

Guidance on Cross Border Healthcare and Patient Mobility in Europe

September 2014

European citizens are now working, travelling and shopping across borders within the European Union in greater numbers than ever before. Although they have long had access to healthcare in other EU Member States, through the European Healthcare Insurance Card (or E111 system), their rights and entitlements have evolved considerably following a series of European Court of Justice rulings in recent years. These provisions have been incorporated into EU law through Directive 2011/24/EU¹ and the National Health Service (Cross Border Healthcare) Regulations 2013².

Scope of this guidance

The European countries covered by this legislation are those in the European Economic Area (EEA).³ A complete list of applicable countries is provided in Annex 1. This guidance covers England, Wales and Northern Ireland; separate guidance is available for Scotland. Arrangements across borders within the UK and reciprocal arrangements with non-EEA countries are not covered by this guidance.

Implications for Primary Eye Care

Optical practices and practitioners will have experienced patients attending for eye care from overseas, for example where they have difficulty accessing this in their home country, or if they experience new symptoms while in the UK, damage their spectacles or experience a problem with their contact lenses. This guidance is intended to advise you on:

- the provisions you should be aware of when providing care to patients who attend your practice from another EEA Member State
- where you should direct UK residents who ask about access to treatment in another EEA country to for further information.

This guidance is not intended to be a complete summary of the law governing cross border healthcare and patient mobility in Europe; for further information, please refer to the Department of Health guidance.⁴ Patients who want further information should speak to the relevant national contact point for England, Wales, N Ireland and Scotland listed in Annex 2.

Optical practices and practitioners are also reminded that the Sight Testing Regulations 1989⁵ and other NHS and GOS requirements remain in place.

¹ <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2011:088:0045:0065:en:PDF>

² <http://www.legislation.gov.uk/ukxi/2013/2269/contents/made>

³ The EEA includes all 28 countries of the European Union plus Iceland, Liechtenstein and Norway.

⁴ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/252940/Cross_Border_Healthcare_Information.pdf

⁵ <http://www.legislation.gov.uk/ukxi/1989/1230/contents/made>

If you have any questions about those or how they overlap, please contact your Optical Confederation membership body.

Inbound Patients – Patients coming to the UK

Overseas visitors to the UK (ie people not normally resident in the UK) are charged if they use certain NHS services.⁶ Directive 2011/24/EU and the NHS (Cross Border Healthcare) Regulations 2013, make provision that patients who receive healthcare outside their home country must pay privately for that care where a charge is applicable but, if that cost is normally covered in their home country, they can then seek reimbursement from their authorities at home. Charges apply to all secondary care, but overseas visitors are not charged for many primary care services.

Patients from other European countries can, and frequently do, attend at optical practices across the UK for sight tests, contact lens fitting or to have an optical appliance dispensed. As practices and practitioners will appreciate, not every UK citizen automatically qualifies for General Ophthalmic Services (GOS); in order to do so they must satisfy one of the criteria which determine eligibility for an NHS sight test (and entitlement to a GOS3 voucher).⁷ Any EEA patient who asks for a sight test, contact lens fit or to have an optical appliance dispensed, will be entitled to NHS treatment if they meet the normal eligibility criteria. Those who do not meet the criteria will need to pay privately.

An EEA patient who presents for any other community eye care in the UK (ie enhanced services, if they are not under provided under the direction of a hospital) will also be entitled to any NHS services free of charge, but where charges apply to that service they will need to pay privately. Charges also apply for prescribed medication dispensed via a community pharmacy and for treatment in a hospital ophthalmology department.

When providing eye care to overseas visitors for which a charge applies, optical practices must

- apply any fees in a non-discriminatory manner
- provide EEA patients with a completed prescription, or contact lens specification (if applicable)
- provide a receipt which gives a full breakdown of the charges, which the patient can use for reimbursement at home if appropriate.

Charges should be the same as for private domestic patients. Most practices will have a table of fees to charge for private patients for particular services such as a dry eye assessment or glaucoma referral refinement. For services where there is no comparable price for domestic patients, the price must be based on objective, non-discriminatory criteria. If an appropriate NHS fee would cover the costs to the practice, for example for a PEARS/ACES/MECS service, it may be administratively easier to charge EEA patients that amount as a private fee, although this will be at the practice's discretion. Practices should also retain secure patient records, as they would for any patient. It is important to document whatever fee the EEA patient was charged because this may be checked subsequently during reimbursement.

⁶ The National Health Services (Charges to Overseas Visitors) Regulations 2011, as amended.
<http://www.legislation.gov.uk/ukxi/2011/1556/made>

⁷ Further information on NHS eligibility for England is available here:
<http://www.nhs.uk/chq/pages/895.aspx?CategoryID=68&SubCategoryID=157>

Outbound Patients – Patients Who Ask about Accessing Eye Care in another EU country

For a variety of reasons, following their sight test, patients may ask about onward referrals or treatment elsewhere in Europe, which they are entitled to do. As a general rule, if a patient is entitled to care at home under the NHS, they are entitled to receive it overseas funded by the NHS. The patient will pay up front for their healthcare and then claim reimbursement from their home country. In terms of reimbursement they will only receive what it would have cost if the treatment had been provided in their home country or the actual cost if this is a lesser amount.

Patients do not have to seek prior approval before accessing healthcare in another EU country unless it appears on the list of treatments requiring prior approval. Treatments subject to prior approval differ from country to country and the National Contact Point will be able to provide details. The vast majority of ophthalmic conditions affecting children and adults require prior authorisation.⁸

If a patient asks about treatment outside the UK, you should explain that this may be an option and they should seek further information about prior authorisation and clarification about reimbursement from the relevant NHS contact point or England, Wales, Scotland and N Ireland contact points, listed in Annex 2.

From a clinical perspective, you should advise patients where their condition might require a series of visits to the hospital, for example if they have a cataract, and they may need to travel back and forth between the UK and other EEA country. You are advised to note that you have given the patient this information on the patient record.

If a patient asks about having an NHS sight test in another EEA country, you should direct them to the contact points in Annex 2 for further information.

Content of a Cross Border Prescription

According to a parallel Directive 2012/52/EU⁹, a prescription for medical devices (which include spectacles, contact lenses and LVAs) which is intended to be used overseas must contain the following information:

Identification of the patient

- Surname(s)
- First name(s) (written out in full, i.e. no initials)
- Date of Birth

Authentication of the prescription

- Issue date

Identification of the prescribing health professional

- Surname(s)
- First name(s) (written out in full, i.e. no initials)

⁸ Department of Health (2013) Cross Border Healthcare and Patient Mobility in Europe [link]

⁹ http://ec.europa.eu/health/cross_border_care/docs/impl_directive_prescriptions_2012_en.pdf

- Professional qualification
- Details for direct contact (email and telephone or fax, the latter both with international prefix)
- Work address (including the name of the relevant Member State)
- Signature (written or digital, depending on the medium chosen for issuing the prescription).

The OC also advises including the following clinical data in prescriptions intended to be used overseas:

- Power of vision correction if required (including spherical, cylindrical components and axis as required)
- For powers over +/- five dioptres, the back vertex distance at which the refraction was done
- Date of prescription and time limit
- The registration number of the prescribing eye care professional (and country of registration)
- Whether the eye examination or sight test was NHS funded or private.

If your current prescription format does not include all of this, the Optical Confederation advises incorporating this information into your regular private and NHS prescriptions in case a patient wishes to use it elsewhere in the EEA.

The same information should appear on optical prescriptions from elsewhere in the EEA, which a patient might bring to the UK to have dispensed.

Any written information from an overseas qualified practitioner relating to the patient's contact lens needs, or any contact lens specification subsequently issued in the UK, should contain exactly the same details as if the patient were a UK national.

Note: these requirements have also been incorporated into the ECOO Guidelines for Optometric and Optical Services therefore all providers across Europe should include this information as a minimum in issued prescriptions which can be used across Europe.¹⁰

FP10 Prescriptions

Independent prescribing optometrists should be aware that the FP10 form has been updated in line with the cross border requirements. A copy of the new version is reproduced in Annex 3. Please ensure you are using the correct format when issuing a prescription for medicines.

Patients who attend with an overseas spectacles prescription

Practitioners should use their professional judgement to determine whether they are satisfied with any prescription prior to dispensing it. This can be difficult to ascertain from an overseas prescription, in particular if it is written in a language that you are not familiar with. When

¹⁰ <http://www.ecoo.info/professional-guidelines/>

determining whether to dispense such prescriptions, you should bear in mind the likelihood of an error in the prescription, and subsequent inconvenience for the patient should their spectacles or contact lenses need to be re-ordered. In line with the College of Optometrists guidance¹¹, if there is any uncertainty, you are advised to contact the original prescribing clinician for clarification. This would allow you to appreciate better the circumstances in which that prescription was issued. If it is not possible to speak to the original prescriber, it may be easier to provide a further private sight test or eye examination prior to dispensing to the patient. This is especially relevant to high prescriptions where the back vertex distance is missing.

Similarly, if there is any subsequent non-tolerance with spectacles dispensed to an overseas prescription you should contact the original prescriber to agree a course of action and discuss this with the patient. If it is not possible to speak to the original prescriber, or the issue remains unresolved, you should retest the patient.

You should also bear in mind the potential for a patient to suffer from non-tolerance if they have a pair of spectacles dispensed based on a repeat sight test, especially if they will shortly return home.

Patients who attend with an overseas contact lens prescription

If the patient has insufficient written information from a qualified practitioner for their contact lens needs to be fully understood, you should try to contact the original prescribing practitioner for clarification in line with the advice above for spectacle prescriptions. If that fails to resolve the problem, then a new sight test and a new fitting of contact lenses is required to issue a UK contact lens specification because that would be a situation where a fitter is seeing a new patient who has previously been fitted elsewhere.

Further information

For further information, please contact your Optical Confederation representative body or professional association:

For ABDO members	Katie Docker, kdocker@abdo.org.uk
For AOP members	Geoff Roberson, geoffroberson@aop.org.uk
For FODO members	Rebecca Sinclair, rebecca@fodo.com

Optical Confederation

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¹¹ See College of Optometrist Guidelines Section A5, Paragraph A5.04 on 'Intra and Inter-Professional Relationships'

List of European Economic Area (EEA) countries

Countries comprising the European Economic Area are as follows:

- Austria
- Belgium
- Bulgaria
- Croatia
- Cyprus (south only)
- Czech Republic
- Denmark
- Estonia
- Finland
- France
- Germany
- Greece
- Hungary
- Iceland
- Ireland
- Italy
- Latvia
- Liechtenstein
- Lithuania
- Luxembourg
- Malta
- Netherlands
- Norway
- Poland
- Portugal
- Romania
- Slovakia
- Slovenia
- Spain
- Sweden
- United Kingdom

National Contact Points for Four Nations

England

NHS England
PO Box 16738
Redditch
B97 9PT

Tel: 0300 311 22 33
email: england.contactus@nhs.net
www.nhs.uk/nationalcontactpoint

Scotland

NHS 24
Health Information Services
European Cross-border Healthcare - National Contact Point for Scotland
5th Floor
Golden Jubilee National Hospital
Beardmore Street
Clydebank
G81 4HX

Tel: 0800 22 44 88
email: nhs.inform@nhs24.scot.nhs.uk
www.nhsinform.co.uk/rights/europe

Wales

Welsh Ambulance Services Trust
Trust Headquarters
HM Stanley Hospital
St Asaph
Denbighshire LL17 ORS

Tel: 0845 46 47
email: NCPWales.amb@wales.nhs.uk
www.nhsdirect.wales.nhs.uk/travelhealth/NCPs/

Northern Ireland

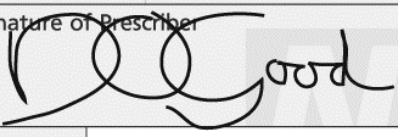

National Contact Point
Health and Social Care Board
12-22 Linenhall Street
Belfast
BT2 8BS

Tel: 0300 555 0115
email: enquiry.hscb@hscni.net
<http://www.nhs.uk/NHSEngland/Healthcareabroad/national-contact-point/Pages/uk-national-contact-point.aspx>
Information for [patients travelling outside Northern Ireland for treatment](#)

Gibraltar

Gibraltar Cross Border National Contact Point
Ministry of Health
Block 1 Floor 6
Gibraltar Health Authority
Europort Road
Gibraltar

Reproduction/Copy of FP10 Prescription

Pharmacy Stamp	Age 70yrs 1mth D.o.B 2/6/1941	Title, Forename, Surname & Address SMITH John 22 Bridge Street Anytown KB1 5SX
<i>Please don't stamp over age box</i>		
Number of days' treatment N.B. Ensure dose is stated		
Endorsements	Diamorphine 30mg injection Supply 6(six) ampoules 60mg daily by subcutaneous infusion over 24 hours [No more items on this prescription]	
Signature of Prescriber 		Date 02/07/11
For dispenser No. of Prescns. on form	Anyborough Health Authority Dr D O Good 345543 7 High Street Anytown KB1 CD2 Tel: 0111 222 333	
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