



Barnet Health Overview and Scrutiny Committee

8th February 2016

Title	Health Tourism
Report of	Barnet NHS Clinical Commissioning Group
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	Appendix A – Submission from Barnet CCG. Appendix B – Submission from Royal Free Hospital - Health Tourism
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Summary

The Health Overview and Scrutiny Committee have requested to receive a report from the Barnet Clinical Commissioning Group on the topic of health tourism. The Committee have requested to be provided with a report from NHS Barnet Clinical Commissioning Group which covers the following topics:

- How local hospitals (ie Chase Farm and the Royal Free) ensure that patients from abroad who used services are billed appropriately and that payment is received.
- What checks are made to establish the nationality of patients and if for example, they are E.U citizens.
- What are hospitals and GPs doing if non-British patients come in requesting treatment.

Summary:

Royal Free Hospital:

- Once the hospital identifies a patient 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.
- The trust 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.

General Practice:

- 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.
- 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
- General Practitioners can only turn down an application to register for primary care treatment if the commissioner (NHS England) has agreed that they can close their list to new patients, the patient lives outside the practice boundary ;or if they have other reasonable grounds. In practice, this means that the GP practice's discretion to refuse a patient is limited.
- When applying to become a patient there is no regulatory requirement to prove identity, address, immigration status or the provision of an NHS number in order to register. Although there may be practical considerations, there is however no contractual requirement to request this, and nor is establishing an individual's identity the role of general practice.
- 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
- 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.

- There is no set length of time that a patient must reside in the country in order to become eligible to receive NHS primary medical care services.
- The length of time that a patient is intending to reside in an area dictates whether a patient is registered as a temporary or permanent patient. Patients should be offered the option of registering as a temporary resident if they are resident in the practice area for more than 24 hours but less than 3 months.
- General practices are also under a duty to provide emergency or immediately necessary treatment, where clinically necessary, irrespective of nationality or immigration status. The practice is required to provide 14 days of further cover following provision of immediate and necessary treatment.
- Seeing ID will help to ensure the correct matching of a patient to the NHS central patient registry, to ensure previous medical notes are passed onto the new practice. It is legitimate therefore for the practice to apply a policy to ask for patient ID as part of their registration process. ID requests should be applied in a non-discriminatory fashion and recognise that there are specific categories of patient who will be legitimately unable to present ID.

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. The report at Appendix A sets out the response to the specific points raised by the Committee.

2. REASONS FOR RECOMMENDATIONS

- 2.1 By receiving 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 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 provision of services within the Borough.

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 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.

5.6 Consultation and Engagement

5.6.4 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 Department of Health Guidance on implementing the overseas visitor hospital charging regulations 2015

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/474278/Implementing_overseas_charging_regulations_2015.pdf