

Patient Care By People Who Care

Overseas patients

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[Overseas visitors and access to referrals - Access to healthcare for overseas visitors - BMA](#)

INTRODUCTION

Anyone, regardless of nationality, residency or immigration status, may register and consult with a GP without charge. Practices can only refuse to register a patient if they have "reasonable grounds" to do so and any decision must not be discriminatory.

NHS England and BMA guidance specifies that lack of proof of identification or address are not considered "reasonable grounds", as many individuals, particularly vulnerable migrants, may not have access to these documents. Practices are also obliged to provide immediately necessary treatment to any patient in their area for up to 14 days.

It is not the role of GPs to determine whether a patient is eligible for non-primary care without charge. GPs should treat the patient in the same way as they would any other when making a referral to secondary care or elsewhere and refer whenever clinically appropriate - irrespective of the patient's potential chargeable status.

Practices may be informed by trusts that a patient they have referred for treatment is not eligible for free NHS care. This should not prevent future referrals as patients' eligibility status can change with their circumstances. A patient's condition may also progress such that they will need to be reassessed to see if they need urgent or immediately necessary treatment.

DUTY TO PROVIDE EMERGENCY TREATMENT

Practices have a contractual duty to provide emergency treatment and immediately necessary treatment free of charge for up to 14 days.

This applies to any person within their practice area:

- who has been refused application for inclusion in the practice's list of patients
- who isn't registered with another provider of essential services
- whose application for acceptance as a temporary resident has been rejected.

Immediately necessary treatment in relation to people who are visiting England should be viewed as treatment of new and pre-existing conditions that have gotten worse during their stay. This is subject to the GP's clinical judgement.

DECLINING A PATIENT REGISTRATION

REMOVING PATIENTS FROM YOUR PRACTICE LIST

Both practices and patients have the right to end a patient-doctor relationship that isn't working. We outline the reasons and procedures for removing a patient from a GP list.

- disagreement between the practice and patient, and an irretrievable breakdown of the relationship
- the patient has died
- the patient has moved outside the practice area
- patients have a right to change their practice.

Practices have the right to ask for a patient to be removed from their list.

In cases other than violence and abuse, the decision to remove a patient should only be made after careful consideration.

Many patients who are misusing services can change their behaviour if it is brought to their attention. If all else fails, however, it is not in the best interests of either the patient or doctor for an unsatisfactory relationship to continue.

1. Where practices intend to remove a patient because of the breakdown of the doctor-patient relationship, you should first consider discussing the problem with an independent party, eg LMC secretary.
2. Issue a warning to the patient, preferably in writing, giving the reasons for the possibility of removal. Warnings are valid for 12 months and a written record must be retained.
3. Send a written notice to the PCO or NHS England, giving the patient's name, address, date of birth and NHS number.
4. The removal will take effect on the eighth day after the request is received.
5. If the practice is treating the patient at intervals of less than seven days, the removal will be eight days after treatment ceases, or until the patient is accepted at another practice.
6. The only exception is on the grounds of violence, eg when police are involved, in which case the patient will be removed immediately.
7. If the removal is on the grounds of violence or threatened violence, the police must have been informed.

Practices have only a small degree of discretion under the contract about whether to register the patient.

Practices may only decline to register a patient (whether as a temporary resident or permanent patient) if they have reasonable grounds to do so. These grounds must not be related to their race, gender, social class, age, religion, sexual orientation, appearance, disability or medical condition.

REGISTERING WITHOUT PROOF OF IDENTITY OR ADDRESS

There is no contractual duty to seek evidence of identity, immigration status or proof of address. Practices should not refuse registration on the grounds that a patient is unable to produce such evidence.

Practice staff do not have to make any assessment of immigration status or eligibility for NHS care; they are not expected to act as immigration officials.

HOMELESS PATIENTS

[GP mythbuster 29: Looking after homeless patients in General Practice | Care Quality Commission \(cqc.org.uk\)](#)

People who are homeless have particular health needs and often suffer some of the worst outcomes. Both the BMA and NHS England are committed to ensuring homeless patients receive the same level of care as those with permanent addresses.

The same rules as above regarding identity and proof of address applies to homeless patients. 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 address may also be used to register them.

TOURISTS AND OVERSEAS VISITORS

TEMPORARY VISITORS AND TOURISTS

Anyone, regardless of their country of residence, is entitled to receive NHS primary medical services at a GP practice. This means tourists, or those from abroad visiting friends or family in England, should be treated in the same way as a UK resident. It also means GP practices cannot charge for this.

Read more from NHS England on [how to register with a doctor](#).

Patients should be registered as temporary if they intend to reside in the practice area for more than one day but less than three months.

SUSPICION OF FRAUD

As stated above, GPs have very limited discretion under the GMS regulations to refuse registration.

If they believe someone is committing fraud, they should inform NHS England or the CCG.

PROCESS FOR REGISTERING OVERSEAS VISITORS INTENDING TO STAY FOR LONGER THAN THREE MONTHS

Download our [full guidance on registering overseas visitors](#) for more detail.

- Practices must give patients a question form as part of the registration process (part of a GMS1, or own registration form). This allows patients to self-declare if they hold either a non-UK issued EHIC or an S1 (formerly E106).
- Completing the form is not a requirement for registering the patient. The practice does not need to follow up with the patient if they don't complete the form, and should register them as normal.
- Practices must record any information provided in the patient's medical record.
- A non-UK EHIC must be sent by email to NHS Digital at nhsdigital-ehic@nhs.net.
- An S1 healthcare certificate, or a copy of it, should go to the DWP overseas healthcare team at overseas.healthcare@dwp.gsi.gov.uk.
- If the patient does not have their S1 form they can be registered in the normal way and there is no requirement for the practice to chase this up - the obligation is on the patient to ensure their form is registered.

OTHER CONSIDERATIONS

- If a GP practice receives very high volumes of returns, eg a university GP practice, then forms can be returned in batches (one attachment per patient).
- The GMS1 form should only be used to register permanent patients - the GMS3 form for temporary patients.
- You do not need to check a patient's ID - practice staff are unlikely to be qualified to do this and should not attempt to interpret a patient's immigration status.
- The funding received will be the same as for any patient.
- GPs should not make judgements as to the eligibility of patients to receive free secondary care without charge and should refer whenever clinically appropriate.

PATIENTS WITH NO IMMIGRATION STATUS

Immigration status makes no difference, any person in the UK is able to register with a GP practice and receive NHS primary medical services free of charge. Practice staff do not have to make any assessment of immigration status or eligibility for non-primary NHS care. You are not expected to act as immigration officials.

If you believe that someone is fraudulently trying to obtain treatment you should inform NHS England or your CCG.

PATIENTS ABOUT TO BE RELEASED FROM THE SECURE ESTATE

GPs have a contractual obligation to accept a patient for pre-registration prior to their release from the secure residential estate. GP practices are asked to ensure that [processes are in place](#) to support this.

Plans are also progressing to enable patients to register with a GP in their place of detention in the same way as they register with a community GP. This will be rolled out next year across England.

OVERSEAS VISITORS AND THIRD-PARTY REQUESTS FOR INFORMATION

[Overseas visitors and third-party requests for information - Access to healthcare for overseas visitors - BMA](#)

Overseas visitor patients are entitled to the same high level of medical confidentiality as any other patient.

There is a public interest in preserving the trust patients have that the information they disclose to their doctor will be kept in confidence. Without this they may be discouraged from accessing the treatment that either they or their dependents need. This may lead to patients not accessing services until after their condition has deteriorated and requires emergency care. In cases where patients may have a communicable disease, this represents a public health risk.

This concern is particularly acute with respect to patients who may fear that information will be passed to immigration officials. Asylum seekers and refused asylum-seekers may also have experienced abuses at the hands of the state in their country of origin and may lack trust in state authorities. Therefore, they may already be reluctant to disclose personal information, including to the NHS.

The BMA receives queries from GP practices about requests for patient information from organisations like the Home Office. Requests can often be for information about a patient's treatment or referrals, and administrative information, such as the dates they registered with a practice.

All personal information provided by patients to their doctors is confidential, regardless of whether it is demographic or clinical data. As with all requests for confidential information, the general rule is that consent should be sought in the first instance. Where consent is withheld or cannot be sought, doctors should ensure they follow General Medical Council guidelines on the exceptional circumstances in which it is justified to disclose confidential

information without consent in the public interest, for example for the prevention of serious harm or the prevention or detection of serious crime.

DATA-SHARING BETWEEN NHS DIGITAL AND THE HOME OFFICE

In January 2017, NHS Digital and the Home Office signed a memorandum of understanding (MoU) that formalised a long-standing information-sharing arrangement, whereby NHS Digital passes confidential demographic information to the Home Office "in the public interest" to trace suspected immigration offenders. The MoU applied to demographic information held by NHS Digital only.

In May 2018, the government announced a fundamental change to the MoU with immediate effect. NHS Digital's data-sharing with the Home Office is now limited to the tracing of an individual who is being considered for deportation having been investigated for, or convicted of, a serious criminal offence, or where they present a risk to the public. It is estimated that the change to the MoU will exclude some 95% of previous Home Office requests. This change will be reflected in a revised MoU, which is forthcoming.

DOCTOR'S RESPONSIBILITIES WHEN TREATING OVERSEAS VISITORS

[Doctor's responsibilities when treating overseas visitors - Access to healthcare for overseas visitors - BMA](#)

NON-URGENT, URGENT AND IMMEDIATELY NECESSARY TREATMENT OF OVERSEAS VISITORS

[Non-urgent, urgent and immediately necessary treatment of overseas visitors - Access to healthcare for overseas visitors - BMA](#)

Department of Health and Social Care guidance sets out the circumstances in which chargeable secondary care patients should be provided with treatment that is not exempt from charge, regardless of whether they can pay for it in advance.

The seriousness or pressing nature of the need for treatment is divided into three categories: immediately necessary, urgent and non-urgent. It is the responsibility of the doctor alone to decide the urgency of a patient's needs through initial assessments of a patient's symptoms and other factors, and further investigations required to make a diagnosis..

IMMEDIATELY NECESSARY TREATMENT

Immediately necessary treatment is that which a patient needs promptly:

- to save their life; or

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- to prevent a condition from becoming immediately life-threatening; or
 - to prevent permanent serious damage from occurring either to themselves or, in the BMA's view, to the wider community.

All maternity services are classed as immediately necessary. Maternity services include antenatal, intrapartum, and postnatal services provided to a pregnant person, a person who has recently given birth or a baby.

URGENT TREATMENT

Urgent treatment is that which clinicians do not consider to be immediately necessary, but which cannot wait until the person can be reasonably expected to leave the UK.

In deciding on whether a treatment is required urgently, the Department of Health and Social Care lists the following range of factors on which doctors may base their decision:

- the pain or disability a particular condition is causing
- the risk that delay might mean a more involved or expensive medical intervention being required
- the likelihood of a substantial and potentially life-threatening deterioration if treatment is delayed until they return to their own country.

NON-URGENT TREATMENT

Non-urgent treatment is routine, elective treatment that can wait until the patient leaves the UK.

OVERSEAS VISITORS AND CHARGES

[Overseas visitors and charges - Access to healthcare for overseas visitors - BMA](#)

ELIGIBILITY FOR SECONDARY CARE SERVICES WITHOUT CHARGE

Services provided by GPs, school nurses and health visitors are outside the scope of the regulations and are not chargeable.

A patient being registered at a GP practice or having a NHS number does not mean they are necessarily eligible for other NHS treatment without charge.

Patients can access NHS care in relevant, non-primary care settings without charge if they:

- are ordinarily resident in the UK;
- qualify for one of the exemptions set out in the regulations; or
- require a service which is exempt from charge in the regulations.

Relevant care settings under the regulations include hospitals, non-NHS providers of NHS-funded care (including private and voluntary sectors), some community services and NHS-funded public health services provided by local authorities.

Relevant NHS bodies are required to make enquiries that are reasonable in the circumstances, to identify whether a patient is eligible for free NHS care.

Services provided by GPs, school nurses and health visitors are outside the scope of the regulations and are not chargeable.

Ordinary residency is not based on nationality, whether a patient holds a British passport or previous residency status. Broadly, to be ordinarily resident is to be residing lawfully in the UK for settled purposes as part of the regular order of a person's life. This is decided on a case-by-case basis. In general, there is no specific amount of time an individual must be in the UK for them to be ordinarily resident, although non-EEA patients must have indefinite leave to remain.

Patients who are not ordinarily resident are classed as 'overseas visitors'. If they or the service they access are not exempt under the regulations, they are liable to pay for treatment they receive. If the patient is a child (under 18 years of age), the person with parental responsibility is liable for the charge. Although patients will be charged for treatment, trusts can write off and not pursue debts if a patient is destitute or without funds.

PATIENT GROUPS EXEMPT FROM CHARGES IN SECONDARY CARE

Some groups of patients are exempt from charge under the regulations, irrespective of their residency status.

Exemptions include patients from an EEA member state exercising EU rights and other countries with which the UK has a reciprocal health arrangement. Treatment permitted under these exemptions can be limited to that which is medically necessary during a stay or which has been agreed prior to the visit. Patients from outside the EEA, including students, who have paid the health surcharge are also exempt from charge and are able to access most services in the same way as patients who are ordinarily resident in the UK.*

Exemptions from charge also exist to protect vulnerable patients, who have access to the NHS in the same way as patients who are ordinarily resident:

- refugees – ie individuals granted asylum
- asylum seekers – ie individuals with an outstanding asylum claim or appeal
- refused asylum seekers supported by the Home Office
- victims or suspected victims of modern slavery
- unaccompanied children under the care of local authorities

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- prisoners and people being held in immigration detention
 - anyone receiving compulsory treatment under a court order or who is detained in a hospital or deprived of their liberty under mental health legislation.

An "easement clause" in the regulations states that if the exempt status of certain categories of patient changes to chargeable part-way through a course of treatment, relevant bodies cannot charge for the remainder of that course of treatment. It is a clinical decision as to what constitutes a course of treatment under this clause.

*Assisted conception services are not included within the scope of the health surcharge and remain chargeable.

SECONDARY CARE SERVICES EXEMPT FROM CHARGES FOR ALL PATIENTS

There are a range of services which are exempt from charge irrespective of the residency status of the patient*. Services are generally exempt because they help protect against public health risks, or for humanitarian reasons, for example:

- accident and emergency services (including A&E, walk-in clinics, urgent care centres, minor injuries units or similar), including any investigations, prior to a patient being admitted as an inpatient
- diagnosis and treatment of communicable diseases listed in the regulations – examples include HIV, pandemic influenza, tuberculosis. The exemption includes routine screening and vaccinations, but not the treatment of secondary illnesses associated with an infection
- screening, diagnosis and treatment of sexually transmitted infections
- family planning services
- palliative care provided by a registered palliative care charity or community interest company (palliative care provided by a relevant NHS body remains chargeable)
- treatment required when detained under mental health legislation
- services provided to treat physical or mental illness caused by torture, female genital mutilation or domestic and sexual violence. This applies irrespective of where the violence took place, provided that a patient had not travelled to the UK solely to obtain treatment.
- services provided by health visitors
- services provided by school nurses.

*Charges can still be claimed back from the home country of EU patients.

HEALTH AND ACCESS NEEDS OF VULNERABLE MIGRANTS

[Health and access needs of vulnerable migrants - Access to healthcare for overseas visitors - BMA](#)

The barriers that vulnerable migrants (including refugees, asylum seekers, refused asylum-seekers and undocumented migrants) can face when trying to access healthcare remain a concern.

Needs vulnerable migrants may have:

Some refugees and asylum seekers may need specialist support because of the violence and trauma they have encountered.

Women remain at increased risk of sexual exploitation even after arrival in the UK, and it may be appropriate to explore adult safeguarding. They may also require specialist obstetric and gynaecological care, for example in cases of FGM. Early referral in such cases can be crucial to the patient's asylum case as well as providing assessment for treatment.

Patients with limited English can find it difficult to engage with NHS services

For doctors, language barriers can represent a significant obstacle to providing safe and effective care. It is important therefore to use language interpretation services, ideally face to face, where possible.

It should not be assumed that patients would be willing to have their health discussed with their relatives. In some cases, individuals in exploitative situations could be accompanied by their trafficker/exploiter who will present themselves as a friend or relative.

Wherever possible, sensitivity should be exercised in selecting interpreters, with regard to factors such as gender, political or cultural background. Sensitivity in choice of interpreter is also advised in cases where patients need to discuss very personal issues such as sexual behaviour or sexually-related conditions.

Vulnerable migrants from countries with high prevalence of infectious diseases may get their first positive result in the UK

Such possibilities should be anticipated and discussed in advance with the patient. It will be important to explain to patients the nature of confidentiality in the UK, and that a positive result will not adversely impact on any request for asylum or immigration outcomes.

Local treatment commissioners, providers and public health teams should consider whether additional services and support are likely to be required in areas receiving large numbers of asylum seekers.

GPs should remain vigilant for early symptoms of communicable diseases in undiagnosed patients who seek help for other routine health problems

Patients' vaccination history should be assessed and full immunisations offered according to current UK schedules for adults and children. GPs with a large number of patients who are vulnerable migrants may find it helpful to be in contact with specialist patient support organisations.

Some refugees, asylum seekers and other vulnerable migrants may arrive in the UK with poorly controlled chronic conditions following extended periods without access to regular care

In some countries, primary care is not well developed and some migrants may expect to be referred to hospital for relatively minor complaints, and for management of chronic conditions such as diabetes and hypertension. Sensitivity and skill are required to introduce them to the way medicine is practised in the NHS.

It is common for vulnerable migrants to present with non-specific complaints, such as headaches and stomach-aches

Doctors should explore with sensitivity the patient's personal circumstances and history as these can be somatic manifestations of underlying mental health or social welfare issues. It may be helpful to link patients with support organisations with expertise in migrant welfare.