

Title 40 - Linkslandic Health Service Act 2026 (LHS)

Preamble:

To establish the Linkslandic Health Service as a publicly accountable statutory body capable of delivering the constitutional right to healthcare, coordinating national and county services, protecting equal access and health information, and supporting public-health preparedness. This Act works in conjunction with the Constitution of Links Land, the Public Services Act 2025, the Law Enforcement and Public Safety Act 2025, the Financial Regulations Act 2025, the Child Safety and Protection Act 2025, the Senior Dignity and Welfare Act 2025, the Unity and Equality Act 2025, the Public Health Preparedness Act 2025, the Public Administration Efficiency Act 2025, the Data Protection Act 2026 and the Health Information Bill. It is read alongside those laws and does not displace their legal effect.

Article 1: Establishment and Interpretation

Section 1A — Statutory body

- (a) There is established a body corporate called the Linkslandic Health Service.
- (b) The Service has legal personality, perpetual succession and the capacity to hold property, enter contracts, employ staff and bring or defend proceedings.
- (c) The Service is accountable to the Minister for Health and to Parliament in accordance with this Act.

Section 1B — Interpretation

- (a) In this Act, LHS means the Linkslandic Health Service; Minister means the Minister responsible for health; county health board means a board established under the Public Services Act 2025; and core service means a service listed in Article 3.
- (b) A reference in an Act to the National Health Service is to be read, for the purpose of identifying the body responsible for delivery, as a reference to the Linkslandic Health Service, without otherwise altering that Act.

Article 2: Governance

Section 2A — Governing Board

- (a) The Service shall be governed by a Board consisting of a chair, the Chief Executive, the Chief Medical Officer and members appointed through a transparent process prescribed by regulation.
- (b) The Board shall include expertise in clinical practice, public administration, finance, patient experience, disability rights and local government.
- (c) Board members shall declare interests and comply with the Ethics and Anti-Corruption Act 2025.

Section 2B — Executive officers

- (a) The Board shall appoint a Chief Executive responsible for operational management.
- (b) The Board shall appoint a Chief Medical Officer who is a practising clinician licensed under applicable law.
- (c) The Chief Medical Officer shall advise on clinical safety, standards, workforce planning and public-health preparedness.

Section 2C — Annual accountability

- (a) The Service shall submit an annual report and audited accounts to the Minister for laying before Parliament.
- (b) The annual report shall include performance against access, safety, equality, workforce, preparedness, complaints and financial objectives.
- (c) The Minister shall respond publicly to material failures identified in the report.

Article 3: Duties and Entitlements

Section 3A — General duty

- (a) The Service shall plan and provide a comprehensive health service consistent with Article 17 of the Constitution and the resources appropriated by Parliament.
- (b) The Service shall have regard to prevention, clinical effectiveness, timely access, continuity of care, patient dignity and reduction of health inequalities.

Section 3B — Core services

- (a) Core services include primary care, emergency care, hospital care, maternity and child health, mental health, sexual health, dental care, pharmacy, elderly and dementia care, rehabilitation and public health.
- (b) Core services shall be free at the point of use except where Parliament expressly provides otherwise by law.
- (c) The Service shall not refuse or disadvantage a person on a ground prohibited by the Unity and Equality Act 2025.

Section 3C — Existing entitlements

- (a) Priority access and specialist and home-care provisions for older persons under the Senior Dignity and Welfare Act 2025 shall be delivered through the Service where that Act requires state-funded healthcare.
- (b) Counselling and related support for survivors under the Child Safety and Protection Act 2025 shall be available through the Service or a funded provider.
- (c) Gender-affirming care required to be state funded under the Unity and Equality Act 2025 shall be provided on the same lawful and clinically appropriate basis as other covered care.

Article 4: Local and Regional Coordination

Section 4A — County health boards

- (a) County health boards established under the Public Services Act 2025 continue in existence and retain their functions and legal responsibilities.
- (b) This Act does not transfer county budgetary authority or democratic oversight to the Service.

Section 4B — Regional councils

- (a) The Service shall establish regional councils on which each county health board is represented.
- (b) Regional councils shall advise on service planning, rural access, public-health needs, workforce distribution and coordination between national and county services.

Section 4C — Medical response units

- (a) County medical response units established under the Law Enforcement and Public Safety Act 2025 remain county-run.
- (b) The Service may issue clinically necessary national standards for those units after consultation with counties and emergency professionals.
- (c) Nothing in this Article removes the operational responsibility assigned to counties by existing law.

Article 5: Finance and Efficiency

Section 5A — Health Grant

- (a) Parliament may provide an annual or multi-year Health Grant to the Service through the national budget in accordance with Article 14 of the Constitution and the Financial Regulations Act 2025.
- (b) The Minister shall publish the basis on which the grant is calculated and shall identify expected demand, capital expenditure and material financial risks.
- (c) The Service shall not incur expenditure without lawful appropriation or other lawful funding authority.

Section 5B — Implementation and workforce plan

- (a) The Service shall publish a five-year implementation and workforce plan and update it annually.
- (b) The plan shall address staffing, training, infrastructure, procurement, waiting times, service coverage and continuity of care.

Section 5C — Audit and efficiency

- (a) The accounts of the Service shall be audited annually by the lawful public auditor.
- (b) The Efficiency Oversight Commission may examine the Service under the Public Administration Efficiency Act 2025.
- (c) The Service shall cooperate with lawful investigations into waste, fraud, procurement failure or maladministration.

Article 6: Standards, Inspection and Complaints

Section 6A — Clinical standards

- (a) The Service shall publish accessible clinical and service standards consistent with professional evidence, patient safety and equality law.
- (b) Standards shall be reviewed periodically and developed with clinicians, patients, carers, counties and relevant professional bodies.

Section 6B — Independent inspection

- (a) The Minister shall designate or establish an independent inspectorate for inspection of Service facilities and investigation of serious systemic failures.
- (b) The inspectorate shall have lawful access to premises, records and staff subject to privacy and due-process safeguards.
- (c) The Service shall publish inspection outcomes and an action plan for material deficiencies.

Section 6C — Complaints and the Ombudsman

- (a) The Service shall provide a free, accessible and independent first-stage complaints process.

(b) A complainant may refer unresolved or serious matters to the Health Ombudsman established by applicable law.

(c) The Service shall not be the final decision-maker on a complaint concerning its own Board, Chief Executive or systemic failure.

Article 7: Safeguarding and Reporting

Section 7A — Reporting channel

(a) The Service shall provide a single accessible reporting channel for staff to report suspected abuse of a child to the Child Protection Authority and suspected abuse of an older person to the Senior Welfare Authority.

(b) The channel shall support confidential reporting, urgent escalation, recordkeeping and protection from retaliation.

(c) This Article supplements and does not restrict mandatory reporting duties under the Child Safety and Protection Act 2025 and the Senior Dignity and Welfare Act 2025.

Article 8: Public Health Preparedness

Section 8A — Preparedness responsibilities

(a) The Service is the responsible body for maintaining the stockpiles and conducting the hospital preparedness drills required by the Public Health Preparedness Act 2025.

(b) The Service shall maintain reserves of medicines and protective equipment for not less than the period required by that Act and shall conduct the required annual drills.

(c) Penalties and enforcement provisions in the Public Health Preparedness Act 2025 remain applicable.

Section 8B — Coordination

(a) The Service shall coordinate preparedness planning with counties, hospitals, emergency services and the Minister.

(b) Preparedness plans shall address continuity of essential care, protection of vulnerable people and transparent public communication.

Article 9: Information Governance

Section 9A — Health information controller

(a) The Service is the data controller for the national health record to the extent assigned by law.

(b) The Service shall comply with the Data Protection Act 2026 and the Health Information Bill, including duties concerning lawful processing, security, access, correction, retention and appointment of a Data Protection Officer.

Section 9B — Safeguards

(a) Health information shall be processed only for lawful, necessary and proportionate purposes.

(b) The Service shall maintain role-based access controls, audit logs, breach procedures and regular independent security testing.

(c) A person may exercise applicable rights of access, correction and complaint without losing access to clinically necessary care.

Article 10: Funding, Oversight and Regulations

Section 10A — Regulations

- (a) The Minister may make regulations necessary to implement this Act, subject to any parliamentary procedure required by law.
- (b) Regulations may not reduce a constitutional or statutory healthcare entitlement, authorise discriminatory access, or remove county responsibilities preserved by this Act.

Section 10B — Review

- (a) The Minister shall arrange an independent review of the operation, costs, access outcomes and rights impact of this Act within five years of its commencement and shall lay the report before Parliament.

Article C: Constitutional Compliance

Section C1 — Rights and lawful administration

- (a) This Act shall be interpreted consistently with the Constitution, including the right to healthcare, equality, privacy, administrative fairness and parliamentary control of public expenditure.
- (b) Nothing in this Act authorises treatment without lawful consent, discriminatory healthcare provision, unlawful disclosure of health information or expenditure without appropriation.
- (c) The Service remains subject to judicial review, lawful scrutiny by Parliament and the oversight jurisdiction established by the Constitution and other applicable Acts.