

5. Leave to Introduce

A Bill to establish an independent health regulator – Leave to introduce – Debate commenced

The Hon. Member for Douglas South (Mrs Beecroft) to move:

That leave be given to introduce a Private Member's Bill to establish the office of independent health regulator; and for connected purposes.

The Speaker: Item 5, leave to introduce. I call on the Hon. Member for Douglas South.

Mrs Beecroft: Thank you, Mr Speaker.

I will try to be brief because it is actually a very simple principle.

The Bill that I am asking leave to introduce is to provide for an independent health regulator and you will all remember that I brought a motion to Tynwald in July, asking for this very thing.

The main grounds for opposing this appeared to be that the West Midlands Quality Review reports were not due to be completed until March 2017 and that there had been enough upheaval without having an independent regulator as well.

The idea of the proposed legislation is that it can be ready for use at an appropriate time following the completion of the West Midlands reviews.

I would point out that, when people look to relocate anywhere, the main areas that they look at are what standard of living that they can achieve in the area that they are looking to move to. As we have heard before, they look at crime rates. That is very important. In fact, it came out the top consideration in both independent surveys done in 2011.

And the other very important areas that they look at are: health, education and then ancillary matters like property prices: what type of property can they afford to live in; how their children are going to be educated and what sort of health service does the area have.

I think it is very important we cannot be seen to lag behind our competitors if we are serious in our commitment to attract inward investment to the Island. And we are falling behind our competitors and our neighbours. England has the Care Quality Commission. Scotland has the Healthcare Improvement Scotland. Wales has Care and Social Services Inspectorate Wales. Northern Ireland has Regulation and Quality Improvement Authority. Ireland has Health Information and Quality Authority. Jersey has recently passed a law requiring an independent Health and Social Care Commission to be set up and to come into being by 2017. Guernsey is having discussions and considerations at the moment as to whether it would benefit from a statutory health and social care regulator.

So, we really are falling behind here. I believe it is necessary to have a regulatory body to provide the oversight and the quality assurance that ensure best practice is followed and maintained. It is no good having all the West Midlands reviews and then, once everything is implemented, having no oversight. It is a crucial element of good governance and protection.

This legislation, if it is supported today, will provide a long-term strategy and protect the standards of our health care for generations to come. The proposed legislation is about a fundamental function of government which is to protect its people. People are often at their very most vulnerable and most in need of adequate safeguards when they are ill.

The details of how people want this to be achieved, such as whether the regulator should be on Island or if we should form an alliance with one of our neighbours, can be debated and decided at a later date, but today is the principle of it. Do we want to protect our people, including our health professionals, by having an independent regulator or do we not? There is public support for this and there is professional support for this and I do hope that Members will support it as well.

I would welcome input from any Members who feel that this is important and who would like to work with me. If they are interested in working, I would be delighted to have their input and to bring this forward in a suitable manner later on.

Thank you, Mr Speaker.

The Speaker: The Hon. Member for Onchan, Mr Karran.

Mr Karran: Vainstyr Loayreyder, I rise to second and reserve my remarks.

The Speaker: Hon. Member for Middle, Mr Quayle.

Mr Quayle: Thank you, Mr Speaker.

I should say at the outset that I am disappointed to see the motion from the Hon. Member for South Douglas, which is remarkably similar to the one which she introduced in Tynwald Court in July of this year. The *Hansard* record of the debate in the other place runs to some 24 pages and so it cannot be said that the matter was not discussed in detail and at length. The result was emphatic: Tynwald Court rejected the Hon. Member's move to introduce an independent regulator for the health services by an overwhelming majority.

It is not for me to say, but I do not know why this House is being asked to go over the same ground so soon afterwards, though the Hon. Member has tried to maybe clarify her points, but they are not really different from the argument put forward earlier.

As Hon. Members will recall, my Department's strategy for the coming five years was approved unanimously by Tynwald Court on 20th October, only two weeks ago. We are now preparing to start the planning phase, ready for delivering that strategy. Our aim is to transform health and social care services in the Isle of Man, and I do not intend to repeat the key objectives here today.

I feel obliged, Mr Speaker, to repeat some of the points which I made in Tynwald Court in July. Since my appointment as Minister for Health and Social Care, I have championed the scrutiny of our services by, for example, the West Midlands Quality Review Service, which the Hon. Member for Douglas South mentions. However, it does not just stop there: the Department has established the Quality Improvement Board at Noble's Hospital, to address the recommendations of external scrutiny bodies.

In January of this year we introduced the Corporate Governance Board, which is chaired by a lay member and advises the Department on actions that are needed to mitigate risk and ensure compliance with both statutory requirements and the recommendations of internal and external inspection bodies.

The introduction of the Regulation of Care Act 2013 and the Healthcare Professionals Act 2014 has strengthened regulation and inspection activity.

We are consulting on a new National Health and Care Service Bill to replace the existing NHS Act 2001 which includes powers relating to the commissioning of independent monitoring and review of health services, similar to that currently being provided by the West Midlands Quality Review Service.

We have the Health Services Consultative Committee, a statutorily constituted review body, which submits an annual report to the Department and Members of Tynwald on the discharge of its functions.

There is no dispute, Mr Speaker, that we do not have at this time an independent regulator of health services in the Isle of Man comparable to the UK. However, as I have said before, the cost of introducing oversight by bodies such as or similar to the Care Quality Commission or to monitor it is, in my view, that the cost would be prohibitive. It is also worth pointing out that England has a population of 60 million plus; Scotland, Wales, Northern Ireland and Ireland are in the 4 million to 5 million category. The Isle of Man is 85,000.

It really boils down to: I have a limited pot of money. Now, if Hon. Members want me to take a minimum of £¼ million and we were not gilding the lily on that one. A consultant earns between £120,000 and £250,000 a year. That is the type of person, with qualifications, we would have to employ to do it. They would need admin help; they would then need office accommodation. Where am I going to take that money from? Where would the Hon. Members like me to cut?

In this morning, I got a very distressing e-mail from a member of the public who is waiting for their hip operation, which we are not proud of the fact that our waiting lists are too long at this moment, and we are working and looking at ways of constantly reducing our waiting operations. But, if I am going to be asked to take a minimum of £¼ million out of my budget to have an independent regulator, when I have already reeled off half a dozen committees who are doing that, for a population for 85,000, then I would like the suggestions from Hon. Members who want to support this motion, where they suggest I cut the funding from?

Equally, with that money, just as an example, I could do a full screening from nearly everyone on the Isle of Man for cancer, if I had a spare £¼ million in cash floating around the Department, which sadly I do not.

So, I am absolutely clear that as service providers the many members of staff in the Department of Health and Social Care must strive to provide the highest standards of patient care and safety. I am clear that we are in fact monitoring such standards through internal and external, independent mechanisms.

Concluding, Mr Speaker, for all of the reasons which I have now covered, I do not feel that we need an independent health regulator now and so I will be opposing the leave to introduce. We should never say 'never' of course and circumstances may change, but the regulator is not needed right now.

Thank you.

The Speaker: I call on the mover – Mr Robertshaw. Would Members please indicate a little earlier?

Mr Robertshaw.

Mr Robertshaw: Sorry, Mr Speaker, sorry.

The Minister of Health and Social Care knows full well I am a strong supporter of his strategy and I have indicated in public to that effect. In one of the reasons he gave that we should not have an independent regulator, he mentioned the Regulation of Care Bill, which I personally brought through.

But I still feel, as a principle here, that in the final analysis we do need that independence of mind: (**Mr Karran:** Hear, hear.) that those of us who use our health service, and so most of us, will know, in the final analysis, we can look to that person.

I might suggest that the Minister might be jumping the gun with regard to his determination to see it as £¼ million. That has not been fixed or decided upon, nor the shape, size or where that regulator sits –

Mr Quayle: That is a minimum cost.

Mr Robertshaw: – but that final independence, I think is necessary and therefore I will be choosing to support the mover of this motion.

The Speaker: The Hon. Member for Onchan, Mr Hall.

Mr Hall: Thank you, Madam – Mr Speaker, should I say. (*Laughter*)

I too am tempted to support the mover in this, although I do have some concerns about it, to do with obviously when we are setting up an independent regulator, and that is obviously is what the

Minister has alluded to is the cost and that would probably lie with where my concerns are – although, the principle of an independent regulator, I think, is a very good and it is a very valid one.

I would speak, with regard to an independent regulator: my professional background is from probably one of the most highly regulated industries that there is. However, the UK government – to do with aviation – does require the Civil Aviation Authority, who are the independent regulator, to meet all of its costs entirely from the charges on those whom it actually regulates. And I can tell Hon. Members that those charges that are imposed for that service are absolutely eye-watering. They are running into sometimes hundreds of pounds just to issue one official piece of paperwork.

So we do have to be very mindful about the cost that could come from it, although I do think that the principle of it is a very good one, and I do think in principle that it would be a very good think to have in the Isle of Man, particularly, just like in aviation, to do with safety. Aviation has pretty much led the way, and medicine and health are trying to catch up the aviation example that has been developed since the 1970s.

So there is lots to learn from there, but there is this issue about the cost, and I think we need to be very clear about what those would be. But at the end of the day, at least we should be going and trying to explore this and try and move towards it.

So on that basis, although I would give the mover some caution about this, about the cost that would be involved, but I would support her move for this.

The Speaker: Hon. Member, Mr Karran.

Mr Karran: Vainstyr Loayreyder, I thought it was interesting, the Hon. Member for Onchan's point about the costs as far as the Civil Aviation Authority. But what we need to realise, what is the cost if we did not have a Civil Aviation Authority? Sometimes you have to have these things as far as the situation, wherever it is. I think the point is that he talks about the costs. What is it costing us for not having one?

Vainstyr Loayreyder, as a former Member for Health, unfortunately never made Minister in there, (*Interjection*) the situation is that there has never been a lack of resources for the Health Service. When we had the old Reciprocal Health Agreement that we had, which had flipped after many years – we were in plus, from being in deficit, when we had 300,000 or 400,000 tourists on the Island, where it would have been in the United Kingdom's interests. We must have put in some of the highest levels of per capita as far as our Health Service is concerned, and I would be with the Hon. Member for Ramsey, the Ard-shirveishagh, the Chief Minister: I am not ashamed of that, but the question that has to be asked is whether we got the value for that input, as far as that self-service is concerned, and I think we have got a resounding no, as far as that is concerned. We have as big, if not bigger waiting list than the United Kingdom.

So I do feel that the issue of cost is important, but equally, the issue of having no regulator in the airways would be a disaster, and the costs fail in significance. And I feel that you would find that in this case, that you might actually find that this would end up being cost-effective, and actually cost-neutral, if it is run right.

Time and time again, it is not the lack of resources; it is poor management of those resources that has affected that. And I suppose, if I was Minister of Health and Social Care, maybe if I was looking in short political terms, I would be voting with him on that issue. But we in this House, and there is something that seems to be lacking, is that we have a legislative process outside our executive function. I am disappointed that a Minister of this Island does not seem to realise there is a difference between a declaratory resolution and primary legislation.

This proposal, in my opinion, needs to be looked on a few fundamental issues. This is a way of developing audit and accountability into our Health Services. Every Member in this Hon. House has had something in their manifesto about the Health Services, and how we can improve it, every one of us in this House. This is a way of trying to put some sort of good structures into the systems of government.

You are going to be legislating in the end term and in the next House, Vainstyr Loayreyder, in the situation where you are not going to be able to throw money at a problem, you are not going to have that luxury. So we have got to change, and I actually think that when we hear from the Minister saying about the costs, we will more likely find out this will actually save costs.

Mr Quayle: So why did not you do it when you were on the Department then?

Mr Karran: Vainstyr Loayreyder, I did try, as I say – I tried very much as far as in the Department is concerned.

Mr Quirk: Through the Chair, Mr Speaker.

Mr Karran: And the point is that his initiatives on a multi-number of things were actually initiated by myself.

The likes of all these hip replacements all started when I was in the Department. I was the one that was prepared to take on the medical mafia. I was never the Minister, but I think the point is I do find it quite appalling that the Hon. Member tries to, and it seems a situation with my good friend for Rushen, trying to have a go when they had circumvented the opportunity that you cannot have the situation ... And I think it is important, Vainstyr Loayreyder, that the point is, the Department is not the Members of the Department; the Department is the Minister and the Minister has total power. I do find it rather disturbing that they try and twist that reality, just like they have a block vote.

So, Hon. Members, if you have put something in your manifesto about how you want improve the Health Services and help our people, we need to support this proposal.

He talks about the quarter of a million that he reckons it will cost as far as he is concerned, coming out of his Department. This might not come out of his Department. In fact, to be perfectly honest with you, I want it independent of his Department if it is going to be any use. *(Interjection by Mr Quirk)*

So Hon. Members, before we go down the road of block votes, remember in this House this is a parliamentary assembly. Is there an issue as far as the Health Service is concerned? Is there an issue about health care? Is there an issue about making sure that we actually get what we willingly vote in another place in the Budget for and expect to find as far as our Health Service is concerned? Is it an issue where we increasingly find more people complaining about waiting lists, complaining about different issues as far as the Health Service is concerned?

If the answer to that is yes, then we should be supporting the Hon. Member, the leader of the Liberal Party on this situation.

Vainstyr Loayreyder, there is only now me and the Ard-shirveishagh that has been in here the length of time that we have been in here. *(Laughter)* At one time, there was the convention that unless it was something that was actually damaging to society, leave was not a major issue. I have seen leave to many things that I have not agreed to in the long term, but I wanted the Hon. Members to do the situation of providing primary legislation on issues to debate.

Vote against this thing if you feel that the Health Service is perfect. Vote against this proposal if you feel that we cannot get anywhere further as far as the Health Service is concerned, that is fair enough. But if you vote against this because of that, then that is one thing, but let us be honest in this House: this is something that is important. One of the failures there has been in this House is the lack of audit. This is the legislative process that will not happen overnight. When we talk about the Member behind me, the Hon. Member for Middle talking about, 'We will do it later,' this is not going to happen like that. This has to be created, a legislative framework needs to be developed, and that will take time. It will need an Appointed Day Order.

I hope the newer Members will realise that the fact is that by voting for this, you are not actually voting for something that is going to happen tomorrow or in a fortnight's time. This will have to be

put into a legislative framework to do so, and be debated in this House, in the Upper Chamber, and will almost certainly be enabling legislation, not primary legislation. We will have to wait and see when it is drafted by the Attorney General's.

Hon. Members, I hope you support this proposal, otherwise you are deceiving your constituents when you put in your manifesto about the issue of the healthcare and wanting to improve healthcare. Everything needs audit and I believe that this is the way forward; we cannot afford not to have the cost – just like we could not afford not to have the cost with the CAA as far as things, otherwise you would have crashes every week around the world.

The Speaker: Hon. Member for Douglas, point of order.

Mr Watterson: Point of order, Mr Speaker.

I do not believe that the Hon. Member is entirely justified in saying that Members are deceiving their constituents.

The Speaker: Yes, I think really the Hon. Member should know better than to imply things like that. We will leave it at that, shall we? (*Interjection by Mr Karran*)

Hon. Member for Douglas West, Mr Thomas.

Mr Quirk: Till the next time.

Mr Thomas: Thank you, Mr Speaker.

I just wanted to say that I think the previous speaker, the Hon. Member for Onchan, is actually being slightly misleading. I can say that as being one of the five people that voted for principle of an investigation of an independent health and social care regulator back in July, on 23rd July, making some remarks then that I did about the structural deficit, as I described it and as I perceive it in Health and Social Care. So this is not actually about the principle; this is actually about do we give leave at this time? There are a few questions I want to ask about that, which I hope can be addressed in summing up or by other speakers before we get to that stage.

The first one is: is this motion actually clear enough? I am not sure it is. For instance, 'regulator' – what is a regulator? Is it a regulator process? Is it a regulator of the people? Is it a regulator of the products? Is it a regulator that the complaints are actually being handled properly and then passed to an ombudsman that is working properly? Massive issues that really need to be investigated, and are very important issues. I see this as being premature; because I do not think we have thought through those issues strongly enough.

I am disappointed to only see health down there, because to me it is very important to see social care and health, and all those other things addressed and looked at together.

What is independent? The mover today actually made a persuasive case as picked up by other people that this issue can be addressed in different ways has been different places. And what is independent? Where is this body going to be located? How is it going to relate to other bodies that could help it do its work, in the same way that we engage the West Midlands body to help us do our work?

And finally, I hate this figure of £250,000 for the cost of regulator, because it says here the office, which has now been estimated to cost £250,000 for the Minister, but as far as I know, that number is likely to go back to the secret Oxera regulatory report on the cost of the gas regulator, when the figure of £250,000 was postulated and now it has become sacrosanct that this is going to cost £250,000.

So I would say to the Hon. Member moving is that this is incredibly important principle, and I already demonstrated with my vote and my speech back in July that I accept that. However, I believe it is premature to bring it now. I do not think there is time in this remaining House to actually deal

with these issues satisfactorily, and I believe a Private Member's Bill is quite likely to fall as a consequence.

Secondly, we do actually have a massive Health Services Bill coming up and that is exactly the sort of thing I would want reassurance from the Minister, to say that he is actually already doing the pre-legislative consulting about it and that that is exactly the sort of Bill that should go to a committee to be considered properly in a committee. So to me, the mover of this motion, with good intention, has actually got the opportunity to try and amend that Bill to actually achieve all of these purposes, to address the structural deficit we have in health and social care.

And finally, we have got a newly appointed Member of this House, who is a newly appointed member of the Social Affairs Policy Review Committee, and I hope that this is exactly the sort of issue – and exactly the sort of issues that I have tried to raise – which are actually being looked at inside that Policy Review Committee and that they can include it in their work plan for the coming year.

And with that, unless the mover can do something incredible, I am minded to put on record that I will not actually be supporting leave to introduce at this stage, but my support for the principle remains undiluted.

A Member: Hear, hear. Well said.

The Speaker: Hon. Members the clock has beaten us. We shall resume at 2.30 when the next Member to be invited to speak will be Hon. Member for Glenfaba, Mr Boot.

We resume at 2.30 p.m.

*The House adjourned at 1.03 p.m.
and resumed its sitting at 2.30 p.m.*

**A Bill to establish an independent health regulator –
Debate continued –
Motion lost**

The Speaker: Please be seated, Hon. Members.

Now, Hon. Members, we resume our consideration of the motion for leave to introduce in the name of Mrs Beecroft, and I call on the Hon. Member for Glenfaba, Mr Boot.

Mr Boot: Thank you, Mr Speaker.

Well, after a seafood lunch, I hope this, my maiden speech will not be too fishy!

But anyway, as a newly elected Member, I am only too aware of manifesto commitments and discussions about the Health Service on the doorstep. Post-election, I have tried to reassure constituents that we have a review in process and there as the Hon. Member, Mr Thomas pointed out, I am a newly elected or appointed Member of the Social Affairs Policy Review Committee, which scrutinises, or can scrutinise, the Health Service, and I am sure will in the future.

Bearing in mind cost constraints, I think the present proposal is premature and we should perhaps wait until the review is complete and leave the Social Affairs Policy Review Committee to get on with its work. (**A Member:** Hear, hear.) The analogy between the CAA and an independent regulator for the Health Service does not sit well with me. As someone involved in aviation regulation, there is a lot of discontent within the industry in the way in which the regulation is perpetrated and in particular, the cost and overregulation and there have been many calls for a lighter touch because of overregulation.

Maybe the analogy here is that we already have the review process and a standing committee that scrutinises; perhaps we do not need an additional layer of expenditure. Maybe in the future,

having spoken to the hon. proposer over lunch, a lower cost shared regulator may be appropriate, but at the moment I think it is premature.

Thank you.

A Member: Hear, hear.

The Speaker: I call the Hon. Member for Ramsey, Chief Minister, Mr Bell

The Chief Minister (Mr Bell): Thank you, Mr Speaker.

Mr Speaker, I only have a couple of short points to make.

First of all, I would urge Hon. Members, before they decide on this, to listen carefully to the comments made by the Minister for Health. The huge pressures that the Department is under at the moment, with various reviews going on from various different directions at considerable cost – does the Health Service at this stage need to introduce yet another layer on top of everything else? We know what the problems are. We are working very hard, as we have done for the last couple of years, now re-energised with the attention of the new Minister, to try and resolve these. We are, bit by bit, making progress. But if this was to go through now and be accepted, there would be not just more financial burden on the Health Service, which would have to come from somewhere else – it would either have to come from within the Health Service itself or from other Department – or it would, as I say, draw it away from other Departments' priorities.

Two points, though. First of all, I think someone mentioned that it has been tradition to vote in favour of leaves to introduce. It has been practice, but we are not obliged to do this, and I would urge Hon. Members, unless they feel confident that they can support this issue, it would be wrong to give leave to introduce, if only for one reason, and that is the legal draftsman. We are seriously struggling in the legal draftsmen department of the Attorney General in getting the time available to draft new legislation and to keep up with the regulations coming along. If this is passed with Members having no intention ultimately to pass legislation itself, then this is going to another burden placed on the Attorney General's office at a time when it is seriously creaking under the pressures of other Government activity.

So I would urge Hon. Members, please, in no way dismissing the principle of what this resolution is about, but at this time, as the hon. previous speaker says, it is premature, and I would urge Hon. Members to vote against it.

In doing so, Mr Speaker, could I congratulate the Member for Glenfaba on his excellent maiden speech. (**Members:** Hear, hear.) I am sure we will be hearing a great deal more of them.

Thank you.

The Speaker: Hon. Member for Michael.

Mr Cannan: Thank you, Mr Speaker, and can I too congratulate Member for Glenfaba on his maiden speech.

I just want to really pick up on the issue of outcomes here and to try and get to the bottom of what outcome the Hon. Member, who is moving this motion, is actually seeking, because I am just not clear. She is asking here for an independent health regulator and for connected purposes, but it appears to me that the National Health Service on the Isle of Man is already significantly well regulated and so closely linked to the UK, I just cannot see what an independent health regulator is actually going to achieve, or indeed is actually going to be able to achieve.

There are 12 organisations in the UK known as health and social care regulators. Each organisation oversees one or more of the health and social care professions, by regulating these individual professionals across the UK, and of course the regulators are there to protect the public. So I just do not see how an independent, Isle of Man regulator is going to do anything else, as it appears to be inferred, other than confuse the situation. We already have the General Medical

Council, which will be well-known to Members. It is regulating the professional doctors. We have got the Nursing and Midwifery Council regulating the nurses and midwives. There is the Health and Care Professionals Council, the General Dental Council, the Care Council for Wales, the General Chiropractic Council, the Optical Council, the Osteopathic Council, the Pharmaceutical Council, etc. Mr Speaker, I just cannot get the concept of what difference an Isle of Man independent health regulator is going to achieve, unless the Hon. Member who is moving this is really seeking an additional back-up to having an independent complaints regulator – which really is a different matter.

I think we really need to be very clear on this because if we set off down the route of trying to legislate for an independent health regulator, we could run into serious difficulties without clear parameters as to what is actually trying to be achieved here and we could run into difficulties around the regulatory abilities of the GMC, the Nursing and Midwifery Council and the other regulatory bodies are regulating our healthcare professionals.

The other matter, of course, is that we have recently, and are still spending millions of pounds on undertaking a very comprehensive review of the delivery of health care on this Island, that Members, including the Hon. Member who moved this Bill were fundamentally core to achieving. And I do think there is a valid argument to saying we really do want to wait until we have seen the outcome of that review. Otherwise, we are in danger of firstly doubling up on areas potentially, or getting ahead of the game, if you like, in terms of where that review is leading. And secondly, it may well be that that review indeed does not come up with any such recommendations about having a health regulator as such.

The NHS as a whole is struggling as it is. We know there are financial problems there, and we know that there are issues with morale and indeed issues in recruitment. I think that we have to be very careful that we do not go down the route as politicians of adding further pressure to a system that is already creaking. The Minister, who of course is opposing this, is already under significant pressure as it is. Whilst I accept this may be some way down the line, nevertheless, the fact that we have no clear outcomes around this, we already have all these regulators in place anyway which are delivering this regulation.

I think we need on some real charity around what is actually expected, and if it is a complaints ombudsman that the Hon. Member is looking to resolve – in other words, dealing with complaints and making recommendations of the changes – then I think she needs to be very explicit about that, and I think that a health regulator is not necessarily the right description for that. So unless the Hon. Member can come up with some magical explanation or clarification, exactly what she is trying to achieve, what outcomes are going to be delivered here ... and I think we should be delivering outcomes. I do not think we should be just delivering a position where we have a regulator in statute, like we have an Auditor General in statute, and yet we have never done anything about bringing that to fruition, because I think, particularly at this stage of the democratic process, in terms of the parliamentary stage, but more importantly because of the financial implications and the time implications, we should not be wasting people's time, engaged in matters that are not really going to take us towards any real beneficial outcome.

So I look forward to the Member's explanation, because there is a small chance she could convince me, but I doubt it.

The Speaker: I call on the mover to reply, Mrs Beecroft.

Mrs Beecroft: Thank you Mr Speaker.

I would like to thank everybody who has contributed to this, because I do think it is a very important debate and it is about a principle as much as anything. If I can, I will try and address all the concerns, and comment as we go along.

Minister Quayle said that he was disappointed in my asking for leave to introduce this legislation. I have to say that the disappointment is reciprocated in this instance. If I can remind people what I

said and what Mr Quayle said, I said this is to be ready to come in after West Midlands have finished their reviews, at an appropriate time. I did not say it was to come in right now, and if I could remind Minister Quayle of just what he said in the October sitting of Tynwald, when I gave my full support to his strategy, but was disappointed that there was no mention of an independent health regulator, and this is quoting from *Hansard*. Minister Quayle said:

We then come on to Mrs Beecroft. I thank her very much her support ... and plateauing costs.

I think maybe he needs to look at the *Hansard* for that, because I am not sure what that is.

Independent health regulator – bless her. She never gives up.

I will forgive him for being patronising in this instance. He carried on to say:

I think when we discussed this at the time, she has to remember, I never said no forever. I just said that the Health and Social Care Department is under such intense inspection at the moment that it would be absolutely mad, in my opinion, to bring in a regulator in the middle of all the inspection work that is being done.

I quite agree with him, I have not said anything that disagrees with that.

He went on:

However, I did not rule it out once the dust had settled,

– again I am in agreement –

if it was still felt that there was a need for an independent regulator in the future, then it could well happen. So I do not want to say I am going to support it in the future but I did not say I was totally opposed to that idea. I hope that cheers her up.

And it did to the point that I thought, well let's get the legislation ready when the dust has settled and when all these reviews are finished, and when it is the appropriate time to have an independent health regulator.

Mr Quayle: Excuse me, Mr Speaker, would the Hon. Member like to give way, so I could just clarify a point which I think is very important?

The Speaker: Mrs Beecroft?

Mr Quayle: And I thank her for giving way as it is something I do not like to use too often.

Can I just we are not that far away, Mrs Beecroft and myself, Hon. Members, but there is one fundamental issue where I think she has misinterpreted what I have said, so I just wanted to clarify to you.

When we know what the problems are and have the recommendations back, then we can build, if it is required, and that is the 'if', a regulation and inspection system that is relevant for the Isle of Man, based on the findings of our years of inspection. If we go ahead and try and draft something now, when we do not know what is going to be found, then we would be wasting – as the Chief Minister has eloquently put it – legislative drafting time and we might have come up with something that is totally irrelevant with what we require, going forward.

Thank you, Mr Speaker.

The Speaker: Mrs Beecroft, thank you.

Mrs Beecroft: Thank you, Mr Speaker, and I think we are not that far off, but I think we are *that* close – and 'that close' is the 'if' word. Two little letters, 'if' – *if* we need a regulator. Of course we need a regulator! No matter what West Midlands' reviews come across, we need a regulator going

forward. When our health services are perfect, we need a regulator. There are no if's about this, so yes we are very close but that 'if' word is keeping us apart.

I have applauded the Minister for the actions that he has taken and I know he has worked very hard in achieving the progress that he has. I am not knocking that, I never have. And he thanked me for his support – I just read it out, so he knows I am supportive of what he is doing, what he is trying to achieve.

He says he has got all these different committees, he quoted them out before. Yes, he has got a lot of committees and again, I applaud him for bringing those committees into being, or for continuing the ones that were already there. We need them. I am not arguing against that, but they are committees – they report. They do not regulate. They do not have teeth, and that is the difference in that.

I thank Mr Robertshaw for his support, because I know he is in favour of the principle and that is what this is about today. It is the principle of the need for a health regulator. Again, he mentioned the cost which was corrected by Minister Quayle later on. It is Minister Quayle who has brought this 250,000, but I will address the cost element all in one go, if I may, because many Members have brought this up, and it is a valid point. But there are arguments that I will show to you why it is not rational.

Again, Mr Hall mentioned the cost. I would throw in a couple of points actually, just to keep Members' interests on costs as we go along, a little bit. At the moment we have, from memory, and I should have looked at it before today, something like £7 million in a medical indemnity fund. But I believe that the last accounts said we actually needed something like £9 million to cover all the possible outstanding claims or what the auditors felt was a sensible figure. Now, if having an independent regulator reduces that figure, does that not go towards paying some of those costs? **(Mr Karran: Hear, hear.)**

If we had a regulator, it would improve morale within the Health Service, because they know that they have a final backstop as well, somebody that they can go to. As well as the patients in all this, the staff need support. If they know that they have got a last resort, somewhere they can go to when they are *really* concerned about something, staff morale would be improved. The Chief Minister agreed with me this morning when we were talking about a living wage, how much a good staff morale improves performance.

Of course I thank my seconder, Mr Karran, and for his valid points, and his support.

Mr Thomas brought up, he said he was one of the five who supported me in the July sitting of Tynwald, and I thank him for that. He did say that if I could be, I think his words were, 'incredible enough', he might change his mind and support me today. So let's see if I can be incredible enough for him.

He said that the role of the regulator, its remit was not clear. Well, it will not be clear today. I am asking for the principle to be approved to bring the detail back. And I have said I will work with Members. If anyone has got concerns about the detail, let's work together, let's get this done. We can come up with something that we can all be proud of, that we can all get behind, that we can all support.

It is again, independence: how is that going to be achieved? That is the detail. The cost, and I say I will come back to that; and is there time? I believe there is time. If there is a will, there is a way **(Mr Karran: Hear, hear.)** and even if it takes longer, it will be there as far as we have got, for the next administration to have a look at. I know they have got a start again with leave to introduce and having all the readings again, but it will still be there. It is something as a basis that they can work from, they will not have to start from scratch, when it becomes more and more apparent, should this fail now, and it will become more apparent that we do need this regulator.

The work the West Midlands have done, I think is exceptionally valuable and particularly for the new Members, I would encourage them to read the reports on the website. It makes it clear that we are not up to standard. Some of the areas of best practice, we perform less than 40% of what we should do and that is not good enough. And I know that great efforts are being made to raise the

standard of our healthcare, but as I said before, even it was perfect tomorrow, I would still want an independent health regulator, because that maintains that high standard that we are trying to achieve. How do we know that is not going to slip back if we do not have some sort of oversight on this?

I point out that the Healthcare Commission back in 2007 cost us money. West Midlands have cost us money, but it would have been money that is well spent if the recommendations are acted on. And if we had a regulator, would we need to be paying for these expensive reviews every so often, after things have started to go wrong – another way we can save money.

And again, coming back to points that Mr Thomas made, and actually the Chief Minister as well, said about the legal draftspeople, their limited time. There is, and I know all Departments are struggling with it at the moment trying to get their legislation through, trying to get it drafted to bring to us. But my understanding is that a percentage of draftpeople's time can be allocated to Private Members' Bills, and at the moment there are no others going through the system that I am aware of. So there should certainly be enough free time from a draftsman's point of view, from that perspective, to allow it to proceed quite quickly.

So I have said before, even if there are delays and it has not completed all the readings, we have not had all the readings, it will be in a format that the next administration can actually go 'Well, we are just going to change this bit and use that as our basis and start again.' It will not be just a complete waste of time.

I do not think it is a complete waste of time anyway, because it has given Members a chance to air their concerns, which most of it seems to be coming back to cost, and the fact that people think it is premature, I do not see how it can be premature, what are we waiting for? We do not need to wait for the West Midlands reviews to be finished because it is needed anyway. As soon as they are finished we need something in place.

I think I have addressed Mr Thomas's points, so I hope I have been incredible enough that I can make him change his mind and support me, when I have finished the other points that I know that he will listen to, because he is very diligent.

Mr Boot mentioned that he is on the Social Affairs Policy Review Committee, and that that is part of the scrutinising. Yes it is, all these committees scrutinise, but they scrutinise after the event. They are not something that can come in and say, 'I want to see this now.' – to walk into the hospital, do a spot check and say, 'I'd like to think to see that please, see if everything is going alright.'

And this is another reason, because an independent regulator would actually improve the benchmarking that we should be doing. And then you can actually see by the benchmarking by the statistics, the data that is coming out, you can see which areas are slipping. And he can say to the Minister for Health, what you doing about this? And then if he does not get a satisfactory answer, he may follow it up.

This is another thing. It is almost like having an audit of a company. If you have sufficient internal control, sufficient control that the auditors can place reliance on, like your internal audit function, your financial controls, etc. with a company, it does not cost that much to have an audit. The time audits become very expensive is when the auditors look at something and it does not stack up and they need to investigate it further. If an auditor can be satisfied with the strength of the internal controls, it does not cost that much money. That is where all these committees that the Minister is quite right in having, that is where they come in because they will have done a lot of the work and collated a lot of the data and asked a lot of the questions that a regulator would be asking. So it does not need to be as expensive.

It is not overregulation we do not have regulation; we have review. We have committees making recommendations. We have reviews. We do not have regulation. And again I come back, I made the point before: I believe that it is not premature.

I am glad the Chief Minister is not against the principle of this. He mentioned about the pressures of draftspeople, I think I have already addressed that point, and the financial burden, I think I have partially addressed that point.

Mr Cannan said, what is the outcome? And we are already significantly well regulated. No, we are not. Individual professions are well regulated. We have the GMC and all the others, I am not denying that and they play a very significant role, but we do not have a regulator.

If all these other organisations that regulate the professions involved in health were sufficient, why do all our neighbours and our competitors have an independent regulator? It does not make sense does it? If they think they need a regulator, and yet they have got the regulations for these professions. Sometimes the professions are well regulated, and their management is not, and the management is not doing its function correctly, and things can happen that the professionals do not like. They have nowhere to go apart from to their professional bodies, if we are employing them that is not good enough. We should have a regulator that they can go to when they work for us here, the same that every comparable jurisdiction has.

And again Mr Cannan mentioned the cost and waiting for the outcome of the reviews. Again I say, what is the point of waiting for the outcome of the reviews before we start introducing this legislation? We are going to need it anyway. The reviews are just that. Are we going to wait another five years, and then find another company or another organisation to come in and do reviews all over again that we actually do not have to take any notice of?

That happened with the Healthcare Commission in 2007. There were over 70 recommendations. Years later, it had not all been carried out. Some of the regulations had been overtaken and things have changed, a couple of them – yes, I will agree with that. But not the majority that were never, ever carried out and remain outstanding to this day.

Mr Cannan said we should wait and see if the reviewers recommend a regulator. Well, they are not going to. It is not their remit to do that. They have been given a specific remit and specific areas, that they are to look at and report on, and to say whether we need a regulator or not is not part of that remit. It is not their terms of reference. So I am afraid you will be waiting a long time if you think that they are going to report on that.

Just looking for any points that I have not addressed, Mr Speaker, I think I have covered most of them. I think it boils down to two real areas of concern that I think Members have, and that is the cost and whether we are doing this prematurely. I do hope I have addressed the fact that we are not doing this prematurely, and as for the cost, I said in my opening comments that we should try to form an alliance with one of our neighbours, or a group of neighbours – maybe the Channel Islands, maybe the North-West of England. Maybe we could do some service in return with them – particularly if it is the Channel Islands, where they are trying now to get a regulator. Maybe we could share one, or maybe we could go and review an area for them and they could come here and review an area for us. I do not know. To be quite honest, I am actually really open as to the detail of this. It is the principle that matters and there are ways of getting the cost down.

So I am not being prescriptive about the detail, because I am not even saying that I have all the best ideas of the detail yet. I am saying let's get the principle agreed. We can work on the detail and everybody can input into that detail. There must be far more suggestions in people's minds and in the public's minds as well, and the professionals' minds too, when they get to hear if this is going ahead, I am sure they will want to contribute to that. And we could come up with some very good ideas and something that would be robust enough and cheap enough to take us forward.

I hope I have addressed everybody. If I have missed anything out, I apologise. I do hope Members will support the principle of this Bill.

Thank you, Mr Speaker.

The Speaker: Hon. Members, the motion is that set out at Item 5 in the name of Mrs Beecroft, leave to introduce. Those in favour, say aye; against, no. The noes have it.

A division was called for and electronic voting resulted as follows:

FOR

Mrs Beecroft
Mr Hall
Mr Karran
Mr Robertshaw
The Speaker

AGAINST

Mr Bell
Mr Boot
Mr Cannan
Mr Cregeen
Mr Harmer
Mr Houghton
Mr Malarkey
Mr Quayle
Mr Quirk
Mr Ronan
Mr Shimmin
Mr Singer
Mr Skelly
Mr Thomas

The Speaker: With 5 votes for, 14 against, the motion therefore fails to carry.