

## Access to free NHS healthcare for mission partners visiting England – update(2) Sept 2017

Since the *NHS (Charges to Overseas Visitors) Regulations 2015* came into force there have been implications for access to free secondary healthcare for mission partners visiting England. A more recent consultation took place in 2015/16 and examined the principle of *extending* charging, for example, into primary care. Global Connections and other mission agencies participated in the consultation.

The full *Government response to the consultation on the extension of charging overseas visitors and migrants using the NHS in England, February 2017* can be found [here](#). Some key ‘headlines’ are below:

### 1. A few comments from Jeremy Hunt, Secretary of State for Health<sup>1</sup>:

- My ambition is that by 2020 no-one will get NHS care for free if they should be paying.
- We will ensure that for the first time it becomes a legal obligation to pay up-front and in full for any non-urgent treatment on the NHS.
- The NHS must get better at identifying patients who should be charged for their healthcare at an earlier stage of their treatment.
- NHS Improvement will work intensively over the coming months with Trusts who have the most potential to recover costs depending on their geography and size. This work will focus on helping Trusts to improve their cost recovery processes and pilot new innovations that would make it quicker and easier to take payment when someone is not entitled to free NHS care.

### 2. Legislating for cost recovery<sup>2</sup> (An overall summary)

“As previously outlined, the Government's intention is to make sure that only those who meet the residence conditions and are contributing to the country financially get free NHS care. However we need additional legislative powers in place to deliver this objective.

In 2016 the Queen's Speech announced the Government's intention to bring forward primary legislation on cost recovery. However, in light of the EU referendum vote we paused work on the Bill to reconsider our approach. The Secretary of State for Health recently confirmed that there will not be a Cost Recovery Bill in this Parliamentary session. Instead, we intend to bring forward Regulations from April 2017. [Note: Due to some delays, including the calling of the general election, new Regulations came into force on 21 August, with some further provisions (upfront charging and requirement on all providers of NHS funded secondary care to apply the Regulations) coming into force on 23 October.] We intend that the Regulations will:

- Introduce charges for overseas visitors who are not within an exemption category within the Charging Regulations for the following services
  - NHS secondary and community care services provided outside hospitals
  - NHS-funded secondary care delivered by non-NHS bodies (except certain services that are co-funded by charitable donations)
- Remove NHS-funded assisted reproduction services (such as IVF) from the scope of the exemption applicable for overseas visitors who have paid the Immigration Health Surcharge (meaning that a charge will apply for these services)
- Remove the exemption from charge from overseas visitors working on UK-registered ships
- Require NHS providers to charge patients upfront and in full for any care not deemed by a clinician to be “immediately necessary” or “urgent” and/or cease providing such non-urgent care where payment is not received in advance
- Require relevant NHS bodies to identify and flag an overseas visitor's chargeable status

In relation to primary medical services, we will move to introduce charging at a pace which will need to take into account contractual amendments and additional legislative changes. As previously mentioned, we will engage with stakeholders to consider how best to do this.

We will also move to remove exemption categories for prescriptions, dental treatment and optical vouchers from overseas visitors who are not themselves exempt from charge under the Charging Regulations, taking into account contractual amendments and additional legislative changes.”

### 3. Other 'headlines'

- No person should be denied timely treatment necessary to prevent risks to their life or permanent health, or put the public's health at risk<sup>3</sup>.
- However, the Government ... view [is] that our health system is overly generous to those with only a temporary relationship with the UK. The aim is to recover £500 million a year and the Government is looking to implement an intensive programme of work to ensure effective implementation of the changes<sup>4</sup>.
- NHS organisations will be required to identify whether someone is chargeable before non-urgent treatment is given and a patient's eligibility for free NHS care will be checked more regularly than is currently the case<sup>5</sup>.
- Other than for A&E and ambulance services, for which more reflection is necessary, it is the intention for all NHS funded care to be chargeable to those not living here or making a financial contribution to the country, except where there are good reasons for some services to be freely available to all overseas visitors, for example, because of the need to protect public health. However, in recognition of the need to ensure these major changes can be implemented effectively, there will be a phased approach to extending charging into new areas of NHS care<sup>6</sup>.
- All patients using the NHS will be asked questions on their chargeable status where this hasn't already been established or where a patient has not been in contact with the NHS for some time. The Government intends to pilot initiatives in specified areas of healthcare where all patients accessing these particular services will be asked to prove their identity and demonstrate their entitlement to NHS services free at the point of use<sup>7</sup>.
- The Government believes that this starts with being able to determine whether a patient is chargeable when they register at a GP practice. The Government is clear that initial access to a GP is open to all overseas visitors so that their needs can be assessed and risks to public health mitigated. Anyone in England can register with a GP practice.
- These Regulations only cover NHS-funded healthcare provided in England – Scotland, Wales and NI have their own rules.

### 4. What mission partners, agencies and churches need to be aware of and do:

- Currently, access to A&E and ambulance services is unchanged and remains free (and will include tests and treatment while someone is still under the overall care of A&E.) Once care is handed over to another team such as transfer to inpatient (admission to hospital) or follow-up outpatient care, it becomes chargeable to non-exempt overseas visitors.
- Registering with a GP and initial access to a GP is free for all overseas visitors.
- All patients using the NHS will be asked questions about their chargeable status - and from October 2017 this includes when registering with a GP. Those who are not 'ordinarily resident' in the UK will be asked to provide information about their non-UK EHIC/S1 form (if they have them) and if they understand themselves to be chargeable for NHS secondary care or exempt from charge for it. Note that this will be on a self-declaration basis (i.e. voluntary) and not providing the information will not prevent them from being registered with that practice. If the person is 'ordinarily resident' then they won't be asked to provide the extra information.
- It is the intention, in time, for all other NHS funded care to be chargeable to those not 'ordinarily resident' ('OR') where no exemption category applies.
- Do note that the diagnosis and treatment of [specific infectious diseases](#) will remain free to all, as will some other services e.g. family planning services, NHS111 services and services needed for certain types of violence.
- When the documents refer to 'UK residents' this includes people who are 'ordinarily resident' in the UK. The Charging Regulations currently do not apply to people who are 'OR' in the UK.

**Please take this seriously** – there is a determination to recover costs and this means that mission partners are going to be questioned more and more in the future and they (and you) need to be prepared. All the documents mentioned below can be downloaded from our [webpage](#):

- Read *Understanding 'Ordinary Residence'* to ensure you have grasped this fully for each mission partner each time they visit.
- See the *FAQs* to answer any other queries you may have.
- Download the *Guidance on meeting the Ordinary Residence Test*.
- Download *Registering with a GP* for further advice on this issue.
- Ensure your mission partners have adequate medical insurance cover if they are unlikely to be deemed 'Ordinarily Resident'.

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<sup>1</sup> From: *Government response to the consultation on the extension of charging overseas visitors and migrants using the NHS in England, February 2017*, page 5; <sup>2</sup> *Ibid.*, page 34; <sup>3</sup> *Ibid.*, page 7; <sup>4</sup> *Ibid.*, page 8; <sup>5</sup> *Ibid.*, page 8; <sup>6</sup> *Ibid.*, page 24; <sup>7</sup> *Ibid.*, page 29