



Department
of Health

Visitor and Migrant NHS Cost Recovery Programme

Sustaining Services and Ensuring Fairness in the NHS

Implementation Outline

January 2014

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Introduction

During summer 2013, the Department of Health published *Sustaining services, ensuring fairness: A consultation on migrant access and their financial contribution to NHS provision in England*. Since the consultation closed, the Department has analysed the responses and begun a phase of intensive engagement with NHS, public health, third sector and cross-Government colleagues. The early results of this work are contained in this slide pack. This sits alongside the consultation response published on 30 December 2013.

We have deliberately chosen to present our work through slides to maximise accessibility and focus on the high-level directions we wish to take over the next few months. The slides are intended to help all stakeholders understand where we are in our thinking and where there is still work to be done. It will serve as a basis for the next phase of engagement and co-production with colleagues outside the Department as we develop and finalise the full implementation plan to be published in March 2014.

The slides make no comment on either estimated amounts of debt recovered or the costs of any changes to improve the recovery of the debt. The latter will be finalised over the next two months and will help inform our implementation decisions. They will be published alongside the full implementation plan in March 2014.

If you wish to comment on any aspect of the slides, please email the NHS cost recovery programme at NHSCostRecovery@dh.gsi.gov.uk.

Acronyms and definitions

A&E	Accident and Emergency
DH	Department of Health
DWP	Department of Work and Pensions
EEA	European Economic Area (EU members + Iceland + Norway + Lichtenstein + Switzerland)
EHIC	European Health Insurance Card
HO	Home Office
HSCIC	Health and Social Care Information Centre
GMS	General Medical Services contract
OR	Ordinary residence (or ordinarily resident)
OHT	Overseas Healthcare Team (currently the Government's hub for EEA health matters)
PMS	Primary Medical Services contract
S1	Intra-European mechanism by which the UK can claim back an annual payment for EEA retirees' healthcare costs
S2	Intra-European mechanism by which the UK can claim back the costs of planned, pre-authorized healthcare delivered by the NHS for EEA citizens

Programme rationale

Issues to overcome

- Our National Health Service is overly generous to those who have only a temporary relationship with the UK.
- The NHS struggles to identify and recover the cost of care from those not entitled to free treatment.

Objective

- To improve cost recovery from visitors and migrants in England to ensure that the NHS receives a fair contribution for the cost of the healthcare it provides.

Programme Goals

- Increase amount recovered from chargeable patients and EEA member states by having a fair and manageable cost recovery system.
- Establish an effective and comprehensive patient registration system.
- Ensure the maximum amount of money recovered goes directly back into the NHS.
- Design effective systems that take particular account of the most vulnerable groups.

Programme milestones achieved

Extensive consultation on possible changes to the overseas visitors and migrants charging rules

Appointment of the **Independent Advisor** to the Visitor and Migrant NHS Cost recovery Programme and the **Director of the Cost Recovery Unit**

Establishment of the **NHS Reference Group** to provide NHS leadership and advice on the four phases of the programme's work, and **subgroups** to work on the phases in more detail

Continuing **consideration of health inequalities**, engagement with relevant groups and planning actions to mitigate effects on vulnerable groups

Publication of results from **independent research** assessing the impact of visitors' and migrants' use of the NHS and the estimated cost of providing their care

Process mapping workshop held to look at current processes for identifying and handling migrant access to the NHS

Inclusion of the programme's aims and objectives in the **Department of Health's Mandate to NHS England**

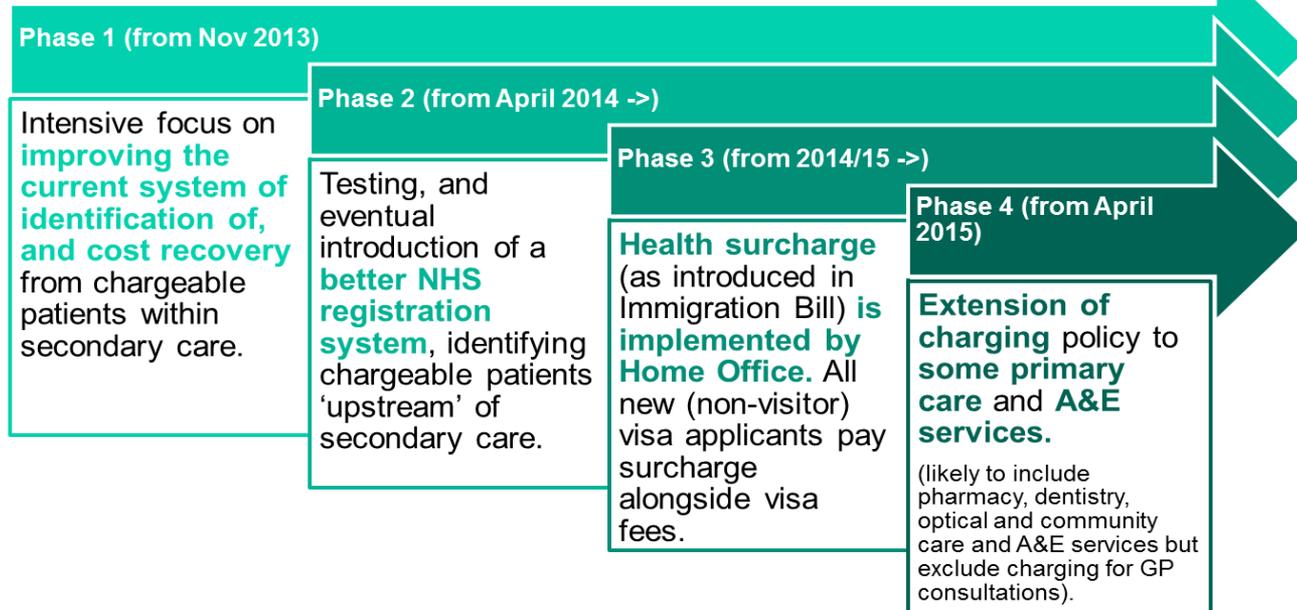
Published consultation response on 30 December 2013 setting out policy approach

Inclusion of **two health clauses** in the Home Office's Immigration Bill (Clauses 33 *Immigration health charge* and 34 *Related provision: charges for health services*)

The programme: A phased approach

As set out in the Government's response to the consultation, we intend to proceed with our implementation on the basis of four phases. These phases will be staggered but ultimately run concurrently up to April 2015 and beyond.

Preparation has already begun on each of the phases, and the following pages outline our current thinking using the format below:



From January to March 2014, we will continue with the engagement work that is already underway. The options that have been developed in conjunction with our NHS reference group will be further refined and tested with a wider audience, including with stakeholders from outside the NHS. Our analytical team will finalise its work on costing the options. Both tasks will form the basis of our final implementation plan, to be published in March 2014.

Incentives and disincentives

Key to making the new system work is to ensure it makes sense in financial and behavioural terms for the NHS organisations implementing it. Initial work on incentives and disincentives has revealed significant differences of opinion within and across the NHS as to how best this could be done. Further work with NHS colleagues will be undertaken over the next few months on the most pragmatic solutions to ensure all parts of the system play their part in recovering costs due to the NHS. This work is applicable to all four phases of the programme.

Financial incentives

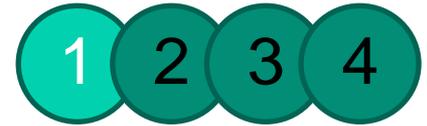
- We recognise that financial incentives in a variety of formats could help mitigate the losses currently incurred by NHS provider organisations when they identify but are unable to recover costs from chargeable patients.

Behavioural incentives

- We think that non-cash based incentives could include better reporting back to providers to demonstrate the amount of money recovered for the NHS, encouraging more senior buy-in and promoting the work of overseas visitor managers.

Removal of disincentives

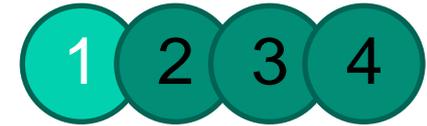
- The current system includes major disincentives for secondary care providers to identify chargeable patients. Although legally obliged to charge, it is often easier to assume patients are not chargeable and have their care refunded by commissioners rather than risk incurring debt. We will look to remove these disincentives, working closely with NHS commissioners and providers to help us do this.



Phase One

MAKING THE CURRENT SYSTEM WORK BETTER

Phase 1: Where we are now



“There is widespread recognition that the system for charging those who use the NHS but are not eligible for free care is complicated, inefficient and does not provide the right balance of fairness and affordability.”

Qualitative assessment of visitor and migrant use of the NHS in England: Observations from the frontline.
Creative Research; Nov 2013

NHS Act
2006
(as amended)

- The Act allows the Secretary of State for Health to charge “persons not ordinarily resident (OR) in Great Britain” for care provided to them by the NHS. Currently, OR is a relatively ambiguous definition.

The charging
regulations
(2011, 2012)

- The current regulations outline for which services the NHS can and cannot charge and who is exempt from charging. Currently only care given in hospital settings (excl. A&E) is chargeable.

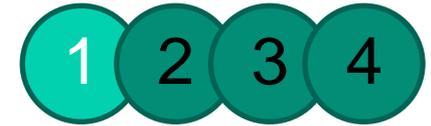
EEA visitors
and migrants

- Confusion exists around the EHIC, S1 and S2 forms. The NHS could (but does not currently) recoup much of the healthcare costs dispensed to EEA visitors in primary and secondary care from their home state

Disincentives

- Currently, Trusts identifying chargeable patients risk increasing their own debt (when invoices go unpaid). If they don't identify the patients, their commissioner will pay anyway.

Phase 1: Issues to overcome



A comprehensive 'tool kit' for NHS staff

- Difficulty in collating best practice from across the country
- Different tools required for different contexts
- Rules and regulations difficult to simplify into easy-to-use format due to extensive exemptions
- Encouraging uptake of any new/revised materials produced
- No legal framework to mandate use of specific tools

Awareness raising and training for staff

- Overcoming cultural barriers to cost recovery (especially from clinicians)
- Ensuring compliance with equalities legislation
- Encouraging reporting of EEA patients' costs
- Encouraging behavioural changes to prompt staff to ask questions / report information on patients' chargeability
- Increase senior buy-in to boost chargeable patient identification and cost recovery rates

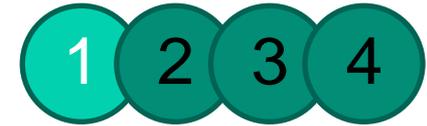
Communications

- Making communications specific to different internal audiences (overseas visitors managers, admin staff, clinicians, senior management...)
- Adapting communications to different categories of visitor/migrant (long term, short term, EEA, non-EEA, surcharge paid, no surcharge paid, bilateral agreements, exemptions...)
- Website would need to be NHS branded and owned (but by whom?)

Better data flows between agencies

- Ensuring that any changes conform to data protection legislation
- Overcoming the variety of IT systems that exist across the NHS and between agency
- Not creating a system that is too heavily reliant on IT

Phase 1: Options for change



A comprehensive 'tool kit' for NHS staff

Possible options could include:

- Updated/improved guidance, to include specific advice on data sharing
- Best practice case studies from NHS providers
- Patient-friendly referral and appointments letters informing patients of their (potential) chargeability
- A larger 'helpdesk' facility for NHS staff enquiries

Awareness raising and training for staff

Staff training may take the form of all or some of:

- Paper-based supports (leaflets/induction guide)
- eLearning modules
- Face-to-face workshops/course run by the programme team.
- Senior leadership engagement through targeted visits by team and/or regional conference on overseas charging
- Training for GPs and staff on EEA reporting

Communications

The current thinking is to target communications through:

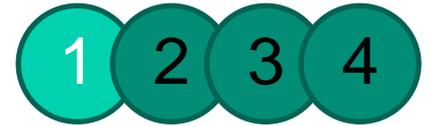
- Internal communications for NHS staff
- External communications for public/patients in England and abroad
- Comprehensive website and/or web pages on other sites with sections for both staff and the public

Better data flows between agencies

We are looking at making improvements to data flows between DH, NHS providers, the Health and Social Care Information Centre (HSCIC), the Home Office and other Government agencies regarding:

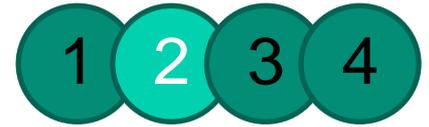
- NHS number
- Immigration status for eligibility
- Chargeability status
- Health Insurance Card (EHIC), S1 and S2 forms
- NHS debtor data

Phase 1: Next steps



We will work with NHS organisations and other key stakeholders over the next few months to:

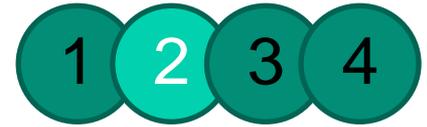
- Develop a comprehensive cost/benefit analysis and options feasibility study.
- Co-produce a finalised list of actions to implement within this phase
- Undertake further engagement/testing with overseas visitor managers and other NHS staff to collate of best practice, scope communications and training etc.
- Improve and/or design new data flows between organisations to facilitate better identification of and recovery from individuals (non-EEA patients) and EEA member states (EEA patients) This will include working closely with NHS provider trusts and GPs on ways to improve collection and reporting of S1, S2 and EHIC information
- Exploring any other possible mechanisms to improve the current system, including how Trusts use tariffs, incentives and disincentives, centralised cost recovery, risk sharing and sharing of debtor information across the NHS.



Phase Two

BETTER NHS REGISTRATION

Phase 2: Where we are now

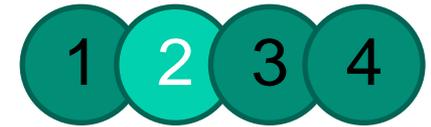


- The current system of registration with the NHS is not designed to check whether or not an individual is chargeable for their care
- In primary care, some GP practices do check, but neither the checking nor the questions are consistent
- A new registration system could associate a patient's chargeable status with their NHS record to enable this information to be available throughout the NHS
- Any new system to check and record a patient's chargeable status needs to be designed for both:

Temporary migrants (between 6mths and 5 yrs) who have paid the health surcharge, and are more likely to register with a GP

Visitors (less than 6 mths) who are more likely to access the system for the first time via secondary care

Phase 2: Issues to overcome



Difficulties in Data sharing between NHS and Home Office, DWP, HMRC to better identify chargeable patients

Ensuring flags can be altered or removed if an individual's chargeable status changes

Deciding where NHS registration for new arrivals could occur
Registration in person or online?

Designing a system where an individual can prove their non-chargeable status
Who will check this?

Ensuring that the new system does not impact negatively on vulnerable groups (eg homeless)

Deciding if and when to go back through old records

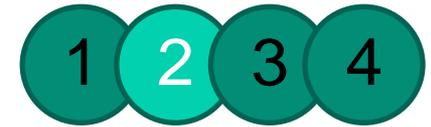
If required, amending GMS and PMS statutory regulations in consultation with NHS stakeholders

Ensuring we get a system up and running for first surcharge applicants before they arrive

Ensuring any registration system also works for EEA students, visitors, and S1/S2* form holders

*see acronyms slide or www.europa.eu for more information

Phase 2: Options for change



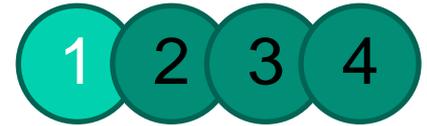
In the short term

- Focus on those who will be paying the visa surcharge from Autumn 2014
- Explore options for where registration with the NHS could take place:
 1. At the border?
 2. Through a local area team or CCG?
 3. Within Trusts via overseas visitors managers?
 4. In GP practices alongside registration with a GP?
 5. Using a third party agency?

In the long term

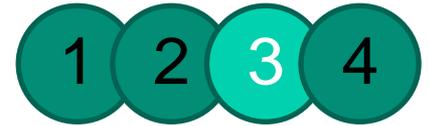
- Possible modifications to existing GP and provider systems to change the way the NHS number is used.
- The NHS record would be “flagged” or “unflagged” and system ‘business rules’ would determine whether or not someone was chargeable:
 1. Unflagged = treatment free at point of access
 2. Flagged =
 - *Either* paid the surcharge (or exempt from paying it), so treatment free at point of access for a defined period
 - *Or* not paid, nor exempt from, the surcharge, so likely to be chargeable
 3. No NHS number = patient deemed chargeable until they proved otherwise
- Possible modifications to EEA students’ NHS records to link them with students’ EHIC numbers.

Phase 2: Next steps



We will work with NHS organisations and other key stakeholders over the next few months to:

- Design intermediate and longer term IT solutions for better NHS registration (in conjunction with the HSCIC)
- Design and deliver a system that is practicable for people who will be paying the surcharge (in conjunction with the HO)
- Draft and implement any necessary legislative changes required for better registration (in conjunction with lawyers and NHS England)
- Ensure that any amended/new system complies with data protection legislation (in conjunction with lawyers and the Information Commissioner)



Phase Three

THE NEW HEALTH SURCHARGE

Phase 3: Where we are now



Most non-EEA migrants coming to the UK for **more than 6 months** are currently entitled to free NHS care on, or shortly after, arrival, despite not having made a direct contribution to fund this nor having a permanent relationship with the UK

Phase 3: Issues to overcome



- How those who have paid the surcharge (or who are exempt from paying it) demonstrate this to the NHS.
- How the NHS will identify and record the fact that a patient is a surcharge payee (or exempt from paying it) so that they receive NHS care without further payment (except prescription charges etc) for the duration of their visa.
- How the NHS considers patients who have applied to extend their visa period of leave whilst in England but who are still awaiting a decision from the Home Office.

Phase 3: Options for change

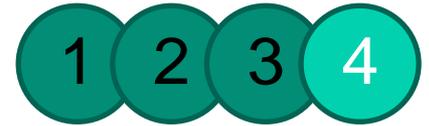


- The Immigration Bill, currently before Parliament, proposes that only those **non-EEA nationals with indefinite leave to remain** can be automatically entitled to NHS care without charge
- The Immigration Bill also proposes that **non-EEA migrants requiring visas (between 6 months and 5 years)** pay a health surcharge for each year they intend to be here, to contribute to their healthcare costs
- **Non-EEA Visitors to the UK (less than 6 months)** will remain fully chargeable unless an exemption category applies, whilst vulnerable groups such as asylum seekers will continue to receive free care on humanitarian grounds

Phase 3: Next steps



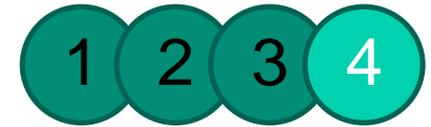
- If the Bill receives Royal Assent, the Home Office will set out the detail in Regulations, including who is to be exempt from paying the surcharge
- The Department of Health will amend current Charging Regulations so that they are compatible with the new surcharge arrangements
- The Department of Health will work with the Home Office and others to prepare the NHS for the introduction of the surcharge, so that they know how to recognise surcharge payees, what they are entitled to and for how long



Phase Four

AMENDING AND EXTENDING THE CURRENT CHARGING RULES

Phase 4: Where we are now



Primary Care

- The current regulations do not impose additional charges for primary care services on overseas visitors and migrants (beyond those charges that apply to all patients, including those who are ordinarily resident)

Secondary care

- The majority of secondary care is currently chargeable if provided by NHS hospitals. Notable exemptions include A&E, minor injury units, treatment for infectious diseases, sexual health services, mental health services for sectioned patients

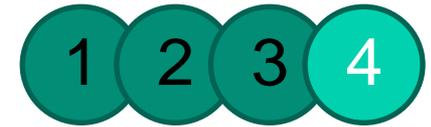
Other care settings

- NHS tariffs exist in dentistry, pharmacy and optics, which are available to all (incl. chargeable patients). Exemptions to charging (eg free prescriptions for over 60s) also apply to all (incl. chargeable patients)

This phase requires making amendments to legislation, including to the National Health Service (Charges to Overseas Visitors) Regulations 2011:

- To amend charging to include primary care (except GP consultations)
- To amend charging rules for dentistry, optics and pharmacy
- To amend charging to include A&E
- To amend charging rules to ensure all commissioned providers of NHS care (NHS and non-NHS organisations) can charge.

Phase 4: Issues to overcome



Primary Care

- The Home Office's Immigration Bill has to become law for charging to be extended to temporary migrants (currently exempt from charging under ordinary residence test)
- Clear messaging around public health, alleviating concerns and ensuring messages reach vulnerable communities so they continue to access the care they require

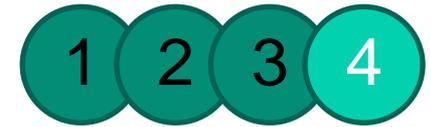
Secondary care

- Potential confusion around new NHS registration and/or the timing of changes to registration
- Exploring how charging would work for primary care that was provided in a secondary care setting
- Ensuring that any new systems do not adversely impact on the work of A&E

Other care settings

- Ensuring that NHS contractors are paid for those they treat
- Ensuring that changes are clearly communicated to patients and staff
- Deciding whether it is better to remove exemptions for free care or treat chargeable patients on a private tariff
- Ensuring that public health concerns, particularly around sexual health, remain central to the policy
- Deciding how to manage the case of pharmacists contracted to give limited primary care

Phase 4: Options for change



Primary care

- GP consultations (or their equivalent) will remain free
- Primary care outside of a GP consultation (or equivalent) will be chargeable. A final list of services included in this charging extension will be designed in conjunction with NHS colleagues.
- NHS care given in the community will be chargeable where charging is practicable and not detrimental to public health.
- Care given by NHS Walk-In Centres may become chargeable. The specific parameters will be defined in conjunction with the NHS.

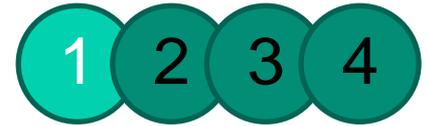
Secondary care

- Care given and medicine received in A&E will be chargeable when charging is practicable. We will work with the NHS to ensure this happens at the right time.
- Care given and medicine received in Minor Injury Units will be chargeable when charging is practicable.
- NHS-funded care provided by non-NHS providers (e.g. voluntary or independent sector) will become chargeable.

Other care settings

- Exemptions for free treatment for visitors and migrants in certain categories (e.g. over 60s) may be removed for dentistry, optics and pharmacy; or all treatments in these settings may become chargeable.
- Further consideration will be given as to how elective mental health services are charged for under the current rules and whether charging may be extended to services beyond a hospital setting.
- Further consideration will be given to the possibility of charging for some family planning services (e.g. Termination of pregnancy, IUDs and oral contraceptives), subject to discussions with NHS stakeholders, ensuring that any decisions on charging are not detrimental to public health or increased costs to the NHS. All sexual health services will however remain free.

Phase 4: Next steps



We will work with NHS organisations, general practitioners, sexual health and mental health providers, non-NHS providers, other Government departments and other key stakeholders over the next few months to:

Primary Care

- Consider prescription exemptions or changes to the regulations to allow for private prescriptions to be given after an NHS GP consultation
- Design clearer guidance on when someone should be charged under the new rules

Secondary care

- Design a system for charging in A&E and minor injury units that can be deployed without major disruption to the provision of care or increase pressures on A&E services.
- Work with non-NHS providers to ensure they are aware of how any new charging legislation would affect them.

Other care settings

- Design a system that works for single-handed NHS contractors (GPs, dentists, pharmacists etc.) to ensure they are never out of pocket in the new system.
- Decide whether to remove exemptions in dental, optics and pharmacy for chargeable patients (e.g. over 60s) or whether to invoice chargeable patients on the basis of private tariffs.
- Undertake extensive work around mental health services, terminations of pregnancy, contraceptives and any other specific healthcare setting

Additional Programme Information

COMMUNICATIONS & ENGAGEMENT PLAN AND CONTACT DETAILS

Programme Communications & Engagement

A comprehensive communications and engagement programme from January 2014, primarily targeting healthcare professionals and key stakeholders through:

- Proactive trade media engagement, targeting key professional groups
- Range of digital communications activity, including social media chats, blogs and engagement through online forums
- NHS 'roadshow' events at key NHS Trusts
- Participation in stakeholder conferences and events
- On-going work with the NHS Reference Group and implementation Sub-Groups
- Revised guidance and communications products for use locally

Further Information

This slidepack has been designed to mark the start of formal co-production with the NHS and other key stakeholder of a comprehensive implementation plan, to be published in March 2014.

The Government response to the consultation was published on 30 December 2013. It sets out initial decisions and next steps and is available at: <https://www.gov.uk/government/consultations/migrants-and-overseas-visitors-use-of-the-nhs>

We are keen to hear from any stakeholders who wish to help us shape the next stage of the process. If you wish to contact us and share any comments on this slide pack, please email:

NHSCostRecovery@dh.gsi.gov.uk