



NHS Partners Network response to Overseas Visitor Charging consultation

About NHS Partners Network

The NHS Partners Network (NHSPN) is the representative body for independent sector healthcare providers. Our members deliver a very diverse range of services to NHS and private patients including acute care, primary care, community care, clinical home healthcare, diagnostics and dentistry. The Network was established in 2005 as a body to represent independent sector providers of NHS clinical services, and was incorporated into the broader NHS Confederation in June 2007. In 2018 the Network expanded its remit to cover all services delivered by our members including NHS and privately-funded care.

Overseas visitor charging in the independent health providers

NHSPN supports the Department of Health and Social Care's objective to increase compliance around charging overseas visitors for NHS services and we welcome the engagement we have had with the Department, and particularly their Visitor and Migrant NHS Cost Recovery Programme team, who have held multiple workshops with our members to assist them in complying with the regulations. What follows is based on feedback from NHSPN members on the new regulations.

Proportionality

A key principle for the successful implementation of the overseas visitor charging regulations is that the measures introduced are proportionate to the numbers of patients affected and the potential revenue to be recovered. While there has been an obligation on NHS Trusts to charge overseas visitors for NHS services for several decades, the updated regulations published last October represented a completely new requirement for the independent sector. It would therefore have been beneficial for an impact assessment to have been undertaken prior to the new regulations being put into place to look at the potential numbers of NHS patients treated in the independent sector who would be eligible for charging.

The majority of independent providers of secondary NHS care carry out elective treatment - primarily via patients exercising their legal right to choose where they receive consultant-led care. While we are unaware of any official analysis on this, our understanding is that the majority of chargeable patients are those receiving emergency or maternity care, not non-urgent treatment such as hip and knee operations where a referral is required, thereby creating an additional barrier to accessing care. Moreover, given that less than half of the general public in England and Wales are themselves aware of their right to choose their secondary care provider¹, we believe that significantly fewer overseas visitors would know that they have the ability to choose to receive their NHS care in the independent sector.

A pilot programme undertaken by NHSPN member Spire Healthcare on behalf of the sector, supported by the Department of Health and Social Care, NHS England and NHS Improvement, reviewed a cohort of 34,000 elective GP referrals for eligibility. The review's findings (which provide important context for any future policy development in this area) indicated that only 23 patients, or 0.07%, of test referrals were potentially ineligible for NHS care - supporting the position that very few elective patients will be ineligible and any monitoring and challenge process requires to be proportionate and of low administrative burden and cost for providers.

¹ <https://www.england.nhs.uk/wp-content/uploads/2015/09/monitor-nhse-outpatient-appointments-summary.pdf>



Identifying chargeable patients

NHSPN strongly believe that the most appropriate setting to establish a patient's eligibility for NHS services is at the point of referral. Independent providers currently receive NHS referrals either from GPs or from Trusts who received the patient referral from a GP, and in receiving a referral, providers should have a reasonable expectation that eligibility checks have been carried out and that payment will be forthcoming.

While we understand that conversations are ongoing around mandating GPs to identify chargeable patients as part of the next iteration of the GP contract, we have appreciated the Department's support in helping independent sector providers more easily identify chargeable patients through OVM MESH. The process, as tested by the recent pilot at Spire, whereby providers can submit lists of patients to NHS Spine which returns chargeable status information held for those patients, does appear functional and proportionate. The automation is far superior to looking at a chargeable status one patient at a time which was previously the case. It is important however to note that the OVM Mesh process is fully reliant on the data held in the government databases, covering immigration status, being up to date, accurate, reliable and a true representation of the population. Equally, any potential unintended consequences of the charging regulations should be fully thought through and ensure that patients who are eligible for NHS care should be able to freely access it.

Impact on independent sector

Provided that the regulations are underpinned by an infrastructure including an automated process through OVM Mesh, drawing from high quality and reliable real-time government data, we believe that the sector should be able to work effectively with them over time. We would expect that it will take the remainder of the 2018/19 financial year for independent sector provider systems and processes to be developed, implemented and embedded, and therefore become fully effective.

In the absence of an effective automated eligibility checking process then the quantum of chargeable cases in the elective care sector will generate insufficient incremental revenue to cover the administrative infrastructure required.

Contact

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