



Barnet Health Overview and Scrutiny Committee

6 October 2016

Title	Health Tourism
Report of	Barnet Clinical Commissioning Group
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	Appendix A – Executive Summary from Department of Health Guidance on implementing the overseas visitor hospital charging regulations 2015
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Summary

The Health Overview and Scrutiny Committee has requested an update report from the Barnet Clinical Commissioning Group on the topic of health tourism.

Introduction:

The NHS is built on the principle that it provides a comprehensive health service, based on clinical need, not ability to pay. However, regulations impose a charging regime in respect of NHS hospital treatment for persons who are not ordinarily resident in the UK. The charging regime provides for some categories of non-residents to be exempt from charges, and EU regulations and other international agreements provide reciprocal healthcare that benefits visitors from and to participant countries.

Hospital care:

Once a patient is identified as chargeable for NHS treatment, the treating clinician decides

whether the medical treatment is deemed as immediately necessary, urgent or routine (as per Department of Health guidelines). If the treatment is routine then it is not provided until payment is received, or the patient is advised to seek private treatment.

If treatment is deemed immediately necessary or urgent then an invoice is raised. Where possible the Overseas Visitor Team (OVT) takes payment prior to, but without delaying, treatment. Otherwise payment is obtained immediately after treatment.

For patients with an insurance policy the OVT contacts the insurance company to secure payment.

Eligibility for hospital care:

The hospital carries out checks based on those recommended in the Department of Health Guidance on Implementing the Overseas Visitor Hospital Charging Regulations 2015. In order to establish a patient's nationality, passports and ID cards are requested from the patient. If necessary, and provided the patient is from outside the European Economic Area (EEA), the Home Office may be contacted to confirm any further details regarding the patient's status.

Eligibility for free NHS treatment relies on whether a person's lawful Ordinary Residence is in the UK, they have appropriate EEA documentation such as a European Health Insurance Card or S2 form, or they fall into an appropriate exemption category (such as a medical exemption or a visa exemption).

When patients first attend hospital for treatment, staff establish eligibility according to the Department of Health rules, which are not simply whether a patient is a British national.

If a patient is not eligible, staff contact the OVT. If a referral letter from a GP or another NHS organisation advises that the patient may not be eligible, then the appointments centre or relevant staff contact the OVT.

Financial:

The responsible CCG concept relates to the borough in which the hospital headquarters is based. So Barnet CCG is responsible for payment of any invoices that are deemed not recoverable by the Royal National Orthopaedic Hospital (RNOH) for all such patients treated at RNOH.. Similarly, Camden CCG will be responsible for payment of activity undertaken by the Royal Free NHS Foundation Trust, the headquarters of which are in Camden.

Please note that the financial information given below represents all health tourism activity undertaken by the hospital in question. As these patients are not 'ordinarily resident' in the UK, they are visitors and therefore have no 'residency' status recorded, for the specific purpose of this report this means that a component cannot be identified as Barnet 'residents'.

Please note that the process of recovery for any hospital is not limited to a particular financial year and the hospital will continue to pursue payment until it has exhausted the possibilities for payment.

Below is information on the current position in respect of invoiced activity for the Royal Free NHS Hospital FoundationTrust.

Royal Free Hospital Overseas Visitors April 2016 – September 2016

Total no of invoices raised	Total monetary value	Paid	Outstanding
311	£725,156	£128,800	£596,356

Service Line	April	May	June	July	August	%
Acute Medicine	5,942	19,058	37,403	29,025	42,458	15%
Breast Surgery			1,080			0%
Cardiology	12,240	51,180	5,963	28,468	7,680	12%
Critical Care Medicine	4,500					1%
Dermatology						0%
Divisional Management Uc						0%
Elderly Medicine			3,578	8,348		1%
Endocrinology		338				0%
Ent	1,193				2,173	0%
Finance	9,353	3,555	4,449	1,530	28,261	5%
Gastroenterology	3,578	6,300	938	18,338	675	3%
General Surgery	2,985	26,790	3,788	6,503	1,193	5%
Haematology					50	0%
Haemophilia		338		540	405	0%
Infectious Disease		3,915	18,048	2,385	13,118	4%
Liver Services					4,530	1%
Maxillofacial	338	540	408			0%
Neurosciences	338	338				0%
Obstetrics & Gynaecology	16,698	45,005	38,667	40,045	36,513	20%
Oncology		2,385		600	10,733	2%
Ophthalmology	540	338	540	338	540	0%
Paediatrics			1,193	6,240	2,513	1%
Plastic Surgery	540	9,900	6,825	5,370	8,013	3%
Private Patients						0%
Radiology	338					0%
Renal Services		36,120	2,385		14,430	6%
Respiratory Medicine	1,193			8,948		1%

Rheumatology			2,160			0%
Stroke					9,540	1%
T&O	1,593	5,310	8,100	11,010	50,945	9%
The Institute & Pitu						0%
Therapy Services	1,148		338		203	0%
Urology			2,385			0%
Vascular Surgery			338		72,270	8%

Overseas Visitors April 2015 – March 2016

Total No of Invoices Raised	Total monetary value	Paid	Total Outstanding
467	£2,347,219	£508,447	£1,838,772

For invoices raised in 2015/16, the Royal Free Hospital continues to chase payment. For each outstanding invoice all due processes are followed and the debts which are submitted for write off are those that are uncollectable for reasons outside of the Royal Free London NHS Foundation Trust's control.

Each case would have been referred to a debt collection agency and collection efforts exhausted.

In respect of the Royal National Orthopaedic Hospital, in relation to 2015/16, Barnet CCG made payment of £408,794. The CCG received an additional allocation of funding to cover the total value. Similarly Camden CCG receives an additional allocation for its costs incurred.

GP Care:

Under the terms of their primary medical services contracts, GP practices cannot refuse an application to join its list of NHS patients on the grounds of race, gender, social class, age, religion, sexual orientation, appearance, disability or medical condition.

Other than that, they can only turn down an application if:

- a) the commissioner (NHS England) has agreed that they can close their list to new patients,
- b) the patient lives outside the practice boundary ;or
- c) they have other reasonable grounds.

In practice, this means that the GP practice's discretion to refuse a patient is limited.

Any practice that requests documentation regarding a patient's identity or immigration status must apply the same process for all patients requesting registration.

As there is no requirement under the regulations to produce identity or residence

information, the patient MUST be registered on application unless the practice has reasonable grounds to decline.

Registration and appointments should not be withheld because a patient does not have the necessary proof of residence or personal identification. Inability by a patient to provide identification or proof of address would not be considered reasonable grounds to refuse to register a patient.

If a practice suspects a patient of fraud (such as using fake ID) then they should register and treat the patient but hand the matter over to their local NHS counter-fraud specialist.

A patient does not need to be “ordinarily resident” in the country to be eligible for NHS primary medical care –this only applies to secondary (hospital) care. In effect, therefore, anybody in England may register and consult with a GP without charge.

Where a GP refers a patient for secondary services (hospital or other community services) they should do so on clinical grounds alone; eligibility for free care will be assessed by the receiving organisation.

Recommendations

1. That the Committee note the report.

1. WHY THIS REPORT IS NEEDED

- 1.1 The Barnet Health Overview and Scrutiny Committee have requested to receive a report on the issue of health tourism.

2. REASONS FOR RECOMMENDATIONS

- 2.1 By this update, the Committee will be kept up to date on the issues relating health tourism. The Committee is empowered to make further recommendations of reports should they wish.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 3.1 None in the context of this report.

4. POST DECISION IMPLEMENTATION

- 4.1 Once the Committee has scrutinised the report, they are able to consider if they would like to make any recommendations to Barnet CCG.

5. IMPLICATIONS OF DECISION

- 5.1 **Corporate Priorities and Performance**

- 5.2 The Overview and Scrutiny Committee must ensure that the work of Scrutiny is reflective of the Council's principles and strategic objectives set out in the Corporate Plan 2015 – 2020.

The strategic objectives set out in the 2015 – 2020 Corporate Plan are: –

The Council, working with local, regional and national partners, will strive to ensure that Barnet is the place:

- Of opportunity, where people can further their quality of life
- Where people are helped to help themselves
- Where responsibility is shared, fairly
- Where services are delivered efficiently to get value for money for the taxpayer

5.2 **Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)**

- There are no financial implications for the Council.

5.3 **Social Value**

The Public Services (Social Value) Act 2013 requires people who commission public services to think about how they can also secure wider social, economic and environmental benefits. Before commencing a procurement process, commissioners should think about whether the services they are going to buy, or the way they are going to buy them, could secure these benefits for their area or stakeholders.

5.4 **Legal and Constitutional References**

- 5.4.1 Section 244 of the National Health Service Act 2006 and Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013/218; Part 4 Health Scrutiny by Local Authorities provides for the establishment of Health Overview and Scrutiny Committees by local authorities.

- 5.4.2 The National Health Service (Charges to Overseas Visitors) Regulations 2015 form the basis of this paper.

- 5.4.3 The Council's Constitution (Responsibility for Functions) sets out the terms of reference of the Health Overview and Scrutiny Committee as having the following responsibilities:

"To perform the overview and scrutiny role in relation to health issues which impact upon the residents of the London Borough of Barnet and the functions services and activities of the National Health Service (NHS) and NHS bodies located within the London Borough of Barnet and in other areas."

5.5 **Risk Management**

- 5.5.1 Not receiving this report would present a risk to the Committee in that they would not have the opportunity to scrutinise the situation in regard to health

tourism.

5.6 Equalities and Diversity

5.6.1 Equality and Diversity issues are a mandatory consideration in decision making in the Council pursuant to the Equality Act 2010. This means the Council and all other organisations acting on its behalf must fulfil its equality duty when exercising a public function. The broad purpose of this duty is to integrate considerations of equality and good relations into day to day business, requiring equality considerations to be reflected into the design of policies and the delivery of services and for these to be kept under review.

5.6.2 The specific duty set out in s149 of the Equality Act is to have due regard to the need to:

Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;

Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;

Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The relevant protected characteristics are – age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation. Health partners as relevant public bodies must similarly discharge their duties under the Equality Act 2010 and consideration of equalities issues should therefore form part of their reports.

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5.7 Consultation and Engagement

5.7.4 Barnet CCG are taking the opportunity to engage with the Barnet Health Overview and Scrutiny Committee by submitting this report and attending the Committee meeting.

5.8 Insight

5.8.1 None in the context of this report. Upon considering the report, the Committee will determine if they require further information or future updates.

6 BACKGROUND PAPERS

6.6 None.