POLICY NOTE

THE PERSONAL INJURIES (NHS CHARGES) (AMOUNTS) (SCOTLAND) AMENDMENT REGULATIONS 2025

SSI 2025/239

1. The above instrument was made in exercise of the powers conferred by sections 153(2), 163(1) and 195(1) and (2) of the Health and Social Care (Community Health and Standards) Act 2003 ("the 2003 Act"). The instrument is subject to the negative procedure.

Summary Box

These Regulations amend the Personal Injuries (NHS Charges) (Amounts) (Scotland) Regulations 2006. The purpose of the instrument is to increase the charges ("NHS charges") recovered from persons who pay compensation ("compensators") in cases where an injured person receives National Health Service hospital treatment or ambulance services. The increase in charges relates to an uplift for Hospital and Community Health Service (HCHS) inflation.

Policy Objectives

2. The new NHS charges will apply in cases where compensation has been made in respect of incidents occurring on or after 1 October 2025. The NHS charges will be increased as follows and are representative of a 4.2% Hospital and Community Health Service Inflation Rate:

	Rate	
	Current	**From 1 October 2025**
Where the injured person was provided with NHS ambulance services for the purpose of taking him/her to a hospital for NHS treatment (for each journey)	£256	£267
Where the injured person received NHS treatment at a hospital in respect of his/her injury but was not admitted to hospital (flat rate)	£848	£883
Where the injured person received NHS treatment at a hospital in respect of his/her injury and was admitted to hospital (daily rate)	£1,042	£1,085
The cap (being the maximum amount that will be claimed from a compensator) in any one case.	£62,272	£64,856

3. The NHS charges are revised annually to take account of Hospital and Community Health Services (HCHS) pay and price inflation. The last revision took effect from 1 October 2024, applying the estimate for HCHS inflation at that time of 2.7%.

4. In previous years, the NHS charges were revised annually from 1 April. A mid-year uplift then took place in October to recognise the difference between the pay inflation estimate applied in April and actual pay inflation (per DHSC). To more accurately reflect the difference between the pay inflation estimate applied in April and actual pay inflation, in 2024 it was agreed with DHSC and Ministers that the timing of the SSI would change to allow pay deals to be concluded and would come into force annually on/around 1 October.

5. The Scheme is administered on behalf of Scottish Ministers by the Compensation Recovery Unit (CRU) of the Department of Work and Pensions (DWP).

UN Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024 Compatibility

6. The Scottish Ministers have made the following statement regarding children's rights.

7. In accordance with section 23(2) of the United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024 (the Act), the Scottish Ministers certify that, in their view, The Personal Injuries (NHS Charges) (Amounts) (Scotland) Amendment Regulations 2025 are compatible with the UNCRC requirements as defined by section 1(2) of the Act.

EU Alignment Consideration

8. This instrument is not relevant to the Scottish Government's policy to maintain alignment with the EU.

Consultation

9. For more than 70 years, hospitals have been able to recover the costs of treating the victims of road traffic accidents where the injured person has made a successful claim for personal injury compensation. The arrangements for this were streamlined and modernised through the provisions of the Road Traffic (NHS Charges) Act 1999 (RTA). The Scheme introduced in January 2007 to replace the RTA Scheme has been the subject of a number of consultation exercises.

10. The Law Commission for England and Wales consulted in 1996 on whether the recovery of NHS costs should take place not just following road traffic accidents but, in all cases, where people claim and receive personal injury compensation. More than three quarters of the people who responded to the consultation agreed with the Commission's view that the NHS should be able to recover its costs from the liable party and that the NHS, and therefore the taxpayer should not have to pay for the treatment of such patients. Rather, those causing injury to others should pay the full cost of their actions, including the costs of NHS treatment.

11. The then Scottish Executive Health Department and the Department of Health undertook parallel consultation exercises on how such an expanded Scheme might operate in the autumn of 2002. The responses in the main supported the Scheme and proposals for its administration. There were some concerns, however, about whether the Employers' Liability Compulsory Insurance (ELCI) market was sufficiently robust to cope with the expansion.

12. Following on from the consultation the necessary legislative framework was put in place as Part 3 of the 2003 Act. However, in response to the concerns expressed, Scottish and UK Ministers committed to not implementing the expanded Scheme until a study of the ELCI market, carried out by DWP during 2003, was published. The study's final report, issued in December 2003, recommended that implementation of the NHS Cost Recovery Scheme should be postponed for a year, and this recommendation was accepted.

13. A further consultation was undertaken at the end of 2004 covering in detail the draft Regulations that would govern the Scheme. There are three sets of principal regulations:

The Personal Injuries (NHS Charges) (Amounts) (Scotland) Regulations 2006, which these Regulations amend;
The Personal Injuries (NHS Charges) (General) (Scotland) Regulations 2006;
The Personal Injuries (NHS Charges) (Reviews and Appeals) (Scotland) Regulations 2006.

14. The consultation included seeking agreement to continue the practice established under the old RTA Scheme of automatically uprating the level of charges each year in line with HCHS inflation. The proposal was agreed by the majority of respondents.

15. The consultation raised further concerns about the planned timing for introducing the Scheme as the ELCI market was still considered fragile. After further discussions with DWP, Scottish and UK Ministers agreed to one further postponement of implementation of the Scheme from April 2005 to January 2007.

16. The following bodies were consulted in both the 2002 and 2004 consultations:

NHS Boards (and NHS Trusts)

Scottish NHS Confederation

The Law Society of Scotland

The Scottish Law Agents Society

The Faculty of Actuaries

Motor Insurers Bureau

Scotland Patients Association

Scottish Association of Health Councils

The Faculty of Advocates

The Scottish Consumer Council

Association of British Insurers

Various Insurance Bodies

17. As consultation undertaken before the introduction of the Scheme agreed the level of charges were to be increased annually in line with HCHS inflation, consultation has not taken place for this specific instrument as it aligns with the established principles set out.

Impact Assessments

18. Due to the technical nature of these Regulations it was considered that no impact assessments were necessary other the CRWIA referred to in paragraph 20 below. There is no expansion or reduction in the level of regulatory activity as a consequence of this instrument. The scheme is already in place, there is no change in policy and the principle of uplifting tariff based on HCHS inflation was agreed with the insurance industry as part of the consultation process in 2006. This process for uprating the tariff of charges is a longstanding annual event that simply maintains the real-terms values of the funds recovered by the NHS.

19. The bulk of the NHS charges are covered by insurance and will be paid by insurers in addition to the personal compensation payment which the injured person will have secured. It is possible that insurers will choose to pass the increased costs on to their customers through insurance premiums.

20. In accordance with the UNCRC (Incorporation) (Scotland) Act 2024, a Child Rights and Wellbeing Impact Assessment (CRIWA) has been prepared although the Scheme has no impact on Child Rights or Wellbeing.

21. Any impact on premiums due to this uplift is likely to be negligible. The £7.8m estimated additional income for the NHS can be broken down as £5.3m for road traffic accidents and £2.5m for non-road traffic accidents (using rounded figures). As this cash increase is in line with HCHS inflation, it will simply maintain the real-terms value of current income.

22. If we assume the £5.3m for road traffic accidents is spread evenly among all holders of compulsory motor insurance, then the average cost per policy could rise by 0.03% or around 15p per policy. These figures are calculated using 2025/26 estimates for net motor premiums of £19bn and estimated average annual expenditure per household buying motor insurance in 2025/26 of £740 based on information provided by the Association of British Insurers.

23. The remaining £2.5m is likely to be a cost pressure on public liability and employer insurance. If this cost was transferred to the population, for example by lower wages – to cover the increase in employer insurance contributions, and increased tax – to cover the public liability insurance, it would cost around 7p per person.

Financial Effects

24. No Business and Regulatory Impact Assessment (BRIA) is necessary as the financial effects of instrument on the Scottish Government, local government or on business is negligible. Furthermore, it should be noted that the liability for charges rests with the compensator, and not with the person who has been compensated.

25. The 2003 Act provides for a parallel Scheme to be operated in England and Wales by the Secretary of State for Health and Social Care. Identical changes to the flat/daily rate and the cap are being made in England and Wales by the Department of Health and Social Care to come into force on 1 October 2025. The England and Wales Scheme is also administered by the Compensation Recovery Unit.

Scottish Government
Health and Social Care Directorate
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