



Dorset Clinical Commissioning Group

NHS Dorset Clinical Commissioning Group

European Cross Border Healthcare

Requests for planned treatment within the European Economic Area



Supporting people in Dorset to lead healthier lives

European Cross Border Healthcare

Request for planned treatment within the European Economic Area

1. INTRODUCTION

- 1.1 Patients can make requests to go to other European Economic Area (EEA) countries for treatment under two potential routes, the S2 route and the EU Directive Route.
- 1.2 The relevant processes are outlined in the sections below. Throughout this document EEA Countries refers, unless otherwise stated, to member states of the EEA together with Switzerland.
- 1.3 This document does not relate to requests for treatment outside of the EEA or to requests for cross border treatment within the United Kingdom.

2. S2 APPLICATIONS

- 2.1 The S2 route entitles patients to state-funded treatment in another EEA country with the exception of Switzerland. Treatment will be provided under the same conditions of care and payment as for residents of that country. Patients should, therefore, be aware that they may be required to pay a percentage of the costs, if that requirement applies to residents of the relevant country.
- 2.2 S2 relates solely to state provided planned treatment in another member state, and must be pre-authorized. The provision of an S2 form does not cover care in private facilities. Where supported, an S2 form is provided to the patient who should take the form with them when travelling to the state where they are going for the treatment.
- 2.3 All requests for the issue of an S2 form are considered by NHS England and requests should include:
 - Confirmation that the patient is ordinarily resident in England:
 - Confirmation that the proposed treatment will be provided in the state sector in the relevant country;
 - Confirmation that the hospital will accept the S2 form;
 - A letter of support from a UK hospital consultant;
 - An estimate of the cost of treatment;
 - Proposed dates for treatment.
- 2.4 More information about the eligibility criteria can be found on the NHS Choices Website: www.nhs.uk/NHSEngland/healthcareabroad/plannedtreatment

The standard application form can also be accessed from that website address.

- 2.5 Arrangements for women seeking to give birth in another EEA country can be accessed at:

<http://www.nhs.uk/NHSEngland/Healthcareabroad/plannedtreatment/Pages/Givingbirth.aspx>

3. EUROPEAN DIRECTIVE

- 3.1 The other route for planned treatment in EEA countries is in accordance with the EU Directive on cross-border healthcare which came into effect in October 2013.
- 3.2 Treatment under the European Directive can cover both state and private care, in another EEA country that is the same or equivalent to a service that would have been provided to the patient within the local NHS.
- 3.3 Payment for treatment is on the basis of reimbursement to the patient of the actual cost incurred by the patient or the cost of providing that treatment within the NHS, whichever is the lower.
- 3.4 Prior authorisation is required for some but not all types of care and treatment and patients should therefore seek advice prior to commencing treatment. All requests for the funding and support of treatment are considered by NHS England.
- 3.5 More information about the eligibility criteria and the standard application form can be found at: WWW.nhs.UK/NHSEngland/healthcareabroad/plannedtreatment

4. PATIENT ENTITLEMENT

- 4.1 Although the process for considering requests for cross border healthcare is managed centrally by NHS England the responsibility for funding any treatment which is defined as non-specialised in nature lies with the patients' local Clinical Commissioning Group (CCG).
- 4.2 NHS Dorset CCG is committed to equity of access to treatments for its patients to ensure that patients' are not treated differently when considering the provision of health treatments from different healthcare providers.
- 4.3 Treatment in other member states will not, therefore, be supported outside of the current local clinical criteria for access for the relevant treatment. Payment will only be made where the treatment is routinely made available to patients locally.
- 4.4 Some treatments are not supported by the CCG either because there is little or no evidence of their clinical effectiveness and/or long-term safety or because the CCG has not prioritised the treatment and considers it to be of low clinical priority. In such cases treatment will not routinely be supported in another member state. To do so would mean that the individual patient is treated differently to other similar patients in Dorset with the same condition for whom treatment is not supported within the United Kingdom.

- 4.5 Similarly there are other treatments which are only supported by NHS Dorset CCG where specific clinical criteria are met. In cases where the patient does not meet one or more of these criteria and would not, therefore, receive NHS funded treatment locally the patient cannot expect automatic approval to have this intervention in another member state.
- 4.6 The underlying principle in such cases is that having treatment abroad is not a way of obtaining public funding for treatment that the NHS would not otherwise pay for.
- 4.7 NHS Dorset CCG has criteria bases protocols which outline its position in respect of a number of treatments that are not generally available and these can be found on its website at: <http://www.dorsetccg.nhs.uk/aboutus/policies.htm>
- 4.8 Where treatment is not routinely funded or specific access criteria are in place a request must be submitted to the CCG on an individual patient basis to determine eligibility for the treatment itself prior to any consideration of support for the treatment being provided abroad. Such a request will only be considered if submitted by a doctor who is treating the patient.
- 4.9 There will also be treatments where there are no specific criteria based access criteria. This is usually because the treatment is relatively new and may have a limited evidence base and is not therefore routinely commissioned. In such cases treatment will only be considered on an individual patient treatment basis following submission of the relevant form.

A DOCUMENT DETAILS	
Procedural Document Number	To be completed by the Patient Safety and Risk team
Author (Name and Job Title)	Michael Cross
Clinical Delivery Group (recommending group)	Individual Patient Treatment Panel
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Date of approval by CCC	To be confirmed
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Review date	31 October 2019

B CONSULTATION PROCESS			
Version No	Review Date	Author and Job Title	Level of Consultation
Not applicable	Not applicable	Not applicable	This is an information document which summarises national guidance and processes for European Cross Border Healthcare

C VERSION CONTROL					
Date of recommendation	Version No	Review date	Nature of change	Approval date	Approval Committee
November 2013	1.0	December 2014	New Protocol	November 2013	IPT Panel
December 2014	2.0	December 2015	Protocol reviewed and amended to reflect NHS England guidance	December 2014	IPT Panel
December 2015	3.0	December 2017	Protocol reviewed. Format amended.	December 2015	IPT Panel
October 2017	4.0	October 2019	Amended to reflect the fact that the S2 process does not extend to Switzerland	October 2017	IPT Panel

D ASSOCIATED DOCUMENTS	
<ul style="list-style-type: none"> Policy for individual patient treatment, NHS Dorset Clinical Commissioning Group Making sense of Local Access Based Protocols, NHS Dorset Clinical Commissioning Group Criteria Based Access Protocols which relate to specific interventions 	

E SUPPORTING DOCUMENTS/EVIDENCE BASED REFERENCES		
Evidence	Hyperlink (if available)	Date
The document reflects national guidance and processes which relate to European Cross Border Healthcare		

G	DISTRIBUTION LIST		
Internal CCG Intranet	CCG Internet Website	Communications Bulletin	External stakeholders
✓	✓		