

PARLIAMENTARY DEBATES

HOUSE OF COMMONS
OFFICIAL REPORT

Fifth Delegated Legislation Committee

DRAFT HEALTHCARE (INTERNATIONAL
ARRANGEMENTS) (EU EXIT) REGULATIONS 2023

Wednesday 28 June 2023

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Sunday 2 July 2023

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The Committee consisted of the following Members:

Chair: † MRS SHERYLL MURRAY

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| † Bacon, Gareth (<i>Orpington</i>) (Con) | † Johnson, Kim (<i>Liverpool, Riverside</i>) (Lab) |
| † Bacon, Mr Richard (<i>South Norfolk</i>) (Con) | † Jones, Fay (<i>Brecon and Radnorshire</i>) (Con) |
| † Baron, Mr John (<i>Basildon and Billericay</i>) (Con) | † Monaghan, Carol (<i>Glasgow North West</i>) (SNP) |
| † Clarke, Sir Simon (<i>Middlesbrough South and East Cleveland</i>) (Con) | Osamor, Kate (<i>Edmonton</i>) (Lab/Co-op) |
| † Crouch, Tracey (<i>Chatham and Aylesford</i>) (Con) | † Quince, Will (<i>Minister for Health and Secondary Care</i>) |
| † Cruddas, Jon (<i>Dagenham and Rainham</i>) (Lab) | † Smyth, Karin (<i>Bristol South</i>) (Lab) |
| † Djanogly, Mr Jonathan (<i>Huntingdon</i>) (Con) | † Wakeford, Christian (<i>Bury South</i>) (Lab) |
| † Fletcher, Nick (<i>Don Valley</i>) (Con) | |
| † Green, Damian (<i>Ashford</i>) (Con) | Stella-Maria Gabriel, <i>Committee Clerk</i> |
| Hardy, Emma (<i>Kingston upon Hull West and Hessle</i>) (Lab) | † attended the Committee |

Fifth Delegated Legislation Committee

Wednesday 28 June 2023

[MRS SHERYLL MURRAY *in the Chair*]

Draft Healthcare (International Arrangements) (EU Exit) Regulations 2023

9.25 am

The Minister for Health and Secondary Care (Will Quince): I beg to move,

That the Committee has considered the draft Healthcare (International Arrangements) (EU Exit) Regulations 2023.

It is a pleasure to serve under your chairmanship, Mrs Murray. Reciprocal healthcare arrangements offer additional healthcare security to all UK residents and provide greater safeguards and support when they are travelling abroad. Where there is no arrangement in place, those who require treatment may face very expensive insurance premiums or may have to fund life-sustaining healthcare privately. When a reciprocal arrangement is in place, however, people can travel safe in the knowledge that they can access public healthcare in an emergency. Such arrangements particularly benefit people with long-term pre-existing conditions, such as those who need kidney dialysis.

The UK Government were therefore pleased to secure a continuation of our arrangements with European countries through the trade and co-operation agreement. The Government have also set out our ambition to extend the benefits to the public more widely, to be delivered through a number of new arrangements with countries outside the European Union. Thanks to the Healthcare (International Arrangements) Act 2019, we now have the legal powers to make good on this commitment and to implement reciprocal healthcare arrangements with our international partners. I am pleased to be introducing the secondary legislation necessary to implement our arrangements.

The draft regulations will confer functions on the NHS Business Services Authority and local health boards across the UK. They will require them to give effect to the international commitments made by the UK under each arrangement. Those functions include making payments to international partners, processing applications and claims and providing necessary information to the public.

The draft regulations are substantively very similar to those currently in force. However, I draw hon. Members' attention to two main differences. First, the draft regulations will enable the Secretary of State to make payments outside an arrangement, but only where there are exceptional circumstances that provide justification, and where a reciprocal healthcare arrangement is already in place.

Let me expand on that a little. The power to make discretionary payments enables the Government to support UK residents should they face difficulty in extraordinary circumstances when they are abroad. Alongside the legislation, we have consulted on a policy framework

that sets out the circumstances under which we would expect such a power to be used. To be absolutely clear, it will be used sparingly, but it will help those who benefit to avoid facing onerous financial consequences if funding for critical healthcare were to be refused. Given the difficulties in anticipating such circumstances, the Secretary of State will consider, on its own merits, each and every case referred by our partners.

Secondly, the schedule to the draft regulations, on pages 5 and 6, brings together all the UK's healthcare arrangements in one place. That includes our healthcare arrangements with the EU and Switzerland, as well as new arrangements such as those with our overseas territories and Crown dependencies. It also includes our existing arrangements where no money is exchanged and where the cost of treatment is waived, such as with Australia and New Zealand.

As the Committee would expect, we have consulted devolved Administration Ministers throughout the process; they have confirmed that they are content. The draft regulations will enable the devolved Administrations to implement the planned treatment provisions that are included within our comprehensive arrangements with the European Union and Switzerland. In Northern Ireland, in the absence of an Executive, we will ensure that planned treatment functions can continue to be delivered by saving the relevant aspects of our existing legislation.

The draft regulations will allow us to honour our commitments under existing healthcare arrangements. Importantly, they will also provide us with the legal framework to extend healthcare security to UK residents when they travel abroad, through these new arrangements. I commend the regulations to the Committee.

9.30 am

Karin Smyth (Bristol South) (Lab): The regulations are vital to implement international healthcare agreements following our exit from the European Union. Reciprocal healthcare agreements support our constituents to access healthcare in the listed countries. Those faced with the stress and worry of a healthcare emergency abroad will rightly expect suitable agreements to be in place where possible. That is particularly true of people with a disability, who are older or who perhaps live with a chronic condition. The Opposition will therefore support the statutory instrument.

It is important to note, however, that the regulations confer further powers on the Secretary of State. It would be helpful if the Minister outlined further details about the Government's plan for other international healthcare co-operation outside the European economic area and Switzerland, and perhaps gave an idea of what that might look like. From our understanding, payments can be made only if both the following conditions are met: the healthcare treatment is in a country with which we have an international healthcare agreement; and the Secretary of State considers exceptional circumstances to justify the payment.

I appreciate that the public consultation on this matter has recently closed, but will the Minister say what would constitute exceptional circumstances and how the policy framework might work? An early indication of the results of the consultation would be most welcome. Otherwise, we are happy to support the regulations this morning.

9.31 am

Will Quince: I thank the hon. Lady for her support. Let me take both those questions in turn, starting with the one relating to exceptional circumstances. I know that the Committee will forgive me for not going into the details of specific cases, although there have been cases in which we have needed to provide help on an exceptional basis to UK citizens abroad who need health support.

The purpose of the power is to support UK residents abroad where we already have a reciprocal healthcare arrangement in place but they face difficulty, and the circumstances are therefore, by their nature, extraordinary. The policy framework set out in the regulations proposes that the Secretary of State will consider whether the healthcare treatment falls narrowly outside the scope of the arrangement in place and whether refusal to fund healthcare treatment would result in unjustifiably harsh consequences for the individual. However, the framework will retain the necessary flexibility to allow the Secretary of State to evaluate each case individually. In the one case that I am aware of—I know there have been others—it has been vital in ensuring that the UK resident and patient was able to get the support that they would not have got without the exceptional arrangements being put in place.

On the hon. Lady's second point about scrutiny, we will of course look at other reciprocal arrangements. Some of those will be fee-waived and others will be reciprocal in relation to charging. No doubt the hon. Lady and the Labour party will rightly scrutinise any efforts that the Government take. The Committee should be assured, however, that we will only ever take those steps when they are in the interests not only of UK citizens, patients and those travelling abroad, but of our NHS. That is an absolute guarantee.

I hope that I have answered the hon. Lady's questions. If she has any specific further questions, she knows me well enough to know that she can write to me or, indeed, call me and I will gladly answer those.

In closing, I take this opportunity to reassure right hon. and hon. Members that very little will change under the regulations. As I said, they remain substantively very similar to those that they will replace. I reiterate the importance of the regulations, as the hon. Lady did, to ensuring that the UK continues to honour our current commitments and support those requiring access to healthcare abroad. I commend the regulations to the Committee.

Question put and agreed to.

9.34 am

Committee rose.

