



NATIONAL HEALTH AND CARE SERVICE (GENERAL) SCHEME 2018

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Statutory Document No. 2018/0104

*National Health and Care Service Act 2016*

NATIONAL HEALTH AND CARE SERVICE (GENERAL) SCHEME 2018

<i>Laid before Tynwald:</i>	<i>17 April 2018</i>
<i>Approved by Tynwald:</i>	<i>NOT MOVED</i>
<i>Coming into Operation:</i>	<i>1 June 2018</i>

The Department of Health and Social Care makes the following Regulations under 8, 9, 10, 11, 12 and 13 of the National Health and Care Service Act 2016.

PART 1 - PRELIMINARY

1 Title

These Regulations are the National Health and Care Service (General) Scheme 2018.

2 Commencement

If approved by Tynwald, this Scheme comes into operation on 1 June 2018.

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;

“**medicines**” includes —

- (a) any prescribed chemical re-agent;
- (b) drugs; and
- (c) appliances (but not dental or optical appliances);

“**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;

“**optometrist**” has the same meaning as the term ‘ophthalmic optician’ as it is defined in the *Opticians Act 1996*;

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

“**pensionable age**” has the same meaning as in the rules in paragraph (1) of Schedule 4 to the Pensions Act 1995¹ as it has effect in the Isle of Man;

“**prescribed**”, when used in respect of a product, means prescribed on a prescription issued by a prescriber; otherwise “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 optical appliances, and includes a form provided and issued under equivalent arrangements having effect in England and Wales, Scotland or Northern Ireland;

¹ 1995 c.26 (of Parliament) see SD 501/97

“**registered pharmacist**” is defined in accordance with the *Medicines Act 2003*;

“**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 will 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, will be treated as the supply of one appliance.
- (3) “Appliance” in subparagraph (2)(b) means any item listed as an appliance in Schedule 3.

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. Steps aimed at so ensuring will include 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 (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 —
- (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) Subject to the Department's duty under section 115 (after-care) of the *Mental Health Act 1998*, subparagraph (2) applies to persons who are or have been suffering from mental disorder.

6 Community care facilities

- (1) The Department will ensure that community care facilities are established and maintained so as to be 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 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 suitably qualified 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 —
 - (i) individually as independent contractors; or
 - (ii) through contracts with practices by which they are employed.

8 Arrangements for general medical services

- (1) The Department will make arrangements with suitably qualified medical practitioners to ensure that every person in the Island has access to adequate personal medical care and attendance.
- (2) Medical care and attendance provided in accordance with arrangements made under section 13(2) of the Act are in this Scheme referred to as “general medical services”.
- (3) In the arrangements 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) the distribution, among medical practitioners with whom the Department has made arrangements, of any persons who have indicated a desire to obtain general medical services but have been refused by the practitioner they have chosen.

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 the Act in respect of—
 - (a) the published application process and procedure established under section 14(4); and
 - (b) the appeals mechanism established under section 14(6),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 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 staff to support the provision of urgent care services.

11 Arrangements for dental services

- (1) The Department will make arrangements with suitably qualified dental practitioners to ensure that every person in the Island has access to dental treatment and appliances.
- (2) Dental services provided in accordance with arrangements made under section 13(2) of the Act are in this Scheme referred to as “general dental services”.
- (3) In the arrangements for the provision of general dental services, the Department will ensure the inclusion of provisions for defining the general dental services to be provided.
- (4) The Department will provide a community dental service to 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 the Act in respect of —
 - (a) the published application process and procedure established under section 14(4); and
 - (b) the appeals mechanism established under section 14(6),

any dental practitioner is eligible to be entered on the list maintained under subparagraph (1).

13 Arrangements for pharmaceutical services

- (1) The Department will make arrangements for the supply of proper and sufficient medicines and the provision of other pharmaceutical services to all persons who are receiving care under the Act.
- (2) Services provided under subparagraph (1) in accordance with arrangements made under section 13(2) of the Act are in this Scheme referred to as “general pharmaceutical services”.
- (3) In the arrangements for the provision of general pharmaceutical services, the Department will ensure the inclusion of provisions for defining the general pharmaceutical services to be provided.
- (4) Where arrangements are made in accordance with subparagraph (1), the Department will ensure that only a health care professional who is suitably qualified may order medicines. If ordered, these must be ordered —
 - (a) from a person with whom arrangements have been made under this paragraph;
 - (b) in respect of a person for whom the health care professional is providing care; and
 - (c) in respect of arrangements made in accordance with section 13(2) of the Act, on a prescription.
- (5) Arrangements for general pharmaceutical services may not be made under this paragraph except with persons who —
 - (a) are —
 - (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 supervision of a registered pharmacist.
- (6) Arrangements may be made under this paragraph with any suitably qualified health care professional for him or her to dispense medicines.

14 List of persons providing general pharmaceutical services

- (1) In accordance with section 14 of the Act, the Department will maintain a list of persons who may provide general pharmaceutical services in the Island.
- (2) Subject to the provisions of the Act in respect of —

- (a) the published application process and procedure established under section 14(4); and
 - (b) the appeals mechanism established under section 14(6),
- a person referred to in paragraph 13(5)(a)(i) or 13(5)(a)(ii) is eligible to be entered on the list maintained under subparagraph (1).

15 Arrangements for ophthalmic services

- (1) The Department will make arrangements with appropriately qualified optometrists 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) Ophthalmic services provided in accordance with arrangements made under section 13(2) of the Act are in this Scheme referred to as “general ophthalmic services”.
- (3) In the arrangements for the provision of general ophthalmic services, the Department will ensure the inclusion of provisions for defining the general ophthalmic services to be provided.

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) optometrists,

who have undertaken to provide general ophthalmic services in the Island.
- (2) Subject to the provisions of the Act in respect of —
 - (a) the published application process and procedure established under section 14(4);
 - (b) the appeals mechanism established under section 14(6);
 - (c) any medical practitioner having the prescribed qualifications; and
 - (d) any optometrist,

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 programmes to protect and improve the health of the population.
- (2) 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) Unless otherwise stated, 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 in the Scheme.
- (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 be able to 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 suspected of having 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*.
- (5) Nothing in this paragraph precludes a person, or the person's representative, from declining exemption or entitlement and electing to pay the relevant charge or costs for care received under this Scheme.

22 When payment of a charge is required

- (1) Where a charge of any sort is imposed by this Scheme, the service provider may require a deposit to be paid. If a deposit is paid, the service provider must issue a receipt to the person making the payment.
- (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 service provider must issue a receipt to the person making the payment.
- (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) will 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 impossible 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 will be refunded in full.

24 Procedure in respect of withdrawal of charges

- (1) A person who wishes to apply for the withdrawal of a charge under paragraph 23 may write to the Department requesting the 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 by the parties, to answer any questions the Department may have in respect of the application; and
 - (b) will 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 will 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 will —

- (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 will immediately so notify the person in writing and provide reasons for its decision; and
 - (ii) the applicant may appeal to the Minister, whose decision is 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, will 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 is overpaid, the Department or a service provider, as the case may be, will refund the excess as soon as the overpayment has been discovered.

Prescription charges

26 Interpretation

In respect of prescription charges –

“**medicines**” does not include contraceptive substances or appliances; and

“**patient group direction**” means a direction for the supply of medicines issued as provided for in the Medicines (Pharmacy and General Sale - Exemption) Regulations 2005².

27 Pre-payment certificates

- (1) Any person may obtain a discount on any charges imposed in accordance with paragraph 28. This discount may only be obtained by complying with the following provisions of this paragraph.
- (2) A person may pay in advance for a period of either 4 months or 12 months the charges set out in Schedule 3.

² SD 0013/2005

- (3) The person must complete and submit to the Department along with the payment an application for a pre-payment certificate.
- (4) The Department will present to a person who complies with subparagraph (3) a pre-payment certificate.
- (5) A pre-payment certificate will 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*.
- (6) 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) Subject to paragraph 29 a service provider may make a charge to a person for the supply of medicines which have been requested —
 - (a) on a prescription; or
 - (b) 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 if a required charge has not been paid.
- (4) Where a medicine is supplied in instalments, the charge is payable on supply of the first instalment.

29 When a charge must not be made

A service provider must not make a charge under paragraph 28—

- (a) where a person meets the exemption criteria in paragraph 21, subject to paragraph 30;
- (b) where a person is in possession of a valid pre-payment certificate in accordance with paragraph 27; or
- (c) where a medicine is supplied for personal administration by the person providing the service in accordance with a Patient Group Direction.

30 Exemption 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.

31 Withdrawal of charge

An application for withdrawal of a prescription charge in accordance with paragraph 23 must be made within 3 months of —

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

Dental charges

32 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;

“**listed medicines**” means medicines which are for the time being listed in the British National Formulary as approved for supply in respect of dental services;

“**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.

33 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.

- (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.

34 Charges for replacement restorations and appliances

- (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 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.
- (3) 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 or 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 in accordance with paragraph 23 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, tinted or 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;

“**sight test**” has the same meaning as in the National Health Service (General Ophthalmic Services) Regulations 2004³;

“**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; and

“**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 supply or repair of an optical appliance to a person who is eligible in accordance with paragraph 21.

- (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 the lesser of—
 - (a) 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
 - (b) 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 optical appliance having not been provided in contravention of the *Opticians Act 1996*.

³ SD 18/04

- (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

A person may be eligible for a voucher for the supply of an optical appliance if

—

- (a) the person 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 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 10 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 dioptries 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 Voucher for repair or replacement of optical appliances

- (1) A person who is eligible in accordance with paragraph 21 or, if the person is under 16 years of age, the person in charge of the first-mentioned person, may request 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 a voucher is requested under subparagraph (1) the service provider must obtain confirmation from the Department that it is content for the voucher to be issued.
- (3) 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 for the supply or repair of an optical appliance may present it to any qualified service provider within 6 months of the date on which it was issued.
- (2) Before presenting the voucher, the person must sign on the voucher —
 - (a) a declaration that they are eligible, indicating the grounds of eligibility;

- (b) an undertaking that, if they are unable to show eligibility, they will pay to the Department an amount equal to the value of the voucher;
- (c) an acknowledgement of the receipt or repair of the appliance and in respect of replacement or repair of an appliance;
- (d) a declaration that the 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 and must confirm on the voucher that they have seen this evidence.
- (2) In respect of a voucher for the supply of an optical appliance, the service provider must calculate 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 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 confirm on the voucher that, where required by this Scheme, prior approval has been obtained from the Department for a voucher to be issued.
- (6) The service provider must complete the voucher by inserting the following information –
 - (a) the full cost of the appliance or the repair before any voucher value is applied;
 - (b) the value of the voucher as calculated in accordance with subparagraph (2);
 - (c) the amount actually being claimed where the cost to the supplier of the appliance or repair is less than the value of the voucher;
 - (d) 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;

- (e) 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;
 - (f) 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
 - (g) the date of the supply or repair of the optical appliance.
- (7) A completed voucher must be submitted to the Department for payment within 3 months of the date of the supply or repair 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
 - “**care**” includes care provided in respect of a suspected condition, up to the point that the condition 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 any 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.

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 personal exemptions in this Scheme apply in respect of visitors' charges.
- (2) A visitor may claim exemption under subparagraph (1) if the visitor can provide documentary evidence that they are —
- (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 care 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) the diagnosis of and care for the conditions set out in Schedule 8 which is necessary to protect the wider public health;
- (c) the diagnosis and treatment of sexually transmitted infections;
- (d) family planning services;

- (e) care 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 care; 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 travel for off-Island care

49 **Interpretation**

In respect of expenses for travel for off-Island care —

“**the criteria**” means the Department of Health and Social Care Off-Island Care Criteria, a document maintained by the Department which sets out how the Department will assess —

- (a) whether a person should be referred outside the Island for care under the Act;
- (b) whether that person is eligible for escorts or visitors; and
- (c) subject to this paragraph, what payments will be made in respect of the expenses incurred by a person or their escorts or visitors in respect of travel for off-Island care;

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

“**transport certificate**” means a form signed by a health care professional in accordance with the criteria which confirms that off-Island travel is necessary in order for a person to obtain care under the Act; and

“**visitor**” means a person authorised in accordance with the criteria to visit a person who has been referred outside the Island for care under the Act.

50 **Payments for travel and accommodation**

- (1) The Department will make payments in respect of persons and their escorts and visitors in accordance with the criteria to assist with travel and accommodation expenses.
- (2) A person or the person’s escorts or visitors will only be eligible for payments where a decision for the person to be referred outside the

Island in order to receive care has been made in accordance with the criteria and a transport certificate has been issued.

- (3) The Department may make payments directly to the provider of the travel or accommodation or may make payments to reimburse expenses.
- (4) The following 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 person, escort or visitor; 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 will respond in writing to the written application.
- (5) The amount of all payments in respect of travel for off-Island care will be determined by the Department, taking into account the cost of the travel available on the dates and times when the person, escort or visitor is required to be outside the Island.
- (6) Payments for accommodation expenses which are determined by the Department will be limited to the daily subsistence allowance set down in Schedule 9 as a contribution towards expenses reasonably and necessarily incurred.

51 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 2002⁴, 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.

52 Revocations

The following are revoked —

⁴ SD 0320/2002

- (a) the National Health Service (Optical Payments) Regulations 2004⁵;
- (b) the National Health Service (Charges for Drugs and Appliances) Regulations 2004⁶;
- (c) the National Health Service (Expenses in Attending Hospitals) Regulations 2004⁷;
- (d) the National Health Service (Optical Payments) (Amendment) Regulations 2004⁸;
- (e) the National Health Service (Charges for Drugs and Appliances) (Amendment) Regulations 2005⁹;
- (f) the National Health Service (Charges for Drugs and Appliances) (Amendment) Regulations 2010¹⁰;
- (g) the National Health Service (Overseas Visitors) Regulations 2011¹¹;
- (h) the National Health Service (Charges for Drugs and Appliances) (Amendment) (No.2) Regulations 2013¹²; and
- (i) the National Health Service (Dental Charges) Regulations 2015¹³.

MADE 16TH MARCH 2018

DAVID ASHFORD

Minister for Health and Social Care

⁵ SD 0019/2004

⁶ SD 0022/2004

⁷ SD 0348/2004

⁸ SD 0662/2004

⁹ SD 0728/2005

¹⁰ SD 0511/2010

¹¹ SD 0044/2011

¹² SD 0118/2013

¹³ 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 SERVICES1. 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) pharmacy; 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) prison healthcare services;
 - (e) sexual health services; and

- (f) therapy services (including podiatry, speech and language therapy, physiotherapy, occupational therapy and dietetics).

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) older persons services;
- (f) rehabilitation and recovery service; and
- (g) 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 —

- (h) drugs and alcohol;
- (i) oral health;
- (j) sexual health;
- (k) smoking cessation and tobacco control;
- (l) 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

EXEMPTIONS AND ENTITLEMENTS – CATEGORIES AND EVIDENCE

(Paragraphs 21 and 46)

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 has attained pensionable age	Documentary evidence of entitlement issued by the Treasury
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	
j) a woman who is pregnant or has given birth within the previous 12 months	Documentary evidence of entitlement
k) a person who is severely visually impaired as defined in Regulation 12 of the Social Services (Disability Living Allowance) Regulations 1991 ¹⁴ as it has effect in the Island	Documentary evidence of entitlement
l) a person who is suffering from one or more of the following conditions- <ul style="list-style-type: none"> • permanent fistula (including caecostomy, colostomy, laryngostomy or ileostomy) requiring continuous 	Documentary evidence of entitlement

¹⁴ SI 1991/2890 see GC 129/92

<p>surgical dressing or an appliance;</p> <ul style="list-style-type: none">• the following disorders-<ul style="list-style-type: none">– forms of hypoadrenalism (including Addison's disease) for which specific substitution therapy is essential;– diabetes insipidus and other forms of hypopituitarism;– diabetes mellitus, except where treatment is by diet alone;– hypoparathyroidism;– myasthenia gravis;– myxoedema;• epilepsy requiring continuous anti-convulsive therapy; or• a continuing physical disability which prevents the patient from leaving their residence without the help of another person	
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SCHEDULE 3

PRESCRIPTION AND PRE-PAYMENT CERTIFICATE CHARGES

(Paragraphs 3, 27 and 28)

Medicines	Appliances	Prepayment Certificates	Sum Payable (£)
The supply of any quantity of a drug			5.00
	Item of elastic hosiery (anklet, legging, knee-cap, below or thigh stocking)		7.70 (i.e. 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
		Valid for 4 months	20.00
		Valid for 12 months	60.00

SCHEDULE 4**DENTAL CHARGES**

(Paragraphs 32 and 33)

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 existed 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 $\frac{1}{3}$ % 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 $\frac{1}{3}$ % 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

OPTICAL VOUCHER VALUES

(Paragraphs 37, 39, 40 and 41)

Optical voucher values		
Type of Optical Appliance	Letter Code	Voucher Value
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	F	£70.40

<p>dioptries; (b) of a spherical power of more than 2 dioptries but not more than 6 dioptries with a cylindrical power of more than 2 dioptries but not more than 4 dioptries.</p>		
<p>With bifocal lenses - (a) of a spherical power of 10 or more dioptries but not more 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.</p>	G	£91.30
<p>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.</p>	H	£177.00
Not falling within any of the above paragraphs	I	£164.80

SCHEDULE 6

OPTICAL APPLIANCE REPAIR OR REPLACEMENT VOUCHER VALUES

(Paragraphs 39 and 41)

Repair or replacement type	Letter Codes (See Schedule 5)								
	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

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

(Paragraph 43)

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

EXEMPT CONDITIONS IN RESPECT OF VISITORS

(Paragraph 47)

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
ACCOMMODATION ALLOWANCES

(Paragraph 50)

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

*EXPLANATORY NOTE**(This note is not part of the Scheme)*

This Scheme covers the Department's general commitments in respect of the services to be provided under the National Health and Care Service Act 2016, and the charges and contributions which will be made for those services.

Part 1 of the Scheme is introductory and contains the title, commencement and interpretation for the Scheme.

Part 2 deals with the care to be provided by the Department under the National Health and Care Service ("NHCS").

Subparagraph 4(1) confirms the Department's commitment to provide care to prevent, diagnose and treat illness and to provide after-care.

Subparagraph 4(2) confirms that the Department will not exclude anyone from care for the reasons stated, including their nationality and the fact that they might not be a resident of the Isle of Man.

Subparagraph 4(3) reserves the Department's right to make charges to non-residents which may be different to those made to residents. Subparagraph 4(4) qualifies this by confirming that the Department will not refuse care to a non-resident who is genuinely unable to pay, but may restrict care to the minimum required to enable them to travel to seek further care.

Paragraph 5 confirms the Department's commitment to provide accommodation, facilities, equipment and ancillary and supplementary services in respect of the provision of care. Subparagraph 5(1) confirms that this may be provided off-Island and subparagraph 5(2) reserves the Department's right to make a charge. Subparagraph 5(2) also states that the Department will try to minimise any such charge and will try to arrange for it to be paid by an insurer, if there is one.

Paragraph 6 confirms the Department's commitment to provide suitably staffed and accessible community care facilities. The services which the Department will ensure are provided are listed in paragraphs 6 and 7 of Schedule 1.

Paragraph 7 confirms that the Department will employ or contract suitably qualified health care professionals and support staff to meet the demand for care.

Paragraphs 8, 11, 13 and 15 confirm the Department's commitment to making arrangements for general medical, dental, pharmaceutical and ophthalmic services with suitably qualified practitioners and confirm that the services to be provided must be defined.

Subparagraph 11(4) confirms that the Department will also provide a community dental service to provide dental care which is not provided or available under the general dental services arrangements.

Subparagraph 13(4) confirms that only qualified health care professionals may prescribe medicines and only persons providing general pharmaceutical services under the Scheme may dispense them.

Subparagraph 15(1) confirms that the provision of ophthalmic services includes the testing of sight, the issuing of prescriptions and the supply of optical appliances.

Paragraphs 9, 12, 14 and 16 confirm, in accordance with section 14 of the NHCS Act, that the Department will maintain lists of the GPs, dentists, pharmacists and optometrists providing general medical, dental, pharmaceutical and ophthalmic services.

Paragraph 10 confirms the Department's commitment to making arrangements for the provision of urgent care services outside of the normal business hours of community contractors.

Paragraph 17 confirms the Department's commitment to providing hospital accommodation and services. The services which the Department will ensure are provided are listed in paragraphs 1 to 5 of Schedule 1. Subparagraph 17(2) confirms that the Department may enter into a contract for the provision of hospital accommodation which it cannot provide.

Paragraph 18 confirms the Department's commitment to providing mental health and wellbeing services. The services which the Department will ensure are provided are listed in paragraph 8 of Schedule 1.

Paragraph 19 confirms the Department's commitment to providing public health programmes. The services which the Department will ensure are provided are listed in paragraphs 9 to 12 of Schedule 1.

Part 3 deals with charges for care.

Paragraph 20 provides that only the charges set out in the Scheme can be made for NHCS care. It also provides for exemptions from charges, and confirms that only exemptions set out in the Scheme can be applied. The exemptions are listed in Schedule 2.

Paragraph 21 includes practical provisions relating to claiming exemptions and entitlements, including in respect of the production of evidence. Subparagraph 21(4) confirms that the Department may check claims and if a person is suspected of having acted fraudulently may seek recovery of the relevant charge from the person and refer the matter for investigation under the Theft Act 1981.

Subparagraph 21(5) allows for a person to elect to pay a charge even if they would be entitled to exemption.

Paragraph 22 provides for the paying of a deposit towards a charge and requires receipts to be issued in respect of all payments. Subparagraph 22(3) confirms that a service provider can take legal action for recovery if a charge is not paid within 30 days.

Paragraph 23 provides for charges to be withdrawn and repaid, including via an application to the Department by an individual.

Paragraph 24 sets out some procedure around an individual applying for the withdrawal of a charge and around the Department responding to an application.

Subparagraph 24(5)(b)(ii) confirms that if the Department rejects an application for withdrawal of a charge the applicant can appeal to the Minister whose decision is final.

Paragraph 25 provides for the refund of overpayments by the Department or a service provider.

Paragraph 26 contains interpretation in respect of prescription charges only.

Paragraph 27 provides for a person to apply for a discount on prescription charges by purchasing a pre-payment certificate for a period of either 4 months or 12 months. The charges are set out in Schedule 3.

Subparagraph 27(6) provides for payments for pre-payment certificates to be made within one month of the certificate being issued if a person is confirmed as exempt, leaves the Island, dies, or goes into hospital.

Paragraph 28 provides for service providers to make a charge for the supply of medicines which have been requested by a health care professional on prescription or in accordance with a patient group direction. The charges are set out in Schedule 3.

Subparagraph 28(3) confirms that there is no obligation to supply medicines if a required charge has not been paid, and subparagraph 28(4) confirms that where a medicine is supplied in instalments, the charge is payable on supply of the first instalment.

Paragraph 29 confirms that a service provider must not make a charge where a person is exempt, is in possession of a pre-payment certificate, or where a medicine is supplied for personal administration by the person providing the service in accordance with a Patient Group Direction.

Paragraph 30 confirms that age exemptions are to be determined by reference to the age on the date on which the prescription is presented.

Paragraph 31 states that applications for withdrawal of a prescription charge must be made within 3 months of the date on which the medicine was supplied; or the person died.

Paragraph 32 contains interpretation in respect of dental charges only.

Subparagraph 33(1) provides for service providers to make a charge for a course of dental treatment unless there is exemption. The charges are the banded charges set out in Schedule 4.

Subparagraphs 33(2) and (3) confirm that only one banded charge may be made in respect of a course of treatment and that only the completed treatment may be charged for.

Subparagraph 33(4) provides that where more than one service provider is involved in the provision of a course of treatment, only one banded charge may be made.

Subparagraph 33(5) confirms that where a non-urgent course of treatment has been completed but, within 2 months, further treatment is required which falls within the same or a lower charging band, no further charge may be made.

Subparagraph 34(1) confirms the circumstances under which a charge may be made for repairing or replacing a restoration.

Subparagraph 34(2) provides for the charge for a replacement dental or orthodontic appliance to be 30 per cent of the Band 3 charge.

Subparagraph 34(3) provides for a person to write to the Department to request that the replacement of a restoration or appliance should be free or at a reduced charge if the replacement was not wholly necessitated by a lack of reasonable care or being required to pay would cause undue hardship.

Paragraph 35 states that applications for withdrawal of a dental charge must be made within 3 months of the date on which the course of treatment was completed.

Paragraph 36 contains interpretation in respect of optical payments only.

Subparagraph 37(1) sets out the circumstances whereby a service provider can use a voucher to request payment in respect of the supply or repair of an optical appliance. Subparagraphs 37(2) and 37(3) provide for the Department to make payments against vouchers and for payments or repayments in respect of the correction of errors after payment has been made.

Paragraph 38 states that an exempt person may be eligible for a voucher if they are being supplied with an optical appliance for the first time or because of a change in their prescription.

Paragraph 39 provides for the issuing of vouchers in respect of prescribed appliances to any person who can prove eligibility, either at the time of the issuing of the prescription or at a later date, and for the replacement of lost or destroyed vouchers.

Subparagraphs 39(5) and 39(6) state the requirements in respect of the completion of vouchers by service providers including in respect of the letter codes in Schedules 5 and 6 relating to the type of optical appliance supplied or the relevant repair or replacement.

Paragraph 40 sets out how the voucher values are to be calculated in accordance with the values set down in Schedule 5.

Paragraph 41 sets out how a service provider can request approval from the Department to issue a voucher to a person who has requested one because they consider that the repair or replacement of an appliance was not wholly necessitated by a lack of reasonable care.

Subparagraph 42(1) confirms that a voucher issued for the supply or repair of an optical appliance may be presented to any qualified service provider within 6 months of the date on which it was issued.

Subparagraph 42(2) sets out how a person should complete a voucher including in respect of confirming eligibility and making a declaration that an appliance cannot be replaced or repaired under the terms of any warranty, insurance or other arrangement made with its supplier or manufacturer.

Paragraph 43 sets out what is required to be completed by a service provider on a voucher form before it is submitted to the Department, including confirmation that

they have seen evidence of entitlement (subparagraph 43(1)), details about voucher values (subparagraphs 43(2), (3) and (4)), confirmation that Department approval has been obtained where required (subparagraph 43(5)), and, confirmation that the appliance cannot be replaced or repaired under the terms of any warranty, insurance or other arrangement (subparagraph 43(6)(f)). Subparagraph 43(7) confirms that a completed voucher must be submitted to the Department for payment within 3 months of the date of the supply or repair of the optical appliance.

Paragraph 44 contains interpretation in respect of visitors' charges only.

Subparagraph 44(3) confirms that a student pursuing a full-time course off-Island whose primary residence continues to be the Isle of Man will be considered to be living and settled in the Island.

Paragraph 45 provides that a service provider may make a charge to a visitor unless either the person or the care provided is exempt, and states that the charge will be the cost of the care ("the tariff") multiplied by 150 per cent and may be made at any appropriate time after the visitor has been accepted for care.

Paragraph 46 confirms the exemptions which can apply to a person. These are pursuing a full-time course of study on the Island for at least 6 months, being in receipt of a war disablement pension, a reciprocal health agreement being in place, and the person visiting the Island for care by prior agreement with another country or territory which includes terms as to payment.

Paragraph 47 confirms the exempt care as urgent care, the diagnosis of and care of public health related conditions as set out in Schedule 8, the diagnosis and treatment of sexually transmitted infections, family planning services, care required for a physical or mental condition caused by torture, female genital mutilation, domestic violence or sexual violence, and admission and detention under the Mental Health Act 1998.

Paragraph 48 states that an application for the withdrawal of visitors' charges must be made within 3 months of the date on which the charge was made.

Paragraph 49 contains interpretation in respect of expenses for travel for off-Island care only.

Subparagraphs 50(1) and 50(2) confirm that the Department will make payments to assist with travel and accommodation expenses in accordance with the Department of Health and Social Care off-Island care criteria and where a transport certificate has been issued by a health care professional.

Subparagraph 50(3) provides for the Department to make payments directly to a travel or accommodation provider or to reimburse expenses. Subparagraph 50(4) requires reimbursement requests to be in writing and to include any receipts and any required evidence as to entitlement.

Subparagraphs 50(5) and 50(6) confirm that the amount of all payments will be determined by the Department and, in respect of accommodation, will be limited to the daily subsistence allowance set down in Schedule 9.

Paragraph 51 provides for the Department to pay any expenses reasonably incurred in returning to the Island the body of the person who has died whilst receiving care for

which they were referred off-Island. The expenses to be after the deduction of certain funeral payments specified in the Maternity and Funeral Expenses (General) (Isle of Man) Regulations 2002.

Paragraph 52 revokes various Regulations which are replaced by this Scheme.