STATUTORY RULES OF NORTHERN IRELAND

# 2006 No. 536

# HEALTH SERVICES CHARGES

## The Recovery of Health Services Charges (General) Regulations (Northern Ireland) 2006

*Made - - - - 21st December 2006*

*Coming into operation 29th January 2007*

The Department of Health, Social Services and Public Safety, in exercise of the powers conferred on it by Articles 2, 4(9), 5(10) and (11), 12(1) to (3), 14(3), 15, 16(4) and 19(3) of, and paragraph 8 of Schedule 1 to, the Recovery of Health Services Charges (Northern Ireland) Order 2006(**1**), makes the following Regulations:

### Citation, commencement and interpretation

**1.**—(1) These Regulations may be cited as the Recovery of Health Services Charges (General) Regulations (Northern Ireland) 2006 and shall come into operation on 29th January 2007.

(2) In these Regulations—

"certificate" means a certificate issued under Article 4;

"Department" means the Department for Social Development;

"hospital" means a health services hospital within the meaning of Article 2;

"the Order" means the Recovery of Health Services Charges (Northern Ireland) Order 2006.

(3) A reference in these Regulations to a numbered Article or Schedule is a reference to that Article of, or that Schedule to, the Order.

### Application for a certificate of health services charges

**2.**—(1) An application for a certificate shall be made to the Department and shall include the following particulars—

(a) the full name and address of the injured person;

(b) the date of birth, and where known, the national insurance number of that person;

(c) the date on which the injury occurred;

(d) the nature of the injury;

(**1**) S.I.2006/1944 (N.I. 13) Article 2 is cited for the definition of "prescribed"

(e) the name and address of any hospital at which the injured person received health services treatment in respect of his injury;

(f) where the applicant has made a compensation payment in respect of the injury, the date on which the payment was made;

(g) where the certificate applied for relates to a claim to which any of the circumstances specified in paragraphs (a) to (f) of Article 5(3) (reduction of health services charges in cases of contributory negligence) applies—

(i) a statement of the proportion by which the damages payable in respect of the claim are to be reduced to reflect the injured person's share in the responsibility for the injury in question, and

(ii) a copy of the order, judgement, minute or document which provides for that reduction; and

(h) where the certificate applied for relates to a qualifying claim the report referred to in regulation 3(1)(a).

(2) An application under Article 4(7) must be made not later than 14 days after the date on which the compensation payment is made.

(3) The prescribed period for the purposes of Article 4(8)(b) (circumstances in which Article 4(7) applies) is 28 days.

**Reduction of health services charges in certificates relating to qualifying claims**

**3.**—(1) The circumstances in which the amount specified in a certificate relating to a qualifying claim is to be reduced in accordance with Article 5(10) are where—

(a) the applicant for the certificate sends to the Department a report which contains the information specified in paragraph (2) and is signed by the parties to the agreement referred to in paragraph (2)(a); and

(b) it appears to the Department from that report that the agreement was reached in a fair manner.

(2) For the purposes of paragraph (1)(a) the following information is specified—

(a) a statement that it was agreed by or on behalf of the injured person and the person who proposed to make a compensation payment that the damages payable under the settlement were to be reduced to reflect the injured person's share in the responsibility for the injury in question;

(b) a statement as to how that agreement was reached;

(c) the amount of damages payable under the settlement had there been no such agreement;

(d) the amount or proportion by which it was agreed that the damages were to be reduced; and

(e) the names of all those involved in the settlement process.

**Particulars as to amounts specified in certificate**

**4.** The particulars to which a person to whom a certificate is issued is entitled, in accordance with Article 5(11), are—

(a) in respect of health services ambulance services counted for the purposes of determining any amount in the certificate—

(i) the name of the ambulance trust which provided those services,

(ii) the date on which the services were provided, and

(iii) the name and address of any hospital to which the injured person was taken; and

(b) in respect of health services treatment counted for the purposes of determining any amount in the certificate—

(i) the name and address of the responsible body of any hospital at which that treatment took place, and

(ii) whether the injured person was admitted to any hospital and if so, the number of days of admission counted at each hospital.

**Information to be provided in relation to an injured person**

**5.**—(1) A person specified in Article 12(1)(a) shall send to the Department the information set out in paragraph (3) not later than 14 days after the date on which the claim in respect of the injury is made by or on behalf of the injured person.

(2) A person specified in Article 12(1)(b) to (e) shall send to the Department such information set out in paragraph (3) as it may request not later than 14 days after the date of the request.

(3) The information referred to in paragraphs (1) and (2) is—

(a) the full name and address of the injured person;

(b) the full name and address of —

(i) the person against whom the claim is made, and

(ii) anyone acting on behalf of that person;

(c) the date of birth or national insurance number of that person;

(d) the date on which the injury occurred;

(e) the nature of the injury;

(f) in respect of health services treatment received at a hospital in respect of the injury—

(i) the name and address of the hospital, and

(ii) whether the injured person was admitted to hospital and if so the date of admission and discharge and the type of treatment provided; and

(g) in respect of health services ambulance services provided to the injured person as a result of his injury—

(i) the name and address of the ambulance trust which provided those services,

(ii) the date on which the services were provided, and

(iii) the name and address of any hospital to which the injured person was taken.

(4) The responsible body of each hospital at which the injured person received health services treatment in respect of his injury shall send the following information in relation to that person to the Department not later than 14 days after the date on which the Department requests it—

(a) the date the treatment began;

(b) whether and, if so, the date on which, health services ambulance services were provided to the injured person, as a result of his injury, for the purpose of taking him to a hospital in relation to which it is the responsible body (including taking him from one such hospital to another such hospital);

(c) whether the injured person was admitted to a hospital in relation to which it is the responsible body and, if so, the date of admission and discharge;

(d) where known, the name and address of any other hospital at which the injured person received treatment; and

(e) whether there is likely to be further treatment in respect of the injury.

(5) Any ambulance trust which provided health services ambulance services to the injured person as a result of his injury shall send the following information to the Department not later than 14 days after the date on which the Department requests it—

(a) the date on which those services were provided to the injured person as a result of his injury; and

(b) the name and address of any hospital to which the injured person was taken for health services treatment.

**Payments to hospitals and ambulance trusts**

**6.**—(1) The Department—

(a) shall make any payment under Article 14(1) (payment to responsible body or relevant ambulance trust) not later than 40 days after the day it receives a payment of relevant health services charges;

(b) may make more than one such payment at the same time; and

(c) may do so by direct credit transfer.

(2) In respect of each payment, the Department shall send to the responsible body or relevant ambulance trust a statement showing—

(a) the name and address of the injured person to whom the statement relates;

(b) the amount of the payment; and

(c) the date of the incident in respect of which the payment is made.

(3) Where—

(a) the Department receives a payment of relevant health services charges; and

(b) the responsible body of the hospital ("the old body") or the relevant ambulance trust ("the old trust") concerned has ceased to exist,

the Department shall pay the amount received to the body to which the property, rights and liabilities of the old body or the old trust have been transferred.

(4) If the property, rights and liabilities of the old body or the old trust have been transferred to more than one body, the Department, may, for the purposes of paragraph (3), divide the payment among those bodies in such manner as it considers appropriate.

**Structured settlements**

**7.**—(1) This regulation applies where, apart from the provisions of this regulation, the payments due under an agreement or court order referred to in paragraph (2) would fall to be treated for the purposes of the Order as compensation payments.

(2) The agreement or court order referred to in paragraph (1) is—

(a) an agreement entered into in final settlement of a claim made by or on behalf of an injured person for—

(i) the making of periodical compensation payments (whether of an income or capital nature), or

(ii) the making of such payments and lump sum payments; or

(b) an order by a court which—

(i) awards damages to an injured person in respect of injury or death arising out of an incident; and

(ii) orders that the damages are wholly or partly to take the form of periodical payments.