

REVIEW OF ACCESS TO THE NHS FOR FOREIGN NATIONALS February 2010

Consultation Response Form

We would prefer this form to be returned to us electronically as an email attachment. The email address for responses or queries is overseasvisitorsconsultation@dh.gsi.gov.uk. You can provide a covering letter by email if you wish.

Postal responses can be sent to:

**NHS Overseas Visitors Policy Team
Department of Health
Room 4W04 Quarry House
Quarry Hill
Leeds LS2 7UE**

Email responses to the consultation will receive an acknowledgement of receipt. Postal responses will not receive an acknowledgement.

The consultation closes on Wednesday 30 June 2010.

YOUR CONTACT DETAILS

Name	Institute of Counter Fraud Specialists
Contact address	1st Floor, Weston House, 246 High Holborn, London
Postcode	WC1V 7EX
Contact Telephone	
E-mail	Info@icfs.org.uk

Freedom of Information

We manage the information you provide in response to this consultation in accordance with the Department of Health's [Information Charter](#).

Information provided in response to this consultation, including personal information, may be published or disclosed in accordance with the access to information regimes. The relevant legislation in this context is the Freedom of Information Act 2000 (FOIA) and the Data Protection Act 1998 (DPA).

If you want the information that you provide to be treated as confidential, please be aware that, under the FOIA, there is a statutory Code of Practice with which public authorities must comply and which deals amongst other things, with obligations of confidence. In view of this, it would be helpful if you could explain to us why you regard the information you have provided as confidential. If we receive a request for disclosure of the information we will take full account of your explanation, but we cannot give an assurance that confidentiality can be maintained in all circumstances. An automatic confidentiality disclaimer generated by your IT system will not, of itself, be regarded as binding on the Department.

The Department will process your personal data in accordance with the DPA and in most circumstances this will mean that your personal data will not be disclosed to third parties. However, the information you send us may need to be passed on to colleagues within the UK Health Departments and/or published in a summary of responses to this consultation.

I do not wish my response to be passed to other UK Health Departments (please mark with an 'x').

I do not wish my response to be published in a summary of responses

About You

Please delete as appropriate. I am responding:

- ~~as a member of the public~~
- ~~as a health care or health protection professional or expert~~
- on behalf of an organisation

If you are responding as a professional, please supply the following details:

Area of work:

NHS	
Social Care	
Private Health	
Third Sector	
Regulatory Body	
Professional Body	x
Education	
Trade Union	
Local Authority	
Trade Body	
Other (Please give details)	
Independent Contractor to NHS [
Manufacturer	
Supplier	
Other (where relevant)	

If you are responding on behalf of an organisation, please indicate which type of organisation you represent:

NHS	
Social Care	
Private Health/Independent Sector	
Third Sector	
Regulatory Body	
Professional Body	x
Education	
Trade Union	
Local Authority	
Trade Body	
Other (Please give details)	

In which of the following areas do you live:
(please tick one box only)

North East	
North West	
West Midlands	
South East	
London	
Humberside/Yorkshire	
East Midlands	
East of England	
South West	
No answer	x

Please provide us with some information about yourself. This will help us to determine whether we have captured the views of everyone. All the information you provide will be kept completely confidential. No identifiable information about you, will be passed to on to any other bodies, members of the public or press.

1. What is your sex? *(Tick one box only)*

Male Female

2. Which age group do you belong to?
(Tick one box only)

0-15 yrs
16-24 yrs
25-34 yrs
35-44 yrs
45-54 yrs
55-64 yrs
65-74 yrs
75-84 yrs
85 yrs and over

3a. Do you have a disability as defined by the Disability Discrimination Act (DDA)?
(Tick one box only)

Yes No

The Disability Discrimination Act (DDA) defines a person with a disability as "someone who has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day to day activities".

b. If yes, please tick all which apply

Partial or total loss of hearing
Partial or total loss of vision
Speech impediment or impairment
Other communication difficulty
Mobility impairment or difficulty moving around
Learning difficulty or learning disability
Mental health condition or disorder
Severe physical disfigurement
A longstanding illness or disease
Other medical condition or impairment (please specify)

4. What is your ethnic group? *(Tick one box only)*

A White

British

Irish

Any other White Background, please write below

B Mixed

White and Black Caribbean

White and Black African

White and Asian

Any other Mixed Background, please write below

C Asian or Asian British

Indian

Pakistani

Bangladeshi

Any other Asian Background, please write below

D Black or Black British

Caribbean

African

Any other Black Background, please write below

E Chinese or other ethnic group

Chinese

Any other, please write below

5. What is your religion or belief? *(Tick one box only)*

- Christian
 - Buddhist
 - Hindu
 - Jewish
 - Muslim
 - Sikh
 - None
 - Other (please write below)
-

6. Which of the following best describes your sexual orientation? *(Tick one box only)*

Only answer this question if you are aged 16 years or over.

- Heterosexual/Straight
- Lesbian/Gay
- Bisexual
- Other
- Prefer not to answer

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Consultation Questions

Please mark your answers with an “x” as necessary.

Chapter 2: The Charging Regulations and Guidance

Q1- Do you agree that the draft new consolidated Regulations provide a clearer, accurate and more succinct reflection of the existing Regulations?

Yes x

No

Comments

The Regulations need strengthening i.e. there is insufficient emphasis placed on the obligations of the NHS contractor.

Q2- Do you agree that the consolidated Regulations do not imply any material change in policy?

Yes x

No

Comments

The Regulations need to incorporate primary care and secondary care. There is insufficient emphasis placed on accountability.

Q3- Does the new draft guidance clearly and comprehensively explain how the consolidated regulations should be interpreted and applied?

Yes X

No

Comments

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Q4- Does Chapter 3 of the new Guidance document fully and clearly explain the NHS's obligations and requisite processes to ensure the provision of immediately necessary and urgent treatment to chargeable patients who are unable to pay prior to the treatment needing to be provided?

Yes X

No

Comments

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Chapter 3: Proposals for Change to the Charging Regulations.

Q5- Do you agree with the proposal to exempt Section 4 and Section 95 failed asylum seekers from charges for NHS hospital treatment?

Yes X

No

Comments

Provided the persons remain compliant with the arrangements.
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Q6- Do you agree with the proposal that any unaccompanied non-resident Children should be exempted from NHS treatment charges?

Yes X

No

Comments

There is a duty of care whilst in this country

Q7- Do you agree that UK residents may be absent from the UK for up to six months in a year before potentially being liable for charges for NHS treatment under the Charging Regulations?

Yes X

No

Comments

This is a popular referral issue – patients over 60 are taking large supplies of UK free prescription items with them to cover periods out of the UK. Such a change will reduce referrals but entitlements and responsibilities should be clear, as this may conflict with medicines management best practice.

Q8- In respect of the proposals referred to in Questions 5-7 are you able to provide any additional data that may inform the calculations of costs and benefits?

Yes X

No

Comments

The guidance does not make it clear what should happen in primary care – should the GP registration remain in the UK whilst out of the country for 6 months? Pay structures used to be based on patients registered. If there is still any element of this in place, then is the cost to taxpayers justifiable? There may be a point due to ill health whereby travel back to the UK is not possible/uninsurable. The regulations should incorporate strong advice for ex pats who may have to make a choice which country they wish to remain in and whether they can adopt that country's health system.

Chapter 4: Tackling NHS Debt and Misuse

Q9- Do you agree with the proposal to require an overseas visitor receiving chargeable NHS treatment to provide personal information to aid subsequent recovery of charges?

Yes X

No

Comments

We need consistent data to match up repeat offenders.
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Q10- Do you agree with the proposal that NHS organisations must provide information relating to outstanding debt for NHS treatment to the Department of Health or to an appointed agency?

Yes X

No

Comments

We need a central resource to prevent and detect fraud e.g. spot repeat offenders.

Q11- What safeguards on the protection of personal information are needed beyond those described?

Comments

Existing provision is suitable and needs to be exercised more before consideration of changes – the interpretation of the existing provisions may need to be spelt out?
Public sector links between the NHS and UKBA need to be strengthened and not constrained by the Data Protection Act.

Q12- Do you agree that the NHS Counter Fraud Service should transfer the data from the Department of Health's appointed agency to the UK Border Agency to support recovery and implement any agreed immigration sanctions under rules approved by parliament?

Yes X

No

Comments

All government agencies/bodies should be working together and sharing any data required so that each can do their job efficiently and timely. Sharing data with one central body in a secure manner will prevent and detect fraud that is currently being missed or cannot be prosecuted.

Public sector links between the NHS and UKBA need to be strengthened and not constrained by the Data Protection Act.

Q13- Do you agree that the Secretary of State Directions to the NHS Business Services Authority should be amended to enable the NHS Counter Fraud Service to lawfully carry out the data transfer process?

Yes X

No

Comments

It is time to get these arrangements in place.

Chapter 5: Health Insurance for Overseas Visitors

Q14- Do you support the principle that a requirement for chargeable overseas visitors to have health insurance should be introduced to cover the costs of any NHS treatment they may require during their stay?

Yes X

No

Comments

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Q15- What issues may arise from a system of either strongly recommended or mandatory health insurance for chargeable overseas visitors? How might these be overcome?

Comments

Mandatory – all visa applications should be supported by documentary (not stated) evidence of health insurance.

Q16- Do you support the principle that some overseas visitors who are currently exempted from charges should instead fund their treatment costs through health insurance?

Yes

X

No

Comments

Families of students in particular.

Q17- What practical issues may arise if particular categories of overseas visitors or temporary residents were required to cover or insure their own healthcare costs rather than be entitled to free NHS treatment? How might these be overcome?

Comments

That any documents required to show that there was cover should be in English so as to prevent difficulties at point of delivery with translation and that evidence is shown that the person claiming treatment is the person insured/covered.

Please feel free to submit any further comments on these draft regulations below.

Further comments

Has there been consideration for making use of 'walk-in centres' as the central point for temporary patient/visitors/tourists where a culture of verifying patients' eligibility, collecting information for charging and/or collecting fees would be routine? GP practices could then concentrate on registered patients where a medical record should be kept etc and no fees are required. The GP would only provide any immediately necessary treatment and then refer them to the nearest walk-in centre.