

# **ALL WALES PROCEDURE**

**PROCEDURE FOR WELSH PATIENTS ACCESSING  
TREATMENT IN COUNTRIES OF THE EUROPEAN  
ECONOMIC AREA**

**(25<sup>th</sup> OCT 2013)**

## SECTION 1

### 1. INTRODUCTION

#### Purpose of this Procedure

- 1.1 A comprehensive range of NHS healthcare services are routinely made available by Local Health Boards in Wales. In addition, the Welsh Health Specialised Services Committee (WHSSC), working on behalf of all the Health Boards in Wales, commissions a number of more specialised services at a national level. The use of the term 'Health Board' in this procedure also includes WHSSC unless specified otherwise.

Under certain circumstances, EEA residents are entitled to secure funding for healthcare treatment in other European Economic Area (EEA) countries. A full list of EEA Member States (countries) is attached at *Appendix A*.

This guidance clarifies individuals' rights to access healthcare in another member state of the EEA and sets out the grounds on which they can claim reimbursement of eligible costs of treatment from their home healthcare system.

- 1.2 Patients are legally entitled to request treatment in another EEA country if they would be entitled to that same treatment from the NHS in Wales, with the exception of those exclusions outlined within this procedure under Section 2.1. In certain, specific circumstances, patients are able either to seek prior authorisation for such treatment before it is carried out and then claim reimbursement of its costs, or to make a retrospective claim for reimbursement. Reimbursements will be made in line with the cost of treatments had they been provided or commissioned within the home health systems and in line with the normal modality of delivery.

The patient is required to meet any difference between the cost that would have been met by the home healthcare system and the cost of being treated by their choice of provider and treatment modality within the European Economic Area.

The Welsh Government document 'Cross Border Healthcare and Patient Mobility 2013' provides guidance to Health Boards in Wales on the handling of requests from patients for treatment in countries of the European Economic Area (EEA) and requests from patients from the EEA requesting treatment in Wales.

This procedure has been written in accordance with the Directive 2011/24/EU OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL of 9<sup>th</sup> March 2011 on the application of patient's rights in cross-border healthcare.

- 1.3 Health Boards in Wales have developed this procedure to support a clear and open process for making decisions on requests under the Directive to ensure that it is fair, lawful, open and transparent. It enables those responsible for decision-making to demonstrate that they have followed due process, given full consideration to the entitlements of patients as set out in the Regulations and been both rigorous and fair in arriving at their decisions. It also provides a clear process for challenge and appeal.

- 1.4 A patient leaflet is available which explains the entitlements of patients and how to make a request for treatment in another EEA country. It also outlines how these costs are reimbursed in line with the costs of treatments available on the NHS in Wales. Help and support should you wish to speak with someone is also available from your Health Board. Their contact details are;

**Abertawe Bro Morgannwg Health Board:**

Patient Care Services Manager  
ABMU Health Board  
Talbot Gateway  
Baglan  
Port Talbot  
SA12 7BR  
Tel: 01639 683389

**Aneurin Bevan Health Board:**

IPFR Co-ordinator  
Aneurin Bevan Health Board  
Rm 43, Llanfrechfa Grange House  
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**Betsi Cadwaladr University Health Board:**

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**Cardiff and Vale University Health Board:**

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**Cwm Taf Health Board:**

Commissioning Department  
Cwm Taf Health Board  
Navigation Park  
Abercynon  
Mountain Ash  
CF45 4SN  
Tel: 01443 744821

**Hywel Dda Health Board:**

Assistant Head of Financial Planning  
Hywel Dda Health Board  
Jobs Well Road  
Carmarthen  
Carmarthenshire  
SA31 3BB  
Tel: 01267 266261

or

IPFR/RMC Manager  
Hywel Dda Health Board Headquarters  
Winch Lane  
Haverfordwest  
SA61 1SB  
Tel: 01437 834428

**Powys Teaching Health Board:**

Commissioning Manager  
Powys Health Board  
Bronllys Hospital  
Brecon  
LD3 0LU  
Tel: 01874 712681

## **SECTION 2**

### **2. PATIENT ENTITLEMENTS TO TREATMENT AND REIMBURSEMENT**

#### **2.1 Entitlements**

Patients are entitled to seek health care service from state or private providers, within other parts of the EEA if it is the same as, or equivalent to a service that would have been available to a patient within their Local Health Board area, with the exception of:-

- Treatments that require prior authorisation of funding (outlined in Section 4).
- Treatments which are included within the Health Board's Interventions Not Normally Undertaken (INNU) policy, a copy of which can be obtained from the National Contact Point (NCP) or your Local Health Board.
- Drugs which are not routinely prescribed in the NHS in Wales, including drugs that;
  - a) are not licensed for their intended use;
  - b) have not been approved by the National Institute of Clinical Excellence (NICE) or the All Wales Medicine Strategy Group (AWMSG)
  - c) are not on the British National Formulary (BNF)
- Treatments whereby the patient does not meet the clinical access criteria.
- Treatments which are clearly excluded within the Directive as per point 3 of Chapter 1 which outlines that;

*This Directive shall not apply to;*

- a) services in the field of long-term care the purpose of which is to support people in need of assistance in carrying out routine, everyday tasks;*
- b) allocation of and access to organs for the purpose of organ transplants;*
- c) with the exception of Chapter IV, public vaccination programmes against infectious diseases which are exclusively aimed at protecting the health of the population on the territory of a Member State and which are subject to specific planning and implementation measures.*

2.2 The patient must demonstrate that:-

- The patient has a need for the proposed treatment and that this can be supported by appropriate, written clinical opinion.
- The patient meets the clinical access criteria that would be applied had they sought the treatment in their home healthcare system.
- The treatment is one that would normally have been available to the patient in their home healthcare system.

This supports the NHS Wales policy in terms of fairness, equity and access to services.

The services provided by the NHS in Wales are supported by arrange of clinical, cost effectiveness and safety guidelines. This ensures that only those services which are fully accredited and approved by the appropriate licensing and regulatory agencies, and where there is good evidence that a specific health benefit will be gained, are provided.

2.3 Given the complex nature of healthcare provision and the differing clinical thresholds at which patients within NHS Wales become entitled to access treatments it is difficult to provide a definitive list of treatment entitlements. In the interest of helping patients get the most up to date and accurate information to support their decision making, this information will be available on request and will be provided on an individual

patient basis. To aid this process we will, providing we have all the relevant information from the patient, respond to enquiries within 10 working days.

As an indication only, a list of the types of treatments that might be available on the NHS, providing the criteria above have been met, is available on the following website;

<http://howis.wales.nhs.uk/sitesplus/286/page/39262>

This list is provided as guidance only and is liable to change. We would urge caution in using this list for the reasons explained above. Patients are therefore strongly encouraged to contact their Health Board to seek advice on their entitlement to reimbursement under the Directive that takes account of their own personal clinical circumstances.

## 2.4 Reimbursement

The NHS in Wales does not have a published tariff and each LHB in Wales will have different costs therefore a different reimbursement rate. The level of reimbursement a patient may be entitled to would depend on the expected treatment plan according to their clinical need. As with entitlements, and in the best interest of the patient, this information is better provided on request.

**Patients are therefore strongly advised to contact their Local Health Board to seek information on the likely levels of cost reimbursement they may receive for the proposed treatment in the EEA.** If patients do not contact their Local Health Board prior to committing to a treatment in the EEA, they may discover in retrospect that they were not entitled to reimbursement or that the level of reimbursement does not cover the cost of the treatment they have incurred in the EEA. To aid this process we will, providing we have all the relevant information from the patient, respond to such enquiries within 10 working days.

Patients are advised to read section 8 of this procedure for information on the basis for which reimbursement will be calculated if a patient is entitled. If you wish to speak with a Health Board representative on either entitlements or reimbursement, please contact;

### **Abertawe Bro Morgannwg Health Board:**

Patient Care Services Manager  
ABMU Health Board  
Talbot Gateway  
Baglan  
Port Talbot  
SA12 7BR  
Tel: 01639 683389

### **Aneurin Bevan Health Board:**

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Cwm Taf Health Board  
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**Hywel Dda Health Board:**

Assistant Head of Financial Planning  
Hywel Dda Health Board  
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Carmarthen  
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Tel: 01267 266261

or

IPFR/RMC Manager  
Hywel Dda Health Board Headquarters  
Winch Lane  
Haverfordwest  
SA61 1SB  
Tel: 01437 834428

### **Powys Teaching Health Board:**

Commissioning Manager  
Powys Health Board  
Bronllys Hospital  
Brecon  
LD3 0LU  
Tel: 01874 712681

## **2.5 Residency**

To be eligible under this policy, you must be eligible for NHS treatment within Wales. You may also be asked to provide evidence to the Health Board of your permanent residency within your Local Health Board area.

- 2.6 If a patient requires any medical treatment that becomes necessary during a trip, for example during illness or following an accident, the patients European Health Insurance Card (EHIC) should be used. For full details on what is covered go to:- [www.nhs.uk/NHSEngland/Healthcareabroad/EHIC/Pages/about-the-ehic.aspx](http://www.nhs.uk/NHSEngland/Healthcareabroad/EHIC/Pages/about-the-ehic.aspx)  
Please note that the EHIC is not an alternative to health insurance, therefore it is important to have both an EHIC and a valid private travel insurance policy in place.

## **2.7 State Provided Care (S2)**

In addition to this procedure, some patients may be entitled to apply under S2 rules whereby the Health Board may consider commissioning a service. The S2 route only relates to state provided treatment and does not cover private sector treatment. For further information on eligibility please contact your Local Health Board representative.

## **2.8 Timescales**

Once all the necessary information is provided we will confirm the details of your entitlement within 10 working days.

# **SECTION 3**

## **3 SEEKING ADVICE FOR HEALTHCARE TREATMENT IN THE EEA**

- 3.1 In line with section 2.1 above, whereby you are encouraged to seek confirmation of your entitlements, we also recommend that patients understand the following;



**Patients seeking hospital care in another EEA country are strongly advised to contact their Health Board in advance of travelling to discuss whether;**

- They are entitled to NHS care;
- They are entitled to the treatment requested;
- They are entitled to NHS aftercare and whether it will be available;
- Prior authorisation is required;
- What levels of cost reimbursement will apply.

This should happen before the patient accesses treatment in another EEA country (although retrospective applications may also be considered in specific circumstances) as it will allow Health Boards to ensure that patients are aware of all of the possible treatment options within the NHS.

For hospital care, a Health Board may require in certain circumstances that the patient may need to see a local NHS Consultant to confirm their clinical need and that they meet the clinical access threshold criteria that applies in the home healthcare system.

3.2 To enable a Health Board to provide advice to patient's with regard to their entitlement, whether prior authorisation is required and the level of reimbursement, patients are advised that the following information will be required by the Health Board :-

- Details of the clinical condition which is being treated and information on the procedure / treatment which needs to be carried out;
- Copies of any clinical letters supporting the clinical need for this treatment;
- Details on the cost of the treatment abroad.

3.3 Following confirmation of their entitlement, a patient may be required to seek prior authorisation if the treatment required falls under Section 4.1.

In addition, to enable an entitlement to be confirmed, it is the patient's responsibility to;

- Be clear on who in the EEA country in which they wish to be treated is accountable for assuring their safety throughout the course of their treatment;
- Understand that Health Boards cannot vouch for the quality of providers that the UK does not regulate - Health Board are not liable for the clinical negligence of practitioners or clinicians in the country undertaking the treatment - any liability of the provider would have to be established in accordance with the legislation of the host state;
- Make their own inquiries about the level of insurance held by the proposed providers and the level of any liability within the country where the treatment is to be provided;
- Ensure they have their own adequate medical insurance arrangements in place;
- Understand that they will be required to pay for the treatment they have received directly to the provider, prior to making a claim for reimbursement from a Health Board;
- Note that the maximum level of reimbursement will be limited to the cost of the equivalent local NHS service – sometimes this may be less than the cost of the treatment abroad;

- Ensure that appropriate aftercare arrangements are in place after they have returned home;
- Ensure that they are able to provide all of the relevant information and assurances required to make a prior authorisation request and a claim for reimbursement.
- Ensure all medical documentation is translated in to English.

### **Failure to provide this may lead to a delay in confirmation of your entitlement**

If a patient is unhappy about the advice provided or is unclear about their entitlement, they are advised to follow the prior authorisation process outlined below in Section 4.

## **SECTION 4**

### **4. CIRCUMSTANCES WHERE PRIOR AUTHORISATION IS REQUIRED FOR TREATMENT IN ANOTHER EEA COUNTRY**

- 4.1 In line with the Directive Local Health Boards may require patients to seek prior authorisation for certain treatments

The services / treatments which require prior authorisation are set out in *Appendix B*.

- 4.2 Patients seeking treatments that do not fall within the scope of the list above are still ***strongly advised*** to discuss their plans with their Health Board in advance in line with section 2.1 and 3.1 above to ensure that patients are fully aware of their entitlement to the required treatment in the home healthcare system.
- 4.3 Patients may under certain circumstances make retrospective claims for treatments, which ordinarily the Local Health Board would have required application for prior authorisation. This relates to treatments where there would have existed 'undue delay' in waiting for the treatment in the home healthcare system

The European Court has stressed that judgement with regard to "undue delay" must be based on a clinical assessment of what is a medically acceptable period for the individual clinical circumstances of the patient, and that this assessment needs to be kept under review while the patient is waiting for treatment. Offering treatment within a national waiting time target does not necessarily avoid "undue delay".

- 4.4 When assessing undue delay, section 6B(6) of the National Health Service (Wales) Act 2006 requires a Health Board to have regard to:
- the patient's medical history;
  - the extent of any pain, disability, discomfort or other suffering that is attributable to the medical condition to which the service is to relate;
  - whether any such pain, disability, discomfort or suffering makes it impossible or extremely difficult for the patient to carry out ordinary daily tasks; and
  - the extent to which the provision of the service would be likely to alleviate, or enable the alleviation of, the pain, disability, discomfort or suffering

## 4.5 REFUSAL CRITERIA

Where prior authorisation is required Local Health Boards have the discretion to refuse reimbursement in the following circumstances;

- a) Where the patient will, according to clinical evaluation, be exposed with reasonable certainty to a patient-safety risk that cannot be regarded as acceptable, taking into account the potential benefit for the patient of the sought cross-border healthcare; (e.g, from poor quality care or unproven procedures).
- b) Where the general public will be exposed with reasonable certainty to a substantial safety hazard as a result of the cross-border healthcare in question; (this might include where a patient who had a highly contagious disease wanted to go to another state for treatment or where a patient with mental health problems and a history of violence requested authorisation.
- c) Where this healthcare is to be provided by a healthcare provider that raises serious and specific concerns relating to the respect of standards and guidelines on quality of care and patient safety, including provisions of supervision, whether these standards are guidelines are laid down by laws and regulations or through accreditation systems established by the Member State of treatment; (this would require evidence from the appropriate regulator or authority).
- d) Where this healthcare can be provided on its territory within a time lime which is medically justifiable, taking into account the current state of health and the probable course of the illness of each person concerned (i.e. where there is no “undue delay” in providing treatment on the NHS).

## SECTION 5

### 5. THE INFORMATION THE PATIENT IS REQUIRED TO PROVIDE WHEN APPLYING FOR PRIOR AUTHORISATION

5.1 Those seeking prior authorisation will be required to complete an application form. A copy of the application form can be found at *Appendix C*. This is also available on the Health Board website or from your Health Board contact as above. The application form sets out the information that will be required before a decision can be made. This includes;

- Evidence to demonstrate that the patient is a resident of the Local Health Board area;
- Full details of the treatment requested and from which Country;
- Confirmation of entitlement to that treatment under NHS Wales;
- Patients diagnosis for which the treatment is being sought;
- Summary of the current medical symptoms and quality of life;
- Any clinical supporting information from the patients GP and/or Hospital Consultant;
- Summary of any previous treatment received for the condition in which this treatment is being sought;
- Nature of the treatment being requested i.e. drug, surgical procedure;

- Reasons why this treatment is being requested outside of the UK;
- Details on the provider with whom the treatment is being sought including the contact details for the clinician;
- Confirmation on whether or not the requested treatment is a continuation of current treatment funded via another route;
- Details on whether or not the intervention is considered to be experimental, part of a clinical trial or clinical research;
- Confirmation on whether or not any of the requested treatment has been organised by a third party;
- Confirmation on whether or not any prior authorisation has been granted in relation to this intervention.

Additional information may be required by the reviewing Consultant if the information provided does not meet the specific clinical detail required.

## SECTION 6

### 6. PROCESSING YOUR APPLICATION

- 6.1 Following receipt of all the required information, applications will be processed within 20 working days, unless further information is required (in which case, the clock stops while information is collected. The outcome of all applications will be notified to the patient in writing within 5 working days of the decision being made. The letter will also provide the reasons for reaching the decision made. If an application is refused, details on how to seek a review of the decision made will also be provided.
- 6.2 In considering your application the panel will also take into account the following;
- Whether the service / treatment would be provided by the NHS in Wales;
  - The treatment is experimental;
  - There is a proven or well-evidenced clinical risk to the patient or to wider public health if the patient travels abroad;
  - If there is adequate aftercare or follow-up arrangements in place for the treatment in question;
  - Any evidence that the intended provider and / or clinician have previous negligent or fraudulent actions (this criterion is expected to be used only in very rare cases where accurate and substantiated information/evidence is available).

Please note, any authorised treatment needs to commence within a 6 month period in which the funding was agreed. If for any reason treatment is deferred or suspended, the patient will be required to submit a new application form.

## SECTION 7

### 7. HOW TO REQUEST A REVIEW OF THE DECISION

7.1 If a request for treatment in another EEA country is declined, or a request for reimbursement is not granted in full, a patient has the right to ask for this decision to be reviewed in line with the following:

#### 7.2 The 'review period'

There will be a period of **20 working days** from the day the health board decision is received by the originator of the request during which they may request a review by the Review Panel ('the review period'). The letter from the health board that accompanies the original decision will state the deadline for any review request. In calculating the deadline, Saturdays, Sundays and public holidays in Wales will not be counted.

#### 7.3 Who can request a review?

A review can be requested by the patient (or their appointed advocate) with their clinician's support. Both the patient and their clinician must keep each other informed of progress. This ensures the patient is kept informed at all times, that the clinician/patient relationship is maintained and that review requests are clinically supported.

#### 7.4 What is the scope of a review?

It does not constitute a review of the merits of the original decision. It has the restricted role of hearing review requests that fall into one or more of three strictly limited grounds. A review request on any other ground will not be considered.

The 3 grounds are:

**Ground One:** *The health board has failed to act fairly and in accordance with the Directive and Procedure on Making Decisions on Requests for Treatment in another EEA Country*

The health board is committed to following a fair and equitable procedure throughout the process. A patient who believes they have not been treated fairly by the health board may request a review on this ground. This ground relates to the procedure followed and not directly to the decision and it should be noted that the decision with which the patient does not agree is not necessarily unfair.

**Ground Two:** *The health board has made a decision which is irrational in the light of the evidence submitted*

The Review Panel will not normally entertain a review request against the merits of the decision reached by the health board. However, a patient may request a review where the decision is considered to be irrational or so unreasonable that no reasonable health board could have reached that conclusion. A claim that a decision

is irrational contends that those making the decision considered irrelevant factors, excluded relevant ones or gave unreasonable weight to particular factors.

**Ground Three:** *The health board has exceeded its powers*

The health board is a public body that carries out its duties in accordance with the Statutory Instruments under which it was established. A patient may request a review on the grounds that the health board has acted outside its remit or has acted unlawfully in any other way.

Reviews which may require a significantly disproportionate resource relative to the health needs of the local population may be rejected at Chief Executive's discretion.

## 7.5 How is a review request lodged?

A patient who wishes to request a review should lodge their request with the IPFR Co-ordinator of the health board, within the review period. The documents lodged must include the following information:

- The aspect(s) of the decision under challenge and
- The detailed ground(s) of the review request.

If the review request does not contain the necessary information or if the review does not appear to the IPFR Senior Officer to fall under any one or more grounds of review, they will contact the patient to request further information or clarification.

The Chair of the Review Panel may refuse to entertain a review that does not include all of the above information.

## 7.6 What is the timescale for a review to be heard?

The Review Panel will endeavour to hear a review within **20 working days** of the request being lodged with the health board. The date for hearing any review will be confirmed to the patient and their clinician in a letter.

This review process allows for clinically urgent cases, as deemed by the referring/supporting clinician, to be considered outside of the panel process by the health board's Chair together with a Clinical Member of the Review Panel. Any such decisions will be made in line with the principles of this policy.

## 7.7 Who will sit on the Review Panel?

The Health Board will appoint members of the Review Panel. The Panel will comprise;

- Health Board Independent Board Member – Lay (Chair of the Review Panel)
- Health Board Independent Board Member (with a clinical background)
- Health Board Executive Director (with a clinical background)
- Health Board Chairman
- Chief Officer of the Community Health Council
- Chairman of the Local Medical Committee
- WHSCC Representative (where applicable).

The Health Board will intend to inform the patient and their clinician of the membership of the Review Panel as soon as possible after a review request has been lodged. None of the members of the Review Panel will have had any prior involvement in the original submission.

In appointing the members of the Review Panel, the health board will endeavour to ensure that no member has any interest that may give rise to a real danger of bias. Once appointed, the Review Panel will act impartially and independently.

#### **7.8 Initial scrutiny by the IPFR Senior Officer**

The review documents lodged will be scrutinised by the IPFR Senior Officer who will look to see that they contain the necessary information. The review documents must contain the following information:

- The aspect(s) of the decision under challenge and
- The detailed ground(s) of the review request.

If the review request does not contain the necessary information or if the review does not appear to the scrutiny officer to fall under any one or more grounds of review, they will contact the referrer (patient or their clinician) to request further information or clarification.

A review will only be referred to the Review Panel if, after giving the patient and their clinician an opportunity to elaborate or clarify the grounds of the review the Chair of the Review Panel is satisfied that it falls under one or more of the grounds upon which the Review Panel can hear the review.

#### **7.9 Can new data be submitted to the Review Panel?**

No, because should new or additional data become available then the application should be considered again by the original panel in order to maintain a patient's right to review at a later stage.

#### **7.10 Can patients attend Review Panel Hearings?**

Patients and/or their unpaid representative may attend Review Panel Hearings as observers but will not be able to participate. This is because the purpose of a review hearing is to consider the process that has been followed and not to hear new or different evidence.

If new or different evidence becomes available, the case will automatically be scheduled for reconsideration by the IPFR Panel. Patients and/or their unpaid representatives are able to make their written representations to this IPFR Panel in order for their views to be taken into account.

It is important for all parties to recognise that review panel hearings may have to discuss complex, difficult and sensitive information in detail and this may be distressing for some or all of those present. Patients and/or their unpaid representatives should be aware that they will be asked to retire at the end of the Review Panel discussion in order for the Panel to make their decision. The Chairman of the Panel will then immediately inform the patient and/or their advocate of the decision and the reason for making it. They will not enter into any further discussion.

### 7.11 The Decision of the Review Hearing

The Review Panel can either;

- Uphold the grounds of the review and ask the original IPFR Panel to reconsider the request; or
- Not uphold the grounds of the review and allow the decision of the original IPFR Panel to stand.

In exceptional circumstances, the Review Panel may also make a recommendation for action to the Board. The action can only be progressed following its ratification by the Board (or by the Chief Executive in urgent matters).

Should a patient be dissatisfied with the decision of the Review Panel, they are able to make a complaint. Please refer to Section 10 for information on this.

### 7.12 After the review hearing

The Chair of the Review Panel will notify patients and their clinicians of the Review Panel's decision in writing. This letter will be sent **within 5 working days** of the Panel. The Review Panel will aim to send its decisions to the Board for information within **20 days** of the hearing, but there may be some instances in which a longer interval is necessary. The Board will then make the full text of the decision available to the patient and their clinician.

### 7.13 How will WHSSC undertake a review?

As the WHSSC is a collaborative committee arrangement to support all health boards in Wales, it will not be able to constitute a review panel. WHSSC will therefore refer any requests it receives for a review of its decisions to the health board in which the patient lives. A WHSSC representative who was not involved in the original panel will become a member of the review panel on these occasions.

The Health Board's IPFR Senior Officer will be present at these review hearings to give advice on proceedings as per their governance role. The WHSSC Senior IPFR Officer will clerk the hearing.

## SECTION 8

### 8. REIMBURSEMENT OF TREATMENT COSTS

8.1 A patient is only entitled to reimbursement for treatment;

- Where the patient has demonstrated their entitlement as per Section 2.3

and *either*

- Prior authorisation was not required
- An entitlement for which prior authorisation is required and has been granted; *or*
- An entitlement for which prior authorisation is required but was not granted and the health board concludes that "undue delay" applies.



- 8.2 Providing the reimbursement claim relates to that the patient would be entitled to receive in their home NHS healthcare system, they may subsequently request reimbursement from their Local Health Board for some or all of the costs of this treatment up to the maximum value of what the treatment would cost locally - excluding any travel or accommodation costs.

Patients will need to provide proof of treatment and payment in the EEA to the Health Board in order to obtain reimbursement. The form for completion of treatment and payment is at *Appendix D*.

- 8.3 Local Health Boards will use the costing systems locally available locally to determine the reasonable, comparable rate of reimbursement had the treatment been provided by the home healthcare system.

Under section 6A of the NHS (Wales) Act 2006, the maximum level of reimbursement will be limited to the cost of the equivalent NHS service or the actual cost of the treatment in the EEA, whichever is lower. This will be a fully absorbed cost including appropriate apportionments of Support Services and Overheads as established within the Local Health Board's costing system.

In arriving at a comparable cost the local costing system will consider the normal modality of treatment had it been provided within the home healthcare system including:-

- The normal method of healthcare delivery setting for the relevant HRG (?) or procedure etc (i.e. outpatient procedure, day case or inpatient episode)
- The normal location of healthcare delivery for the relevant HRG or procedure etc
- The average Length of Stay for the relevant HRG for inpatient stays
- The full absorption of support services and overheads within the cost of the HRG
- When the procedure is one commissioned, but not normally provided by the Local Health Board, the full average cost that would normally be incurred from a third party provider should be considered.

Where a fully absorbed cost at a typical patient level can be established this should be used.

In the absence of typical patient level cost the Local Health Board should consider its latest Welsh Costing Returns at HRG level, finding the closest HRG match to the treatment the patient has sought in the EEA. If the HRG cost is assessed as being reasonable this should be used.

- 8.4 If the HRG cost does not appear to be representative then a bespoke cost will need to be established, which can be shown to have been calculated in an objective and transparent manner. If Health Boards are unable to demonstrate the equivalent cost of treatment in an objective manner cost they should consider reimbursement of the full invoiced costs of treatment.
- 8.5 A Health Board may refuse to reimburse a patient who should have applied for prior authorisation but did not do so. Retrospective applications are allowable under the case law established by the European Court of Justice where it was not reasonable to expect the patient to have applied for prior authorisation before receiving the service in another EEA country (or where the patient does not await the outcome of such an application). This will apply in cases of undue delay. If a health board

decides that “undue delay” applied to the individual circumstances of the patient in this situation, they should consider reimbursing the patient in the normal way.

- 8.6 If the treatment for which reimbursement is being considered would normally attract a patient charge under the NHS, Health Boards may deduct this from the amount due.

### **Applying for Reimbursement of Treatment Costs – What Information will be required?**

- 8.7 Under the 2013 Directions, Cross Border Healthcare and Patient Mobility Guidance, a Health Board is required to establish and publish its procedures for handling claims for reimbursement. Patients will need to fill in a completion of treatment declaration form. In addition, patients who have not already completed a prior authorisation application form will need to do so at this stage in order that full details can be recorded.

- 8.8 The person who applies for reimbursement of costs incurred does not have to be the patient - it may be another person such as a close relative or friend who has paid for the medical treatment. However, there is no duty to reimburse a person who has incurred the costs under an arrangement in the course of business for any financial benefit.

- 8.9 Some claims may require a foreign currency translation when:-

- It is the actual cost of treatment that will be reimbursed and this has been invoiced in a foreign currency.

When this occurs the reimbursement calculation will be based on the spot exchange rate applicable on the document date of the transaction (i.e. the date on the receipt or invoice). The health board will use a reputable historical financial record to access the relevant spot rate (e.g. Financial Times data archive:

<http://markets.ft.com/research/Markets/Data-Archive> )

- 8.10 Retrospective funding requests may be considered, however patients will need to demonstrate that the threshold for clinical access has been met as outlined in Section 5. Patients are however strongly advised to contact their Local Health Board prior to any treatment being undertaken in order to confirm the details of their entitlement and reimbursement costs.

Retrospective funding requests will only be considered if they are received within 3 calendar months of the date of treatment.

## SECTION 9

### 9. FURTHER CONSIDERATIONS

#### 9.1 Payment of Travel Expenses

Patients will only be entitled to reimbursement of travel expenses if they were entitled to such reimbursement within NHS Wales. The level of reimbursement will only be the same as the travel costs between home and your local health provider. This is set out within “The National Health Service (Travelling Expenses and Remission of Charges) (Wales) Regulations 2007 (WSI 2007 No 1104), as amended”.

#### 9.2 Insurance Cover

Anyone seeking medical treatment in another country is reminded to ensure that they have comprehensive medical insurance for their trip. Regular travel insurance does not routinely cover people going abroad specifically for medical treatment, just as many policies will automatically exclude cover for any pre-existing condition.

The cost of such insurance is not reimbursable by the NHS.

#### 9.3 Responsibility

It is the patient’s responsibility to ensure that adequate repatriation arrangements are in place following the events of any unforeseen circumstances. This would include;

- Repatriation arrangements to the UK for onward treatment following any clinical complication whereby alternative travel arrangements are required;
- Repatriation following death

Patients are therefore advised that adequate medical insurance as outlined in Section 9.2 should be in place and should also cover repatriation costs.

#### 9.5 Translation

In order to assist the Health Board in reaching a decision with regards to a patient’s entitlement to treatment abroad, any medical notes should be translated into English or Welsh - if this is the patient’s first language, prior to being sent to the Health Board.

#### 9.6 Aftercare Arrangements

When considering travelling abroad for treatment, patients are strongly advised to contact their Health Board to discuss any aftercare arrangement that may be required following their return to the UK.

#### 9.7 Accommodation Costs

Patients are not entitled to claim for accommodation costs prior to and following discharge from hospital. It is the patient’s responsibility to ensure that adequate financial arrangements are in place to cover any accommodation costs.

The cost of the hospital stay will be seen as an integral component of the cost of the treatment being claimed for.

Patients that require escorts or assistance to travel will need to ensure that financial arrangements are in place to cover these costs. These costs will not be covered by the Health Board

## SECTION 10

### 10. RAISING A CONCERN

10.1 Making a request for treatment in another EEA country does not conflict with a patient's ability to raise a concern.

You can choose to raise any concern in writing by completing our 'Raising a Concern' form, or you can write direct to the relevant Health Board representative. The contact details are:

#### **Abertawe Bro Morgannwg Health Board:**

Chief Executive  
ABMU Health Board  
Talbot Gateway  
Baglan  
Port Talbot  
SA12 7BR

Tel: 01639 683363/683316  
Email: [ABM.Complaints@wales.nhs.uk](mailto:ABM.Complaints@wales.nhs.uk)

#### **Aneurin Bevan Health Board:**

Putting Things Right  
Aneurin Bevan Health Board  
St Cadoc's Hospital  
Lodge Road  
Caerleon  
Newport  
NP18 3XQ

Tel: 01495 745656  
Email: [www.puttingthingsright.abhb@wales.nhs.uk](http://www.puttingthingsright.abhb@wales.nhs.uk)

### **Betsi Cadwaladr University Health Board:**

Concerns Team  
Betsi Cadwaladr University Health Board  
Ysbyty Gwynedd  
Bangor  
Gwynedd  
LL57 2PW  
Tel: (01248) 384194.  
e-mail: [ConcernsTeam.bcu@wales.nhs.uk](mailto:ConcernsTeam.bcu@wales.nhs.uk)

### **Cardiff and Vale University Health Board:**

Angela Hughes  
Concerns Manager  
Cardiff and Vale University Health Board Headquarters  
University Hospital of Wales (UHW)  
Heath Park  
Cardiff  
CF14 7XB.  
Tel: 029 2074 2202.  
email: [concerns@wales.nhs.uk](mailto:concerns@wales.nhs.uk)

### **Cwm Taf Health Board:**

**Mrs Allison Williams**  
Chief Executive  
Cwm Taf Health Board  
Ynysmeurig House  
Navigation Park  
Abercynon  
CF45 4SN  
Tel: 01443 744800  
email: [CTHB\\_Concerns@wales.nhs.uk](mailto:CTHB_Concerns@wales.nhs.uk)

### **Hywel Dda Health Board:**

Professor Trevor Purt  
Chief Executive  
Hywel Dda Health Board  
Freepost CT 21/2  
Haverfordwest  
SA61 1BR  
Tel: 0300 0200 159 / 01437 771220  
Text: 07891 142240  
email: [Hdhub.patientsupportservices@wales.nhs.uk](mailto:Hdhub.patientsupportservices@wales.nhs.uk)

## **Powys Teaching Health Board:**

Concerns Manager  
Powys tHB  
Mansion House  
Bronllys, Brecon  
Powys, LD3 0LS  
Tel: 01874 712697  
email: [concerns.qualityandsafety.POW@wales.nhs.uk](mailto:concerns.qualityandsafety.POW@wales.nhs.uk)

## **SECTION 11**

### **11 REVIEW OF THIS PROCEDURE**

11.1 This procedure will receive a partial review following the first 3 months of inception.

A full review will be taken after the first 12 months and on an annual basis thereafter. Any change in guidance or legislation will trigger an immediate review.

## **SECTION 12**

### **12 PATIENTS FROM EEA SEEKING TREATMENT IN WALES**

#### **General considerations**

12.1 The inflow of patients from other EEA states (“visiting patients”) who wish to access treatment from NHS providers (including those contracted to the NHS in the independent sector) raises particular issues for providers. Whilst there is no specific requirement on the provider to accept any patient, there are a number of factors that need to be considered.

12.2 The Directive does not require providers to accept patients for planned healthcare if this would be to the detriment of their own patients with similar health needs. However, given that it is possible that Local Health Boards may be contacted in advance by either the prospective patient, his/her clinician or potentially another countries National Contact Point, Local Health Boards would need to demonstrate that they were not simply discriminating against EEA nationals on grounds of nationality if rejecting a request for treatment.

In principle, the strongest grounds for refusing a visiting patient are the lack of service capacity; however in reality they would be offered the option of joining the relevant waiting list, to be treated alongside “home” patients on the basis of, they have the option of considering a different provider.

12.3 Where healthcare is provided for a patient from another EEA country in Wales, that healthcare provider will:

- provide patients with relevant information on treatment options and quality and safety;
- provide clear invoices and price information
- apply fees in a non-discriminatory manner;
- ensure transparent complaints and redress procedures;
- apply adequate systems of professional liability insurance or similar;
- respect privacy in the processing of personal information;
- supply patients with a copy of the record of their medical treatment.

## Charging

12.3 In line with the Directive, Welsh healthcare providers will not operate a discriminatory pricing structure. Visiting patients from other EEA countries will be charged on the same basis as NHS healthcare for Welsh patients.

Where there is no comparable price for domestic patients, the price will be based on objective, non-discriminatory criteria. The NHS (Cross Border Healthcare) Regulations 2013 provide that where a visiting patient receives an NHS service for which a charge can be made, the visiting patient must not be charged more than the amount that would have been charged if that service has been provided to an NHS patient.

12.4 Where a visiting patient is accepted for treatment, it will not automatically be assumed that they want to be treated as a private patient. This is because although the patient is independent of the NHS system and is not referred formally by their state health system, they are exercising their fundamental right as an EEA citizen and may themselves receive reimbursement from their state system for eligible costs under the provision of the Directive. However, patients who specify from the outset that they do wish to be treated privately may be charged at the equivalent cost to private patients in Wales.

It should be noted that only those services which are a standard part of the normal treatment arrangements for Welsh patients would be considered and would be subject to the national waiting times targets that are in place.

12.5 For GP and GP out of hour’s services, if a visiting patient is treated as an NHS patient, then the treatment/consultation is currently free of charge, regardless of nationality. Charges are, however levied for medication dispensed via community pharmacies.

12.6 Charges for NHS dental services differ, in that they relate to average costs by treatment band for courses of treatment – that is, on the basis of a contract value, which is delivered through an agreed number of units of dental activity.

12.7 Welsh healthcare providers need to ensure systems are in place for dealing with requests for treatment for visiting patients. This would include processes for seeking more information about the patient's condition, diagnoses where this is not initially available, systems for dealing with the payment direct from the patient and clear information about the services and terms of the treatment they provide.

### **“Emergency brake” provisions**

12.8 It is possible that the inflow of visiting patients may, over time create a demand exceeding the capacities existing in the NHS for certain treatments – or there may be a need to control costs relating to the planning or funding of services. Therefore, the Directive allows the NHS in Wales to retain the possibility, in exceptional cases, to adopt measures controlling access to treatment where this is necessary and proportionate to ensure sufficient and permanent access to healthcare for domestic citizens.

12.9 Should such a situation arise, this would be a matter for Welsh Ministers. Any decision to exercise this provision in the Directive could not be arbitrary, nor a policy of first resort and would need to be supported by clear evidence on the effects of cross-border healthcare on the home system. If such circumstances arise, Local Health Boards should provide the Welsh Government with such evidence.

12.10 Help and support should you wish to speak with someone is available from the Local Health Board. Their contact details are:

#### **Abertawe Bro Morgannwg Health Board:**

Patient Care Services Manager  
ABMU Health Board  
Talbot Gateway  
Baglan  
Port Talbot  
SA12 7BR  
Tel: 01639 683389

#### **Aneurin Bevan Health Board:**

IPFR Co-ordinator  
Aneurin Bevan Health Board  
Rm 43, Llanfrechfa Grange House  
Llanfrechfa Grange  
Cwmbran  
Torfaen  
NP44 8YN

Telephone Number: 01633 623432



**Betsi Cadwaladr University Health Board:**

Planning and Co-ordination Manager  
Betsi Cadwaladr University Health Board  
Sarn Lane  
Bodelwyddan  
Rhyl  
LL18 5UJ  
Tel: 01745 448788 ext 2577/2573

**Cardiff and Vale University Health Board:**

**IPFR Co-ordinator**  
Cardiff and Vale UHB  
Public Health Wales Team Offices  
Whitchurch  
Cardiff  
CF14 7XB

Telephone Number: 02920 336233

**Cwm Taf Health Board:**

Commissioning Department  
Cwm Taf Health Board  
Navigation Park  
Abercynon  
Mountain Ash  
CF45 4SN  
Tel: 01443 744821

**Hywel Dda Health Board:**

Assistant Head of Financial Planning  
Hywel Dda Health Board  
Jobs Well Road  
Carmarthen  
Carmarthenshire  
SA31 3BB  
Tel: 01267 266261

or

IPFR/RMC Manager  
Hywel Dda Health Board Headquarters  
Winch Lane  
Haverfordwest  
SA61 1SB  
Tel: 01437 834428

## **Powys Teaching Health Board:**

Commissioning Manager  
Powys Health Board  
Bronllys Hospital  
Brecon  
LD3 0LU  
Tel: 01874 712681

### **APPENDIX A**

List of EEA Member States (Countries) Covered under this Policy

#### EU Member States

Austria  
Belgium  
Bulgaria  
Croatia  
Cyprus  
Czech Republic  
Denmark  
Estonia  
Finland  
France  
Germany  
Greece  
Hungary  
Ireland  
Italy  
Latvia  
Lithuania  
Luxembourg  
Malta  
Netherlands  
Poland  
Portugal  
Romania  
Slovakia  
Slovenia  
Spain  
Sweden  
United Kingdom

#### Non EU Member States

Norway  
Iceland  
Liechtenstein  
Switzerland (S2 (PREVIOUSLY E112) route only)

## APPENDIX B

### Healthcare Requiring Prior Approval

Patients wishing to travel abroad for treatment in the European Economic Area and seek reimbursement from the NHS will require prior approval for treatments in the following list. The rationale for inclusion of treatments in this list is provided in the annex to the list. In addition, there are services which are excluded from this policy and these are also provided in the annex to the list.

Patients seeking treatments that do not fall within the scope of the list below are still **strongly advised** to discuss their plans with their Health Board in advance to ensure that they are fully aware of their entitlement to reimbursement for the treatment from the NHS in Wales and to ascertain the level of reimbursement they would be entitled to.

Service type	List of treatments and interventions subject to Prior Approval for pre-planned treatments	Reference in the WHSSC specialised services list (see the rationale in the annex)	Reason
Artificial Limb, aids and Appliances Services	Prosthetics and complex orthotics, highly specialised equipment, highly specialised wheelchairs and cochlear implants.	<a href="#"><u>CP59 - All Wales Posture &amp; Mobility Service</u></a> <a href="#"><u>CP35 - Cochlear Implants</u></a>	High cost items where the NHS enters into long-term contracts to manage the items over many years.
Bariatric/ Weight Loss Services	All surgery including balloon, banding bypass, gastric sleeve	<a href="#"><u>Bariatric Surgery CP29</u></a>	High cost interventions based on planning with an overnight stay
Cancer Services	All inpatient cancer surgery, non-surgical treatments including radiotherapy and stereotactic radiosurgery, chemotherapy, bone marrow transplants, stem cell transplants, Brachytherapy, reconstructive post- cancer surgery and drug therapy ( in line with NICE criteria).	<a href="#"><u>CP67 - Radiolabelled Therapy for the Treatment of Neuroendocrine Tumours</u></a> <a href="#"><u>CP01 - Low Dose Brachytherapy in the Treatment of Localised Prostate Cancer</u></a>	High cost interventions based on planning with an overnight stay and patient safety considerations in view of the need for long-term follow-up on a consistent basis

Service type	List of treatments and interventions subject to Prior Approval for pre-planned treatments	Reference in the WHSSC specialised services list (see the rationale in the annex)	Reason
Cardiac Services	All cardiac surgery, invasive cardiology including trans-aortic valve replacement, heart failure treatments, implantable defibrillators	<a href="#">CP12 Cardiac resynchronisation</a>	High cost interventions based on planning with an overnight stay and patient safety considerations in view of the need for long-term follow-up on a consistent basis
Complex Restorative Dental Services	All surgery including post-trauma, post cancer and Hyperbaric Oxygen Therapy		High cost interventions based on planning with an overnight stay
Congenital Surgery Services	All surgery		High cost interventions based on planning with an overnight stay
Diagnostic testing	Pet Scans, genetic testing	<a href="#">CP04 - Positron Emission Tomography (PET)</a>	High cost interventions based on planning with an overnight stay using highly specialised infrastructure and equipment
Fertility Services	All fertility treatments including IVF, Donor eggs and sperm, Egg, sperm and embryo storage, Surrogacy, Sperm retrieval as outlined in the WHSSC fertility policy for treatments and access criteria	<a href="#">CP38 - Fertility Specialist Service</a>	High cost interventions based on planning with an overnight stay
Gender Identity Disorder Services	All treatments, All gender reassignment surgery	<a href="#">CP21 - Specialised Adult Gender Identity Service</a>	High cost interventions based on planning with an overnight stay
General Surgery Services	All in-patient surgery of two nights or more, including all in-patient upper gastrointestinal surgery		High cost interventions based on planning with an overnight stay

Service type	List of treatments and interventions subject to Prior Approval for pre-planned treatments	Reference in the WHSSC specialised services list (see the rationale in the annex)	Reason
Gynaecology Services	All inpatient surgery		High cost interventions based on planning with an overnight stay
Haematology/ bleeding disorder Services	All immune deficiency services and treatment, including major blood disorders (including hepatitis B, hepatitis C); enzyme replacement therapy		High cost interventions based on planning with an overnight stay and patient safety considerations in view of the need for long-term follow-up on a consistent basis
Hepatobiliary/ Pancreatic Services	All Hepatobiliary and pancreatic surgery		High cost interventions based on planning with an overnight stay
Immunology Services	All drugs and treatments, including immunotherapy,		High cost treatments and patient safety considerations in view of the need for long term follow up on a consistent basis
Intensive Care/ High Dependency Care	All major surgery or treatment which requires pre-planned high dependency and/or intensive care as part of the treatment		High cost interventions based on planning with an overnight stay and patient safety considerations in view of the urgency of provision
Maternity Services	All Maternity Services, including Foetal medicine and foetal surgery		High cost interventions based on planning with an overnight stay and patient safety considerations in terms of continuity of care.
Maxillo-facial Surgery Services	All major inpatient surgery		High cost interventions based on planning with an overnight stay

Service type	List of treatments and interventions subject to Prior Approval for pre-planned treatments	Reference in the WHSSC specialised services list (see the rationale in the annex)	Reason
Medicine	Long term inpatient rehabilitation		High cost interventions based on planning and patient safety considerations in view of the need for long-term follow-up on a consistent basis
Mental Health Services	Treatments and therapies for children's mental illness( including autistic spectrum disorder) and serious adult mental illness including eating disorders, substance abuse, post-traumatic stress disorder, veterans post traumatic stress disorder		High cost interventions based on planning with patient safety considerations in view of the need to protect the patient and wider public health concerns
Nationally Designated Services/ Rare Conditions	All rare conditions as listed on the NHS Specialised Services website	<a href="http://www.specialisedservices.nhs.uk/services">http://www.specialisedservices.nhs.uk/services</a>	High cost interventions based on planning requiring highly specialised and cost-intensive medical involvement
Metabolic Disorder Services	All treatments including enzyme replacement therapy	<a href="#">CP56 - ERT Policy</a>	High cost interventions based on planning with an overnight stay
Nephrology Services	All in-patient renal surgery and treatments. <b>NB:</b> All transplant services are excluded under the Directive		High cost interventions based on planning with an overnight stay
Neurosciences	All neurosurgery, including epilepsy surgery , invasive neuroradiology (stenting), Neuro rehabilitation post brain injury and all central neurological conditions	<a href="#">CP22 - Sterotactic Radiotherapy</a>	High cost interventions based on planning with an overnight stay

Service type	List of treatments and interventions subject to Prior Approval for pre-planned treatments	Reference in the WHSSC specialised services list (see the rationale in the annex)	Reason
Ophthalmology Services	All inpatient surgery, inpatient cataract surgery		High cost interventions based on planning with an overnight stay
Orthopaedic Services	All joint replacement surgery. All spinal surgery including both surgical and non-surgical treatment of scoliosis		High cost interventions based on planning with an overnight stay and patient safety considerations in view of the need for long-term follow-up on a consistent basis.
Pain Management	Invasive pain management techniques, Cognitive Behavioural Therapy, nerve stimulators		High cost interventions based on planning with an overnight stay using highly specialised infrastructure and equipment
Palliative and End of Life Care	All Palliative care including end of life care.		High cost intervention based on length of treatment and interventions that might be required
Plastic Surgery Services	All corrective/ reconstructive surgery, all skin cancer surgery and treatments, laser therapy, hair removal	<a href="#">CP42 - Treatment of Benign Skin Conditions</a> <a href="#">PP45 - Abdominoplasty/Apronectomy following significant weight loss</a> <a href="#">CP44 - Body Contouring</a> <a href="#">CP69 - Breast Surgery</a> <a href="#">CP43 - Facial Surgery</a>	High cost interventions based on planning with an overnight stay using highly specialised infrastructure and equipment subject to tight criteria on entitlement
Pre-Genetic Diagnosis Services	All genetic testing services	<a href="#">CP57 - Genetic Testing for Inherited Cardiac Conditions</a>	Patient safety considerations in view of the need for this service to be considered as part of a wider patient care pathway.

Service type	List of treatments and interventions subject to Prior Approval for pre-planned treatments	Reference in the WHSSC specialised services list (see the rationale in the annex)	Reason
Thoracic Services	All thoracic surgery, invasive techniques, Pulmonary Hypertension drugs, cystic fibrosis		High cost interventions based on planning with an overnight stay using highly specialised infrastructure and equipment
Transplant Services	The Directive does not apply to the allocation of and access to organs for the purpose of organ transplant		
Urology Services	All in-patient urological surgery and invasive techniques including erectile dysfunction surgery		High cost interventions based on planning with an overnight stay
Vascular services	All invasive vascular surgery, treatments including diagnostics.		High cost interventions based on planning with an overnight stay using highly specialised infrastructure and equipment

## **Annex**

### **Annex: Rationale for inclusion of treatments in the prior authorisation list.**

The rationale for this prior approval list has been developed in line with Article 8 of the Directive. That article allows a system of prior authorisation, but only insofar as it is necessary and proportionate to the objective to be achieved. It may not constitute a means of arbitrary discrimination or an unjustified obstacle to the free movement of patients.

The introduction to the Directive refers to a number of issues that prior authorisation may consider including<sup>1</sup>:

- planning of services to ensure that there is sufficient and permanent access to a balanced range of high-quality hospital treatment
- a desire to control costs and to prevent, as far as possible, any wastage of financial, technical and human resources
- ensuring the safety of the patient, in a sector well known for information asymmetry,



Article 8 says that healthcare that may be subject to prior authorisation shall be limited to healthcare which:

- (a) is made subject to planning requirements relating to the object of ensuring sufficient and permanent access to a balanced range of high-quality treatment in the Member State concerned or to the wish to control costs and avoid, as far as possible, any waste of financial, technical and human resources and:
  - (i) involves overnight hospital accommodation of the patient in question for at least one night; or
  - (ii) requires use of highly specialised and cost-intensive medical infrastructure or medical equipment;
- (b) involves treatments presenting a particular risk for the patient or the population; or
- (c) is provided by a healthcare provider that, on a case-by-case basis, could give rise to serious and specific concerns relating to the quality or safety of the care, with the exception of healthcare which is subject to Union legislation ensuring a minimum level of safety and quality throughout the Union.

The schedule is based upon a review of

- the existing central commissioning arrangements for specialised commissioning for unusual or high cost interventions by the Welsh Health Specialised Services Committee (WHSCC); where items from this list have been assessed as appropriate for prior authorisation the relevant WHSSC policy is referred to in column 3 (note that these references do not necessarily cover all the items in column 2);
- a full assessment of other services in relation to high cost and issues such as use of resources and patient safety.

The reason for inclusion in each case is indicated.

### **Policy Exclusions**

The EU Directive specifically specifies some services are excluded from this policy, these include:

- services in the field of long-term care the purpose of which is to support people in need of assistance in carrying out routine, everyday tasks;
- allocation of and access to organs for the purpose of organ transplants;
- with the exception of Chapter IV, public vaccination programmes against infectious diseases which are exclusively aimed at protecting the health of the population on the territory of a Member State and which are subject to specific planning and implementation measures.

All standard aids and appliances including standard wheelchairs, which are not routinely purchased for patients but 'lent' to patients for their period of need via a community pooled resource.

**ALL WALES PRIOR APPROVAL REQUEST (PAR)**  
**APPLICATION FORM**  
**In respect of Welsh Patient's Accessing Treatment in**  
**Countries of the European Economic Area**

1. Details of Resident/Patient making request			
Forename/ Given Name:		Surname/ Family Name:	
Address: (including postcode)	Postcode:		
Have you lived in the UK for more than one year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
National Insurance (NI No)			
<i>It may be necessary to contact other agencies to confirm residency. Please state your consent to this request.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Contact Telephone No:		NHS Number:	
Date of Birth: (dd/mm/yyyy)		Male or Female:	
Registered GP or Dentist Name and Practice Address:			

2. Details of European organisation providing treatment/surgery received			
Company/treatment centre name:			
Company/treatment centre address:			
Telephone No:		Fax No:	
Is the healthcare provided by:	<input type="checkbox"/> State provided healthcare facility	<input type="checkbox"/> Private healthcare facility	
Name of lead clinician responsible for your care:			
Company/treatment centre contact name in case of queries:			
Telephone No:			
Email address:			

<b>3. Details of Clinician supporting request</b> <i>(must be a GP/ Consultant who is currently providing care for the patient)</i>			
Name:			
Job Title:			
NHS Health Board, Trust or GP Practice:			
Correspondence address:			
Telephone No:			
Email:			
Secretary's Name:		Telephone No:	

<b>4. Prior Approval Request Details</b>			
What intervention are you seeking:	<input type="checkbox"/> Drug <input type="checkbox"/> Medical Device <input type="checkbox"/> Assessment/Opinion and further management	<input type="checkbox"/> Surgical procedure <input type="checkbox"/> Therapy <input type="checkbox"/> Other – please specify	
Cost of the Intervention requested.			
Diagnosis:			
Summary of the condition and the treatment being sought abroad <i>(Please provide supporting evidence eg clinic letters, scan reports etc)</i>			
Are you currently being treated for this condition in the UK?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<i>If yes, who is currently managing your care and where?</i>			
<i>If not, please explain why.</i>			
Are you currently on an NHS waiting list for this treatment/ surgery? If so, where?			

<p>What plans are in place to ensure that any aftercare required is available when you arrive back in Wales following the treatment/ surgery requested? Please evidence this is in place.</p>	
<p>Is the treatment/surgery a continuation of current treatment funded via another route? If yes, please provide details</p>	
<p>In seeking healthcare in another EEA State, you are stepping outside of NHS jurisdiction. Consequently, it is the law of the country of treatment that will apply and therefore it is the your responsibility to be clear on who in the Member State of treatment is accountable for assuring your safety throughout the course of your treatment. NHS clinicians and commissioners cannot be held liable for any failures in treatments undertaken in another European country under the Directive. Their role is strictly limited to helping facilitate this if that is the patient's expressed wish. Please confirm you understand this statement and its implication: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

<p><b>5. Additional Information or any other relevant Information: please include any supporting evidence including, clinical need, evidence of follow up care arrangements.</b></p>
<p></p>

<p><b>6. Patient consent to request further clinical and non clinical information to support application</b></p>	
<p>I confirm that I consent to <b>xxxxxx</b> Health Board requesting additional clinical information on my behalf to support my application. By giving my consent I agree for those processing my application for approval to have access to my medical records and waiting list information.</p>	
<p>Resident/Patient's Signature:</p>	

<p><b>7. Patient Declaration</b></p>	
<p>I confirm that I have completed this application form to the best of my knowledge.</p>	
<p>Resident/Patient's Signature &amp; Date:</p>	

Depending on your place of residency, please return the request to:

Health Board	Post	Email, Fax & Telephone
ABMU HB	PAR Team, Abertawe Bro Morgannwg University Health Board, 1 Talbot Gateway, Baglan Energy Park, Port Talbot, SA12 7BR	<a href="mailto:ABM.IPFR@wales.nhs.uk">ABM.IPFR@wales.nhs.uk</a> Fax: 01639 687675 Tel: 01639 683389
Aneurin Bevan	PAR Team, Aneurin Bevan Health Board Llanfrechfa Grange Rm 23, Llanfrechfa Grange House Cwmbran, NP44 8YN	<a href="mailto:IPFR.ABB@wales.nhs.uk">IPFR.ABB@wales.nhs.uk</a> Fax: 01495 241203 Tel: 01633 623432
Betsi Cadwaladr	PAR Team, Matthew House, Llys Edmund Prys, St Asaph Business Park, Denbighshire, LL17 0JA.	<a href="mailto:IPFR.BCUHB@wales.nhs.uk">IPFR.BCUHB@wales.nhs.uk</a> Fax: 01745 584606 Tel: 01745 589124
Cardiff & Vale	<b>IPFR Co-ordinator</b> Cardiff and Vale UHB Public Health Wales Team Offices Whitchurch Cardiff CF14 7XB	<a href="mailto:CAV.lrt@wales.nhs.uk">CAV.lrt@wales.nhs.uk</a> Tel: 02920 336233
Cwm Taf	PAR Team, Cwm Taf Health Board, Ynysmeurig House, Navigation Park, Abercynon, CF45 4SN	<a href="mailto:Cwmtaf.IPFR@wales.nhs.uk">Cwmtaf.IPFR@wales.nhs.uk</a> Fax: 01443 744889 Tel: 01443 744821
Hywel Dda	PAR Team, Hywel Dda Health Board, Headquarters, Merlins Court, Winch Lane, Haverfordwest, Pembrokeshire. SA61 1SB	<a href="mailto:karen.thomas20@wales.nhs.uk">karen.thomas20@wales.nhs.uk</a> Fax: 01437 771272 Tel: 01437 771237
Powys	PAR Team, Powys Teaching Health Board, Monnow Ward, Bronllys Hospital, Bronllys, Brecon, Powys. LD3 0HG	<a href="mailto:alison.howells4@wales.nhs.uk">alison.howells4@wales.nhs.uk</a> Fax: 01874 712685 Tel: 01874 712681
Welsh Health Specialised Services Committee (WHSSC)	PAR Team, Welsh Health Specialised Services Committee (WHSSC), Unit 3a, Caerphilly Business Park. CF83 3ED	<a href="mailto:WHSSC.IPC@wales.nhs.uk">WHSSC.IPC@wales.nhs.uk</a> Fax: 02920 869534 Tel: 01443 443 443 ext 8123

### Application Form Guidance Notes

Please note that if your application is approved you will need to have your treatment and submit a claim for reimbursement within six months of the date of approval. If you do not submit your claim for reimbursement before this deadline a new application may have to be submitted.

Please ensure that you have filled in the form clearly and as fully as possible; not every question needs to be answered for every case but please put 'not applicable' rather than leaving a section blank.

You need to ensure that you have comprehensive medical insurance in place (the cost of such insurance is not reimbursable by the NHS); regular travel insurance does not cover you going abroad for planned medical treatment.

**Section 1** – This section is to assist the Health Board in establishing the entitlement of the patient using their residency and to provide the patients contact details.

**Section 2** – Provides details of the organisation where the patient is seeking treatment/surgery.

**Section 3** – This section provides the clinical contact information where the Health Board can obtain further information to support Section 4 and understand local clinical thresholds for treatment.

**Section 4** – This sets out the detail of the treatment/surgery being sought.

**Section 5** - Gives the patient the opportunity to provide any additional/supporting information to support their application.

**Section 6** – There is some information we may need to confirm and without your authorisation we will be unable to request it under confidentiality regulations and this could cause a delay in your application.

**Section 7** – Patient signature and date on completion of form.

We understand that the rules and regulations surrounding treatment in another EEA country are complicated and can sometimes be difficult to understand. If you would like our help to complete this form please contact the IPFR Manager at your health board.



Have you been treated for this condition in the UK?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, who managed your care and where?	
If not, please explain why.	
Were you on an NHS waiting list for this treatment/ surgery? If so, where?	
What aftercare are you receiving back in Wales following the treatment/surgery received?	
Was the treatment/surgery a continuation of current treatment funded via another route? If yes, please provide details	
<p>Having received healthcare in another EEA State, you stepped outside of NHS jurisdiction. Consequently, it is the law of the country of treatment that will apply and therefore it is the your responsibility to be clear on who in the Member State of treatment is accountable for assuring your safety following your treatment. NHS clinicians and commissioners cannot be held liable for any failures in treatments undertaken in another European country under the Directive. Their role is strictly limited to helping facilitate this if that is the patient's expressed wish. Please confirm you understand this statement and its implication: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

<b>4. Details of Clinician supporting request</b> <i>(must be a GP/ Consultant who is currently providing care for the patient)</i>	
Name:	
Job Title:	
NHS Health Board, Trust or GP Practice:	
Correspondence address:	



Telephone No:			
Email:			
Secretary's Name:		Telephone No:	

5. Details of European organisation providing treatment/surgery received			
Date of Admission: <i>(dd/mm/yyyy)</i>		Date of Discharge: <i>(dd/mm/yyyy)</i>	
Company/treatment centre name:			
Company/treatment centre address:			
Telephone No:		Fax No:	
Was the healthcare provided by:	<input type="checkbox"/> State provided healthcare facility		<input type="checkbox"/> Private healthcare facility
Name of lead clinician responsible for your care:			
Company/treatment centre contact name in case of queries:			
Telephone No:			
Email address:			

Treatment/Surgery Received	Details	Cost
Diagnostic tests <i>(eg blood tests, scans etc)</i>		
Surgery/medical		
Devices <i>(eg hip/knee prosthetics etc)</i>		
Pharmacy costs <i>(eg drugs charged for over and above the surgery costs)</i>		
Length of stay <i>(eg how many days were you in a hospital bed if not included in surgery/medical costs)</i>		
Sundries <i>(any other costs incurred)</i>		

<b>TOTAL COSTS INCURRED</b>		
<b>Additional information or any other relevant information</b> <i>(please include any supporting evidence including evidence of follow up care received):</i>		

<b>6. Invoice/payment information</b> Please note: a. Ensure that you attach and submit copies of all invoices and/or receipts to this form as failure to do so may result in your reimbursement being delayed; b. Reimbursement will be based on your local entitlement to NHS care and you will not be reimbursed in excess of what it would have cost to provide the treatment/surgery by your Local Health Board.			
Invoice no:		Total Invoice Value:	
		Invoice currency:	
Amount paid by resident/patient or representative:			
Total paid:			

<b>Other costs information</b> Please note: a. Reimbursement of <b>travel expenses</b> will be limited to your entitlement within NHS Wales. The level of reimbursement will be the same as the travel costs between your home and your local health provider as per paragraph 9.1 of the “All Wales Procedure for Welsh Patients Accessing Treatment in Countries of the European Economic Area”; b. <b>Insurance and repatriation costs</b> are not reimbursed paragraphs 9.2 and 9.3 of the “All Wales Procedure for Welsh Patients Accessing Treatment in Countries of the European Economic Area”; c. <b>Translation costs</b> will not be reimbursed as per paragraph 9.5 of the “All Wales Procedure for Welsh Patients Accessing Treatment in Countries of the European Economic Area”; d. <b>Accommodation costs</b> incurred prior to and following discharge from hospital will not be reimbursed as per paragraph 9.7 of the “All Wales Procedure for Welsh Patients Accessing Treatment in Countries of the European Economic Area”.	
Description	Cost
<b>TOTAL COSTS INCURRED</b>	

<b>Total costs claimed</b>	
	<b>Cost</b>
<b>TOTAL AMOUNT CLAIMED FOR REIMBURSEMENT</b>	

<b>7. Resident/Patient declaration</b>			
a. I confirm that the information provided above is accurate, complete and in accordance with the entitlements under the "All Wales Procedure for Welsh Patients Accessing Treatment in Countries of the European Economic Area".			
b. I, the patient, give full permission to the Health Board to contact the Overseas Treatment Centre and/or my GP/Dentist directly to verify any information provided on this form.			
c. I confirm that no costs for treatment, as stated above, were incurred in the course of business.			
d. I confirm that I have not received or applied for funding from private healthcare insurance for this treatment or that the insurance company has not reimbursed the Treatment Centre directly for this care.			
Resident/Patient's Signature:			
Please print name in BLOCK CAPITAL LETTERS:		Date:	
<b>If reimbursement is being claimed by someone other than the patient eg parent/guardian, please complete the details below:</b>			
Relationship to the Resident/Patient:			
Signature of representative:			
Please print name in BLOCK CAPITAL LETTERS:		Date:	
Address of representative:			
Contact telephone no of representative:			

**Depending on your place of residency, please return the request to:**

<b>Health Board</b>	<b>Post</b>	<b>Email, Fax &amp; Telephone</b>
ABMU HB	PAR Team, Abertawe Bro Morgannwg University Health Board, 1 Talbot Gateway, Baglan Energy Park, Port Talbot, SA12 7BR	<a href="mailto:ABM.IPFR@wales.nhs.uk">ABM.IPFR@wales.nhs.uk</a> Fax: 01639 687675 Tel: 01639 683389
Aneurin Bevan	PAR Team, Aneurin Bevan Health Board Llanfrecdfa Grange Rm 23, Llanfrecdfa Grange House Cwmbran, NP44 8YN	<a href="mailto:IPFR.ABB@wales.nhs.uk">IPFR.ABB@wales.nhs.uk</a> Fax: 01495 241203 Tel: 01633 623432
Betsi Cadwaladr	PAR Team, Matthew House, Lllys Edmund Prys, St Asaph Business Park, Denbighshire, LL17 0JA.	<a href="mailto:IPFR.BCUHB@wales.nhs.uk">IPFR.BCUHB@wales.nhs.uk</a> Fax: 01745 584606 Tel: 01745 589124
Cardiff & Vale	<b>IPFR Co-ordinator</b> Cardiff and Vale UHB Public Health Wales Team Offices Whitchurch Cardiff CF14 7XB	Tel: 02920 336233
Cwm Taf	PAR Team, Cwm Taf Health Board, Ynysmeurig House, Navigation Park, Abercynon, CF45 4SN	<a href="mailto:Cwmtaf.IPFR@wales.nhs.uk">Cwmtaf.IPFR@wales.nhs.uk</a> Fax: 01443 744889 Tel: 01443 744821
Hywel Dda	PAR Team, Hywel Dda Health Board, Headquarters, Merlins Court, Winch Lane, Haverfordwest, Pembrokeshire. SA61 1SB	<a href="mailto:karen.thomas20@wales.nhs.uk">karen.thomas20@wales.nhs.uk</a> Fax: 01437 771272 Tel: 01437 771237
Powys	PAR Team, Powys Teaching Health Board, Monnow Ward, Bronllys Hospital, Bronllys, Brecon, Powys. LD3 0HG	<a href="mailto:alison.howells4@wales.nhs.uk">alison.howells4@wales.nhs.uk</a> Fax: 01874 712685 Tel: 01874 712681
Welsh Health Specialised Services Committee (WHSSC)	PAR Team, Welsh Health Specialised Services Committee (WHSSC), Unit 3a, Caerphilly Business Park. CF83 3ED	<a href="mailto:WHSSC.IPC@wales.nhs.uk">WHSSC.IPC@wales.nhs.uk</a> Fax: 02920 869534 Tel: 01443 443 443 ext 8123

## Reimbursement Form Guidance Notes

This form is to claim reimbursement of:

- \* **Approved prior approval applications** once treatment is completed. This needs to be done within six months of the date of approval of treatment. If you do not submit your claim for reimbursement before this deadline a new application may have to be submitted;
- \* **Retrospective claims** where prior approval was not required to be sought and the patient meets the entitlement criteria. This needs to be done within three months of treatment completion/discharge.

Please note that the Health Board will only reimburse according to the modality that normally would have been applied in the host system (*please see Section 8 of the "All Wales Procedure for Welsh Patients Accessing Treatment in Countries of the European Economic Area"*).

Please ensure that you have filled in the form clearly and as fully as possible; not every question needs to be answered for every case but please put 'not applicable' rather than leaving a section blank.

**Section 1** – This section is to assist the Health Board in establishing the entitlement of the patient using their residency and to provide the patients contact details.

**Section 2** – Provides confirmation of the treatment received in respect of an approved prior approval application (to validate what was approved against what is actually being received) and in the case of retrospective reimbursement to provide detail of the treatment/surgery received.

**Section 3** – This section provides the clinical contact information where the Health Board can obtain further information to understand local clinical thresholds for treatment.

**Section 4** – This sets out the detail of where the treatment/surgery was provided and a breakdown of the costs incurred.

**Section 5** – This section requires a breakdown of the costs incurred for treatment and any other costs for which you may be entitled to be reimbursement.

**Section 6** – Patient declaration for reimbursement, signature and date on completion of form.

If you would like our help to complete this form please contact the IPFR Manager at your health board.