

## 1. National Health and Care Service Bill 2016 – Third Reading approved

Mr Coleman to move:

*That the National Health and Care Service Bill 2016 be read a third time.*

**The President:** Proceeding to Item 1 on our Order Paper, I call on the Hon. Member, Mr Coleman, to take the Third Reading of the National Health and Care Service Bill.

**Mr Coleman:** Thank you, Madam President.

I am pleased to move the Third Reading of the National Health and Care Service Bill. This Bill modernises the legislative framework for the provision of health and care services by, most significantly, introducing the National Health and Care Service Charter and Schemes. The Bill will support the delivery of the Department of Health and Social Care's five-year strategy for Health and Social Care and will allow the Department to continue to deliver its obligations, including when they are closely linked to UK regulatory regimes.

The six key deliverables in the Bill are: (1) an integrated Health and Care Service; (2) provision for a Health and Care Service Charter, which must be published and laid before Tynwald; (3) provision to create detailed Schemes, which must be published and approved by Tynwald; (4) a revised approach to charges and contributions; (5) strengthening our position with regard to commissioning and contracts, including our requirement to hold an approved service provider list; and (6) strengthening the roles of our committees and complaints processes.

The proposed Charter will set out the Department's general commitments for health and care services and has partly been included in response to the Francis Working Group Report which was previously laid before Tynwald. This report commented on the public inquiry into failures of care at Mid-Staffordshire National Health Service Foundation Trust and stated that consideration should be given to the development of a constitution for the Isle of Man National Health Service similar to the National Health Service constitution in England.

The Schemes will provide the detail about what and how our national health and care services will be provided and will be published in a manner which will mean that they are easily accessible and meaningful to everyone who may wish to read them.

The Bill provides for the Department to continue to make charges for, or to make contributions towards, the costs of providing National Health and Care Services and confirms that in this respect the Department must be fiscally aware and have regard to the funds available to it.

At the last sitting, Members spoke about the potential for extending charges – for example, in respect of overseas visitors – and for extending means testing. Reference was made to the original National Health Service concept whereby care was to be provided free to all at the point of delivery, but as I have stated previously, the economic climate is now somewhat different from that which existed in 1948. We must realign our thinking on how we deliver services to ensure that in future we can still provide care to all those who need it in a responsible and appropriate way. It is incumbent on the Department to review all services and charges and, where appropriate, to adapt its charging mechanisms whilst taking into consideration the ability of individuals to pay and any existing reciprocal healthcare arrangements with other countries.

The Bill also makes specific provision for commissioning and contracts with external private service providers such as GPs and dentists. This again creates opportunities for services to be provided in a different way, but I should stress that this Bill should not be considered to be a first step towards privatising the National Health and Care Service.

A new provision is the introduction of a charging mechanism to facilitate the movement of stranded patients from an acute hospital setting to accommodation more suited to their ongoing care needs. In order to cover the additional costs which are associated with acute hospital care, the

charge will be considerably higher than the charge for a bed in a residential or nursing home. However, we must be clear that the Department also has a very strong duty of care to support vulnerable people and would only initiate the charge with the utmost sensitivity when every other avenue has been explored to encourage patients and their families to secure appropriate accommodation of their own accord.

Other new provisions include extending the potential for Department facilities to be used for other purposes when they are not needed for National Health and Care Service care – this may also provide an additional income stream for the Department; introducing a legal requirement for the Department to arrange for regular and independent monitoring and review of the National Health and Care Service Schemes; and introducing the potential for the roles of certain statutory bodies to be extended in the future, if this is felt to be necessary – for example, to provide additional scrutiny.

Madam President, I beg to move that the National Health and Care Service Bill be read for the third time and that it do pass.

**The President:** The Hon. Member, Mr Henderson.

**Mr Henderson:** Gura mie eu, Eaghtyrane.  
I beg to second and reserve my remarks.

**The President:** The motion is that the Bill be read a third time and do pass. Those in favour, please say aye; against, no. The ayes have it. The ayes have it. Motion carried.