

Appendix A

London Borough of Barnet HSOC 8th February 2016 Health Tourism Paper

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. The principle that NHS services are free at the point of use, unless charges are explicitly allowed for by statute, applies throughout the UK but decisions about specific charges are devolved and these may differ in the different countries of the UK. The following describes the position in England.

It should be noted, that being registered with a GP, or having an NHS number, does not give a person automatic entitlement to access free NHS hospital treatment

The *Immigration Act 2014* makes provision for non-EEA temporary migrants (e.g. workers, students or family members, who do not have indefinite leave to remain) to pay an obligatory 'health surcharge' in addition to the visa application fee. The migrant is then entitled to free NHS services for the duration of the visa. Visitor visa holders cannot pay the surcharge in order to get access to free NHS care. The Act also adopts a revised definition of qualifying residence, with non-EEA migrants required to be current residents with indefinite leave to remain to qualify for free NHS treatment on the basis of ordinary residence.

What follows is a description of the situation that arises in respect of the Royal Free Hospital and in General Practice. The next section entitled 'Royal Free Hospital' is the response from the Hospital itself. The section entitled 'General Practice' reflects guidance from NHS England.

Royal Free Hospital:

How does the Royal Free ensure that patients from abroad who used services are billed appropriately and that payment is received?

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.

What checks does the Royal Free carry out to establish the nationality of patients and if, for example, they are EU citizens?

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.

What does the Royal Free do if non-British patients request treatment?

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.

Royal Free

21 January 2016

General Practice

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:

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.

Requesting information from patients

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. However, there are practical reasons why a practice might need to be assured that people are who they say they are, or to check where they live, so it can help the process if a patient can provide relevant documents.

There is however no contractual requirement to request this, and nor is establishing an individual's identity the role of general practice.

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.

It is important to note that 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.

Therefore all asylum seekers and refugees, students, people on work visas and those who are homeless, overseas visitors, whether lawfully in the UK or not, are eligible to register with a GP practice even if those visitors are not eligible for secondary care (hospital 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.

Assessing patient ID at registration.

Seeing some form of 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.

In such circumstances however, the policy must make clear what action should be taken when a patient is unable to supply any form of ID.

Any practice policy to ask for patient ID should be applied in a non-discriminatory fashion. This means the policy should apply to all prospective patients equally.

A practice policy should not routinely expect a patient to present a photograph as this could be discriminatory.

If a patient cannot produce any supportive documentation but states that they reside within the practice boundary then practices should accept the registration

Homeless patients are entitled to register with a GP using a temporary address which may be a friend's address or a day centre. The practice may also use the practice address to register them if they wish. If possible practices should try to ensure they have a way of contacting the patient if they need to (for example with test results).

The majority of patients will not find it difficult to produce ID / residence documentation. However there will be some patients who do live in the practice area, but are legitimately unable to produce any of the listed documentation. Examples of this may be:

- People fleeing domestic violence staying with friends or family
- People living on a boat, in unstable accommodation or street homeless
- People staying long term with friends but who aren't receiving bills
- People working in exploitative situations whose employer has taken their documents
- People who have submitted their documents to the Home Office as part of an application
- People trafficked into the country who had their documents taken on arrival
- Children born in the UK to parents without documentation

Reasonable exceptions therefore need to be considered and the individual registered with sensitivity to their situation. It is important that these people have equitable access to primary care services.

Barnet Clinical Commissioning Group

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