

## Hook Surgery

### Overseas visitors protocol

#### **NHS eligibility**

Past or present payment of UK taxes or National Insurance contributions are not taken into account when establishing eligibility to receive free NHS treatment. NHS eligibility relates to being 'ordinarily resident' in the United Kingdom. Overseas visitors are defined as persons of any nationality, including British nationals, not ordinarily resident in the UK.

The courts have decided that a person is regarded as 'ordinarily resident' in the UK if he or she is lawfully living in the UK voluntarily and for a settled purpose.

Anybody who is in the UK for 'a settled purpose' will normally be considered to be 'ordinarily resident'; in practice, following court cases, this means anyone who is in the UK for a period of six months or more. Special regulations apply to EEA residents and visitors from bilateral healthcare agreement countries.

#### **Patients stating they are temporary visitors to the UK**

As NHS contractors GPs have a duty to provide immediately necessary treatment to any patient within their practice area regardless of whether or not that patient is otherwise entitled to NHS care. The GPC understand Immediately Necessary Care to mean something that demands immediate treatment (i.e.: chest pain that might indicate a heart attack) not something where the patient is just inconvenienced or forgot their medication and wants a prescription. Although when a GP has decided there is no requirement to provide immediately necessary treatment under the NHS there is currently nothing to prevent the practice accepting any patient for any treatment. If however a surgery does accept a patient who is not eligible for NHS care the patient must be aware that should they need referral to secondary care e.g. a hospital, the hospital does not have the same discretion to accept care of the patient and the patient will be charged for their care. Hospitals now routinely employ staff to check for eligibility.

#### **Residents of EEA countries and their entitlement to treatment**

From 1 July 2004 visitors from EEA countries became entitled to the same services as any local resident irrespective of the duration of stay. This is as a result of EU law

which supersedes national law and no GP surgery is exempt from this. EEA countries now include: Austria, Belgium, Bulgaria, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Republic of Ireland, Romania, Slovakia, Slovenia, Spain, Sweden plus Iceland, Liechtenstein and Norway. Switzerland is also included by special arrangement. Proof of entitlement to treatment includes passport, identity or residence card for any of the countries above. Increasingly the EU is introducing a European Health Insurance Card (EHIC) which will in time be the sole method of establishing eligibility.

### **Bilateral healthcare agreements**

A practice can accept patients from a country with a bilateral healthcare agreement as a temporary resident or include them on their list should they choose to. Equally, other than for emergency or immediate necessary treatment, they can offer to treat a patient on a private, paying basis. Countries which have some form of a bilateral healthcare agreement with the UK are: Armenia, Azerbaijan, Belarus, Bosnia, Bulgaria, Croatia, Georgia, Gibraltar, Yugoslavia i.e. Serbia & Montenegro, Kazakhstan, Kirgizstan, Macedonia, Moldova, New Zealand, Romania, Russia, Tajikistan, Turkmenistan, Ukraine, Uzbekistan and residents of the following countries: Anguilla, Australia, Barbados, British Virgin Islands, Falkland Islands, Iceland, Isle of Man, Montserrat, St. Helena, Turks and Caicos Islands. The Channel Islands are no longer subject to such an arrangement.

### **Visits specifically for medical treatment**

Any visitor who attends specifically for medical treatment is not normally entitled to NHS services, although, under certain circumstances, particularly relating to EEA countries, eligibility may exist.

The European Health Insurance Card does not cover someone who decides to have treatment for a condition in another member state. Planned treatment will only be provided with the agreement of the person's insuring institution or national social security administration. A person who has emigrated from the UK would not normally be entitled to receive treatment that is neither an emergency nor immediately necessary, based on the fact that they are not ordinarily resident.

### **Patients stating they plan to reside in the UK**

#### **Registering overseas visitors**

Practices should manage an application for registration from an overseas visitor who is in the area for a period of more than six months in the same way as any other applicant. The practice may accept the patient as an NHS patient but, if unwilling to do so, must

give reasons that are not related to any form of discrimination. A practice may decline to accept the person as an NHS patient, inform them of their eligibility to NHS services and treat the patient privately. Dependents who accompany those who are working or are students in the UK for more than six months are entitled to NHS services based on the eligibility of the student/worker.

Practice staff can seek to determine a person's eligibility to free NHS primary medical services. A practice may reasonably ask for evidence of duration of stay and students should normally be able to produce a document from their institution. Passports and visas may help with identification but any reference to ineligibility to public funds does not include the NHS.

### **Asylum seekers and access to primary health care**

Refugees and asylum seekers waiting to hear the result of their application to remain in the country are considered ordinarily resident and are therefore entitled to receive full NHS treatment. Many asylum seekers may offer to show their Immigration Service issued Application Registration Card (ARC) to give proof of their status.

If asylum seekers lose their claim to asylum and all appeal processes have been exhausted, they become ineligible for routine NHS primary care treatment from the date their asylum claim has failed

Although failed asylum seekers are not eligible for routine NHS primary care treatment, current regulations, as noted above, do leave it to GPs' discretion to decide whether or not to accept overseas visitors onto their lists for NHS treatment. LMC Conference policy is that such failed asylum seekers should continue to be eligible for NHS treatment.

Such cases must be referred to the partners for a decision. In situations where treatment is not being offered under the NHS, and the patient is unable to pay privately (as may be the case with failed asylum seekers), GPs may wish to refer the patient to an organisation such as The Refugee Council or North of England Refugee Service ([www.refugeecouncil.org.uk/contact/index.htm](http://www.refugeecouncil.org.uk/contact/index.htm)) which may know if there are any other services available in the area. [It is important to note that the Refugee Council has limited resources and does not employ doctors.]

## Questions to ask

1. Is the person in need of 'immediately necessary care'? (see definitions)

Yes - book an appointment as a TR

No - see next question

2. Is the person resident in the UK for a period of 6 months or more?

Yes - the patient must provide evidence of this e.g. a student visa or work permit then may be registered in the normal manner

No - see next question

3. Is the person a resident of an EEC country? (see full list)

Yes- the patient may be registered as a permanent or temporary resident and receive any treatment

No- see next question

4. Is the patient a resident of a country with a bi-lateral agreement with the UK? (see full list)

Yes-the patient may be registered as a permanent or temporary resident and receive any treatment

No - the patient may be seen as a private patient. There will be a charge for both the consultation and any prescription or investigations ordered. See policy on private patients . Charges as of May 09 = £30 per 10 minute appointment

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