



THE SCOTTISH OFFICE

Department of Health

NHS  
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NHS Management Executive  
St. Andrew's House  
Edinburgh EH1 3DG

6 February 1997

COMMON SERVICES AGENCY  
GENERAL MANAGER  
TRINITY PARK HOUSE

Dear Colleague

### NHS TREATMENT OF OVERSEAS VISITORS

#### Summary

1. In response to the increasing number of inquiries from Purchasers, Providers and Users, guidance on the arrangements for visitors' entitlement or otherwise to free NHS care is attached. Fuller guidance will follow.

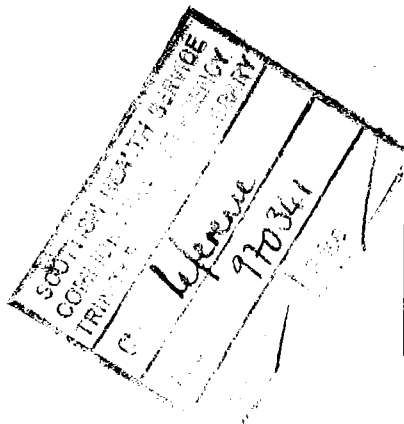
#### Action

2. The terms of this Guidance should be brought to the attention of all Health Board, NHS Trust and Directly Managed Unit staff involved with care or other arrangements for foreign visitors requiring NHS care.

3. Health Boards are requested to circulate this MEL to GP Fundholders and GPs within their area.

Yours sincerely

KEVIN J WOODS  
Director of Purchasing  
NHS Management Executive



**FOR  
REFERENCE ONLY**

#### Addressees

For action:  
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Health Boards

Chief Executives, NHS Trusts

For information:  
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## NHS TREATMENT OF OVERSEAS VISITORS

### Introduction

The principal and supporting Regulations governing the statutory position on the NHS treatment of overseas visitors are set out below, and should be available through the nearest HMSO bookshop or agent.

The National Health Service (Charges to Overseas Visitors) (Scotland) Regulations 1989 (ISBN 0 11 096364 4)

The National Health Service (Charges to Overseas Visitors) (Scotland) Regulations 1992 (ISBN 0 11 023411 1)

The National Health Service (Charges to Overseas Visitors) (Scotland) Regulations 1994 (ISBN 0 11 044770 0)

### General

The Management Executive is currently preparing updated guidance with regard to the treatment and after care of non-UK residents in the country to incorporate amendments in respect of reciprocal health agreements with our EU and EEA partners and other countries. Change may also be required to include amended provisions to cover Asylum Seekers and Refugees.

Once finalised, a revised Manual of Guidance on the full position will issue.

The Guidance will aim to assist those involved at Health Boards and NHS Trusts in the treatment of non-UK residents in assessing the patients' entitlement or otherwise to free NHS care. It has become increasingly clear from the enquiries coming into this office that it may be useful at this time, however, to clarify some fundamental principles of the existing Regulations.

### Existing Policy

In summary the existing policy is designed to ensure:

1. that emergency care is always given in response to need;
2. that the NHS remains primarily for those ordinarily resident in the UK;
3. that hospitals do not incur expenditure they cannot recover;
4. that non-UK patients receive treatment that allows them to return safely to their own country for continuing care (where that is appropriate);

5. that non-UK patients do not block beds unnecessarily in NHS hospitals;
6. that non-UK patients are not faced with costs that increase beyond what can realistically be recovered.

### Entitlement

We have received a number of enquiries about the definition of entitlement. The NHS (Charges to Overseas Visitors) (Scotland) Regulations 1989 and related provisions indicate that visitors, from countries with reciprocal health agreements, are entitled to free NHS emergency health care which is defined as "Treatment, the need for which arose during the visit". In terms, that includes:

- diagnosis of symptoms or signs occurring for the first time after the visitor's arrival; and
- any other treatment which, in the opinion of a medical or dental practitioner employed by, or under contract with, a Health Board or, as the case may be, NHS Trust, is required promptly for a condition which
  1. arose after the visitor's arrival; or
  2. became acutely exacerbated after arrival; or
  3. would be likely to become acutely exacerbated without treatment.

The application of these definitions should normally require the medical or dental practitioner to provide a written opinion.

There will be occasions when continuing medical care is necessary following an emergency until the clinician considers it safe for the patient to return to his/her native country for continuing care. In those cases where the continuing care attracts a charge but where the patient has no funds, the care plan should be to provide such treatment as is clinically necessary for the patient to return safely to their own country for continuing care. The decision as to whether such treatment should take place should always be for the clinician. Justification should be recorded in the clinical notes.

Recording the position in the clinical notes should confirm that the treatment given was properly assessed by the clinician and regarded at the time as an emergency.