of what could be termed 'means testing' might be used in respect of this Scheme is where an individual appeals against a decision to make a charge, or to not allow entitlement, where low income may be taken into consideration.

## **Prescription and appliance charges**

The Department is proposing the following changes in respect of prescription and appliance charges:

- increase the prescription charge for those patients who do not qualify for an exemption from £3.85 to £5.00 per item;
- increase the pre-payment certificate fees from £19 to £20 for a 4 month certificate and from £54 to £60 for a 12 month certificate, and
- reduce the number of exempt categories to only include the young, over 75s and those on low income. The following exemptions have been omitted:
  - persons between state pensionable age and age 75
  - persons who are suffering from specific medical conditions (including visual impairment)
  - pregnant women and women who have given birth within the previous 12 months.

Non-exempt persons using the pre-payment certificate scheme would have to pay no more than £5 per month for all of their medication.

## **Dental Charges**

The dental charges set out in the Scheme are proposed to increase in line with the charges in England. The last IOM increase was with effect from 1<sup>st</sup> April 2015. The English charges have increased 3 times since then.

The dental exemptions have also been brought into line with the prescription exemptions.

## **Optical payments**

It is proposed that sight tests will no longer be free for everyone. Patients will be required to contribute £10 towards the cost of a sight test, subject to certain exemptions. Entitlement will be claimed in the same way that patients currently apply for a voucher towards the cost of the supply of glasses.

Separately to this Scheme the number of sight tests which an optician will be able to claim payment for in respect of any individual is proposed to be reduced to one every two years, except under certain clinical circumstances.

The optical appliance voucher entitlement provisions have been brought into line with the exemption provisions for prescriptions and dental charges. No changes have been made to the optical appliance voucher values.

## **Visitors' charges**

Firstly, the Scheme is proposed to be extended so that visitors' charges can be applied to all care provided under the Act, not just hospital services.

A visitor, or as they were previously called 'an overseas visitor', is defined in the existing regulations as a person who is not 'ordinarily resident' in the Island but there has been no clear definition of what that means. This has resulted in some misinterpretation.

Therefore, a new definition has been included which defines a visitor as someone who is not 'primarily resident' on the Island. 'Primarily resident' is defined as meaning 'living lawfully and settled in the Island even though a person may spend short periods away from the Island'.

The Scheme also states that a person would not generally be considered to be a resident if they had a residence in another country where they could be deemed to be living and settled for the majority of their time during any calendar year. Manx students studying off-Island are specifically included in the definition of being residents as long as their primary residence remains on the Island.

This new definition aims to stop people who for the majority of their time live off-Island returning to the Island to access NHCS care free of charge or at the reduced charges which are applicable to residents.

The Scheme also now makes it explicit that the charge for the treatment of visitors will be 50% more than the normal budgetary cost which would be attributed to that treatment if it was given to a resident.

The list of care (which includes urgent care) for which visitors cannot be charged has also been updated in line with England.

## **Expenses in respect of off-Island travel for care**

The Department has recently approved some adjustments to the existing arrangements in respect of off-Island referrals for treatment and these have been incorporated into the Scheme.

The Scheme makes it clear that payments will only be made in respect of patients (and their escorts if required) who have been referred off-Island by a clinician in accordance with a signed transport certificate. In addition the Scheme confirms that it will be the Department's decision as to what will be paid and how, it is not the individual's choice.

The maximum daily subsistence allowance which may be paid by the Department in respect of accommodation is also now included in the Scheme and it is confirmed that only taxi fares will be paid in respect of the on-Island part of any travel to entitled persons.

## **About the Consultation**

The purpose of this consultation exercise is to invite comments on the proposed provisions of the draft National Health and Care Service General Scheme.

It is not a referendum but is an exercise for gathering information, views and evidence to allow the Department to take an informed decision on the final content of the proposed Bill. In any consultation exercise the responses received do not guarantee changes will be made to what has been proposed.

**Comments should be submitted by 12<sup>th</sup> September 2017 in writing**, by post to:

National Health and Care Service General Scheme Consultation  
Department of Health and Social Care Crookall House,  
Demesne Road,  
Douglas  
IMI 3QA

or by email to: [colin.brew@gov.im](mailto:colin.brew@gov.im)

Paper copies of this consultation document are available, if required, via the above contact methods or by telephoning (01624) 642627.

Electronic copies of this document are also available at <https://consult.gov.im>.

To ensure that the process is open and honest, responses can only be accepted if you provide your name with your response.

Unless specifically requested otherwise, any responses received may be published either in part or in their entirety. Please mark your response clearly if you wish your response and name to be kept confidential. Confidential responses will be included in any statistical summary of the comments received.

When submitting views on behalf of an organisation please state this in your response.

## **Who is being consulted**

A press release will be issued seeking the views of the general public, and letters or emails will be sent to selected stakeholders.

## **Comments or complaints**

If you wish to comment on the conduct of this consultation or make a complaint about the way the consultation has been carried out please write to:

Chief Executive's Office  
Department of Health and Social Care  
Crookall House  
Demesne Road  
Douglas  
IM1 3QA

## **1. Title, commencement and interpretation**

- 1.1 Paragraphs 1 and 2 of the Scheme simply state the title of the Scheme and confirm that it will come into operation when it is approved by Tynwald.
- 1.2 Paragraph 3 provides some meanings for various terms used in the Scheme.

## **2. Department's commitment to providing care**

- 2.1 Part 2 of the Scheme deals with the care which the Department will ensure is provided.
- 2.2 Subparagraph 4(1) confirms that this Scheme mainly deals with health care and services, but it does not preclude the provision of social care services alongside those services, as provided for in the definition of 'care' in the Act which states '*health care and services and includes care and services that the Department may or is required to provide under other legislation*'.
- 2.3 Subparagraph 4(1)(c) has the effect of allowing the Department to provide care which might otherwise be considered to be social care up until the point when the assessment process for social care services, under the Social Services Act 2011, has been completed and the individual can move out of the NHCS setting.
- 2.4 Subparagraph 4(2) simply confirms that the Department will not exclude anybody from receiving urgent care whatever their circumstances.
- 2.5 Subparagraphs 4(3) and 4(4) provide for the Department to charge non-residents for their care but confirm that urgent care would still be provided if an individual was unable to pay. (also see paragraphs 43 to 48 below regarding visitors' charges)

## **3. Facilities for the provision of care**

- 3.1 Subparagraph 5(1) confirms that the Department will ensure that appropriate care facilities and equipment are provided, off-Island if necessary, in accordance with the attending physician's recommendation.
- 3.2 Subparagraphs 5(2) and 5(4) give the Department the right to impose a charge for this provision. How such a charge would be calculated has yet to be established but, if a charge is made, the Department is required to try to keep this to a minimum or seek to have the charge paid by an insurer, if there is one.
- 3.3 Subparagraph 5(3) simply confirms that where the Department has committed to providing care it may also provide the necessary equipment, facilities and ancillary services associated with that care.

## **4. Community care facilities**

- 4.1 Paragraph 6 of the Scheme, along with paragraphs 6 and 7 of Schedule 1, sets out the NHCS services which the Department will ensure are provided in the community, including at community care facilities.

## **5. Health care professionals and support staff**

- 5.1 Paragraph 7 confirms that the Department will make sure that there are appropriate levels of staff to provide the services required under the Act.

## **6. Arrangements for general medical services**

- 6.1 Subparagraph 8(1) confirms that GP contracts must define the services to be provided under them, provide for those services to be adequate, and ensure that anyone who needs general medical services, but who has been refused by a particular practice, can still obtain them.
- 6.2 Subparagraph 8(2) confirms that only doctors who are on a list held by the Department, as required by the Act, can provide general medical services.



- 6.3 Subparagraph 8(3) defines which services are to be referred to as general medical services.

## **7. List of general medical practitioners**

- 7.1 Subparagraph 9(1) confirms that the requirement in section 14 of the Act that *'The Department must maintain a list of the names of persons that it is satisfied are qualified to provide care...'* is to be applied in respect of general medical practitioners.

7.2 Subparagraph 9(2) confirms that, subject to the provisions of refusal and disqualification regulations (new regulations have yet to be drafted), any medical practitioner who has acquired the prescribed medical experience is eligible to be entered on the list of general practitioners. Currently a procedure based on English regulations is used in respect of the GP list.

## **8. Urgent out of hours care services**

- 8.1 Paragraph 10 provides for the arrangements for urgent care, such as that currently provided by the MEDS service, for when the GP practices and other contracted community service providers are closed.

## **9. Arrangements for dental services**

- 9.1 Subparagraphs 11(1), (2) and (3) confirm that the Department will continue to make provision for NHCS general dental services in the community in accordance with general dental services contracts with private dentists.

- 9.2 Subparagraph 11(4) confirms that the Department will also continue to provide dental services in the community where they are not provided under the general dental contracts.

## **10. List of dental practitioners**

- 10.1 Subparagraph 12(1) confirms that the requirement in section 14 of the Act that *'The Department must maintain a list of the names of persons that it is satisfied are qualified to provide care...'* is to be applied in respect of general dental practitioners.

10.2 Subparagraph 12(2) confirms that, subject to the provisions of refusal and disqualification regulations (new regulations have yet to be drafted), any dental practitioner who has acquired the prescribed medical experience is eligible to be entered on the list of dental practitioners. Currently a procedure based on English regulations is used in respect of the dental list.

## **11. Arrangements for pharmaceutical services**

- 11.1 Paragraph 13 of the Scheme requires the Department to make arrangements for the provision of medicines and appliances, including by way of prescriptions. Pharmaceutical services are currently provided in accordance with the NHS (Pharmaceutical Services) Regulations 2005.

- 11.2 Subparagraph 13(5) continues the provision which allows the Department to make arrangements for a prescriber to dispense medicines and appliances to their own patients. Currently this does not generally happen, except in very specific circumstances, such as at MEDS.

## **12. List of persons providing pharmaceutical services**

- 12.1 Subparagraph 14(1) confirms that the requirement in section 14 of the Act that *'The Department must maintain a list of the names of persons that it is satisfied are qualified to provide care...'* is to be applied in respect of pharmacists.

- 12.2 Subparagraph 14(2) confirms that, subject to the provisions of refusal and disqualification regulations, any registered pharmacist or a person lawfully conducting a retail pharmacy business is eligible to be entered on the list of pharmaceutical service providers. This provision is currently included in the NHS (Pharmaceutical Services) Regulations 2005.

### **13. Arrangements for ophthalmic services**

- 13.1 Paragraph 15 of the Scheme confirms that the Department will continue to make provision for NHCS ophthalmic services (e.g. sight tests and the prescribing and supplying of optical appliances) in the community via arrangements with private opticians. Ophthalmic services are currently provided in accordance with the NHS (General Ophthalmic Services) Regulations 2004.

### **14. Lists of persons providing ophthalmic services**

- 14.1 Subparagraph 16(1) confirms that the requirement in section 14 of the Act that *'The Department must maintain a list of the names of persons that it is satisfied are qualified to provide care...'* is to be applied in respect of opticians.
- 14.2 Subparagraph 16(2) confirms that, subject to the provisions of refusal and disqualification regulations, any ophthalmic optician or medical practitioner with the prescribed qualifications is eligible to be entered on the list of ophthalmic service providers.
- 14.3 The provision for the ophthalmic list is currently included in the NHS (General Ophthalmic Services) Regulations 2004.

### **15. Provision of hospital services**

- 15.1 Paragraph 17 of the Scheme, and paragraphs 1 to 5 of Schedule 1, set out the detail of the hospital services which the Department will ensure are provided.
- 15.2 Subparagraph 17(2) gives the Department the power to enter into contracts for the provision of hospital accommodation where it cannot provide such accommodation itself.

### **16. Mental health and wellbeing**

- 16.1 Paragraph 18 of the Scheme, and paragraph 8 of Schedule 1, set out the mental health and wellbeing services which the Department will ensure are provided.

### **17. Public health**

- 17.1 Paragraph 19 of the Scheme, and paragraphs 9 to 12 of Schedule 1, set out the public health services which the Department will ensure are provided, and in subparagraph 19(2) confirm that the Department will make arrangements for immunisation against communicable diseases.

### **18. General provisions on charges**

- 18.1 Part 3 of the Scheme deals with the following categories of charges and contributions which the Department will make under the Act, and consolidates the existing regulations (in brackets):
- Prescription and appliance charges (NHS (Charges for Drugs and Appliances) Regulations 2004 (as amended))
  - Dental charges (NHS (Dental Charges) Regulations 2015)
  - Optical payments (NHS (Optical Payments) Regulations 2004 (as amended))
  - Overseas visitors charges (NHS (Overseas Visitors) Regulations 2011)
  - Off-Island travel expenses (NHS (Expenses in Attending Hospitals) Regulations 2004).

- 18.2 Subparagraph 20(1) specifically states that only the charges set out in this Scheme may be made for NHCS care.
- 18.3 Subparagraph 20(2) provides for the Department to set exemption criteria in respect of all charges and in respect of specific charges.
- 18.4 Subparagraph 20(3) makes it clear that exemptions cannot be given other than in accordance with the criteria set down in this Scheme.

### **19. General provisions in respect of exemptions and entitlements**

- 19.1 Subparagraphs 21(1), 21(2) and 21(3) and Schedule 2 set out the general exemptions and entitlements in respect of all charges and contributions under this Scheme and the evidence which is required to confirm this.
- 19.2 In consolidating the exemption criteria from the existing regulations it was identified that there was an anomaly whereby persons in receipt of income-based jobseekers allowance were not able to claim vouchers for glasses but they were exempt from other charges. This has been corrected.
- 19.3 Also, the terminology which allows 'a dependant of' a person receiving income support to also be exempted has been adopted for all categories over the term 'a member of the family of'.
- 19.4 Subparagraph 21(4) re-states the existing provision which allows the Department to seek recovery of a charge where exemption or entitlement has been claimed but the person is not entitled. 21(4)(b) has, been added to allow the Department to refer any such matter for investigation under the Theft Act 1981, if necessary.

### **20. When payment of charge is required**

- 20.1 Paragraph 22 introduces two new provisions. The first of these is the ability for a service provider to require a deposit to be paid, for which a receipt must be issued. Some providers already do this.
- 20.2 The second is the introduction of a 'pay by' date (within 30 days), following which any outstanding balance can be pursued through legal proceedings.

### **21. Withdrawal of charges**

- 21.1 Subparagraph 23(1) confirms that charges may be withdrawn by the Department or service provider, or upon a successful application to the Department by, or on behalf of, the patient.
- 21.2 Subparagraphs 23(2), 23(3) and 23(4) confirm that a charge must be withdrawn if it transpires that it shouldn't have been made, and any deposit paid must be refunded.

### **22. Procedure in respect of the withdrawal of charges**

- 22.1 Subparagraph 24(1) confirms that if a person is unhappy about a charge they can write to the Department to request that it be withdrawn. Subparagraph 24(2) states that such an application must be accompanied by any evidence to support the claim and any receipt for monies paid.
- 22.2 Subparagraph 24(3) states that the Department may ask to meet with the person to discuss the request and must consider all information provided. Subparagraph 24(6) also provides for this to happen if the Department is itself considering a withdrawal.
- 22.3 There is no reason why the information provided may not include evidence to support a claim for withdrawal of a charge on low income grounds, but any decision would be made on an individual basis taking into consideration all of the circumstances of the case so it is not strictly means testing.

- 22.4 Subparagraph 24(4) requires the Department to determine applications as quickly as possible.
- 22.5 Subparagraph 24(5) requires the Department to notify the applicant of its decision and to arrange the refund of any monies as applicable. This subparagraph also provides for a further final appeal to the Minister by an individual. Subparagraph 24(7) confirms that the Department cannot appeal to the Minister.

### **23. Refund of overpayments**

- 23.1 Paragraph 25 confirms that the Department or service provider must refund any overpayment as soon as it has been discovered.

### **24. Prescription and appliance charges – Interpretation**

- 24.1 Subparagraph 26 gives some meanings for various terms which are only used in respect of prescription and appliance charges.

### **25. Pre-payment certificates**

- 25.1 Paragraph 27 sets out the processes for a person to purchase a pre-payment certificate in lieu of paying prescription and appliance charges and claim a refund of any payment made.
- 25.2 The pre-payment prescription charges are being increased in this Scheme from £19 to £20 for a 4 month certificate and from £54 to £60 for a 12 month certificate.
- 25.3 It is worth noting that by purchasing an annual pre-payment certificate a person would only have to pay £5 per month for all of their medication.

### **26. Prescription charges**

- 26.1 Subparagraphs 28(1) and (2) and Schedule 3 confirm that, unless a person is exempt under the Scheme, a charge may be made for the supply of drugs or appliances in accordance with a prescription or a patient group direction.
- 26.2 The prescription charge is being increased from £3.85 to £5 per item in this Scheme. The appliance charges are not changing.
- 26.3 Subparagraph 28(3) confirms that there is no obligation to supply medicines or appliances if a charge has not been paid.
- 26.4 Subparagraph 28(4) confirms that a charge should not be made where a medicine is supplied for personal administration in accordance with a Patient Group Direction.
- 26.5 Patient Group Directions are an arrangement whereby a service provider is supplied with the medicine in advance so there is no interaction between the patient and the supplier whereby the patient can pay a charge to them. It is impractical in these circumstances for the service provider to collect the charge.
- 26.6 Subparagraph 28(5) confirms that where a medicine is supplied in instalments, the charge is payable on supply of the first instalment.

### **27. Exemptions by reference to age**

- 27.1 Paragraph 29 clarifies that reference to age for exemptions means the age on the day on which the prescription was presented for dispensing.

## **28. Withdrawal of charge**

- 28.1 Paragraph 30 states that an application for withdrawal of a charge must be made within 3 months of either the medicine or appliance being supplied or a person dying.

## **29. Dental charges – Interpretation**

- 29.1 Paragraph 31 provides some meanings for various terms which are only used in respect of dental charges.

## **30. Dental charges**

- 30.1 Subparagraph 32(1) and Schedule 4 confirm that unless a person is exempt in accordance with the Scheme the relevant band charge may be made in respect of the provision of a course of dental treatment.
- 30.2 The dental charges set out in Schedule 4 are increased under this Scheme in line with the charges in England from £18.50 to £20.60, £50.50 to £56.30 and £219 to £244.30 respectively.
- 30.3 Subparagraphs 32(2) and (3) confirm that only one band charge may be made in respect of a course of treatment, and that a charge may only be made for the treatment completed.
- 30.4 Subparagraph 32(4) confirms that where more than one service provider is involved in the provision of a course of treatment, only one charge for the treatment may be made and recovered, by the service provider who commenced the course of treatment.
- 30.5 Subparagraph 32(5) of the Scheme confirms that a service provider cannot charge again for treatment in the same or a lower band within 2 months of the previous treatment.

## **31. Charges for replacement restorations**

- 31.1 Paragraph 33 of the Scheme states the circumstances under which a service provider can charge for repairing or replacing a dental restoration.
- 31.2 Subparagraph 33(2) allows a person to appeal to the Department against paying a charge under this paragraph, including if they feel that it would cause them undue hardship.

## **32. Charges for replacement appliances**

- 32.1 Paragraph 34 states the charge which may be made for a replacement appliance, and the process for applying to the Department for the charge to be reduced or withdrawn.
- 32.2 As under the existing regulations there is provision for a lower charge to be made for replacement appliances for individuals who would normally be exempt.

## **33. Withdrawal of charge**

- 33.1 Paragraph 35 gives the time limit for applications for the withdrawal of charges in respect of dental charges as 3 months from when the course of treatment is completed (a course of treatment includes the supplying of any appliance).

## **34. Optical payments – Interpretation**

- 34.1 This Scheme includes new provisions which will require a patient to contribute the sum of £10 towards the cost of a sight test, subject to certain exemptions.
- 34.2 Under the arrangements for general ophthalmic services mentioned earlier, the number of sight tests which the Department will contribute towards the cost of will also be reduced to one every two years, except under certain clinical circumstances.

34.3 Paragraph 36 of the Scheme provides some meanings for various terms which are only used in respect of optical payments.

### **35. Optical payments**

35.1 Subparagraph 37(1) confirms that a service provider can claim payment in respect of a voucher-

- for a sight test to the value set down in Schedule 5 (i.e. £10), and
- the lesser of the cost of the supply or repair of an appliance, or the value of the voucher issued in respect of that supply or repair.

35.2 Subparagraph 37(2) requires the Department, on receipt of a voucher, to make a payment as long as the appliance has not been supplied in contravention of the Opticians Act 1996.

35.3 Subparagraph 37(3) provides for corrections to be made if a payment is subsequently determined to be incorrect.

### **36. Eligibility for a voucher**

36.1 Subparagraph 38(1) confirms that a person can apply for a voucher towards the cost of the provision of a sight test if they meet the general entitlement criteria for the Scheme, or if their optician feels that it is clinically necessary for them to have a sight test more often than the once every two years agreed under the arrangements for general ophthalmic services.

36.2 Subparagraph 38(2) confirms that a person can apply for a voucher for the supply of an optical appliance if they have a new prescription for an appliance and they meet the general entitlement criteria for the Scheme.

### **37. Issuing of vouchers**

37.1 Paragraph 39 sets out the process for completing and issuing vouchers.

37.2 Subparagraph 39(1) states that if a person requests a voucher and can confirm that they are eligible, a service provider must issue the voucher at the same time as issuing a prescription.

37.3 Under the current regulations it is the responsibility of the service provider supplying the appliance to check whether an individual is entitled to a voucher, but it has more recently been established that it is more practical for the issuer of the voucher to check entitlement and subparagraph 39(1) reflects this.

37.4 Subparagraph 39(2) confirms that a person can claim a voucher retrospectively and subparagraph 39(3) confirms that a lost voucher can be replaced within 6 months of issue.

37.5 Subparagraph 39(4) confirms that only one voucher can be issued per appliance, except in respect of repairs or replacements or lost vouchers.

37.6 Subparagraph 39(5) states that the service provider must sign the voucher and complete it in accordance with the relevant letter codes set out in Schedules 5 or 6. Subparagraph 39(6) sets out the other particulars which need to be included on the voucher.

### **38. Optical appliance voucher values**

38.1 Subparagraph 40(1) sets out that voucher values should be calculated in accordance with Schedule 5. Subparagraph 40(2) clarifies that where lenses come into different paragraphs in Schedule 5 the higher value may be claimed.

38.2 Subparagraph 40(3) provides some guidance in respect of determining the power of lenses in bifocals for the purposes of calculating voucher values.

### **39. Vouchers for repair or replacement of optical appliances**

39.1 Subparagraph 41(1) states that a voucher can be applied for in respect of a repair or a replacement appliance where the repair or replacement was not necessitated by a lack of reasonable care. Subparagraph 41(2) explains how the voucher value should be calculated with reference to Schedules 5 and 6.

### **40. Use of a voucher by a person**

40.1 Subparagraph 42(1) states that where a person has been issued with a voucher in respect of a sight test only, they must complete the voucher in accordance with subparagraph 42(3) and return it to the service provider who issued it.

40.2 Subparagraph 42(2) confirms that a person can present a voucher for an optical appliance for redemption to any qualified service provider within 6 months of issue.

40.3 Subparagraph 42(3) requires the person to –

- sign the voucher to confirm that they are eligible
- confirm that they will pay if it is established that they are not eligible,
- confirm receipt of the appliance or repair, and
- confirm that a repair or replacement is not included in any kind of warranty or insurance.

### **41. Use of a voucher by a service provider**

41.1 Subparagraph 43(1) states that a service provider receiving a voucher must request evidence to support eligibility.

41.2 Subparagraph 43(2) states that the service provider must check the voucher values and make any adjustments for prisms, tints etc. in accordance with Schedule 7.

41.3 Subparagraph 43(3) confirms that prior approval from the Department is required for any adjustments which are required to specially manufactured glasses on account of a person's facial characteristics. Subparagraph 43(4) states that no further adjustments in respect of small glasses may be added following an adjustment approved by the Department.

41.4 Subparagraph 43(5) lists what else needs to be included on the voucher:

- a) confirmation that evidence of eligibility has been seen;
- b) the full cost of the appliance or repair;
- c) the value of the voucher;
- d) the actual amount being claimed;
- e) the amount of any patient contribution;
- f) confirmation that the service provider has kept a written record of the supply or repair and has issued a receipt for any monies received;
- g) confirmation that, where required, prior approval; from the Department has been obtained;
- h) a declaration that no warranty or insurance can be applied to a replacement or repair, and
- i) the date of the supply of the appliance.

41.5 The declaration at (h) is new as it has been identified that the person receiving the appliance will not in every case be able to confirm whether there is a warranty or insurance in place but the supplier may be able to.

41.6 Subparagraph 43(6) confirms that completed vouchers must be submitted to the Department for payment within 3 months of the supply of the appliance.

## **42. Visitors' charges – Interpretation**

42.1 Paragraphs 44 to 49 of the Scheme are based on the existing Isle of Man regulations. They are not the same as the equivalent UK regulations.

42.2 Subparagraph 44(1) provides some meanings for various terms which are only used in respect of visitors' charges.

42.3 A new definition has been included which defines a visitor as someone who is not 'primarily resident' on the Island. This term is further defined in subparagraph 44(2).

42.4 Subparagraph 44(3) specifically includes Isle of Man students who are studying off-Island in the definition of being residents as long as their primary residence remains on the Island.

## **43. Visitors' charges**

43.1 Paragraph 45 confirms the circumstances and the amount of the charge which may be made to non-exempt visitors (see paragraph 45 below) in respect of non-exempt care (see paragraph 46 below).

43.2 Under the current regulations visitors' charges may only be applied in respect of hospital services but in the Scheme they can be applied to all care provided under the Act.

43.3 Subparagraph 45(2) confirms that a charge must be calculated in accordance with the Scheme and may be made at any appropriate time after the visitor has been accepted for care. Subparagraph 45(3) confirms that the charge will be 150% of the cost which the Department attributes to the care for budgetary purposes.

43.4 Visitors who are registered by a GP as a temporary resident or are accepted for NHCS treatment by a dentist are currently entitled to pay the same prescription or dental charges as an IOM resident. Under this Scheme, and in accordance with the reciprocal health agreement with the UK (and by extension with the EU), visitors will be entitled to receive emergency care, and to pay the same fees or charges as a resident for this, but may be charged as a visitor for any extended care that is not considered "emergency" care.

43.5 Subparagraph 45(4) confirms that a service provider may ask for a deposit or full payment in advance.

## **44. Exempt persons**

44.1 Subparagraph 46(1) confirms that no charge is payable if the visitor is exempt, and states that no other exemptions other than those in subparagraph 46(2) apply to visitors' charges.

44.2 Subparagraph 46(2) lists the criteria for exemption from charges as-

- Visitors pursuing a full-time course of study for more than 6 months
- Visitors in receipt of war disablement pension
- Residents of countries with reciprocal agreements with the Isle of Man but only to the extent set out in the agreement (usually urgent care only)
- People who are visiting the Island for treatment by prior agreement under an administrative arrangement which includes terms as to payment.

44.3 This final category brings the Scheme into line with the reciprocal agreement with the UK and addresses a concern that patients referred to or from the UK might be classed as visitors, and that their care might be chargeable at visitor rates (i.e. at 150% of tariff).



## **45. Exempt care**

- 45.1 Paragraph 47 sets out the types of care for which visitors cannot be charged. The list has been slightly amended and extended from the existing regulations as follows.
- 45.2 Subparagraph 47(a) has been drafted to reflect the wording of the reciprocal health agreement with the UK, and in line with the DHSC policy on urgent care, so that urgent care which is required during a visit to the Island and which is required to prevent a condition from getting worse is exempt from a charge. All other care provided to a visitor is chargeable.
- 45.3 The reciprocal health agreement with the UK is also applicable to visitors from the EU.
- 45.4 The wording of subparagraph 47(b), in respect of the diagnosis and treatment of the conditions listed in Schedule 8, has been updated to reflect the latest public health guidance.
- 45.5 A limitation to diagnostic tests for HIV has been removed from subparagraph 47(c) in respect of the diagnosis and treatment of sexually transmitted infections.
- 45.6 Family planning services has been added as an exemption in subparagraph 47(d) on public health grounds.
- 45.7 Subparagraph 47(e) has been added which relates to treatment for a physical or mental condition caused by torture, female genital mutilation, domestic violence or sexual violence.
- 45.8 Subparagraph 47(f) is unchanged in respect of admission and detention for mental illness.

## **46. Withdrawal of charge**

- 46.1 Paragraph 48 gives the time limit for applications for the withdrawal of a visitors' charge as 3 months from the time the charge was made.

## **47. Expenses in respect of off-Island travel for care – Interpretation**

- 47.1 Some adjustments have been made from the existing regulations.
- 47.2 Paragraph 49 provides some meanings for various terms which are only used in respect of expenses associated with off-Island travel.

## **48. Payments for travel and accommodation**

- 48.1 Subparagraph 50(1) confirms that the Department will make payments in respect of travel and accommodation for eligible persons who have been referred off-Island for care and eligible escorts and visitors.
- 48.2 Subparagraph 50(2) confirms the current position whereby, in the majority of cases, the Department makes the arrangements for travel on behalf of the patients and pays the provider directly. However, the option is retained for the patient to make their own arrangements and claim back certain specified expenses with the prior agreement of the Department.
- 48.3 Subparagraph 50(3) sets out the process for applying for the reimbursement of expenses.
- 48.4 Subparagraph 50(4) has been specifically added to make it clear that it will be the Department's decision as to what will be paid and how, it is not the individual's choice (i.e. a request for reimbursement will not automatically result in a payment of the full amount if the Department is of the view that the request is excessive).
- 48.5 Subparagraph 50(5) and Schedule 9 confirm the maximum daily subsistence allowance which may be paid by the Department in respect of accommodation.

## **49. On-Island travel payments**

- 49.1 Subparagraph 51(1) confirms that expenses for on-Island travel in respect of an off-Island referral can only be made in respect of travel to and from the air and sea ports and are subject to eligibility (see below). This removes any suggestion which may have been implied from the current regulations that patients can claim expenses in respect of travel to and from on-Island health care facilities.
- 49.2 Subparagraph 51(2) confirms that payments in respect of on-Island travel will only be in respect of taxi fares. For the most part these taxis will be booked and paid for by the Department.

## **50. Eligible persons, escorts and visitors**

- 50.1 Subparagraph 52(1) confirms that payments can only be paid for patients (and their escorts/visitors if required) who have been referred off-Island for NHCS care which is not available on the Isle of Man by a clinician in accordance with a signed transport certificate.
- 50.2 Subparagraphs 52(2) and (3) confirm the policy for automatic escort/visitor entitlements and subparagraph 52(4) confirms that escorts and visitors may also be paid for if they are authorised by a clinician on a transport certificate.

## **51. Further provisions in respect of on-Island travel payments**

- 51.1 Subparagraph 53(1) states that payments for on-Island travel may only be made to persons who travel for care more than 3 times per year and who meet the criteria for entitlement under the Scheme (subject to the following paragraphs).
- 51.2 Subparagraph 53(2) confirms that persons of pensionable age or in receipt of a war pension would not be entitled to on-Island expenses unless they met one of the other exemption criteria, and that escorts and visitors would only be entitled if they were receiving one of the benefits listed in Schedule 2.
- 51.3 Subparagraph 53(3) clarifies that the Department can make whatever payment it deems appropriate in respect of escorts which it has arranged.

## **52. Expenses of returning bodies to the Island**

- 52.1 Paragraph 54 confirms that where a person dies off-Island whilst receiving treatment for which they were referred off-Island by the Department, the Department will pay the costs for the repatriation of the individual concerned, subject to the deduction of any other costs which are payable under Funeral Expenses regulations.

## **53. Revocations**

- 53.1 Paragraph 55 revokes various regulations which are replaced by this Scheme.

## **APPENDIX – Draft Scheme**



The information in this booklet can be provided in large print or audio format upon request.

Department of Health and Social Care  
Crookall House, Demesne Road,  
Douglas, Isle of Man, IM1 3QA

Tel: 642627  
E-mail: [colin.brew@gov.im](mailto:colin.brew@gov.im)  
Web: [www.gov.im](http://www.gov.im)

