

Devon LMC Guidance

**The Treatment of Overseas Visitors
Not Ordinarily Resident in UK**

Notes for Treating Clinicians..... 2

Appendix A – EEA & Bilateral Health Agreements 2

 The European Economic Area includes the following countries: 2

 Nationals of, and UK nationals in, the following countries:..... 2

 Residents irrespective of nationality of the following countries: 2

 No reciprocal arrangements exist with the following Countries:..... 2

 Comprehensive Web Resource:..... 2

 Telephone Contacts:..... 2

Annex B – Supplementary Notes & Explanations 3

 Ordinarily Resident in the UK: 3

 Form E111: 3

 Form E112: 3

 Form E128: 3

 European Health Insurance Card (update Oct '04) 3

 Emergency Treatment: 3

 Immediately Necessary Treatment (INT):..... 3

 British Citizens Living Abroad: 3

 The “Reciprocal List” - Bilateral Health Agreements: 3

 Treatment Costs 4

 Diplomatic and Crown Servants Serving Overseas:..... 4

Relevant Extracts from HSC 1999/018..... 4

People Entitled to Full NHS Hospital Treatment 5

People Entitled to Some NHS Hospital Treatment..... 5

Flowchart - Treatment of Overseas Visitors - Not Ordinarily Resident in UK 6

This is an amended & updated document compiled from a number of sources.
The original inspiration came from Andrew Cory, Practice Manager, Grosvenor Road Surgery, Paignton and from the Devon PPSA.

Notes for Treating Clinicians

1. Inform the patient in advance of what costs they will have to pay before undertaking any treatment beyond the initial consultation (eg: blood tests, ECG, minor surgery etc.....)
2. Inform the patient that any referral for X-Ray, to hospital or other provider will incur additional costs, and that they should ask the provider what the costs will be.
3. May want to advise the patient to check with their insurance company whether they are covered for all the eventual costs.

Appendix A – EEA & Bilateral Health Agreements

Bilateral Health Agreements cover the European Economic Area countries and:

The European Economic Area includes the following countries:

Austria	France	Liechtenstein	Portugal
Belgium	Germany	Lithuania	Republic of Ireland
Cyprus	Greece	Luxembourg	Slovakia
Czech Republic	Hungary	Malta	Slovenia
Denmark	Iceland	Netherlands	Spain
Estonia	Italy	Norway	Sweden
Finland	Latvia	Poland	UK

The EEA consists of the 25 member states of the European Union, plus Iceland, Liechtenstein and Norway - as well as **Switzerland** by special arrangement.

Nationals of, and UK nationals in, the following countries:

Armenia	Georgia	Malta	Tajikistan
Azerbaijan	Gibraltar	Moldova	Turkmenistan
Belarus	Hungary	New Zealand	Ukraine
Bosnia	Kazakhstan	Romania	Uzbekistan
Bulgaria	Kirgizstan	Russia	
Croatia	Macedonia	Serbia & Montenegro	

Residents irrespective of nationality of the following countries:

Anguilla	British Virgin Islands	Iceland	St. Helena
Australia	Channel Islands	Isle of Man	Turks & Caicos Islands
Barbados	Falkland Islands	Montserrat	

No reciprocal arrangements exist with the following Countries:

Algeria	Indonesia	South Africa
Antigua	Iran	Sri Lanka
Bahamas	Iraq	Sudan
Bangladesh	Israel	Switzerland
Bermuda	Ivory Coast	Thailand
Botswana	Jamaica	Trinidad & Tobago
Brazil	Japan	Turkey
Cambodia	Jordan	Uganda
Cameroon	Kenya	United Arab Emirates
Canada	Lebanon	USA
China	Malaysia	Venezuela
Dominican Rep	Nepal	Vietnam
Ghana	Nigeria	Zaire
Guyana	Pakistan	Zambia
Hong Kong	Saudi Arabia	Zimbabwe
India	Singapore	

Comprehensive Web Resource:

<http://www.publications.doh.gov.uk/overseasvisitors/rules.htm>

Telephone Contacts:

Medical Benefits Direct..... 0191 2187547
 DoH Overseas Visitors..... 0113 2545256
 Secondary Care 0113 2545819
 Asylum seekers..... 0113 2546605

Annex B – Supplementary Notes & Explanations

Ordinarily Resident in the UK:

The guidance states that the courts have decided that in order for a person to be regarded as ordinarily resident they must *“be lawfully living in the UK voluntarily for a settled purpose as part of the regular order of their life for the time being”*. Thus they must have a legal right to be in the UK, have an identifiable purpose for residing in the UK and that purpose must have a sufficient degree of continuity to be properly described as settled. “Ordinarily Resident” is normally a minimum of 6 months per year in UK. If a person has “dual residence” status then they must live in UK for more than 9 months per year.

Form E111:

Most other EEA countries, but not the UK, require overseas visitors from other EEA countries to present an E111 form when seeking emergency health care. In the UK, emergency treatment from a GP is free on the NHS and is not dependent upon presentation of an E111. *(See European Health Insurance Card below)*

Form E112:

This form is used when a patient is referred to this country for treatment or required on-going care/monitoring while here for brief stay, if need is known in advance then home country may issue an E112. It is unlikely that the patient will request services from a GP as it is normally used for hospital referrals. However it may be used if the patient requires after-care before returning home. GP practices should check that the specific treatment requested is covered by the form or that the treatment required is associated with it and that the time limit is still valid.

Form E128:

This form is used within the European Economic Area (EEA – see Annex A) and only applies to workers or students (and their families accompanying them) who are posted from one member state to another. Patients with an E128 are entitled to full health care from the NHS. GP practices should check that the patient is named on the form, that the UK is named as the country in which the person is temporarily working or studying, that the date on which treatment is requested falls within those specified on the form and that the form has an official stamp and signature.

European Health Insurance Card (update Oct '04)

From the 1 June 2004 the E111 and a number of other E-forms (i.e. E128) were replaced by a new European Health Insurance Card and patients with a card are entitled to full health care from the NHS. The new card is plastic and will hold no electronic or clinical data. In line with the agreed EU format the card will show name, date of birth and will have a personal identification number. In line with EU

regulations the card will be issued on an individual basis and not a family basis. Each card will be valid for up to 5 years. When a card is presented it should be checked that the name on the card and date of birth ties in with the patients passport and that the card is still valid.

A new style E111 will be issued during Summer 2004 and will be valid until 31 December 2005. Old Style E111's will cease to be valid on 31 December 2004. There will be a communications campaign to alert residents to the fact that they may need a new E111. The application form for the new E111 will include a tick box, which, if ticked, will allow the automatic issue of a European Health Insurance Card sometime in 2005.

Emergency Treatment:

Provided free to all regardless of nationality or residency where urgently required owing to accident or emergency where there is an immediate threat to life or delay may endanger potential for full recovery. Any on-going treatment is not covered if person is outside NHS cover.

Immediately Necessary Treatment (INT):

Provided free to all regardless of nationality or residency where essential treatment is required immediately as it cannot reasonably be delayed until the patient returns to their home country or treatment of an existing condition deteriorating as direct result of being here in UK. INT is available for 14 days and then chargeable for those outside EEA countries. It includes oxygen therapy and renal dialysis on the same terms as NHS patients.

British Citizens Living Abroad:

Eligibility for free NHS treatment is purely based on residence and as these people are no longer living in the UK they have no right to free health care. The guidance also states that persons leaving the UK for more than 3 months should not be registered with a GP and should hand in their medical card to the immigration officer when they leave the country. Practice (where aware) should remove patient from their list.

The “Reciprocal List” - Bilateral Health Agreements:

The reciprocal list or Bilateral Health Agreements (See Annex A) only entitles visitors to primary medical care where the need arose or was exacerbated during their visit and it is unreasonable to delay treatment until the intended return home. This actually applies to all visitors to the UK regardless of whether they are on the list. The reciprocal list applies more to hospital treatment. If the patient appears to have come to UK with express intention of receiving medical care, the GP is encouraged to treat privately.

Treatment Costs

The BMA previously produced lists of charges and costs, unfortunately due to guidance from Office of Fair Trading (OFT) they are unable to produce guidance on Treatment Costs. The OFT has stated that "Anything that prevents, restricts or distorts the ability to ... be [competitive] on price and quality grounds ... is potentially anti-competitive... In the context of price, individuals should set or negotiate their fees individually." The practice should therefore set costs which reflect the actual cost of completing the work.

Diplomatic and Crown Servants Serving Overseas:

Crown servants are in a unique position, being UK citizens and Crown servants who pay UK taxes and National Insurance but for extended periods live overseas. Their home country remains responsible for their healthcare. That means that Crown servants who live abroad should be able to access healthcare in the UK as if they were ordinarily resident here. Crown servants and their dependents should be afforded Temporary Registration as a matter of course.

(extract from GP Bulletin – June 2002 – Issue 11)

Relevant Extracts from HSC 1999/018

Treatment and services, which GPs have discretion to offer the patient either free (i.e. on the NHS) or on a private, paying basis:

13. When an overseas visitor from any country requests non-emergency treatment or treatment that is not immediately necessary, it is for the GP to decide whether to accept that person onto his or her list for NHS treatment. If the GP wishes to accept the overseas visitor onto his or her list, he or she may treat the visitor as either a fully-registered patient or as a temporary resident. Either way, if the GP accepts the patient onto his or her list, the normal terms of service will apply and therefore the GP has to provide that treatment free of charge to the patient (except for special cases where the GP's Terms of Service or the PMS pilot scheme's contract specifically allow the GP to charge or accept a fee). If the patient is accepted onto the GP's list, prescription charges are applicable under the usual rules.

14. If the GP does not wish to accept the overseas visitor onto his or her list, the GP may treat the patient on a private, paying basis (with the exceptions in paragraph 19 below – *persons with E128 form*). **GPs are encouraged to do so on the grounds that eligibility to receive free medical treatment is intended to relate to whether a person is ordinarily resident in the UK.** Many overseas visitors will expect and wish to obtain private treatment. GPs and their staff are however advised to do all they can to ensure that patients fully understand whether they are being treated as private or as NHS patients. Misunderstandings on this point are a common cause of subsequent disputes.

15. It would be particularly appropriate to offer private treatment if it appears that the patient has come to the UK specifically to obtain treatment. Patients from EEA member countries who have come to the UK specifically for treatment should have the approval of their sickness insurance institution to obtain that treatment here, and should be able to produce form E112. A person carrying this form is eligible for free medical treatment as a NHS patient and if treated on this basis should not be charged a fee by the GP. Normally they should have made prior arrangements for the treatment.

17. Nationals from countries with which we have a reciprocal agreement should also be treated no differently to visitors from any other country. This is because reciprocal health care agreements are "reciprocal" in the sense that visitors (nationals, or in some cases, residents irrespective of nationality) are eligible for immediately required treatment on the same terms as local residents of the "host" country. They generally only provide for primary medical care where the need for treatment arose during the visit and it would be unreasonable to delay it until the visitor's intended return home, that is the GP considers the treatment to be immediately required. In the UK, such treatment is available for everyone regardless of whether there is a reciprocal agreement. Reciprocal health care agreements have more significance for hospital treatment than for primary medical care. Fuller details of the reciprocal agreements are given in the guidance "NHS Hospital Charges to Overseas Visitors - Patients' Guide".

Overseas visitors who must be treated free of charge because of EU obligations

Visitors from EEA member states carrying Form E128

18. This form (E128) applies to two groups of EEA nationals only
- workers posted temporarily to another member state and any members of their family who accompany them; and
 - students temporarily in another member state to study and any accompanying members of their family.
19. For people in these two groups who come to the UK, form E128 will give entitlement under the NHS to necessary treatment for any condition, that is their entitlement is not restricted to treatment that is immediately required. Routine treatment for ongoing conditions existing before arrival in the UK cannot be excluded, and such patients should, in effect, receive full health care under the NHS on the same terms as UK residents. They may either be accepted by the GP of their choice, or be assigned to a GP by the PCT. As an NHS patient, the overseas visitor carrying form E128 should not be treated on a private, paying basis.



*The following is reproduced from - Overseas Visitors – Who Do You Treat?
BMA Guidance – Overseas Visitors – May 2005*

People Entitled to Full NHS Hospital Treatment

- Anyone who is working in the UK for an employer who is based in the UK or is registered in the UK as a branch of an overseas employer (this includes self employed people). You must be actually working, not just looking for work.
- Any unpaid worker with a voluntary organisation offering services similar to those of a Health Authority or Local Authority social services department.
- Any full time student on a course of at least 6 months duration, or if less than 6 months is substantially funded by the UK government.
- Anyone who has come to live permanently in the UK. If you make an application for permanent residence after you get here you are chargeable until your application is approved.
- Anyone who has been lawfully living in the UK for twelve months immediately prior to treatment.
- Refugees and asylum seekers whose application is still being considered.
- Anyone employed on a ship or vessel registered in the UK or working offshore on the UK sector of the Continental Shelf.
- Anyone who receives a UK war disablement pension or war widows pension.
- Diplomatic staff working in embassies or Commonwealth High Commissions in the UK.
- Members of Her Majesty's UK armed forces.
- UK Civil Servants working abroad who were recruited in the UK and employed by Her Majesty's Government.
- Anyone recruited in the UK who works abroad for the British Council or the Commonwealth War Graves Commission.
- Anyone who is working abroad in a job financed in part by the UK Government in agreement with the Government or a public body of some other country or territory.
- Anyone working abroad for not more than 5 years as long as they have lived legally in the UK for ten continuous years at some point (including self employed people).
- Anyone working in an EEA country member state and contributing compulsory (not voluntary) UK national insurance contributions (class I or II).
- Anyone who is a national of an EEA member state, a refugee or stateless person or their dependant or survivor living in an EEA member state who is referred to the UK for specified treatment with an EC form E112 or E123.

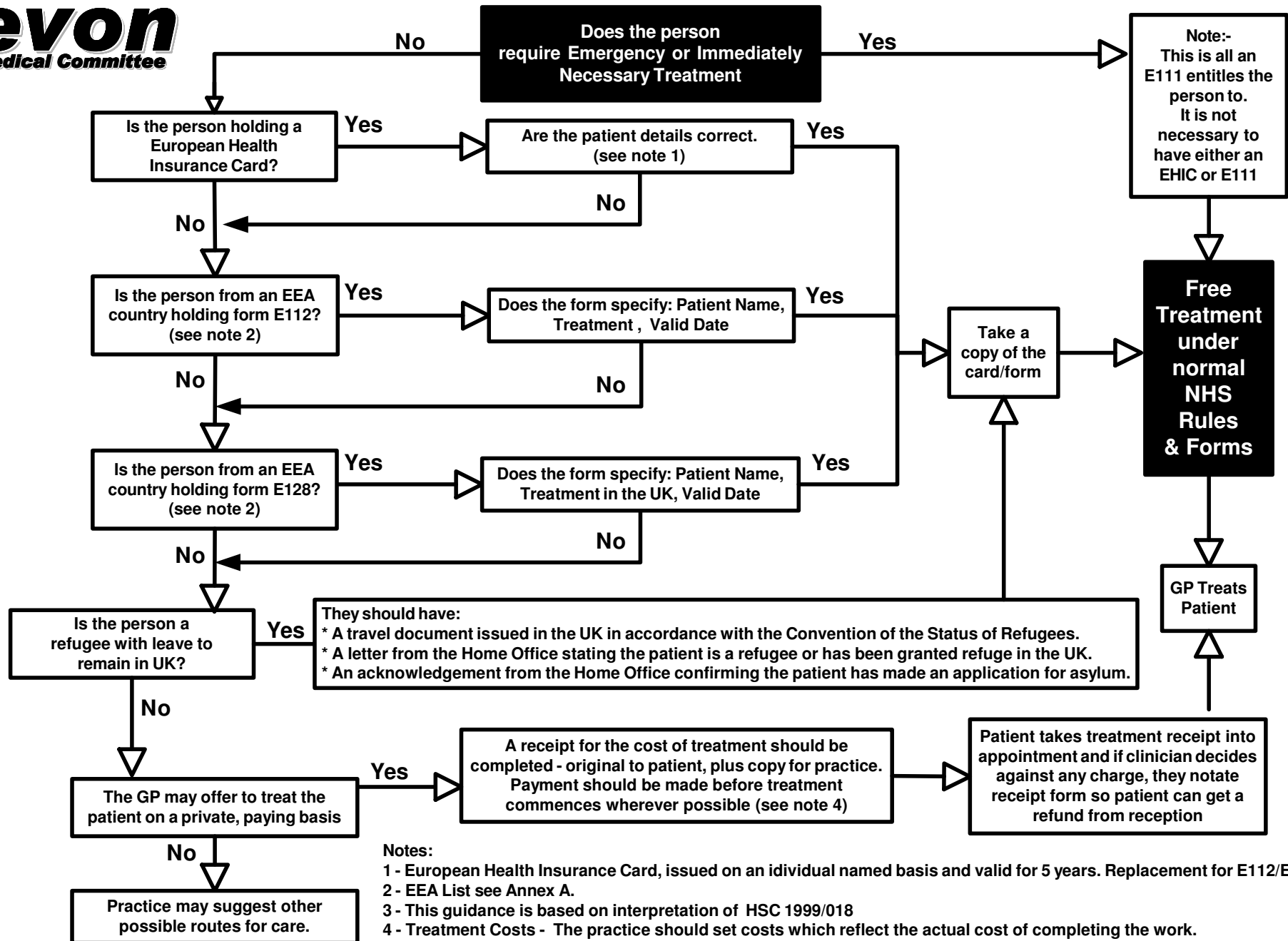
- Anyone who is referred by their home country authorities for specified treatment in the UK under the terms of a bilateral agreement.
- Anyone who is detained in prison or by the Immigration Authorities in the UK.
- Serving NATO personnel, posted in the UK, who are not using their own or UK armed forces hospitals.
- UK state pensioners who have lived lawfully in the UK for 10 continuous years at some point, who now live for not more than 6 months each year in another EEA member state and not less than 6 months each year in the UK.
- The husband or wife and any dependent children of anyone who is exempt under the above criteria, if they are living permanently with the exempt person. Coming to visit for a few weeks or months does not give exemption.

People Entitled to Some NHS Hospital Treatment

This is limited to treatment required for any condition that occurred after arrival in the UK.

- Anyone, including a refugee, stateless person or a member of the family of any of them, who normally lives in another EEA member state by is visiting the UK.
- Anyone, or the spouse or child of anyone, receiving a UK state pension who has either lived legally in the UK for 10 continuous years at some point or has worked as a UK Civil Servant for at least 10 continuous years.
- Anyone, or the spouse or child of anyone, who is a national of a country that has signed the European Social Charter but is not entitled to be provided with services under a bilateral agreements (currently Turkey and areas of Cyprus not covered under the EEA arrangements) and is genuinely without the means to pay for their treatment.
- Anyone, or the spouse or child of anyone, who has lived legally in the UK for 10 continuous years at some point but who is now living in another EEA member state or in certain countries with which the UK has a bilateral healthcare agreement.
- Anyone who is entitled to receive industrial injury benefit from Israel if the treatment is in connection with the industrial injury.
- Anyone living in a country with which the UK has a bilateral healthcare agreement (some bilateral healthcare agreements are limited to nationals of that country).

Flowchart - Treatment of Overseas Visitors - Not Ordinarily Resident in UK



- Notes:**
- 1 - European Health Insurance Card, issued on an individual named basis and valid for 5 years. Replacement for E112/E118.
 - 2 - EEA List see Annex A.
 - 3 - This guidance is based on interpretation of HSC 1999/018
 - 4 - Treatment Costs - The practice should set costs which reflect the actual cost of completing the work.