

20 May 2010

The following has been published by NHS Gloucestershire and is endorsed by the LMC.

GLOUCESTERSHIRE PCT GUIDANCE NOTES - ACCESS TO NHS PRIMARY CARE TREATMENT

Who has access to NHS Primary Care treatment?

Under the terms of their contracts GPs have a measure of discretion in accepting applications to join their patient lists. For the majority of requests patients will be able to join the patient list, although GPs can turn down a request on reasonable grounds (e.g. if the patient's main home is not within the practice boundary) or if the Practice has a closed list. (N.B. Practices must apply to the PCT if they wish to close their list). An application cannot, however, be turned down on discriminatory grounds, i.e. race, gender, social class, age, religion, sexual orientation, appearance, disability or medical condition.

The Department of Health's latest position is set out in Annex 4 of the consultation document "Review of access to the NHS by Foreign Nationals", available at:- http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_113233 (repeated at Annex A for ease of reference.)

What if the treatment is urgent?

The basic rule is that, regardless of where the patient lives, GPs should give 'emergency or immediately necessary treatment' free of charge. This is treatment which cannot be reasonably delayed until the patient returns home (and does not normally include pre-existing conditions or illnesses). It is for the GP to decide whether the case falls into this category. This includes patients whose applications may have been turned down under the reasonable grounds criteria.

Are there different categories of patients requesting treatment:-

- ❖ Asylum seekers (closely defined legally as those with an 'outstanding application for refuge in the UK' – so not illegal immigrants). *This also includes unaccompanied asylum-seeking children.* Asylum seekers will have Home Office form IS 96, or their "Application Registration Card " (ARC) to confirm their status as asylum seekers.
- ❖ "Insured" EEA visitors (i.e. European Union countries - plus Iceland, Liechtenstein, Norway and Switzerland) should be treated under the NHS for chronic conditions, including routine monitoring of existing conditions. It is up to the clinician to decide if the treatment is necessary, or whether it can wait until the patient returns home. The following types of healthcare services for ongoing conditions can be obtained by such eligible overseas visitors: blood tests, blood pressure checks, routine maternity care, cholesterol checks, insulin, oxygen, renal dialysis, warfarin tests. These visitors should be able to produce a **European Health Insurance Card**, or if that has been lost a Provisional Replacement Certificate, or (until the EHIC becomes universally available) a passport, identity or residence card. Exceptionally, visitors from Ireland need only provide a passport. These patients are most likely to fall into the Temporary Resident category.

This category does not cover planned treatments, i.e. where the patient travels specifically to receive medical treatment.

- Besides the UK the EEA Member States (which also include EFTA countries) are:- Austria, Belgium, Bulgaria, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Republic of Ireland, Romania, Slovakia, Slovenia, Spain, and Sweden.

Switzerland – Although Switzerland is an EFTA member it is not a member of the EEA, but their residents are entitled to free treatment of chronic conditions under the NHS if it cannot wait until the patient returns home.

- ❖ Visitors from countries with which UK has a bilateral agreement. This has more significance to Secondary Care than it does to Primary Care. These patients are entitled to NHS Hospital treatment in England that is needed promptly for a condition that arose after their arrival in the UK.
 - Countries with a Bilateral Healthcare Agreement are:- Anguilla, Armenia, Australia, Azerbaijan, Barbados, Belarus, Bosnia-Herzegovina, British Virgin Islands, Croatia, Falkland Islands, Georgia, Gibraltar, Iceland, Isle of Man, Kazakhstan, Kyrgyzstan, Macedonia, Moldova, Montenegro, Montserrat, New Zealand, Russia, Serbia & Montenegro, St Helena, Tajikistan, Turkmenistan, the Turks & Caicos Islands, Ukraine, Uzbekistan.
- ❖ All other visitors (including Americans, Canadians, Australians, Japanese, and the Channel Islands) are most likely to request emergency or immediately necessary treatment, so treatment will be at the discretion of GPs. These patients are most likely to fall into the Temporary Service category.
- ❖ Expatriate UK Citizens. Anyone leaving the UK with the intention of living abroad for a period of at least 3 months should be removed from their GP's list (NHS (GMS) Regulations 2004 Schedule 6, Part 2, Paragraph 25 a) and d). If they return and request to re-register it is for the Practice to consider whether to accept them onto their list.

Categories of Acceptance

Practices have the discretion whether to accept an application to join their list of NHS patients either as a permanently registered patient, or as a temporary patient, (i.e. a person in the area for more than a day, but no more than 3 months)

- (i) Fully or temporarily registered - in which case the patient will be registered to receive primary care treatment.
- (ii) Emergency or immediately necessary treatment – as described above – will be entitled to free medical treatment for the urgent treatment only. You will need to register them as a temporary patient for this service, but should note on their record that they are not temporarily registered only for immediately necessary treatment.
- (iii) In addition, of course, GP practices may accept patients on a private, paying basis. The amount charged is a matter for the practice.

Practice Acceptance Policy

If your practice decides to implement a Practice Acceptance Policy that requires the patient to produce documentation to confirm their identity and main place of residence when they apply to register with your practice then, in order to avoid discrimination, the policy must to be applied to all patients requesting to register. There is a standard protocol available from the PCT if practices would find this helpful.

“No Recourse to Public Funds” Stamp

If you see this stamp on a document it is not relevant to NHS care. The stamp relates to Housing Benefit, Disability Allowance, Income Support, Working Family Tax Credit, Council Tax Benefit etc.

Referrals from Abroad for specific treatment

Funding for people who come to the UK with an explicit referral in order to access specific treatment is recharged back to their country of origin. If they then require additional Primary Care Treatment whilst they are here this is at the discretion of the practice, i.e. whether they require immediately necessary treatment.

Referrals to Secondary Care

If a GP decides to treat a patient from abroad and if that patient is referred into Secondary Care, then the patient should be informed that they may be charged and the Secondary Care establishment should be informed that the patient may be chargeable.

Who to Contact?

Primary Care Queries:-

Glyn Fenner 08454 22 1664

Susan Thacker 08454 22 1680

Rachael Butt 08454 22 1659

Guidance on free NHS Secondary Care Entitlement:-

Gloucester Royal Hospital - Dawn Simon – 08454 22 6719

Cheltenham General Hospital - Kathryn O'Connell-Ruhle - 08454 22 3472

Department of Health Helplines:-

Primary Care Enquiries: 0113 2 545 376

Secondary Care Enquiries: 0113 2 545 535

N.B.

Not included in the original NHS Gloucestershire guidance is the flow chart which the LMC has added in case it makes things clearer. In the event of conflict between the two the main guidance from the PCT is to be taken as the authority.

EXTRACT FROM A REVIEW OF ACCESS TO THE NHS BY FOREIGN NATIONALS¹
ANNEX 4 – PRIMARY CARE ACCESS

Those seeking registration with a primary medical care contractor do so by applying directly to the contractor (normally by attending the practice premises). Primary medical care contractors (GPs) are self-employed and have contracts with the local Primary Care Trust (PCT) to provide services for the National Health Service.

Under the terms of those contracts, GPs have a measure of discretion in accepting applications to join their patient lists. However, they cannot turn down an applicant 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 PCT has agreed that they can close their list to new patients or if they have other reasonable grounds.

In applying to become a patient of a particular contractor there is no formal requirement to prove identity or immigration status. However, there are practical reasons why a GP might need to be assured that someone is who they say they are. Consequently, it can help the process if a patient offers relevant documents. Many asylum seekers offer to show their Immigration Service issued 'Application Registration Card' (ARC) or official documents that confirm their status.

Where a patient applies to register with a general practice and is subsequently turned down the GP must nevertheless provide, free of charge, any immediately necessary treatment that is requested by the applicant for a period of up to 14 days (this can vary according to circumstances). There is no formal definition of 'immediately necessary treatment' within the GP's contract; we expect the doctor to exercise sensible professional judgement on a case-by-case basis.

Where a person has difficulty in registering for National Health services with a primary medical services contractor they should get in touch with their local PCT (directly or via the local Patient Advice and Liaison Services to discuss what assistance might be available locally. Under section 83 of the NHS Act 2006 the PCT has a duty 'to the extent that it considers necessary to meet all reasonable requirements, exercise its powers so as to provide primary medical services within its area, or secure their provision within its area'. In fulfilling this duty the PCT must have regard to the Government's responsibilities under Human Rights Law, EU Law and other treaty obligations (such as reciprocal arrangements) as well as complying with relevant primary and secondary legislation, including any relevant directions issued by the Secretary of State.

¹ <http://www.parliament.uk/deposits/depositedpapers/2010/DEP2010-0514.pdf>

OVERSEAS VISITORS ELIGIBILITY TO FREE NHS CARE

