

# **STATES OF JERSEY**



## **RECIPROCAL HEALTH AGREEMENT WITH THE UNITED KINGDOM: NEGOTIATIONS**

---

**Lodged au Greffe on 31st March 2010  
by Senator A. Breckon**

---

**STATES GREFFE**

## **PROPOSITION**

**THE STATES are asked to decide whether they are of opinion –**

to request the Chief Minister, in conjunction with the Minister for Health and Social Services and other Ministers as appropriate, to take the necessary steps to open negotiations with Her Majesty's Government with a view to putting in place a new Reciprocal Health Agreement between Jersey and the United Kingdom on terms that are acceptable to both governments.

SENATOR A. BRECKON

## **REPORT**

### **Introduction**

I can say with some certainty that I am unclear about the circumstances surrounding the starting and ending of the Reciprocal Health Agreement (R.H.A.) with the United Kingdom.

There has been some high-profile publicity surrounding the financial arrangements of the R.H.A. – with costs and benefits questioned between Jersey and the U.K. However I have not seen any meaningful statistics about numbers of people – either way – or amounts of money.

It was said (and rumoured) that the Island was given plenty of notice by the U.K. about the withdrawal of the R.H.A. – although the public were not aware of this.

Also, how open and robust Ministers and others were in defending the Jersey position is not obvious.

I can say with my ‘Chairman of the Jersey Consumer Council hat’ on, we did run an article (Appendix D) in the April 2009 Consumer Council Newsletter about the loss of the R.H.A. and we had a terrific response, probably over 200 people contacted us; and we also did some research across the U.K. and found that many were unaware of the changes proposed in Jersey. Also, there were issues regarding some people, especially the elderly, being unable to obtain private insurance for travel, either to Jersey or from the U.K. This applied both to friends and relations of residents and also bona fide tourists, and was seen by some as a barrier to spending a holiday in Jersey.

In the Isle of Man, where it was proposed to remove the R.H.A. in April 2010, the public and many organisations made their feelings known and were seen and heard in no uncertain terms, despite the perceived lack of effectiveness of their own Ministers in negotiations.

Through my connections with the British-Irish Parliamentary Association (B.I.P.A.) I have supported the situation in the Isle of Man and compared it to Jersey. Hopefully we can now negotiate an improved situation when a new Government is formed in the U.K.

The following gives the background to the B.I.P.A. connections –

### **Background**

Last year between 18th and 20th October 2009, I attended the British-Irish Parliamentary Assembly (B.I.P.A.) in Swansea as Jersey’s representative. On the agenda were matters relating to the Common Travel Area (C.T.A.), most specifically changes in legislation were at hand in the U.K. Parliament to introduce what could become ‘passport controls’ within the C.T.A. – this had implications for Jersey for a number of reasons. However, there were also constitutional issues.

This legislation had been amended to remove the ‘passport or border controls’ in its passage through the House of Lords because they recognised the constitutional implications. There was cross-party support for this, which the Government accepted reluctantly.

Under the operation of B.I.P.A., one of its Committees looks at 'Sovereign Issues', chiefly between Ireland and the U.K. However, because of the issue of the CTA and following on from the meeting in Swansea, I was invited to their meeting in London on Sunday 29th November 2009 (with representatives from Guernsey and the Isle of Man) to discuss this issue prior to that Committee meeting with officials from the Home Office the following day.

During my presentation to that Committee, I expressed the view that the U.K. appeared to be telling Jersey what would be happening and, saying that, if there had been any consultation regarding the C.T.A. it was not obvious, in that the general public were not aware of it. Also, most of this 'consultation' appeared to be an afterthought on the U.K. Government's behalf – we must consult.

I used the comparison about the lack of effective discussion and consultation with the dismantling of the Reciprocal Health Agreement (R.H.A.) with the U.K. There was some surprise around the table that this had happened; and questions were asked as to why and for what reasons it had come about – as the general international trend was of accommodating other nationalities within internal systems wherever possible. Why was Jersey being 'picked on' was a valid question.

Those assembled were –

Senator John Carty (Fianna Fail)  
Mr. Martin Mansergh (Fianna Fail)  
Mr. Dinny McGinley (Fine Gael)  
Dr. Rory O'Hanlon (Fianna Fail)  
Mr. Jim O'Keefe (Fine Gael)  
Mr. Noel Treacy (Fianna Fail)  
Rt. Hon. The Lord Dubs (Labour)  
Mr. Dominic Grieve (Conservative)  
Rt. Hon. Michael Mates (Conservative)  
Mr. Andrew Mackinlay (Labour)  
Lord Smith of Clifton (Liberal Democrat)  
Mr. Robert Walter (Conservative)  
Lord Cope (Conservative)

The above Committee were uncomfortable that Jersey (and Guernsey) were being bullied by the U.K. Health Authority and that the Isle of Man would be in a similar position in April 2010 – being led down the same road. Irish members present told how their country was reciprocating with many countries on a 'goodwill' basis and would not differentiate against Jersey.

Without much prompting there was general agreement from those gathered that they would – across party lines – ask questions in both Houses, the Lords and Commons and this has been done to some effect; and one of the main activists has been Andrew Mackinlay (Labour MP Thurrock (M25 Corridor)).

The intensity of questions increased, particularly as the Isle of Man's R.H.A. was due to end in April 2010. As well as questions being asked in the Commons and the Lords, Andrew Mackinlay tabled an early day motion to the House of Commons signed by over 50 MPs.

He also tabled a motion to the British-Irish Parliamentary Association (B.I.P.A.) in Cavan on 21st to 23rd February 2010 in the following terms –

*“The British-Irish Parliamentary Assembly calls on the United Kingdom Secretary of State for Health to defer the cancellation of the Reciprocal Health Agreement with the Isle of Man planned for 1 April 2010 and to review the decision to abrogate the arrangement, a decision which will not only be unfair to residents of the Isle of Man but also substantially disadvantage United Kingdom residents and voters and in particular the elderly, the chronically disabled and motorbike enthusiasts; believes that Age Concern and all the major disability pressure groups and charities should be consulted as part of the review; asks that the review be at ministerial level with the Health Ministers of the Isle of Man, Scotland, Northern Ireland and Wales as well as the United Kingdom Justice Secretary, who has responsibility for the bilateral and constitutional relationships between the United Kingdom and Crown Dependencies; demands that the details and totality of the costs of the reciprocal agreement to both jurisdictions be published; seeks an explanation of the constitutional basis upon which the Secretary of State relies to abrogate the existing agreement on behalf of Scotland, Northern Ireland and Wales; and requests that the United Kingdom Secretary of State for Health makes a statement on the modalities by which it is proposed to collect the costs of emergency admissions and hospitalisation in each jurisdiction if the existing agreement is terminated.”*

The above was approved without opposition – the Hansard from this short debate is attached in Appendix A. Following this meeting the Co-Chair, The Rt. Hon. Paul Murphy, a senior member of the Labour Party and former Cabinet Member, was to make a direct approach to Rt. Hon. Andy Burnham MP, the Secretary of Health. His sentiments are reflected in the Hansard (attached) from Cavan and also similar expressions from Jeff Ennis MP, a long-standing Member of the Labour Party for Bradford.

It will be seen from reading this record that the devolved assemblies of Northern Ireland, Scotland and Wales had not been consulted on issues about ending the R.H.A. with Jersey, Guernsey and the Isle of Man and there was something of a backlash.

Residents in the Isle of Man ran a high-profile campaign with a great deal of public interest and concern. Meetings were held, organisations representing the elderly, ex-servicemen and women and a very effective website was set up and managed by a local resident, Mr. Eddie Power. The website is:

[cancellationofreciprocalhealthagreement.org](http://cancellationofreciprocalhealthagreement.org)

Residents also targeted U.K. members of Parliament to make them aware of the situation.

The effect of all this activity is that the Rt. Hon. Andy Burnham MP, the Secretary of State for Health, made the following response to the House of Commons –

*“I would like to inform the House that, following further discussions between the Department and the Isle of Man Government, it has been agreed to defer the termination of the bilateral healthcare agreement between the UK and the Isle of Man by six months. We have also agreed that the current 2009-10 financial allocation of £2.8 million given by the UK*

*Government to the Isle of Man Government for elective treatment will be the last payment of this kind. From 2010-2011, no such payment will be made and no public money will change hands between the respective Governments. This new arrangement will bring the Isle of Man into line with other agreements that the UK has with a number of non-European economic area countries. Both Governments have agreed to keep the situation under review with the expectation that it can form the basis of a new reciprocal healthcare agreement that would come into place in the autumn, if the new arrangement is working for both parties. We believe that we have arrived at a position that not only provides the UK taxpayer with an agreement that represents value for money, but also ensures arrangements for travellers on temporary visits remain the same as they are today”.*

Also, following a telephone conversation with the Chief Minister of the Isle of Man, the Health Minister wrote a letter (*see* Appendix B) which the Chief Minister circulated with a covering note (*see* Appendix C).

List of Appendices:

- A. B.I.P.A. Cavan – Transcript
- B. Letter from the Secretary of State for Health to the Chief Minister, Isle of Man
- C. Covering Note from Isle of Man Chief Minister
- D. Reciprocal Health Agreement article from the April 2009 Consumer Council Newsletter.

### **Financial and manpower implications**

I hope that a new agreement could be renegotiated within the existing financial envelope agreed in the Annual Business Plan, meaning that the financial implications would be no worse than at present, but there would be great benefit to locals and visitors and lots of goodwill/publicity if you didn't need medical insurance. I do not believe there would be any additional manpower implications.

**B.I.P.A. Cavan Transcript**

**TUESDAY, 23 FEBRUARY 2010** *The Assembly met at 9.37 a.m.*

**PLENARY BUSINESS**

**Reciprocal Health Agreement with Isle of Man**

**The Co-Chairman (Mr Niall Blaney TD):** Order, order. The Assembly will now resume in public session. Item 1 is on the reciprocal health agreement with the Isle of Man. I ask Andrew Mackinlay to introduce the motion.

**Mr Andrew Mackinlay MP:** I beg to move

That the British-Irish Parliamentary Assembly calls on the United Kingdom Secretary of State for Health to defer the cancellation of the Reciprocal Health Agreement with the Isle of Man planned for 1 April 2010 and to review the decision to abrogate the arrangement, a decision which will not only be unfair to residents of the Isle of Man but also substantially disadvantage United Kingdom residents and voters and in particular the elderly, the chronically disabled and motorbike enthusiasts; believes that Age Concern and all the major disability pressure groups and charities should be consulted as part of the review; asks that the review be at ministerial level with the Health Ministers of the Isle of Man, Scotland, Northern Ireland and Wales as well as the United Kingdom Justice Secretary, who has responsibility for the bilateral and constitutional relationships between the United Kingdom and Crown Dependencies; demands that the details and totality of the costs of the reciprocal agreement to both jurisdictions be published; seeks an explanation of the constitutional basis upon which the Secretary of State relies to abrogate the existing agreement on behalf of Scotland, Northern Ireland and Wales; and requests that the United Kingdom Secretary of State for Health makes a statement on the modalities by which it is proposed to collect the costs of emergency admissions and hospitalisation in each jurisdiction if the existing agreement is terminated.

Colleagues and Co-Chair, I am very pleased to move the motion, and I do so in the belief that it is wholly within the footprint of the terms of reference of this Assembly. The decision by the United Kingdom Government arbitrarily to end the reciprocal health agreement between the Isle of Man and the United Kingdom impacts

on all our jurisdictions, including the Irish Republic, in my submission. The motion refers to the Isle of Man, but the issue also relates to our colleagues in Guernsey and Jersey, who have already endured and suffered the arbitrary ending of their comparable health agreements with the United Kingdom. I am proud to have worked closely with our colleagues Senator Alan Breckon from Jersey, Deputy Graham Guille from Guernsey and Speaker Steve Rodan from the Isle of Man. Also from the Isle of Man is David Cannan, a member of the House of Keys, although he is not here today. A great campaigner, who is not in Parliament, is Eddie Power. We have worked together on the matter, because we think that the decision is not just unfair—it is potty; it is bonkers.

The arbitrary decision to end the reciprocal health agreement between the UK and the Isle of Man has not been thought through, and it is not buttressed by any evidence that there is a cost disparity, despite Ministers saying that there is. I have challenged them in the House of Commons to demonstrate it, but they have singularly failed to do so. In my view, it was a rather mean, knee-jerk decision, either by officials or by Ministers—I know not—but we need to get it reversed or, at the very least, as the motion proposes, deferred, so that mature reflection may be held and a view taken on the impact not just on the people of the Isle of Man but on my constituents and those of others in the Assembly.

The impact of this arbitrary decision, which is due to come in force on 1 April, will fall on the elderly—on the grandfathers and grandmothers who want to visit families in the United Kingdom. It affects the chronically sick and disabled, who will either have to pay a disproportionately high cost or who will not be able to get health insurance in order to travel to the UK. The decision impacts on us all, as it works both ways. It means that our constituents who visit the Isle of Man in future stand in danger of being billed for hospitalisation if they are admitted to hospital as a matter of urgency and have to receive treatment.

A classic example is somebody who suffers a heart attack. They will be billed if the decision and the proposed change on 1 April are not kicked into touch. Let us consider folk who travel to the Isle of Man from Liverpool, Glasgow, north Wales, London or Belfast to attend the annual TT races, for instance, if they are motorcycling enthusiasts—or they may simply wish to visit this wonderful Celtic-Viking heritage



island. If they have an emergency hospital admission, they could be faced with an astronomical bill, in addition to the anxiety that they will have experienced through their illness.

There is also an important constitutional issue. It seems that officials in London and the Ministers who are involved have not taken cognisance of the new constitutional conventions and dispensations. The decision to tear up the reciprocal health agreement with the Isle of Man, and with Guernsey and Jersey for that matter, was taken without consultation with the other UK Health Ministers: Nicola Sturgeon, Michael McGimpsey and Edwina Hart were not consulted about the decision but were told by the Westminster Minister. That raises the question whether the Westminster Minister, who is, basically, the English Health Minister, has the right or capacity to make a decision on behalf of the other three Health Ministers in the United Kingdom. I believe that the Westminster Minister does not have that right, and it is ridiculous that they should be able to take such a decision, because the impact will clearly also be felt in Northern Ireland, Scotland and Wales. When Almighty God decided, "Oh, there's a bit of space there in the Irish Sea—I'll put the Isle of Man there," he put it there, and the decision clearly has an impact on visiting by people from Dublin, Belfast, the west of Scotland, north Wales and north-west England. Constitutionally, the decision is a great offence.

I have a further point about the support for the motion. Many ex-services organisations in the Isle of Man are campaigning and seeking our support to get the decision reversed. They feel affronted, after the service that has been given and is being given by Manx people to the United Kingdom armed forces, in days gone by and now, in current conflicts and peacekeeping operations.

I hope that, if we pass the motion unanimously, you, Co-Chairs, and Paul Murphy in particular, will raise the matter with some expedition with the United Kingdom Government, both with the Secretary of State for Health and with the Secretary of State for Justice, who is supposed to be the custodian of the constitutional conventions between London, Belfast, Edinburgh and Cardiff, to get the decision postponed, so that we can all pause, so that people will not be put in jeopardy from 1 April, and so that the Isle of Man, together with Guernsey and Jersey, can reach a new reciprocal agreement that endures into the next century.

**The Co-Chairman (Rt Hon Paul Murphy):** Thank you, Andrew, for an impassioned address on an important issue. I have a great deal of sympathy, incidentally, with the points that you make.

This is an important debate, but I ask colleagues to restrict themselves to a few minutes, as we have a lot of business today. That will allow us to call as many people as possible who are interested in the subject.

9.45 am

**Rt Hon The Lord Dubs:** I congratulate Andrew Mackinlay both on his initiative and on the way in which he put forward the argument. We will miss you, Andrew—you are a valuable member of this Assembly. [*Applause.*] Lord Cope raised the issue in the House of Lords, and I pitched into the debate. I felt that the British Government response was weak and unconvincing, such that if there is a bit of a push they will give way. It is our job to push hard.

**Dr Dai Lloyd AM:** I, too, commend Andrew Mackinlay for his motion and all his hard work to date. The Welsh Minister for Health and Social Services tells me that she knew nothing of the issue until a couple of weeks ago, when I discussed whether I should support Andrew Mackinlay's motion. Devolution has happened in these islands, health is a devolved issue for us in Wales and we do not expect decisions to be made on health matters by outside Governments or jurisdictions. We are naturally shy, timid and restrained, but there is an undercurrent of anger regarding the situation. We jealously guard the status of health as a devolved matter. We are always saying that certain Whitehall departments do not see Wales on the radar, and this is a case in point. I strongly commend Andrew Mackinlay's motion to the Assembly as the motion calls for the cancellation to be deferred to allow a pause and a period of mature reflection by all the Health Ministers who are involved.

Diolch yn fawr.

**Mr Robert Walter MP:** I, too, commend Andrew Mackinlay for lodging his motion. The situation is rather like the debate on the common travel area in that a unilateral decision has been made by one Government that goes against the spirit of

east-west dialogue and the spirit of what the Assembly is here for. It is therefore right for us to debate the matter.

Andrew Mackinlay described the process as “bonkers”. I believe that it is mathematically and financially illogical. If I am correct—I googled it this morning—the population of the Isle of Man is about 80,000. If all those people travelled to the United Kingdom and fell ill, there might be a problem but, on the other side of the equation, about 300,000 tourists visit the Isle of Man each year from Great Britain and Ireland. In fact, if we add the Irish tourists, the total is more than 300,000. The balance of the risk to the health system is therefore very much in the UK’s favour. People do not usually travel when they are ill, so the likelihood of their falling sick is reduced. Not only that, but the Isle of Man purchases elective health care from English health trusts. I do not think that the Department of Health has properly taken that additional money into account.

I just happened to be in Malta last week, and I asked the British High Commissioner in Malta what the arrangements were there, because Malta is another island that receives many tourists and visitors from the United Kingdom. The 450,000 people a year that it receives from the United Kingdom are treated as if they are Maltese under the reciprocal arrangements for European Union health care. If the entire Maltese population went to the United Kingdom, it would comprise only 400,000 people. Not only that, but the elective surgery that is carried out in the United Kingdom for Maltese people is done for free. That is all the serious stuff. The position is probably similar to the Isle of Man’s arrangement. Each year, some 180 serious elective operations are carried out for free on behalf of Malta, and that is considered to be a fair balance. By comparison, the UK Government’s proposal with regard to the Isle of Man represents an extremely unfair balance.

**Mr Iain Smith MSP:** I add my support for Andrew Mackinlay’s motion. When one Government acts in a unilateral way without discussing the matter with the other Governments that are involved, BIPA should consider the matter. In this case, the issue is not just that the UK Government has not reached an agreement with the Isle of Man but that the UK Government has not discussed it with the other devolved authorities in the UK that have responsibility for health. That is an unacceptable way in which to behave. We have the British-Irish Council, at which such matters should

be discussed. The UK Government should have taken the matter to the British-Irish Council and had a proper discussion with all the parties who are involved, but it failed to do so. As such, BIPA should condemn what the UK Government has done. I fully support Andrew Mackinlay's motion.

**The Baroness Harris of Richmond:** I entirely support what Andrew Mackinlay has said.

I want to ask whether servicemen and women who are injured on duty in Afghanistan or Iraq will receive free health care in the UK. If so, that will make the residents of the Isle of Man and of Jersey and Guernsey second-class citizens, because some residents will be allowed support while others will not.

Many people travel to the Isle of Man not just from the north-west and west of England but from the north-east, where I live. I have dear friends and neighbours who have always spent their holidays in the Isle of Man over the past 50 years, but they now say that they will not travel there in case they fall ill. The situation is a disgrace. We must try to do something to stop this nonsense.

**Deputy Graham Guille:** As far as I am concerned, this debate covers two separate issues: the changing way in which the various jurisdictions have viewed such agreements over time and the way in which the agreements have affected the people.

Let me just outline the Guernsey view—which I am sure is similar to the Jersey view—of the agreement that we had. When the agreement was first entered into in 1976, the islands were receiving large numbers of visitors and holidaymakers, a proportion of whom, as we have heard, found their way through the doors of our various hospitals. Pretty much from the start, because we were a holiday destination, the number of visitors we treated was considerably larger than the number of our residents who were treated in the UK.

Another factor that affected the agreement as things progressed was that, over time, the profile of those seeking medical services changed. We found that we were dealing not only with tourists and business travellers but what seemed to us to be health tourists, who used the agreement to side-step the national health service queues.

That was always a concern. When that worry was made known to the UK Government, an attempt was made to redress the imbalance by agreeing to allow certain island patient referrals to the NHS. That was a very welcome development, given that Guernsey was spending in excess of £100 million on its health service for a population—to put the matter in perspective—of only 60,000 or 65,000. One of our problems, of course, was that we were never able to supply reliable statistics to the UK Government on the number of its nationals who received treatment visiting the island because we could never be wholly confident whether those people were genuine tourists or people who just wanted to benefit from the agreement for health purposes.

In closing, let me say just a few words about the effects of the change. The agreement with Guernsey and Jersey ended in 2009, so we are already a year ahead of the Isle of Man. As we have heard, there is a detrimental effect on the elderly, on those with pre-existing medical conditions and on those who, for whatever reason, cannot get medical insurance. Potential visitors have a fairly stark choice: they either take a chance or they stay where they are. The situation also affects those who are currently serving in the armed forces. The Channel islanders especially are renowned for their service in the armed forces—my son is currently serving on HMS Talent. Given that many of those servicemen will inevitably bring back conditions with them when they return home after their careers, where do they stand in view of their long-term health needs?

Guernsey came to have reservations about the cost of the agreement, but we were also conscious of the implications that ending the agreement would have on some of our least fortunate citizens. Islanders have a number of attributes in common: they readily adapt to change; they are usually fiercely independent people; and, most of all, they are fully aware that there is no such thing as a free lunch.

We heard from Jim O’Keeffe yesterday about some of the discussions with the Assembly’s Sovereign Matters Committee. At that meeting, I remarked that we are more than happy to play a constructive part in seeking agreement, but what we really need is a level playing field. Guernsey is interested in getting involved in discussions with representatives of the dependencies and the United Kingdom health authorities, but we really need to know the terms of a new health agreement, because we certainly would not want to go back to the old one.

**Mr Jeff Ennis MP:** I speak in support of Andrew Mackinlay's excellent motion. I have a reputation for being very much a Government loyalist and I try to defend Government policy wherever I can, but, to be honest, there is no way that I could defend this policy, which is indefensible. I have spoken on a number of occasions to Andy Burnham, who is a good Minister and a good friend, in my role as one of the vice-chairs of the British-Isle of Man all-party parliamentary group. Nearly every member of the Manx group—certainly on the Labour side—has tried to get the message across to Andy about the significance and knock-on implications of this nonsensical policy, which Andrew Mackinlay set out in greater detail. I would like the Assembly to agree unanimously to the motion, so that we can put the ball back in Andy Burnham's court, because the policy defies logic and I cannot understand why my Government is putting it forward.

**The Lord Smith of Clifton:** I support Andrew Mackinlay's motion and I share Lord Dubs's view that the Assembly will miss him badly. Almost a month ago, I asked a question in the House of Lords on the cessation of the reciprocal health agreements. I did so partly because, when I was in Jersey on holiday this summer, I found to my horror that I was not covered by medical insurance—not least because I cannot get any—so I have a personal interest in the matter. The cessation of the reciprocal agreement means that at least one parliamentarian in the UK cannot visit the Crown dependencies. That is an added constitutional element.

The policy is extraordinarily ageist. When we see in the airports the people who are on their way to the Crown dependencies in the summer season, we might make the mistake of thinking that they are going to Lourdes, there are so many crutches and Zimmer frames, my own walking stick included. Lord Tunnicliffe, in replying to me and other Lords a month ago, was, frankly, pathetic—and I have seen some pathetic ministerial performances in my time. That is nothing to do with him personally; he could not have been briefed adequately, because the policy defies logic, as colleagues said. In my time in the House of Lords I have never had so many e-mails on a topic that I have raised as I have on the cessation of the reciprocal agreements. The amount of feeling that the policy has generated is quite extraordinary in my experience. I hope that we will pass the motion *nem con*.

**Mr Michael German AM:** The Minister for Health and Social Services in the Welsh Assembly Government introduced the necessary legislation to give effect to the policy in Wales just a few weeks ago. If colleagues here from Wales are prepared to join me, as I hope that they are, I am prepared to pray against it and force a debate on the floor of the National Assembly for Wales.

10:00

**Mr Brian Adam MSP:** The suggestion that the issue should go to the British-Irish Council was a wise one. We could also write to the devolved Administrations and the Crown dependencies to encourage the issue to be taken up through the joint ministerial committee mechanism, which is meant to resolve disputes. I agree that this has been done unilaterally through the English Department of Health, with the collusion of the English Ministry of Justice, which, ultimately, do not have all the powers. It is not just a matter of resolving issues to do with elective specialist health care between the Isle of Man Government and some English health authorities; the matter affects all people on these islands.

Trevor Smith's point about insurance was well made. Many people cannot travel because of health insurance issues. That is grossly unfair. I am delighted to support Andrew Mackinlay's motion.

**Hon Stephen Charles Rodan MHK:** I thank Andrew Mackinlay for championing the cause. His motion reflects the terms of an early day motion that more than 50 Members of the House of Commons have signed. I thank the MPs and Members of the House of Lords who have taken up the cause with the Secretary of State, made representations and made the case firmly. I am also grateful for the sentiments that have been expressed this morning. The debate shows the Assembly at its finest. We are a family. When problems arise in the family, we step in and help each other. I cannot tell Members how heartening it is to have heard the expressions of support this morning.

The issue is serious, because it strikes at the heart of the concept of universally available health care that is free at the point of delivery. The reciprocal health agreement with the Isle of Man dates back to 1948, when the NHS was founded. In

simple terms, it meant that we gave health treatment to each area's citizens as if they were our own, whether or not they were visitors.

It might help to note the background. Members will have seen the letter that Gillian Merron, the Health Minister, sent to Paul Murphy, whom I thank for taking up the matter as Co-Chairman. The letter says that the ground for ending the agreement is economic and that the agreement does not

“represent value for money for the British taxpayer.”

I will explain briefly why that was said.

Over the years, the reciprocal arrangements have meant that the many thousands of holidaymakers who traditionally came to the Isle of Man were treated in our hospital if they fell ill and that the lesser number of visitors who went to the UK were treated there. Under the reciprocal arrangements, the costs of elective surgery for people from the Isle of Man in Liverpool and elsewhere in north-west England and of referrals from the Isle of Man to those places for specialist treatment were also absorbed by the UK NHS.

With the passage of time, a disparity in the arrangements became clear. By the late 1990s, the thousands of holidaymakers were no longer coming to the Isle of Man and the UK taxpayer was continuing to pay for elective surgery. In 2004, an updated arrangement was entered into with the Isle of Man and the other Crown dependencies whereby we paid for elective surgery—the cost is to the tune of £9 million annually, which goes to the north-west specialised commissioning group, which organises placements and referrals for specialist treatment in the north-west. The Isle of Man Government is happy to pay that.

The point that provides the difficulty now is that the decision was also made in 2004 to allocate money—to compensate the Isle of Man Government for treating UK visitors to the island, if you like—that is to the tune of £2.8 million today. That £2.8 million was deducted from the £9 million bill for elective surgery. The UK Department of Health says that that no longer represents good value for money.



Nowhere else under the bilateral health agreements that are in existence is a specific fund allocated to treat UK visitors abroad. The UK Government's position is that it is the responsibility of individuals to take out health insurance when they travel—a fair enough argument. Our view is that, instead of the UK Government unilaterally tearing up the agreement so that we do not recognise one another's citizens at all and refusing to negotiate—the agreement ends on 1 April this year and in Jersey and Guernsey it ended on 1 April last year, so we were given a bit of notice—there was room for us to sit down and say, “Let's recast a new health reciprocal agreement that is good value to the UK taxpayer.” That would mean a reciprocal agreement such as the UK has with non-European Economic Area members, such as Barbados, Malta, Ukraine, the states of the former Soviet Union and the states of the former Yugoslavia, all of which have bilateral health agreements with the UK, whereby our respective citizens are not billed if they are admitted to hospital.

It is important to note that the traditional arrangements for free accident and emergency care remain. It is only when people are admitted to hospital for further treatment that the bill starts to rack up. The difficulty has been well articulated by others in respect of those who cannot obtain health insurance—people with pre-existing conditions and the elderly simply cannot get it. Forty per cent of UK travellers do not take out health insurance at all anyway—they run the risk. You can be sure that it is only a matter of time before someone from the Isle of Man visiting England or someone from England visiting the Isle of Man runs that risk, falls ill, is admitted to hospital and ends up with a bill for thousands of pounds.

This strikes at the very heart of reciprocity in its true sense—that we recognise each other's citizens when they are in difficulty and are admitted to hospital beyond the normal accident and emergency situation. I am grateful to Andrew Mackinlay and others for bringing this motion forward.

**The Co-Chairman (Rt Hon Paul Murphy):** David McClarty and Alan Breckon wanted to make a contribution. Please make it reasonably brief, even though the issue is very important, in case we run out of time.

**Mr David McClarty MLA:** Thank you. I will be brief. I thank Andrew Mackinlay for bringing this issue to the floor of the house and the impassioned manner

in which he spoke to the motion. I think that we have heard from every other region of the United Kingdom. I just want to put Northern Ireland's point of view. We fully support the motion. A potentially huge number of Northern Ireland's citizens could be disadvantaged by this. A huge number travel every year for the TT races.

**Senator Alan Breckon:** Thank you. I will be brief. I support Andrew Mackinlay's motion and welcome and appreciate the work that he has done. Baroness Harris, Lords Cope, Smith and Dubs asked questions in the House on this matter and on the common travel area. Jim O'Keeffe has touched on some of this work, too, in relation to constitutional issues. What concerns me is that there was not really any effective consultation. Although it was done, it was more, "This is what we're doing. Here's the information."

As Andrew Mackinlay pointed out, there is a great deal of confusion about this. I tested that from the ordinary person's point of view—the situation was as clear as mud. There is confusion for travellers either way, as Lord Smith pointed out. I have not seen any meaningful statistics or costs with regard to why all this came about.

From Jersey's point of view, enforcement would be a real issue. If we have a sick person, I do not see their being taken to court for cost recovery. We do not have a system to do that, so what follows the end of the agreement has not been thought through properly.

I hope that Members will support the motion, as I think that it tries to redress an imbalance that has been imposed.

**The Co-Chairman (Rt Hon Paul Murphy):** I thank Alan Breckon and David McClarty for being brief and effective.

Before I formally put the question on the motion, I have a few comments. First, I share the view of everyone who has spoken: the decision is daft. Bearing in mind, for example, that the Isle of Man's population is the same as that of my constituency, one wonders what the fuss is all about.

Secondly, the point has been very well made that the decision is about the rest of the United Kingdom and these islands as much as it is about the Isle of Man. That is an important point, and I urge all the Members who have spoken from the dependencies and devolved Administrations to go back to their respective jurisdictions and quickly ask their respective Ministers to make the case to Andy Burnham. That would be very helpful.

Thirdly, however, there is a problem, which is that the Isle of Man Government itself appears not to have asked the British-Irish Council to consider the matter formally, which it is entitled to do. Frankly, that is a weak part of the case. Members will notice from the letter sent to me that the Isle of Man Government met the British Government on 19 January to discuss the issue. It strikes me that the most effective line is the constitutional one. There has been insufficient discussion and negotiation with the devolved Administrations on something that affects us all. Finally, if the motion is agreed to, I suggest that the Assembly ask me to meet Andy Burnham formally and also to alert Jack Straw, the Secretary of State for Justice, and Peter Hain, whose responsibilities cover the British-Irish Council.

*Question put and agreed to.*

*Resolved:*

That the British-Irish Parliamentary Assembly calls on the United Kingdom Secretary of State for Health to defer the cancellation of the Reciprocal Health Agreement with the Isle of Man planned for 1 April 2010 and to review the decision to abrogate the arrangement, a decision which will not only be unfair to residents of the Isle of Man but also substantially disadvantage United Kingdom residents and voters and in particular the elderly, the chronically disabled and motorbike enthusiasts; believes that Age Concern and all the major disability pressure groups and charities should be consulted as part of the review; asks that the review be at ministerial level with the Health Ministers of the Isle of Man, Scotland, Northern Ireland and Wales as well as the United Kingdom Justice Secretary, who has responsibility for the bilateral and constitutional relationships between the United Kingdom and Crown Dependencies; demands that the details and totality of the costs of the reciprocal agreement to both jurisdictions be published; seeks an explanation of the constitutional basis upon which the Secretary of State relies to abrogate the existing agreement on behalf of Scotland, Northern Ireland and Wales; and requests that the United Kingdom

Secretary of State for Health makes a statement on the modalities by which it is proposed to collect the costs of emergency admissions and hospitalisation in each jurisdiction if the existing agreement is terminated.

**The Co-Chairman (Rt Hon Paul Murphy):** As no one voted against or abstained, that motion is agreed to unanimously. [*Applause.*]

**The Co-Chairman (Mr Niall Blaney TD):** We devoted a lot of time to that motion, the result of which is that we have about 15 minutes left before Declan Kelly is due to arrive. I propose that we just note the correspondence from the relevant Governments. We then have Alf Dubs's motion on returning the unemployed to work and a late motion on membership.

With Members' agreement, we will proceed.

Letter from Secretary of State, Rt. Hon. Andy Burnham MP

From the Rt Hon Andy Burnham MP  
Secretary of State for Health



Richmond House  
79 Whitehall  
London  
SW1A 2NS  
Tel: 020 7210 3000

POC1\_493150

Hon J A Brown  
Chief Minister's Office  
Douglas  
Isle of Man  
IM1 3PG  
British Isles

CHIEF SECRETARY'S OFFICE	
23 MAR 2010	
READ BY C.S.	<i>[Signature]</i>
FILE AWAY	
TO RELEVANT DEPARTMENT	<i>[Signature]</i>

22 MAR 2010

*Dear Tony,*

Further to our telephone conversation of 16 March 2010, I am writing to confirm that we have agreed to defer the termination of the bilateral healthcare agreement by six months. This means that the current agreement will now continue in force until midnight on 30 September 2010 and I would be grateful if you could treat this letter as formal notification of the revised termination date.

We have also agreed that the current 2009/10 financial allocation of £2.8m given by the UK Government to the Isle of Man Government for elective treatment will be the last payment of this kind. From 2010/2011, no such payment will be made and no public money will change hands between our respective governments.

This new arrangement will bring the Isle of Man into line with other agreements that the UK has with a number of non European Economic Area countries. We have agreed to keep the situation under review with the expectation that if the new arrangement is working for both parties, it can form the basis of a new reciprocal healthcare agreement that would come into place in the autumn. I understand that my officials have already been in touch with yours with a view to an early meeting in order to maintain this positive momentum.

I would like to place on record my thanks and appreciation for the way in which our Governments have worked together to bring about a resolution that not only provides the UK taxpayer with an agreement that represents value for money, but also ensures arrangements for travellers on temporary visits remain the same as they are today.

I am copying this letter to Jack Straw, Edwina Hart, Michael McGimpsey and Nicola Sturgeon.

*With best wishes,*

*Andy*

ANDY BURNHAM

7/2 10.00

**Covering Note from Isle of Man Chief Minister**

Dear colleague,

Further to my undertaking in Tynwald on 16 March, please find attached a copy of the letter which I received today from the UK Health Secretary, Andy Burnham.

The letter follows the telephone conversation which I had with the Secretary of State last week, confirming that the UK Government has agreed to defer the termination of the Reciprocal Health Agreement by six months.

The current arrangement will now continue in force until 30 September 2010 and brings the Isle of Man in line with other agreements that the UK has with a number of non European Economic Area countries.

As Mr Burnham's letter makes clear, we have agreed to keep the situation under review with the expectation that if the new arrangement works well, it can form the basis of a new agreement.

Yours sincerely,

Tony

**Hon J A Brown MHK  
Chief Minister**

Isle of Man. Giving you freedom to flourish

**Reciprocal Health Agreement with U.K. Newsletter –  
Jersey Consumer Council article**

The Reciprocal Health Agreement with the U.K. ends on 31st March 2009. This means people from Jersey who visit the U.K., whether for business or personal reasons, will have to pay if they need healthcare if they need anything other than A & E (Accident and Emergency) treatment. The decision will also affect people visiting the Island from the U.K. Visitors will continue to receive free treatment at A&E but will have to pay for the same services as Jersey residents will be charged for when receiving treatment in the U.K. This change will not affect people who are referred for specialist treatment in the U.K. Specialist treatment is already paid for by the Health & Social Services Department and this will continue. Our advice is if you travel to the U.K. regularly, take out annual travel insurance or check the insurance cover you already have to make sure you are fully covered.

Please note these exemptions to the ruling:

**Exempt diseases:**

There are certain diseases for which treatment is free in order to protect the wider public health. This exemption from charge will apply to the diagnosis even if the outcome is a negative result. It does not apply to any secondary illness that may be present even if treatment is necessary in order to successfully treat the exempted disease. For example, if a patient has TB and HIV only the treatment of TB is without charge, the treatment of HIV is chargeable.

Acute encephalitis	Plague
Acute poliomyelitis	Rabies
Amoebic dysentery	Relapsing fever
Anthrax	Rubella
Bacillary dysentery	Salmonella infection
Cholera	SARS
Diphtheria	Scarlet fever
Food poisoning	Smallpox
Leprosy	Staphylococcal infections
Leptospirosis	Tetanus
Malaria	Tuberculosis
Measles	Typhoid fever
Meningitis	Typhus
Meningococcal septicaemia (without meningitis)	Viral haemorrhagic fevers
Mumps	Viral hepatitis
Ophthalmia neonatorum	Whooping cough
Paratyphoid fever	Yellow fever

## **Exempt Groups**

As per current guidance, the following groups are exempt from charges:

- Those who are travelling on business and work for an employer or company which has its principle place of business in the U.K. or is registered in the U.K. as a branch of an overseas company. A self-employed person whose principle place of business is in the U.K. would also be exempt when travelling there on business.
- Students who are pursuing a full time course of study of at least six months' duration, or of less than 6 months' duration but which is substantially funded by the U.K. government.
- U.K. state pension holders are exempt from charges for treatment on a visit to the U.K., providing they lived in the U.K. for ten continuous years or more at some point in the past.