

February 2011

GPC

General Practitioners
Committee

Overseas visitors accessing NHS primary medical services

Guidance for GPs

BMA 

There has been significant confusion about overseas visitors' entitlement to NHS primary medical services, largely because of the absence of guidance from the Health Departments. In England in 2004 the Department of Health launched a consultation on overseas visitors to England but no action was taken and no guidance on who was eligible for NHS primary medical services was issued. The Department of Health stated at the time that until the consultation resulted in an updated Health Service Circular (HSC), that guidance should be taken from HSC 1999/018. However, HSC 1999/018 has been withdrawn and not formally replaced. This is our current guidance to GPs on overseas visitors accessing primary medical services in the UK.

Overseas visitors accessing primary medical services in the UK

Practices have a contractual duty to provide emergency treatment and immediate necessary treatment free of charge for up to 14 days to any person within their practice area. There is no definition of immediate necessary treatment in primary medical services contract regulations but it should be viewed as including treatment not only of new conditions but also pre-existing conditions that have become exacerbated during the period of a person's stay in the UK. Practices should have appropriate procedures in place to ensure that patients in need of this treatment can be identified and assessed by a health care professional.

When a person does not require emergency or immediately necessary treatment practices have some degree of discretion under the contract regulations about whether to register the person. Practices, if their list of patients is open, may accept overseas visitors as temporary residents, if they will be in the area for 24 hours to three months, or may accept an overseas visitor's application for inclusion in their patient list. Persons applying for registration cannot be turned down for reasons relating to the applicant's race, gender, social class, age, religion, sexual orientation, appearance, disability or medical condition.

Overseas visitors have no formal obligation to prove their identity or immigration status to register with a practice. However, asylum seekers may be able to show an Immigration Service issued 'Application Registration Card' (ARC) or official documents that confirm their status. Where practices have a policy of asking applicants for identification then it should be for all patients and not just overseas visitors. We advise practices to use their discretion and consider the individual circumstances of an overseas visitor who can not provide documents that they would normally require for patient registration.

Any person who does not require emergency or immediately necessary treatment and has not been accepted onto a patient list or accepted as a temporary resident can still be treated by a GP on a private basis, for which they may be charged. Alternatively those persons can be directed to contact the PCT (or in the future the appropriate local body) who can advise on what services are available locally.

The Department of Health's Table of Entitlement to NHS Treatment states that asylum seekers are entitled to NHS primary medical services without charge. The Table can be accessed at: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_07_9284.pdf

For further advice on asylum seeker and refused asylum seeker access to primary medical services please consult the BMA Ethics Department guidance that can be viewed at: http://www.bma.org.uk/ethics/asylum_seekers/asylumhealthcare2008.jsp

Referring overseas visitors for secondary care treatment in the UK

It is **not** the duty of a GP to establish a patient's entitlement for free NHS secondary care treatment. This is the responsibility of the NHS secondary care provider. Trusts will ask patients questions on admission to determine whether they should be charged for the hospital treatment and the process will be handled by an overseas visitor manager. GPs should avoid making any judgements about the likelihood of an individual patient being charged for secondary care and should refer whenever clinically appropriate.

Further advice

BMA members should contact **0300 123 1233** for further information.

Local medical committees should contact their regional liaison officer in the General Practitioners Committee secretariat.