Royal Pharmaceutical Society of Great Britain

English Pharmacy Board

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Review of access to the NHS by foreign nationals
RPSGB response

Background

The Royal Pharmaceutical Society of Great Britain is the professional and regulatory body for pharmacists in England, Scotland and Wales. It also regulates pharmacy technicians on a voluntary basis, which is expected to become statutory under anticipated legislation. The primary objectives of the Society are to lead, regulate, develop and represent the profession of pharmacy. The Society leads and supports the development of the profession within the context of the public benefit. This includes the advancement of science, practice, education and knowledge in pharmacy. In addition, it promotes the profession's policies and views to a range of external stakeholders in a number of different forums. Following the publication in 2007 of the Government White Paper Trust, Assurance and Safety - The Regulation of Health Professionals in the 21st Century, the Society is working towards the demerger of its regulatory and professional roles. This will see the establishment of a new general Pharmaceutical Council and a new professional body for pharmacy in 2010.

The Society welcomes the opportunity to respond the Department of Health's consultation on the Review of access to the NHS by foreign nationals.

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

   Agree. However, it is vital that all those who will be required to implement the new Regulations are communicated with at an early stage to ensure consistent implementation and messaging to patients and the public.

2. **Do you agree that the consolidated Regulations do not imply any material change in policy?**

   Agree. However, there are some minor changes which will need to be effectively communicated to all staff dealing with patients and the public.

3. **Does the new draft Guidance clearly and comprehensively explain how the consolidated Regulations should be interpreted and applied?**

   The draft guidance does explain the consolidated regulations; however, it is extremely lengthy. We would recommend shorter, more easily digestible guidance; maybe different sets of guidance for different audiences?

4. **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 their treatment needing to be provided?.**

   Agree.

5. **Do you agree with the proposal to exempt section 4 and section 95 failed asylum seekers from charges for NHS hospital treatment?**

   We would agree with these proposals but reiterate that this needs to be made clear to those healthcare professionals delivering services to these particular groups of patients.

6. **Do you agree with the proposal that any unaccompanied non-resident child should be exempted from NHS treatment charges?**

   We would agree with this in principle but would be concerned that more children may be sent to the UK unaccompanied if this were to be implemented. We would recommend that this situation was closely monitored and reviewed.

7. **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?**

Clarity is required on what is meant by an absence of 6 months, is this 6 months in any period of 12 months or a 6 months continual absence?

Currently BMA/GPC guidance published in 2004 states to only prescribe for up to a maximum of 3 months for UK patients travelling abroad and if patients are going to be away longer than an initial supply should be given after which they will have to access medical services wherever they are for future supplies. General advice to prescribers is to only prescribe for 28 days supply at a time in order to minimise wastage so consideration need to be given on advocating supply of larger quantities just because someone chooses to spend more than 3 months outside of the UK. Currently there are a number of medicines that are in short supply within the UK and if a pharmacy had to supply 6 months at a time this could cause severe problems.

There are also safety concerns when prescribing for a period of 6 months to a patient who is going to be outside of the UK. If there are required changes in treatment or dose adjustments it would be impossible to call the patient back for a review or intervene in any way. Repeat dispensing is designed so that patients get to be seen by a health professional at every monthly dispensing. Some national guidance e.g. NPSA safety alert for anticoagulation, recommend that a patient is monitored regularly and that a pharmacist should check the INR levels prior to dispensing the prescription. If a pharmacist is supplying 6 months at a time they would not have the ability to check that the patient is being monitored regularly and that the dosage is correct in relation to the INR levels. This would also apply to other medicines such as lithium.

For those supplying the medicines there are also stockholding issues to consider. If a number of patients receive 6 months supply of medicines in one go this could lead to shortages for other patients. Depending on the area that the patient is travelling too there may be concerns around carrying large quantities of medicines.

8. 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 cost and benefits?

There is a potential for misuse of a 6 month treatment period for those claiming to be absent from the country in order to avoid paying the prescription charges that would normally be due i.e. some people could use this to avoid charges leading to an inequitable system.

Pharmacists will also only receive one dispensing fee instead of 6 dispensing fees which could ultimately affect the UK economy. If expensive medicines are prescribed and supplied then some pharmacies may struggle with fluctuations in what they need to purchase in advance vs the repayment timescale.

9. **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?**

   Agree. However, this data would need to be collected with the knowledge that it may be used at a later stage to recover any outstanding payments. The collection of this data must not produce any additional burden on healthcare staff and consideration needs to be given to how patients are dealt with who refuse to provide the required information.

10. **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?**

    Agree. Clarity needs to be provided on how information is securely transmitted and the level of detail that is required to be given.

11. **What safeguards on the protection of personal information are needed beyond those described?**

    We believe all the safeguards have been covered.

12. **Do you agree that the NHS Counter Fraud Service should transfer the data from the department of health's appointed agency to the UKBA to support recovery and implement any agreed immigration sanctions under rules provided by Parliament?**

    Agree. There would also need to be systems implemented that enabled the UKBA to feed back to the NHS for those patients who debts have been cleared. This would need to feed into a mechanism within NHS Trust so that data sets were up to date and contained accurate information to ensure that patients who had paid their debts were not refused treatment or entry in the future.

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

    Agree. The systems developed would need to be secure for safe transfer of data. Clinical data would need to be removed prior to transfer.

14. **Do you support the principle that a requirement for chargeable overseas visitors to have health insurance should be introduced to cover the costs of NHS treatments they may require during their stay?**

    We would support this principle as it would have overall benefits for the NHS.

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

    Many of the issues are already included in the consultation document including the impact on the economy of both implementation and the possibility of deterring students and workers to come to the UK. The 'strongly recommended' option may be sufficient in the first instance with regular spot checks. If the system were found to be ineffective than consideration could be given to a mandatory requirement for health insurance.

16. **Do you support the principle that some overseas visitors who are currently exempt from charges should instead fund their treatment costs through health insurance?**

    No comment

17. **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?**

    No comment

Further comments
There would need to be some clarity around how pharmacists handle requests for emergency supplies to those foreign nationals who are either exempt from payment or who pay.
We feel clearer guidance is needed on what is classified as 'ordinarily resident' as there are many categories of British citizenship.

Yours sincerely

Lindsey Gilpin
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Royal Pharmaceutical Society of Great Britain