



NATIONAL HEALTH AND CARE SERVICE (GENERAL) SCHEME 2017

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National Health and Care Service Act 2016

NATIONAL HEALTH AND CARE SERVICE (GENERAL) SCHEME 2017

Approved by Tynwald:

Coming into Operation: following approval by Tynwald

The Department of Health and Social Care makes the following Scheme under sections 8, 9, 10, 11, 13, 14 and 15 of the National Health and Care Service Act 2016.

PART 1 – PRELIMINARY

1 Title

This Scheme is the National Health and Care Service (General) Scheme 2017.

2 Commencement

This Scheme comes into operation following approval by Tynwald.

3 Interpretation

(1) In this Scheme —

“**the Act**” means the *National Health and Care Service Act 2016*;

“**attending physician**” means the medical practitioner who has assumed main responsibility for treating a patient at the relevant time;

“**dental practitioner**” means a registered dentist within the meaning of the *Dental Act 1985*;

“**general dental services**” has the meaning given by paragraph 11;

“**general medical services**” has the meaning given by paragraph 8;

“**general ophthalmic services**” has the meaning given by paragraph 15;

“**general pharmaceutical services**” has the meaning given by paragraph 13;

“**health care professional**” has the same meaning as it has in the *Health Care Professionals Act 2014*;

“**hospital**” means any institution for the reception and treatment of persons suffering from illness;

“**illness**” includes –

- (a) mental disorder; and
- (b) any injury or disability requiring care in a hospital;

“**medical**” includes surgical;

“**medical practitioner**” means a registered medical practitioner;

“**medicine**” includes –

- (a) any prescribed chemical re-agent; and
- (b) drugs;

“**mental disorder**” has the same meaning as in the *Mental Health Act 1998*;

“**normal business hours**” means anytime between 8:00 a.m. and 6:00 p.m. on the same day, in every day except Saturdays, Sundays and public holidays;

“**ophthalmic optician**” has the same meaning as in the *Opticians Act 1996*;

“**patient**” includes a woman giving birth or receiving ante-natal or post-natal care;

“**prescribed**” means prescribed by regulations made under the Act or, where reliance is placed in the Island on an enactment made in the United Kingdom, under that enactment;

“**prescriber**” means a health care professional who is qualified to issue a prescription;

“**prescription**”, when used as an adjective, means the subject of a prescription issued by a prescriber;

“**prescription**”, when used as a noun, means a form provided by the Department and issued by a prescriber to enable a person to obtain NHCS medicines and appliances (including optical appliances), and includes a form provided and issued under equivalent arrangements having effect in England and Wales, Scotland or Northern Ireland;

“**refusal and disqualification regulations**” means regulations, made by the Department under section 23(1) of the Act, setting out provisions relating to –

- (a) refusal to enter a practitioner’s name; or
- (b) disqualification of practitioners for the entry of their names, on any of the lists kept and maintained by the Department in accordance with section 14 of the Act;

“**regulations**” means regulations made under the Act;

“**service provider**” means any person providing care under the Act, whether that person is an employee of the Department or has been either contracted or commissioned by the Department to provide care on its behalf; and

“**support staff**” means persons other than health care professionals who participate in the delivery of care.

- (2) For the purposes of the definition of “prescription”, when used as a noun, in subparagraph (1)—
- (a) the supply of quantities of the same drug in more than one container shall be treated as the supply of only one quantity of a drug; and
 - (b) the supply of more than one appliance of the same type, except in the case of elastic hosiery, or of two or more component parts of the same appliance, shall be treated as the supply of one appliance.

PART 2 – CARE TO BE PROVIDED BY THE DEPARTMENT

4 Department’s commitment to providing care

- (1) The Department will ensure that care is provided to meet the physical and mental health needs of persons in the Island, including making arrangements for the purposes of —
- (a) the prevention of illness;
 - (b) the diagnosis, treatment and care of persons suffering from illness; and
 - (c) the after-care of such persons.
- (2) The care provided under this Scheme will not exclude any person based on —
- (a) the person’s not being a resident of the Island, but this stipulation is subject to subparagraph (3);
 - (b) the person’s having previously received treatment for, or merely having been ill with, the condition in respect of which the person is in need of care at the time in question;
 - (c) the person’s having previously suffered from any mental disorder or physical ailment —
 - (i) whether or not the person previously received treatment therefor; and
 - (ii) in any case in which treatment was received, regardless of the place at which the treatment was administered; or
 - (d) the person’s nationality.

- (3) In respect of the provision of any specified category of care under this Scheme, the Department reserves the right to impose on persons who do not reside in the Island charges that are either —
- (a) exclusively applicable to such persons; or
 - (b) higher than corresponding charges imposed on residents of the Island for the same category of care.

The Department's exercise of this right is subject to subparagraph (4).

- (4) In keeping with its international commitments, the Department will not refuse care to any non-resident of the Island on the ground of genuine inability to pay, but may restrict the extent of the care provided to the minimum required to enable the person to travel outside the Island to seek further care that is not funded by the Department.

5 Facilities for the provision of care

- (1) The Department will ensure the provision of the facilities and equipment necessary for the provision of appropriate care, including transporting a care recipient to the United Kingdom or elsewhere in accordance with the attending physician's recommendation.
- (2) The Department reserves the right to impose a charge in respect of this provision but will in every case where it exercises this right endeavour to —
- (a) have the imposed charge paid by the care recipient's insurer, if there is one; or
 - (b) to minimise the charge to the greatest extent feasible.
- (3) In respect of the provision of care or after-care, the Department may —
- (a) equip and maintain accommodation to house and appropriately care for persons in need of care for such time as is reasonably required;
 - (b) equip and maintain facilities for training or occupation; and
 - (c) provide ancillary or supplementary services for or for the benefit of persons in the Island.
- (4) Subparagraph (2) applies to persons who are or have been suffering from mental disorder.

This is subject to the Department's duty under section 115 (after-care) of the *Mental Health Act 1998*.

6 Community care facilities

- (1) The Department will ensure that community care facilities are established and maintained in sufficient numbers and in such locations as to be reasonably accessible to every person residing in the Island when each such person travels from his or her home.

- (2) The Department will ensure that community care facilities are adequately staffed by relevant health and social care professionals.
- (3) The community care services that the Department will ensure are provided are set out in paragraphs 6 and 7 of Schedule 1.

7 Health care professionals and support staff

- (1) The Department will engage health care professionals and support staff to meet the demand for personal care and attendance in the Island.
- (2) The Department will –
 - (a) employ some of the health care professionals it engages; and
 - (b) engage the others, either –
 - (i) individually as independent contractors; or
 - (ii) through contracts with practices by which they are employed.

8 Arrangements for general medical services

- (1) In the contract by which arrangements are made for the provision of general medical services, the Department will ensure the inclusion of provisions for –
 - (a) defining the general medical services to be provided;
 - (b) securing that the arrangements will be such that all persons availing themselves of those services will receive adequate personal care and attendance; and
 - (c) for the distribution, among medical practitioners with whom the Department has made arrangements for the provisions of general medical services, of any persons who have indicated a desire to obtain general medical services but have been refused by the practitioner they have chosen.
- (2) The Department will not make arrangements for the provision of general medical services with any medical practitioner whose name does not appear on one of the lists the Department maintains in accordance with section 14 of the Act.
- (3) Services provided at general medical practices in accordance with arrangements under paragraph 7(2)(b) are in this Scheme referred to as “**general medical services**”.

9 List of general medical practitioners

- (1) In accordance with section 14 of the Act, the Department will maintain a list of medical practitioners undertaking to provide general medical services for persons in the Island.

- (2) Subject to the provisions of refusal and disqualification regulations, any medical practitioner who has acquired the prescribed medical experience is eligible to be entered on the list maintained under subparagraph (1).

10 Urgent out of hours care services

- (1) The Department will make arrangements with appropriate health and social care practitioners for the provision of urgent care services outside of the normal business hours. The normal business hours here referred to are those specified in relevant contracts for community care entered into in accordance with section 13(2) of the Act.
- (2) The Department will also engage adequate staff to support the provision of urgent care services.

11 Arrangements for dental services

- (1) The Department will make such provision as will ensure that every person in the Island has access to dental treatment and appliances.
This is subject to the following provisions of this paragraph.
- (2) In accordance with section 13(2) of the Act, the Department will make adequate arrangements with dental practitioners to ensure that every person in the Island has access to dental treatment and appliances.
- (3) Services provided in accordance with arrangements under subparagraph (2) are in this Scheme referred to as “**general dental services**”.
- (4) The Department will provide a community dental service, which —
 - (a) will be managed and staffed by the Department; and
 - (b) will facilitate the receipt of dental treatment and appliances by all persons who do not receive such treatment or appliances under the arrangements referred to in subparagraph (2).

12 List of dental practitioners

- (1) In accordance with section 14 of the Act, the Department will maintain a list of persons who have undertaken to provide general dental services in the Island.
- (2) Subject to the provisions of refusal and disqualification regulations, any dental practitioner is eligible to be entered on the list maintained under subparagraph (1).

13 Arrangements for pharmaceutical services

- (1) In accordance with section 13(2) of the Act, the Department will make arrangements for the supply of proper and sufficient medicines and appliances to all persons who are receiving care under the Act.

- (2) Services provided in accordance with arrangements under subparagraph (1) are in this Scheme referred to as “**general pharmaceutical services**”.
- (3) Where arrangements are made in accordance with subparagraph (1), the Department will ensure that a health care professional who is suitably qualified may order medicines and appliances. If ordered, these must be ordered —
 - (a) on a prescription;
 - (b) from any person with whom arrangements have been made under this paragraph; and
 - (c) in respect of a person for whom the health care professional is providing care.
- (4) Except as provided by subparagraph (5), arrangements may not be made under this paragraph except with persons who —
 - (a) are either —
 - (i) registered pharmacists; or
 - (ii) lawfully conducting a retail pharmacy business in accordance with section 35 of the *Medicines Act 2003*; and
 - (b) undertake that all medicines supplied by them under the arrangements will be dispensed by or under the direct supervision of a registered pharmacist.
- (5) Arrangements may be made under this paragraph with a suitably qualified health care professional for him or her to dispense medicines and appliances.

14 List of persons providing pharmaceutical services

- (1) In accordance with section 14 of the Act, the Department will maintain a list of persons to provide general pharmaceutical services in the Island.
- (2) Subject to the provisions of refusal and disqualification regulations, a person referred to in paragraph 13(4)(a)(i) or 13(4)(a)(ii) is eligible to be entered on the list maintained under subparagraph (1).

15 Arrangements for ophthalmic services

- (1) In accordance with section 13(2) of the Act, the Department will make arrangements with appropriately qualified ophthalmic opticians and medical practitioners for —
 - (a) persons requiring a sight test to be so tested;
 - (b) persons requiring a prescription as a consequence of a test to be issued with one; and
 - (c) persons requiring an optical appliance as a consequence of a test to be supplied with one in accordance with an issued prescription.

- (2) Services provided in accordance with arrangements under subparagraph (1) are in this Scheme referred to as “**general ophthalmic services**”.

16 List of persons providing ophthalmic services

- (1) In accordance with section 14 of the Act, the Department will maintain lists of —
- (a) medical practitioners having prescribed qualifications; and
 - (b) ophthalmic opticians,
- who have undertaken to provide general ophthalmic services in the Island.
- (2) Subject to the provisions of refusal and disqualification regulations —
- (a) any medical practitioner having the prescribed qualifications; and
 - (b) any ophthalmic optician,
- is eligible to be entered on the relevant list maintained under subparagraph (1).

17 Provision of hospital services

- (1) The Department will make arrangements for the provision throughout the Island, to such extent as it considers necessary to meet all reasonable requirements, of —
- (a) hospital accommodation; and
 - (b) medical, nursing and other services required at or for the purposes of hospitals.
- (2) In the exercise of its functions under this paragraph the Department may, in accordance with section 13(2) of the Act, enter into contractual arrangements with the proprietor of any appropriate care facility for the accommodation of patients for whom accommodation in a hospital is not available.
- (3) A list of the hospital services which the Department will ensure are provided is set out in paragraphs 1 to 5 of Schedule 1.

18 Mental health and wellbeing

- (1) The Department will make arrangements for the provision of mental health and wellbeing services according to the needs of the population.
- (2) The mental health and wellbeing services which the Department will ensure are provided are set out in paragraph 8 of Schedule 1.
- (3) The provisions of this paragraph are subject to the *Mental Health Act 1998*.

19 Public health

- (1) The Department will provide public health services geared primarily towards reducing instances of illness within the Island by promoting healthy practices and increasing the resilience of groups of persons that are particularly susceptible to particular illnesses.
- (2) The Department will make arrangements for the immunisation of persons against communicable diseases.
- (3) The public health services that the Department ensures are provided are set out in paragraphs 9 to 12 of Schedule 1.

PART 3 – CHARGES FOR CARE**20 General provision on charges**

- (1) The charges set out in this Part are the only charges that may be imposed on a recipient of care under this Scheme.
- (2) The obligation to pay any charge that may be imposed under this Scheme is extinguished upon the production of evidence establishing that the person on whom the charge is imposed is exempted from charge —
 - (a) under this Scheme in general; or
 - (b) in respect of the particular charge imposed.
- (3) A person may only be exempted in accordance with this Scheme.

21 General provisions in respect of exemptions and entitlements

- (1) The categories of persons set out in the first column of Schedule 2 may be exempt or have entitlement under this Scheme, except where otherwise specifically provided.
- (2) A person claiming exemption or entitlement under subparagraph (1) must declare on a form provided by the Department that he or she is exempt or entitled and must provide evidence of his or her qualification for the exemption or entitlement.
- (3) The evidence that must be produced in respect of subparagraph (2) is that set out in the second column of Schedule 2 and corresponding to a basis for exemption or entitlement set out in the first column.
- (4) The Department may check any or all claims for exemption or entitlement and if a person is found to have fraudulently claimed an exemption or entitlement, the Department may —
 - (a) seek recovery of the relevant charge from the person; and
 - (b) refer the matter for investigation under the *Theft Act 1981*.

22 When payment of a charge is required

- (1) Where a charge of any sort is imposed by this Scheme, the service provider that will provide the care to which the charge relates may require a deposit to be paid. If a deposit is paid, the payee must upon payment issue a receipt to the payor.
- (2) The full amount of the charge or, where a deposit was paid, the amount outstanding, must be paid to the service provider within 30 days of the date on which the provision of the care in question is completed. Upon payment the payee must issue a receipt to the payor.
- (3) If the amount due is not paid within 30 days as required by subparagraph (2), the service provider may, in keeping with section 11(5) of the Act, initiate legal proceedings for recovery of the balance as a debt.

23 Withdrawal of charges

- (1) A charge may be withdrawn either —
 - (a) voluntarily by the Department or service provider; or
 - (b) on successful application to the Department by the person by whom or in respect of whom the charge was paid.
- (2) A charge —
 - (a) must be withdrawn where —
 - (i) the treatment in respect of which the charge was imposed is subsequently discovered to be inappropriate for the condition from which the care recipient is suffering; and
 - (ii) the appropriate treatment is one for which no charge is imposable under this Scheme; or
 - (b) may be withdrawn for any other sufficient reason.
- (3) For the purposes of subparagraph (2)(a), it is irrelevant whether the course of treatment first mentioned was commenced before the discovery is made that it is inappropriate.
- (4) In addition to the charge being withdrawn, any deposit paid must be refunded in full.

24 Procedure in respect of withdrawal of charges

- (1) A person who —
 - (a) contends that he or she is entitled to a withdrawal of charge under paragraph 23; and
 - (b) wishes to apply for such withdrawal,may write to the Department requesting a withdrawal and setting out the basis for the request.

- (2) In addition to complying with subparagraph (1), the person must present to the Department —
 - (a) the evidence on which the person relies; and
 - (b) where the person has paid a deposit in accordance with paragraph 22, a certified copy of the receipt.
- (3) The Department, on receipt of a written request for withdrawal and the supporting documents referred to in the preceding subparagraphs —
 - (a) may request that the applicant appear in person, at a time and place agreed to by the parties, to answer any questions the Department may have in respect of the application; and
 - (b) must take into consideration any additional information provided by the applicant when the applicant appears in person in accordance with sub-subparagraph (a).
- (4) The Department must determine an application with all reasonable speed. This obligation is subject to any delay that may be occasioned by —
 - (a) the request that the applicant appear in person; and
 - (b) the time necessarily taken for the request to be complied with.
- (5) Where the Department —
 - (a) decides to withdraw a charge, it must —
 - (i) in writing so notify the person in respect of whom the charge was imposed; and
 - (ii) immediately refund, or ensure the immediate refund of, any deposit paid and send to the person confirmation of the refund together with the notification; or
 - (b) rejects an application for withdrawal —
 - (i) the Department must immediately so notify the person in writing and provide reasons for its decision; and
 - (ii) the applicant may appeal to the Minister, whose decision shall be final.
- (6) If the Department voluntarily, without having received an application, undertakes to consider withdrawing a charge, the Department may nonetheless act in accordance with subparagraph (3)(a) and, if it does so, must comply with subparagraph (3)(b).
- (7) Subparagraph (5)(b)(ii) does not apply where the Department decides not to withdraw the charge after having voluntarily considered the possibility of doing so, that is to say, without having received an application for withdrawal.

25 Refund of overpayments

If a charge imposed under this Scheme has been overpaid, the Department or service provider, as the case may be, must refund the excess as soon as the overpayment has been discovered.

Prescription and appliance charges

26 Interpretation

In respect of prescription charges —

“**appliance**” does not include contraceptive appliance;

“**elastic hosiery**” means an anklet, legging, knee-cap, below or thigh stocking;

“**medicines**” does not include contraceptive substances;

“**patient group direction**” means a direction for the supply of medicines issued as provided for in the Medicines (Pharmacy and General Sale Exemption) Order 2005; and

“**pre-payment certificate**” means a certificate issued by the Department which confers on a person exemption from charges in respect of drugs and appliances supplied during the period for which the certificate is valid.

27 Pre-payment certificates

- (1) A person who, based on medical advice, anticipates undergoing an extended course of treatment may obtain a discount on any charge imposed in accordance with paragraph 28. This discount may only be obtained by complying with the following provisions of this paragraph.
- (2) A person described in subparagraph (1) may pay the charges in advance for a period of either 4 months or 12 months, and the charges applicable in respect of each of those periods are set out in Schedule 3. In respect of either period, the person must complete and submit along with the payment in advance an application for a pre-payment certificate.
- (3) The Department must present to a person who complies with subparagraph (2) a pre-payment certificate.
- (4) A pre-payment certificate must be accepted as valid unless there is evidence of fraud, in which case the Department may refer the matter for investigation under the *Theft Act 1981*.
- (5) A refund in respect of a payment for a pre-payment certificate may be made where, within one month of the certificate being issued, the person to whom it has been issued —
 - (a) is confirmed as an exempt person in accordance with paragraph 21;

- (b) leaves the Island with no intention of returning;
 - (c) dies; or
 - (d) becomes resident in a hospital,
- and the certificate is returned to the Department.

28 Prescription charges

- (1) Unless a person meets the exemption criteria in paragraph 21, subject to paragraph 29, a service provider may make a charge to that person for the supply of medicines or appliances which have been requested on a prescription or in accordance with a patient group direction issued by a health care professional who is qualified to issue such a prescription or direction.
- (2) The charges which may be made are those set out in Schedule 3.
- (3) There is no obligation to supply medicines or appliances if a required charge has not been paid.
- (4) No charge may be made or recovered where a medicine is supplied for personal administration by the person providing the service in accordance with a Patient Group Direction.
- (5) Where a medicine is supplied in instalments, the charge is payable on supply of the first instalment.

29 Exemptions by reference to age

An exemption by reference to age is determined by the Department by reference to the age on the date on which the prescription is presented to the service provider in accordance with paragraph 28.

30 Withdrawal of charge

An application for withdrawal of charge in respect of prescription and appliance charges must be made within 3 months of –

- (a) the date on which the medicine or appliance was supplied; or
- (b) the date of death of the person.

Dental charges

31 Interpretation

In respect of dental charges –

“**appliance**” includes a dental appliance or an orthodontic appliance;

“**bridge**” means a fixed or removable bridge which takes the place of any teeth;

“course of treatment” means —

- (a) an examination of a person, an assessment of their oral health, and the planning of the treatment (if any) to be provided to that person as a result of that examination and assessment, by one or more provider; and
- (b) the provision of the planned treatment (if any) (including any treatment planned at a time other than the time of the initial examination) to that person up to the date on which —
 - (i) each and every component of the planned treatment has been provided to the person; or
 - (ii) the person either voluntarily withdraws from, or is withdrawn by the service provider from, the planned treatment;

“dental appliance” means a denture or bridge and for the purposes of this definition, a denture includes an obturator;

“orthodontic appliance” means a device used in the mouth to move or immobilise the teeth in order to correct or prevent malocclusion;

“orthodontic treatment” means treatment of, or treatment to prevent, malocclusion of the teeth and jaws, and irregularities of the teeth;

“patient record” means a form supplied by the Department for the purpose of maintaining a record of treatment, and may include an electronic form;

“restoration” means a filling, root filling, inlay, porcelain veneer or crown;

“trauma” means damage to teeth, gingival tissues or alveoli caused by a force arising outside the mouth, resulting in mobility, luxation, subluxation or fracture of the hard tissues or injury to the soft tissues;

“treatment” means all proper and necessary dental treatment which a service provider usually undertakes for a person and which the person is willing to undergo, including examination, diagnosis, preventive treatment, periodontal treatment, conservative treatment, surgical treatment, the supply and repair of dental appliances and orthodontic appliances, orthodontic treatment, the taking of radiographs, the provision of sedation in connection with such treatment, the supply of listed medicines and the issue of prescriptions; and

“urgent treatment” means one or more of the treatments listed under that heading in Schedule 4 that are provided to a person in circumstances where —

- (a) prompt care and treatment are provided because, in the opinion of the dental service provider, that person’s oral health is likely to deteriorate significantly, or the person is in severe pain by reason of their oral condition; and
- (b) care and treatment are provided only to the extent necessary to prevent that significant deterioration or address that severe pain,

and “**urgent course of treatment**” shall be construed accordingly.

32 Dental charges

- (1) Where a course of treatment is provided to a person by a service provider, the charges set out in Schedule 4 may be made and recovered from that person, or from a person who pays or undertakes to pay a charge on their behalf, unless there is an exemption in accordance with paragraph 21.
- (2) Only one charge in respect of a course of treatment provided may be made, regardless of the number of treatments or appliances provided in any charging Band.
- (3) If a person withdraws, or is withdrawn by a service provider, from a course of treatment before the treatment has been completed, the charge which may be made and recovered is the charge which is payable for only the components of the treatment which have been completed.
- (4) 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 initialised the course of treatment.
- (5) Where a course of treatment that is not urgent has been completed but within 2 months a person is provided by the same service provider with further treatment which falls within the same or a lower charging band as the previous treatment, no further charge may be made or recovered.

33 Charges for replacement restorations

- (1) Where a restoration has been provided to a person as part of a course of treatment and the restoration requires a repair or replacement to be done within 12 months in order to secure oral health, no charge may be made or recovered unless —
 - (a) within the 12 months another person has provided treatment on the same tooth;
 - (b) the person was advised at the time of the restoration, and it was recorded on the patient’s record, that —
 - (i) the restoration was intended to be temporary in nature; or
 - (ii) a different form of restoration was more appropriate, but the person insisted on the restoration that was provided; or
 - (c) the repair or replacement is required as a result of trauma.
- (2) If a person or, if the person is under 16 years of age, the person in charge of the first-mentioned person considers that —
 - (a) the replacement of a restoration was not wholly necessitated by a lack of reasonable care; or

- (b) being required to pay for the replacement would cause the person undue hardship,

the person may write to the Department to request that the replacement be supplied free of charge or at a reduced charge.

34 Charges for replacement appliances

- (1) If a service provider replaces an appliance previously supplied as part of a course of treatment, the provider may make a charge of 30 per cent of the Band 3 charge rounded down, where necessary, to the nearest whole ten pence.
- (2) If a person or, if the person is under 16 years of age, the person in charge of the first-mentioned person considers that —
 - (a) the replacement of an appliance was not wholly necessitated by a lack of reasonable care; or
 - (b) being required to pay for the replacement would cause the person undue hardship,

the person may write to the Department to request that the replacement be supplied free of charge or at a reduced charge.

35 Withdrawal of charge

An application for withdrawal of charge in respect of dental charges must be made within 3 months from the date on which the course of treatment was completed.

Optical payments

36 Interpretation

- (1) In respect of optical payments —
 - “**necessary**”, with respect to the provision of prisms or tinted photochromic lenses means provided on the basis of clinical need;
 - “**optical appliance**” includes spectacles (glasses), contact lenses and monacles, and may mean more than one appliance where a prescription is issued for bifocal lenses and the supply of one pair of spectacles is contra-indicated;
 - “**repair**” includes replacement of any part of an optical appliance;
 - “**small glasses**” means glasses —
 - (a) supplied for a child who is under the age of 7 at the date of issue of a voucher;

- (b) having either a custom-made frame or a stock frame requiring extensive adaptation to ensure an adequate fit; and
- (c) having a box centre distance of no more than 55 millimetres;

“**voucher**” means a voucher form supplied by the Department for the purposes of enabling a service provider to request payment from the Department in respect of the provision of a sight test and the supply of optical appliances to a person who has indicated that they are eligible for assistance with the cost of a sight test and the supply or repair of an optical appliance.

- (2) For the purpose of the definition of “**small glasses**”, “**box centre**” is to be construed in accordance with Part 1 of British Standard 3521/91 (Terms relating to ophthalmic optics and spectacles frames) published by the British Standards Institution and effective immediately before 8th March 1999.

37 **Optical payments**

- (1) The amount which may be claimed by a service provider in respect of a voucher is —
 - (a) the sight test value set down in Schedule 5; and
 - (b) the lesser of—
 - (i) the full cost which would have been payable by the person for the supply or repair of an optical appliance but for the Scheme; or
 - (ii) the value of the voucher as calculated in accordance with paragraphs 40 or 41.
- (2) On receipt of a completed voucher the Department must make a payment of the amount claimed to a service provider, subject to the appliance having not been supplied in contravention of the *Opticians Act 1996*.
- (3) If a payment is subsequently confirmed by the Department as being erroneous after payment has been made, the Department may recover from or repay to the service provider the difference between the amount claimed and the amount due.

38 **Eligibility for a voucher**

- (1) A person may be eligible for a voucher towards the cost of the provision of a sight test if—
 - (a) the person meets the requirements of paragraph 21; or
 - (b) the person, in the clinical opinion of a service provider, requires an additional sight test outside of the routine frequency for sight

tests agreed under the arrangements for general ophthalmic services.

- (2) A person may be eligible for a voucher for the supply of an optical appliance if the person —
 - (a) meets the requirements of paragraph 21; and
 - (b) requires an optical appliance —
 - (i) for the first time; or
 - (ii) because their prescription differs from that relating to their existing appliance.

39 Issuing of vouchers

- (1) Where a prescription for an optical appliance has been issued, the service provider must at the same time issue a voucher in respect of the sight test and any prescribed appliance to any person who requests such a voucher and has indicated, to the satisfaction of the service provider, eligibility in accordance with paragraph 38.
- (2) Where a person has been issued with a prescription and later claims eligibility, a voucher may be issued if the service provider is satisfied that no voucher has been issued and the prescription is unchanged.
- (3) Where a voucher has been lost or destroyed within 6 months of issue, the Department may authorise the issuing of a replacement voucher, to be dated from the day of issue.
- (4) Other than for repair or replacement of an appliance in accordance with paragraph 41 or to replace a lost or destroyed voucher, only one voucher may be issued to a person in respect of any one optical appliance prescribed.
- (5) The service provider issuing the voucher must sign it and must—
 - (a) in respect of the supply of an optical appliance, mark on it the letter code from column 2 of Schedule 5 relating to the type of optical appliance supplied; or
 - (b) in respect of a repair or replacement mark on it the letter code from columns 2 to 9 of Schedule 6 relating to the type of optical appliance which has been repaired or replaced with reference to the letter code for that type of appliance as set out in column 2 of Schedule 5.
- (6) The service provider must complete the voucher with —
 - (a) the name, address and date of birth of the person;
 - (b) the particulars of any prescription issued;
 - (c) the date on which the patient's sight was tested; and
 - (d) the date of issue of the voucher.

40 Optical appliance voucher values

- (1) The value of a voucher issued in accordance with paragraph 39 in respect of an optical appliance will be the value set out in column 3 of Schedule 5 which is relevant to the type of optical appliance supplied as set out in column 1 of that Schedule.
- (2) Where an optical appliance has lenses described in different paragraphs in column 1 of Schedule 5, the value of a voucher must be determined according to whichever lens would provide the greater value.
- (3) Where an optical appliance has a bifocal lens, the power of the lens must be determined according to the power of that segment of the lens designed to correct a defect in distant sight, except where the reading segment is more than 4 dioptres more powerful than the distance segment, in which case the power of the lens shall be determined according to the power of the reading segment.

41 Vouchers for repair or replacement of optical appliances

- (1) A person or, if the person is under 16 years of age, the person in charge of the first-mentioned person may apply for a voucher for the repair or replacement of an appliance if they consider that the repair or replacement was not wholly necessitated by a lack of reasonable care.
- (2) Where entitlement to a voucher is confirmed, a voucher may be issued according to the type of repair or replacement set out in column 1 of Schedule 6 to the value set out in columns 2 to 10 of that Schedule as cross-referenced with the letter codes in column 2 of Schedule 5 which relate to the type of optical appliance.

42 Use of a voucher by a person

- (1) A person to whom a voucher has been issued in respect of a sight test only must complete the voucher in accordance with subparagraph (3) and return it to the service provider who issued the voucher.
- (2) A person to whom a voucher has been issued for the supply of optical appliances may present it to any qualified service provider within 6 months of the date on which it was issued.
- (3) Before presenting the voucher, the person must sign on the voucher –
 - (a) a declaration that the person is eligible, indicating the grounds of eligibility; and
 - (b) an undertaking that, if the person is unable to show eligibility, the person will pay to the Department an amount equal to the value of the voucher;and, as appropriate,

- (c) an acknowledgement of receipt or repair of the optical appliance; and
- (d) in the case of replacement or repair, a declaration that the optical appliance cannot be replaced or repaired free of charge under the terms of any warranty, insurance or other arrangement made with its supplier or manufacturer.

43 Use of a voucher by a service provider

- (1) On receipt of a voucher from a person, the service provider must ask the person to provide whatever evidence is required to confirm the person's entitlement to the voucher.
- (2) In respect of a voucher for the supply of an optical appliance, the service provider must check the voucher value in accordance with paragraphs 40 and 41 and, where appropriate, must adjust the value for prisms, tints, photochromic lenses and small and special glasses in accordance with Schedule 7.
- (3) Where a voucher is presented to a service provider in respect of the supply of glasses which are required to be specially manufactured on account of a person's facial characteristics, the service provider must obtain prior approval from the Department before adding any adjustments to the voucher value as provided for in subparagraph (2).
- (4) If an adjustment is added to a voucher value in accordance with subparagraph (3), no further adjustment may be applied in respect of the supply or repair of small glasses.
- (5) The service provider must complete the voucher by inserting the following information –
 - (a) confirmation that the service provider has seen the evidence required by subparagraph (1);
 - (b) the full cost of the appliance or the repair before any voucher value is applied;
 - (c) the value of the voucher as calculated in accordance with subparagraph (2);
 - (d) the amount actually being claimed where the cost to the supplier of the appliance or repair is less than the value of the voucher;
 - (e) the amount of any payment made by the person towards the cost of the supply or repair of an appliance after the voucher value has been applied;
 - (f) confirmation that the service provider has made and has kept a written record of the supply or repair and has issued a receipt for any money received;

- (g) confirmation that, where required by this Scheme, prior approval has been obtained from the Department for a voucher to be issued;
 - (h) in the case of replacement or repair, a declaration that the optical appliance cannot be replaced or repaired free of charge under the terms of any warranty, insurance or other arrangement made with its supplier or manufacturer; and
 - (i) the date of the supply of the optical appliance.
- (6) A completed voucher must be submitted to the Department for payment within 3 months of the date of the supply of the optical appliance.

Visitors' charges

44 Interpretation

- (1) In respect of visitors' charges —
- “**diagnosis**” includes where the outcome is negative;
 - “**family planning services**” means the supply of contraceptive products and devices to prevent pregnancy, but does not include termination of pregnancy;
 - “**the tariff**” means the cost the Department attributes to any aspect of care for budgetary purposes;
 - “**primarily resident**” means living lawfully and settled in the Island, and this status is not affected by the person whom it is used to describe spending short periods away from the Island;
 - “**visitor**” means a person not primarily resident in the Island; and
 - “**treatment**” includes treatment provided for a suspected condition, up to the point that it is negatively diagnosed.
- (2) For the purposes of the definition of “**primarily resident**”, a person would not generally be considered to be resident in the Island if the person has a residence in another country where the person could be deemed to be living and settled for the majority of their time during any calendar year.
- (3) A student pursuing a full-time course of study in the United Kingdom or elsewhere whose primary residence continues to be the Isle of Man is to be considered as living and settled in the Island.

45 Visitors' charges

- (1) A service provider may charge a visitor for care provided to the visitor under the Act, but cannot do so if —
- (a) the visitor is exempt from charges in accordance with paragraph 46; or

- (b) the care provided is exempt from charges in accordance with paragraph 47.
- (2) Where the making of a charge is permissible in accordance with subparagraph (1), the charge —
 - (a) must be calculated in accordance with this paragraph; and
 - (b) may be made at an appropriate time after the visitor has been accepted for care.
- (3) The charge payable in respect of care provided to a visitor must be determined by multiplying the tariff for that care by 150 per cent.
- (4) Nothing in this paragraph prevents a service provider from obtaining a deposit or full payment in advance in respect of relevant services to be provided to a visitor in respect of whom charges are payable under this Scheme.

46 Exempt persons

- (1) No charge is payable under paragraph 45 by, or on behalf of, a visitor who proves that he or she is entitled to exemption under subparagraph (2). No other exemptions apply in respect of visitors' charges.
- (2) A visitor may claim exemption under subparagraph (1) if the visitor is —
 - (a) pursuing a full-time course of study on the Island which is of at least 6 months' duration;
 - (b) in receipt of a war disablement pension as defined in Schedule 2;
 - (c) a resident of a country or territory which has an agreement with the Island for the provision of care to visitors, to the extent provided for in the agreement, or
 - (d) visiting the Island for treatment by prior agreement under an administrative arrangement with another country or territory which includes terms as to payment.

47 Exempt care

No charge is payable under paragraph 45 by or on behalf of a visitor in respect of the following care —

- (a) urgent care the need for which arose during the visit to the Island and which is required to prevent the condition from becoming acutely exacerbated;
- (b) diagnosis of and treatment for the conditions set out in Schedule 8, either of which is necessary to protect the wider public health;
- (c) diagnosis of and treatment for sexually transmitted infections;
- (d) family planning services;

- (e) treatment required for a physical or mental condition caused by torture, female genital mutilation, domestic violence or sexual violence, except where the visitor has travelled to the Island for the purpose of seeking that treatment; or
- (f) admission and detention for mental illness under the *Mental Health Act 1998*.

48 **Withdrawal of charge**

An application under paragraph 23 for withdrawal of charge in respect of a charge made to a visitor must be made within 3 months from the date on which the charge was made.

Expenses in respect of off-Island travel for care

49 **Interpretation**

In respect of expenses for travel and accommodation —

“**eligible escort**” means a person authorised by the Department to accompany a person who has been referred outside the Island in order to receive care under the Act;

“**eligible visitor**” means a person authorised by the Department to visit a person who has been referred outside the Island for care under the Act;

“**port**” means Ronaldsway airport or Douglas ferry port;

“**transport certificate**” means a form signed by a clinician which confirms that off-Island travel is necessary in order for a person to obtain care under the Act and which authorises payments in respect of any required escorts or visitors; and

“**treatment**” means care outside the Island for which a person has been referred by the Department.

50 **Payments for travel and accommodation**

- (1) The Department will make payments in respect of persons and their escorts and visitors who are eligible in accordance with paragraph 52 or 53, to assist with travel and accommodation expenses where the person has been referred outside the Island for care under the Act which is not available on the Island.
- (2) The Department may make payments directly to the provider of the travel or accommodation or may make payments to reimburse expenses.
- (3) The following stipulations must be complied with in order for a payment to be made by the Department to reimburse expenses under this paragraph —

- (a) a written application for payment must be made by or on behalf of the eligible person; and
 - (b) where applicable, the written application must be accompanied by –
 - (i) a receipt for any charge paid; or
 - (ii) any required evidence as to entitlement to an exemption or to payment of expenses,and in any case the Department must respond in writing to the written application.
- (4) The amount of all payments for travel outside the Island will be determined by the Department, taking into account the cost of the travel available on the dates and times when the person is required to be outside the Island.
- (5) Payments for accommodation expenses must be determined by the Department and must be limited to the daily subsistence allowance set down in Schedule 9 as a contribution towards expenses reasonably and necessarily incurred.

51 On-Island travel payments

- (1) Subject to subparagraph 52(1) payments for travel expenses incurred within the Island may only be made in respect of travel to and from a port.
- (2) The amount which may be paid for travel expenses incurred within the Island in respect of a required journey is limited to the cost of a taxi fare agreed in advance with the Department.

52 Eligible persons, escorts and visitors

- (1) A person will be eligible for payments only where a clinical decision for the person to be referred outside the Island in order to receive care has been made and a transport certificate has been issued in accordance with a Department protocol in respect of such care.
- (2) Payments will be made in respect of one eligible escort or visitor for an eligible person who is –
 - (a) under the age of 16; or
 - (b) pregnant and travelling for treatment or confinement.
- (3) Payments may be made in respect of a maximum of two eligible escorts or visitors for an eligible child under the age of three.
- (4) Without limiting subparagraphs (2) and (3), payments may also be made in respect of eligible escorts and visitors for an eligible person where a clinician has so authorised on the relevant transport certificate.

53 Further provisions in respect of on-Island travel payments

- (1) Payments in respect of travel on the Island that is part of a journey outside the Island in order to receive care may only be made if —
 - (a) subject to subparagraph (2) or (3), the person, escort or visitor meets the entitlement provisions specified in Schedule 2; and
 - (b) the person is required to travel outside the Island on 3 or more occasions in any 12-month period.
- (2) Further to subparagraph (1)(a), payments in respect of travel expenses incurred within the Island may not be made in respect of —
 - (a) a person who only meets entitlement (c) or (h) from Schedule 2; or
 - (b) an escort or visitor who does not meet at least one of entitlements (d) to (g) in Schedule 2.
- (3) An escort who has been appointed by the Department is not subject to the provisions of subparagraph (1)(a) and the Department may make any payment that it deems appropriate in respect of that escort.

54 Expenses of returning bodies to the Island

Where a person dies outside the Island having been referred for care under the Act which was not available on the Island, the Department must pay any expenses reasonably incurred in removing to the Island the body of the person, after deducting —

- (a) where any person is entitled by reason of the death to claim an increase in a funeral payment under regulation 9(1) of the Maternity and Funeral Expenses (General) (Isle of Man) Regulations 2002, so much of the amount of that payment as is payable by virtue of regulation 10(2)(d) of those Regulations; or
- (b) in any other case, the difference between the amounts specified in paragraphs 8(a) and (b) of those Regulations.

55 Revocations

The following are revoked—

- (a) the National Health Service (Optical Payments) Regulations 2004¹;
- (b) the National Health Service (Charges for Drugs and Appliances) Regulations 2004²;
- (c) the National Health Service (Expenses in Attending Hospitals) Regulations 2004³;

¹ SD 0019/2004

² SD 0022/2004

³ SD 0348/2004

- (d) the National Health Service (Optical Payments) (Amendment) Regulations 2004⁴;
- (e) the National Health Service (Charges for Drugs and Appliances) (Amendment) Regulations 2005⁵;
- (f) the National Health Service (Charges for Drugs and Appliances) (Amendment) Regulations 2010⁶;
- (g) the National Health Service (Overseas Visitors) Regulations 2011⁷;
- (h) the National Health Service (Charges for Drugs and Appliances) (Amendment) (No.2) Regulations 2013⁸; and
- (i) the National Health Service (Dental Charges) Regulations 2015⁹.

MADE

KATE BEECROFT, M.H.K.
Minister for Health and Social Care

⁴ SD 0662/2004

⁵ SD 0728/2005

⁶ SD 0511/2010

⁷ SD 0044/2011

⁸ SD 0118/2013

⁹ SD 0078/2015

SCHEDULE 1

LIST OF SERVICES PROVIDED

(Paragraphs 6, 17, 18 and 19)

The services that the Department will ensure are provided are –

HOSPITAL SERVICES

1. In the **medical division** –
 - (a) ward and in-patient services;
 - (b) cardiology;
 - (c) respiratory services;
 - (d) elderly medicine;
 - (e) gastroenterology;
 - (f) stroke related services;
 - (g) diabetes care and management;
 - (h) neurological nursing;
 - (i) renal care and management;
 - (j) oncology, including chemotherapy;
 - (k) rheumatology;
 - (l) endocrinology;
 - (m) genito-urinary medicine;
 - (n) palliative care.
2. In the **surgical division** –
 - (a) ward and in-patient services;
 - (b) accident and emergency;
 - (c) ear, nose, and throat services;
 - (d) theatres;
 - (e) anaesthetics;
 - (f) general surgery;
 - (g) breast surgery;
 - (h) urology;
 - (i) ophthalmology;
 - (j) oral surgery;
 - (k) orthodontics;
 - (l) orthopaedics;
 - (m) plastic surgery;
 - (n) orthoptics;

- (o) audiology;
 - (p) acute pain management;
 - (q) cardio-thoracic surgery.
3. In the **women, children and out-patients division** —
- (a) ward and in-patient services;
 - (b) gynaecology;
 - (c) paediatrics;
 - (d) obstetrics;
 - (e) community paediatric services;
 - (f) community midwifery services;
 - (g) community neonate services;
 - (h) out-patient clinics.
4. In respect of **diagnostic and professional services** —
- (a) radiology;
 - (b) pharmacology; and
 - (c) pathology.
5. In respect of **core support services** —
- (a) portering;
 - (b) security;
 - (c) medical records;
 - (d) laundry and linen;
 - (e) catering; and
 - (f) supplies.

COMMUNITY CARE SERVICES

6. In respect of **contracted services** —
- (a) general medical services;
 - (b) general dental services;
 - (c) general pharmaceutical services;
 - (d) general ophthalmic services.
7. In respect of **Department-provided services** —
- (a) an ambulance service;
 - (b) community dental services;
 - (c) community nursing services (including district nursing, health visiting and school health);
 - (d) podiatry services;
 - (e) prison healthcare services;
 - (f) sexual health services;

- (g) speech and language therapy services; and
- (h) other therapy services.

MENTAL HEALTH AND WELLBEING

8. In respect of **mental health and wellbeing**, services including —

- (a) community services for adults;
- (b) crisis response home treatment;
- (c) drug and alcohol services;
- (d) next step services;
- (e) occupational therapy;
- (f) older persons services;
- (g) rehabilitation and recovery service; and
- (h) child and adolescent services.

PUBLIC HEALTH SERVICES

9. In respect of **health intelligence** —

- (a) measuring and analysing population data to understand health needs and inequalities, and to protect against risks to health and wellbeing;
- (b) using best evidence to inform, shape and influence local health and care policy and strategy development;
- (c) working in partnership to bring together specialist skills and people from a wide range of backgrounds who share the common goal of improving the health of persons, communities and the environment;
- (d) looking at the effectiveness of initiatives undertaken, by monitoring and evaluating changes and using this information to make improvements in the future; and
- (e) working to reduce health inequalities.

10. In respect of **health improvement**, services in respect of —

- (i) drugs and alcohol;
- (j) oral health;
- (k) sexual health;
- (l) smoking cessation and tobacco control;
- (m) weight management, diet and physical activity.

11. In respect of **health protection**—

- (a) services in respect of vaccination and immunisation;
- (b) services in respect of the development of resilience;
- (c) screening.

12. In respect of **health care** —

- (a) provision of clinical recommendations;
- (b) considering and processing individual funding requests.

SCHEDULE 2

(Paragraphs 21, 46 and 53)

EXEMPTIONS & ENTITLEMENTS – CATEGORIES AND EVIDENCE

| Category | Evidence |
|---|--|
| a) a person under 16 years of age | The person's birth certificate |
| b) a person under 19 years of age and receiving qualifying full-time education | The person's birth certificate and a document signed by the principal or other appropriate officer of a recognised educational establishment |
| c) a person who is aged 75 years or over | The person's birth certificate |
| d) a person in receipt of income support under the Social Security Contributions and Benefits Act 1992 (of Parliament) as it has effect in the Island ("the 1992 Act"), or a dependant of such a person | Documentary evidence of entitlement issued by the Treasury |
| e) a person in receipt of income-based jobseeker's allowance under the Jobseekers Act 1995 (of Parliament), as it has effect in the Island | Documentary evidence of entitlement issued by the Treasury |
| f) a person receiving incapacity benefit under the 1992 Act for a period in excess of six months | Documentary evidence of entitlement issued by the Treasury |
| g) a person in receipt of employed person's allowance under the 1992 Act | Documentary evidence of entitlement issued by the Treasury |
| h) a person accepted for the award of a war disablement pension | Documentary evidence of entitlement |
| i) a prisoner | |

SCHEDULE 3

(Paragraphs 27 and 28)

PRESCRIPTION, APPLIANCE AND PRE-PAYMENT CHARGES

| | Sum Payable |
|--------------------------------------|-------------|
| 1. Medicines | |
| The supply of any quantity of a drug | £5.00 |
| 2. Appliances | |

| | |
|-----------------------------|-----------------------------|
| | |
| Item of elastic hosiery | £7.70 (ie. £15.40 per pair) |
| Abdominal or Spinal Support | £36.80 |
| Surgical Brassiere | £24.35 |
| Stock Modacrylic Wig | £60.00 |
| Partial Human Hair Wig | £158.90 |
| Full Bespoke Human Hair Wig | £232.45 |
| Any other appliance | £7.70 |
| | |
| 3 Pre-payment certificates | |
| | |
| Valid for 4 months | £20.00 |
| Valid for 12 months | £60.00 |

SCHEDULE 4

(Paragraphs 31 and 32)

DENTAL CHARGES

Band 1 Charges – Diagnosis, treatment planning and maintenance

In respect of any course of treatment the entirety of the components of which are set out below the charge is £20.60 –

1. Orthodontic case assessment and report
2. Advice, dental charting, diagnosis and treatment planning
3. Radiographic examination, including panoramic and lateral headplates, and radiological report
4. Study casts including in association with occlusal analysis
5. Colour photographs
6. Instruction in the prevention of dental and oral disease including dietary advice and dental hygiene instruction
7. Surface application as primary preventive measures, sealants and topical fluoride preparations
8. Scaling, polishing and marginal correction of fillings
9. Taking material for pathological examination
10. Adjustments to and easing of dentures or orthodontic appliances
11. Treatment of sensitive cementum

Band 2 Charges - Treatment

In respect of any course of treatment the entirety of the components of which are set out below the charge is £56.30, irrespective of whether the remainder of the components of the course of treatment are set out in Band 1.

1. Non-surgical periodontal treatment, including root planning, deep scaling, irrigation of periodontal pockets and subgingival curettage and all necessary scaling and polishing
2. Surgical periodontal treatment, including gingivectomy, gingivoplasty or removal of an operculum
3. Surgical periodontal treatment, including raising and replacement of a mucoperiosteal flap, curettage, root planning and bone resection
4. Free gingival grafts
5. Permanent fillings in amalgam, composite resin, synthetic resin, glass ionomer, compomers, silicate or silico-phosphate, including acid etch retention
6. Sealant restorations
7. Endodontic treatment of permanent or retained deciduous teeth
8. Pulpotomy
9. Apicectomy
10. Extraction of teeth
11. Transplantation of teeth
12. Oral surgery including surgical removal of cyst, buried root, unerupted tooth, impacted tooth or exfoliated tooth and alveolectomy
13. Soft tissue surgery in relation to the buccal cavity and lips
14. Frenectomy, frenoplasty and frenotomy
15. Relining and rebasing dentures including soft linings
16. Addition of tooth, clasp, labial or buccal flange to dentures
17. Splints (other than laboratory fabricated splints) in relation to periodontally compromised teeth and in connection with external trauma
18. Bite raising appliances (other than laboratory fabricated appliances)

Band 3 Charges - Provision of Appliances

In respect of any course of treatment the entirety of the components of which are set out below the charge is £244.30; irrespective of whether the remainder of the components of the course of treatment are set out in Bands 1 or 2.

1. Laboratory fabricated porcelain or composite veneers, including acid etch retention
2. Inlays, pinlays, onlays and palatal veneers, in alloys containing 60% or more fine gold, porcelain, composite resin and ceramics

Crowns including any pin or post aids to retention

1. Full or three quarter crown cast in alloys containing not less than 33 1/3% fine gold or platinum and palladium
2. Full or jacket crown cast in alloys containing stainless steel or cobalt chromium or nickel chromium
3. Crown in porcelain, synthetic resin and other non-metallic crowns
4. Full or jacket crowns in alloys containing not less than 33 1/3% fine gold or platinum or palladium, or alloys containing stainless steel or cobalt chromium or nickel chromium, with thermally bonded porcelain
5. Jacket crown thermally bonded to wrought platinum coping
6. Prefabricated full or jacket crown, including any pin or post retention

Bridges including any pin or post aids to retention

1. Bridges in alloys containing 60% or more fine gold with or without thermally bonded facings
2. Bridges cast in alloys containing stainless steel, cobalt chromium or nickel chromium, with or without thermally bonded facings
3. Acid etch retained bridges
4. Bridges in other non-metallic materials
5. Provision of full (complete) or partial dentures and obturators in synthetic resin and/or metal, including any cast or wrought metal components or aids to retention
6. Orthodontic treatment and appliances
7. Other custom made appliances excluding sports guards.

Urgent Treatment under Band 1 Charge

In respect of any urgent course of treatment the entirety of the components of which are set out below the charge is £20.60.

1. Radiographic examination and radiological report
2. Dressing of teeth and palliative treatment
3. Pulpectomy or vital pulpotomy
4. Re-implantation of a luxated or subluxated permanent tooth following trauma including any necessary endodontic treatment
5. Repair and refixing of inlays and crowns
6. Refixing a bridge
7. Temporary bridges
8. Extraction of not more than 2 teeth
9. Provision of post-operative care including treatment of infected sockets
10. Adjustment and alteration of dentures or orthodontic appliances
11. Urgent treatment for acute conditions of the gingivae or oral mucosa, including treatment for pericoronitis or for ulcers and herpetic lesions, and any necessary oral hygiene inspection in connection with such treatment
12. Treatment of sensitive cementum or dentine
13. Incising an abscess
14. Other treatment immediately necessary as a result of trauma
15. Not more than 1 permanent filling in amalgam, composite resin, synthetic resin, glass ionomer, compomers, silicate or silico-phosphate including acid etch retention.

SCHEDULE 5

(Paragraphs 37, 39, 40 and 41)

OPTICAL VOUCHER VALUES

| | | |
|--|--|------------------|
| | | Voucher Value |
|--|--|------------------|

| | | |
|---|-------------|---------|
| Sight Test | | £10.00 |
| Type of Optical Appliance | Letter Code | |
| With single vision lenses – (a) of a spherical power of not more than 6 dioptres with a cylindrical power of not more than 2 dioptres; (b) of a spherical power of not more than 2 dioptres with a cylindrical power of more than 2 dioptres and not more than 4 dioptres. | A | £32.10 |
| With single vision lenses – (a) of a spherical power of more than 2 dioptres but not more than 6 dioptres with a cylindrical power of more than 2 dioptres but not more than 4 dioptres; (b) of a spherical power of more than 6 dioptres but less than 10 dioptres with a cylindrical power of not more than 2 dioptres. | B | £48.80 |
| With single vision lenses - (a) of a spherical power of 10 or more dioptres but not more than 20 dioptres with a cylindrical power of not more than 6 dioptres; (b) with a spherical power of not more than 10 dioptres with a cylindrical power of more than 4 dioptres but not more than 6 dioptres; (c) of a spherical power of more than 6 dioptres but less than 10 dioptres with a cylindrical power of more than 2 dioptres but not more than 4 dioptres. | C | £71.30 |
| With single vision lenses - (a) of a spherical power of more than 20 dioptres with any cylindrical power; (b) of a spherical power of not more than 20 dioptres with a cylindrical power of more than 6 dioptres. | D | £161.00 |
| With bifocal lenses - (a) of a spherical power of not more than 6 dioptres with a cylindrical power of not more than 2 dioptres; (b) of a spherical power of not more than 2 dioptres with a cylindrical power of more than 2 dioptres and not more than 4 dioptres. | E | £55.40 |
| With bifocal lenses - (a) of a spherical power of more than 6 dioptres but less than 10 dioptres with a cylindrical power of not more than 2 dioptres; (b) of a spherical power of more than 2 dioptres but not more than 6 dioptres with a cylindrical power of more than 2 dioptres but not more than 4 dioptres. | F | £70.40 |
| With bifocal lenses - (a) of a spherical power of 10 or more dioptres but not more | | £91.30 |

| | | |
|--|---|---------|
| than 14 dioptries with a cylindrical power of not more than 6 dioptries; (b) of a spherical power of not more than 10 dioptries with a cylindrical power of more than 4 dioptries but not more than 6 dioptries; (c) of a spherical power of more than 6 dioptries but less than 10 dioptries with a cylindrical power of more than 2 dioptries but not more than 4 dioptries. | G | |
| With prism-controlled bifocal lenses of any power or with bifocal lenses - (a) of a spherical power of more than 14 dioptries with any cylindrical power; (b) of a spherical power of not more than 14 dioptries with a cylindrical power of more than 6 dioptries. | H | £177.00 |
| Not falling within any of paragraphs 1 to 8 above | I | £164.80 |

SCHEDULE 6

(Paragraphs 39 and 41)

OPTICAL APPLIANCE REPAIR OR REPLACEMENT VOUCHER VALUES

| Repair or replacement type | Letter Codes (See Schedule 6) | | | | | | | | |
|----------------------------|-------------------------------|-------|-------|--------|-------|-------|-------|--------|--------|
| | A | B | C | D | E | F | G | H | I |
| | £ | £ | £ | £ | £ | £ | £ | £ | £ |
| One lens | 10.00 | 18.35 | 29.60 | 74.45 | 21.65 | 29.15 | 39.60 | 82.45 | 76.40 |
| Two lenses | 20.00 | 36.70 | 59.20 | 148.90 | 43.30 | 58.30 | 79.20 | 164.90 | 152.80 |
| Front of a frame | 10.25 | 10.25 | 10.25 | 10.25 | 10.25 | 10.25 | 10.25 | 10.25 | 10.25 |
| Side of a Frame | 6.10 | 6.10 | 6.10 | 6.10 | 6.10 | 6.10 | 6.10 | 6.10 | 6.10 |
| Whole Frame | 12.10 | 12.10 | 12.10 | 12.10 | 12.10 | 12.10 | 12.10 | 12.10 | 12.10 |

SCHEDULE 7

(Paragraph 43)

ADJUSTMENT TO VOUCHER VALUES FOR PRISMS, TINTS, PHOTOCHROMIC LENSES AND SMALL AND SPECIAL GLASSES

| Type of adjustment | Increase in voucher value: |
|--|----------------------------|
| Each single vision lens containing a necessary prism | £10.40 |
| Each other lens containing a necessary prism | £12.50 |
| Each necessary single vision tinted lens | £4.00 |
| Each necessary other tinted lens | £4.50 |
| The supply or repair of the whole frame of small glasses | £52.80 |
| The repair of the front of a frame of small glasses | £46.80 |
| The repair of the side of a frame of small glasses | £25.40 |
| The supply of the frame of glasses which are required to be specially manufactured on account of a person's facial characteristics | £52.80 |
| Each plastic lens where the appliance has been prescribed for a child | £3.00 |
| Each toughened lens where the appliance has been prescribed for a child | £6.00 |

SCHEDULE 8

(Paragraph 47)

EXEMPT CONDITIONS IN RESPECT OF VISITORS

| | | |
|--|--|---|
| acute encephalitis | acute infectious hepatitis | acute poliomyelitis |
| anthrax | botulism | brucellosis |
| cholera | diphtheria | enteric fever (typhoid and paratyphoid fever) |
| food poisoning | Haemolytic uraemic syndrome (HUS) | human immunodeficiency virus (HIV) |
| infectious bloody diarrhoea | invasive group A streptococcal disease and scarlet fever | invasive meningococcal disease |
| legionnaires' disease | leprosy | leptospirosis |
| malaria | measles | middle east respiratory syndrome (MERS) |
| mumps | pandemic influenza or influenza that might become pandemic | plague |
| rabies | rubella | severe acute respiratory syndrome (SARS) |
| smallpox | tetanus | tuberculosis |
| typhus | viral haemorrhagic fever (including ebola) | whooping cough |
| yellow fever | | |
| any other condition which is considered to be a public health emergency of international concern | | |

SCHEDULE 9

(Paragraph 50)

ACCOMMODATION ALLOWANCES

| Location | Maximum per diem |
|-----------------|-------------------------|
| | |
| London area | £42 |
| Anywhere else | £28 |
| | |