

BREXIT BRIEFING

**Reciprocal healthcare  
between the UK  
and the EU**



## Brexit and the healthcare system: reciprocal healthcare

### Key points

- EU (European Union) reciprocal healthcare arrangements allow citizens of EU and EEA nations, as well as Switzerland, to access health and social care services while in any other of those nations, on the same basis as a resident of that nation would and at no or low cost.
- The schemes include the EHIC (European Healthcare Insurance Card), which provides access to state-provided healthcare for short-term visitors, and the S1 scheme, which allows ongoing access to health and social care services for individuals living abroad, such as pensioners.
- Post-Brexit the UK could lose access to these arrangements, depending on the final outcome of ongoing negotiations between the EU and the UK government. The two parties have so far agreed that UK pensioners already living in the EU will be able to use the S1 and EHIC schemes post-Brexit, but no deal has been reached on wider access to the schemes.
- Losing access to these arrangements would have a significant impact in a number of areas:
  - UK citizens currently living in or visiting the EU could be required to return to the UK for treatment or to purchase expensive health or travel insurance
  - if patients are required to return to the UK for care, the NHS will be put under even greater pressure and face additional costs of as much as £500m per year
  - cost recovery processes within the NHS and HSCNI (Health and Social Care Northern Ireland) may become more complex and increase the burden on doctors and clinical staff.
- To minimise these potential impacts, the UK should:
  - prioritise the negotiation of continued access to existing EU reciprocal healthcare schemes, or the creation of comparable alternatives
  - fully assess the impact loss of access to the schemes may have on both patients and health services.
- For the UK, this approach would:
  - ensure continuity of care for UK citizens living abroad and ease of access to care for UK residents visiting the EU or EEA
  - avoid increasing demand on, and costs for, NHS and HSCNI services.
- For the EU, this approach would:
  - secure access to reciprocal healthcare for EU citizens visiting or residing in the UK
  - maintain ease of travel for UK visitors to the EU, including holidaymakers.
- Should there be a failure to agree a withdrawal agreement by March 2019, access to reciprocal healthcare arrangements for UK citizens and residents within the EU, and EU citizens and residents within the UK, would end. This would lead to significant disruption to those individuals' healthcare arrangements, an increase in costs of insurance, and uncertainty regarding accessing healthcare abroad. Moreover, the NHS would face a drastic increase in demand for services, which could dramatically increase its costs and place greater pressure on doctors and clinical staff.

## 1. Background

As part of its membership of the EU the UK currently has access to reciprocal healthcare arrangements.

Existing EU reciprocal healthcare arrangements are tied to freedom of movement, and provide citizens of EU and EEA nations, as well as Switzerland, with the ability to access health and social care services while in another of those nations. Care accessed through these schemes is provided on the same terms as it would be for a resident of the nation providing the treatment, with its cost met by the recipient's home country.

Brexit could lead to significant changes in the UK's existing reciprocal healthcare arrangements with the EU. This will not just affect access to care for UK, EU and EEA citizens, but it could also significantly increase pressure on health and social care services and their funding.

## 2. The EU's role in the UK's reciprocal healthcare arrangements

Through its membership of the EU, the UK is party to a number of reciprocal healthcare arrangements that apply throughout the EU, the EEA (European Economic Area), and Switzerland.

### *EHIC, the S1, S2 and S3 schemes*

These arrangements are administered through several specific programmes which individuals must subscribe to or apply to themselves in order to exercise their right to reciprocal healthcare. Of these programmes, the principal four are the EHIC (European Healthcare Insurance Card), S1, S2, and S3 schemes. These arrangements apply equally to all of the individual nations of the UK and are managed and funded centrally by the UK government.<sup>1</sup>

Eligibility for these schemes is based on residence and economic status, not nationality. This means that an individual is likely to be insured by the country in which they reside permanently, even if they are a citizen of another country. The country that insures an individual will meet the cost of the care they receive through the above schemes.

The S1 scheme allows individuals from one nation to receive ongoing health and social care in another, with the costs of that care met by the state that they would either ordinarily reside in or that provides their exportable benefit.<sup>a</sup> It is targeted at individuals, and their dependents, who are temporarily posted by their employers to another eligible country, for contracted periods of two years or less, and at those in receipt of an exportable benefit, such as an old-age pension. 190,000 UK pensioners living elsewhere in the EU or EEA are registered to the scheme, which allows them to access health and social care services in their country of residence, but with funding provided by the UK government.<sup>2</sup>

Through the S2 scheme, individuals are able to travel to another EU or EEA country or Switzerland to access specific healthcare treatments, with the cost of that treatment met by their country of residence. Individuals need to apply for S2 funding ahead of their treatment, providing evidence that they meet the eligibility criteria and a clinician's statement regarding their case. The S2 scheme only covers treatments that are provided by a state-run or contracted service and that would be available under the NHS or HSCNI (Health and Social Care Northern Ireland).

a Relevant exportable benefits include: state pension (the primary benefit related to the S1 scheme), contributions-based ESA (Employment and Support Allowance), IDDB (Industrial Injuries Disablement Benefit), Personal Independence Payment, and bereavement benefits. Each of these are exportable, but in some cases for a specific time limit only.

The S3 scheme provides a certificate of entitlement that allows individuals to access healthcare in a country in which they were previously employed. This scheme would, for example, benefit individuals previously posted to another EEA country who have either left a role or retired and wish to continue to receive treatment in that nation.<sup>3</sup>

The EHIC allows eligible residents to access healthcare services while visiting any other member state for a period of less than three months. The holder of the EHIC is provided care at either no or low cost, after which the country providing the treatment claims the cost back from the holder's home nation. Any co-payments, such as a fee to secure an appointment, are met by the individual themselves. Each nation has its own qualifying criteria for the EHIC. In the UK, an EHIC is available to permanent residents to use while visiting other states temporarily and a time limited student EHIC is available for those studying abroad for periods longer than three months. 27 million people currently hold UK-issued EHICs.

Box 1 sets out in further detail how the current process for recovering the cost of reciprocal healthcare delivered in the UK.

### **Box 1: Recovering the cost of healthcare for visitors from the EU, EEA and Switzerland**

In the UK certain healthcare services are free to all, including GP appointments, emergency care, and treatment for infectious diseases, although the exact treatment charges will vary between each nation within the UK.<sup>b</sup> However, if an overseas patient is admitted to a ward or requires surgery then they will typically become liable to pay for their care, unless they have a valid EHIC, or are registered to the S1, S2 or S3 schemes. Other groups, including asylum seekers and refugees, are also typically exempt from charges.<sup>c</sup>

Individual trusts or health boards have teams dedicated to identifying whether patients are liable to pay a charge, or are covered under reciprocal arrangements. If a patient has an EHIC, or S1, S2, or S3 paperwork, the trust or health boards in question will pass their information onto the DWP (Department for Work and Pensions), which then seeks to reclaim the cost from the appropriate country. The UK government, through the DWP and the UK Department of Health, manages cost recovery for EEA reciprocal healthcare centrally on behalf of England, Northern Ireland, Scotland and Wales.

In 2013/14, the last year with complete figures, the UK Department of Health recovered £49.7 million from EEA countries for NHS treatment under EU reciprocal schemes while it paid out £674.4 million.<sup>4</sup> The Department of Health has clarified that approximately £500 million of this expenditure covered care provided under the S1 scheme to UK pensioners living abroad.<sup>5</sup>

Trusts or health boards receive incentive payments for passing on the details of patients using these schemes, as costs cannot be recovered if reports are not made. The UK Department of Health is also attempting to improve cost recovery rates by increasing awareness amongst clinical staff of their role in the process. However, no formal role for clinical staff within the cost recovery process has been suggested so far. The process for recovering the cost of care for patients liable to pay for their treatment is different (for further detail see Section 3 below).

Within the EU itself, reciprocal healthcare arrangements between Northern Ireland and the Republic of Ireland operate differently to the above schemes (for further details see Box 2 below).

<sup>b</sup> In England, the Department of Health recently published new guidance on exempt services – '[Guidance on implementing the overseas visitor charging regulations](#)'.

<sup>c</sup> These exemptions vary between nations, but full details can be found [here](#) for England, [here](#) for Northern Ireland, [here](#) for Scotland, and [here](#) for Wales.

**Box 2: Northern Ireland and the Republic of Ireland**

The future of the border between Northern Ireland and the Republic of Ireland is a central issue in the ongoing negotiations between the UK government and the EU. Current border arrangements allow the delivery of a wide range of cross-border healthcare services and, via the CTA (Common Travel Area), also permit UK citizens to freely access healthcare services in the Republic of Ireland.

These cross-border services are facilitated through programmes such as CAWT (Co-operation and Working Together), a health and social care partnership run jointly between the Health Service Executive in the Republic of Ireland and both the Health and Social Care Board and Public Health Agency in Northern Ireland. CAWT utilises EU funding, with more than €40m invested in cross-border services between 2003 and 2015, to provide various services including some acute hospital treatment.

The access to healthcare services that the CTA allows differs from that provided by EU reciprocal arrangements, in that UK citizens visiting the Republic of Ireland are not required to present an EHIC when visiting Ireland, or S1 paperwork if they live there - although permanent residents do need to apply for a medical card. The future of the border could have a significant impact in both of these areas.

***Cross-border healthcare***

In addition to these schemes, EU Directive 2011/24/EU on cross border healthcare allows EU and EEA citizens to purchase healthcare treatment in other EU and EEA countries and apply for reimbursement of its cost from their home nation.<sup>6</sup> This route is similar to the S2 scheme, though its criteria differ slightly and it does not apply to Switzerland. Although treatment provided in the private sector can be reimbursed under this route, it must be available under the NHS or HSCNI, and patients will also only be reimbursed to the amount that the treatment would cost within those services. Unlike the other schemes, this route is managed individually by the health authorities in each UK nation, which are also responsible for reimbursing successful applicants, and not by central government.

***Freedom of movement and residency***

Additionally, EU, EEA and Swiss citizens are currently able to move to and work in any other member nation under freedom of movement rules, within certain criteria set by each nation. Once an individual has lived in another member state for five years they also gain the right to permanent residence in that state. While the UK remains in the EU and a member of the single market, any EU or EEA citizen is entitled to travel to and work in the UK, thereby allowing them to gain ongoing access to NHS services on the same basis as any UK resident.

UK citizens have the same rights to travel and work in other EU or EEA nations and are likewise able to access healthcare services in those nations, though the exact terms of that access will vary depending on the nature of the healthcare system in the country in question.

### 3. Potential consequences of the UK's exit from the EU on reciprocal healthcare arrangements

Brexit could fundamentally alter the UK's current reciprocal healthcare arrangements with the EU, EEA and Switzerland. With an estimated 900,000 to 1.2 million UK citizens living within the EEA and 3.2 million EEA citizens residing in the UK, Brexit will have potentially severe ramifications for them and for the NHS.<sup>7</sup>

- **Loss of access or reduced access to healthcare for those working, living or travelling abroad leading to increased costs in health or travel insurances or a need to return home**

The UK government has committed to securing ongoing access to reciprocal healthcare arrangements, for both UK citizens living abroad and EU citizens living in the UK, in its negotiations with the EU.<sup>8</sup> Scottish first minister, Nicola Sturgeon, has set out a similar position and has stressed that the retention of reciprocal arrangements should be a priority in the negotiations for the UK government.<sup>9</sup> The Welsh government has also set out its support for the continuation of reciprocal arrangements, wherever possible.<sup>10</sup>

However, until a final deal has been reached between the UK government and the EU, the exact impact of Brexit on reciprocal healthcare arrangements is difficult to determine.

As of August 2017, the UK government had reached a partial agreement with the EU regarding reciprocal healthcare (see Box 3).<sup>11</sup>

#### **Box 3: Current partial agreement reached with the EU**

The partial agreement reached with the EU on reciprocal healthcare in August 2017 should allow individuals insured by the UK who are either living in or visiting the EU at the point the UK officially leaves the EU, on the 29th March 2019, to continue to receive care under reciprocal schemes for the duration of that stay.

The agreement primarily benefits UK pensioners currently living abroad, whose care will continue to be funded by the UK under the S1 scheme and who will be able to use an EHIC when travelling within the EU post-Brexit. This is welcome progress and should help to resolve some of the potential issues that may have faced the NHS if UK pensioners needed to return to the UK for care.

However, the UK government has also consistently stated that it plans to end freedom of movement and membership of the single market. This will mean an end to current UK citizens ability to move to, work and access healthcare in another EU country, and it may have a particularly significant impact on those EU citizens that have qualified for NHS care in the UK in this way, if their current rights are altered. It will also mean the end of the application of EU Directive 2011/24/EU on cross-border healthcare to the UK.

The UK's decision to leave the single market also presents a significant challenge to retaining ongoing access to reciprocal healthcare in any deal. Indeed, the partial agreement reached to date does not provide long-term assurances regarding the future of EHIC. The agreement will allow UK visitors to the EU to receive funding for their treatment through EHIC if they are in the EU on the official Brexit date, but it does not secure ongoing access to the scheme beyond that stay. Therefore, UK citizens, and potentially residents of the UK without citizenship, will be unable to access the EHIC scheme during post-Brexit visits. While the UK government remains committed to securing ongoing access to EHIC, the EU is unwilling to agree to this due to the government's stance on freedom of movement post-Brexit. The UK would also be a significant outlier were it to retain access to reciprocal schemes while ending freedom of movement.

Furthermore, in the event that the UK government fails to negotiate a deal with the EU and a cliff-edge scenario occurs this deal will not be enforced and access to reciprocal schemes will be lost. It is, therefore, vital that the UK government is able to secure a withdrawal deal.

The impact of the loss of reciprocal care on patients would be significant, especially given the number of beneficiaries that are pensioners living abroad. Evidence given to the House of Commons Health Select Committee has suggested that many of them will be unable to fund private healthcare and so will be forced to return to the UK.<sup>12</sup> UK citizens travelling within the EEA, and EEA citizens visiting the UK, will also need to purchase their own travel or health insurance should access to reciprocal arrangements be lost. This is a particular concern for those with disabilities or long-term conditions, as the cost of health and travel insurance for those with pre-existing conditions could be prohibitively high.

The same applies to EEA citizens living in or visiting the UK, who, were the UK to lose access to existing reciprocal arrangements and no alternative be established, would also face a significant change in their access to care. Depending on the deal secured between the UK and EU on citizens' rights, this could mean that EEA residents might face the same costs and terms of access to the NHS as other non-EEA visitors and migrants do currently. This may lead to EEA visitors and residents in the UK becoming liable to pay the IHS (Immigration Health Surcharge), or individual fees for the care they receive. As each of the four nations within the UK currently has its own approach to recovering the cost of care from non-EEA patients, beyond the IHS, it is possible that four different cost-recovery systems with potentially different charging structures and criteria could be in place within the UK, which could further complicate an already complex system.

If the UK is unable to retain existing reciprocal arrangements, it will also be unable to negotiate any alternative bilateral or EU-wide deals, on healthcare or in any other area, until after Brexit has been completed.<sup>13</sup> This means that in the transitional period between Brexit and the agreement of any future deals, UK residents and EEA residents in the UK may have no access to reciprocal healthcare.

In this scenario, the UK's post-Brexit arrangements on reciprocal healthcare may look similar to arrangements that the UK currently has with other countries. The UK currently has bilateral reciprocal healthcare arrangements with 16 non-EEA countries and territories. Once the UK leaves the EU, it is likely that similar arrangements may need to be negotiated with the EU collectively or with individual EU/EEA member states. *Appendix 1* provides a breakdown of the countries and territories that currently have an agreement with the UK and the level of free care visitors from either party can secure.

The terms of these agreements vary widely and in many cases do not confer the same degree of access to care that is available through the EEA reciprocal healthcare schemes. Moreover, under most arrangements visiting patients are required to directly pay for a significant range of healthcare services, with only limited treatment offered free (see Box 4 to find out more about cost recovery for patients from non-EEA nations).

#### **Box 4: Recovering the cost of healthcare from non-EEA citizens**

For non-EEA patients, each nation within the UK manages its own cost recovery process, though in every system individual trusts or health boards are responsible for directly charging eligible patients for the cost of their care. The system employed in England has recently undergone changes intended to improve the rate of recovery of costs and to discourage 'health tourism', one consequence of which is that overseas visitors are now charged at 150 per cent of the national tariff for the services they receive.<sup>14</sup>

The UK government has also introduced the IHS, which applies UK-wide and is administered by central government. The IHS is an annual fee of £200 (£150 for students) which non-EEA nationals must pay as part of their application for a visa to reside in the UK for a period of longer than six months, in order to secure their access to NHS and HSCNI services. IHS payments generated a total of £164 million in 2015/16,<sup>15</sup> and plans were set out in the Conservative Party 2017 UK general election manifesto to increase the charge to £600 per year (£450 for students), though this policy has not yet been pursued since the election.<sup>16</sup>

The increased charges for non-EEA patients in England and the UK-wide introduction of the IHS are a result of ongoing debate regarding the efficacy of the UK's cost recovery processes. A UK Department of Health review indicated that in the English NHS in 2012-13 an estimated 65 per cent of charges for non-EEA care were recovered, totalling approximately £40 million of a potential £62 million. However, the National Audit Office has stated that it is difficult to reliably determine these totals.<sup>17</sup>

The respective agreements between the UK and Macedonia, Serbia, Kosovo, and Bosnia and Herzegovina are the most substantial of those with other European countries and essentially mirror the access to treatment provided under the EHIC scheme. However, these agreements may not present an achievable model for the UK post-Brexit, given the specific context of these countries, including their size and the history of conflict in the region, and that each of them is in the process of seeking membership of the EU.<sup>18</sup>

The rest of the 16 agreements are with British territories or members of the Commonwealth, the most relevant of which are those with Australia and New Zealand. Current arrangements with both countries provide access to free urgent and immediately necessary medical treatment for visitors, with services beyond that potentially subject to fees. Additionally, citizens of Australia and New Zealand are now required to pay the IHS if applying for a visa to stay in the UK for more than six months,<sup>19</sup> and will be liable to charges of 150 per cent of the NHS national tariff for care they receive as non-EEA visitors.<sup>20</sup>

UK visitors to these and other countries may also face significant fees for any care they receive and so are strongly advised by the UK government to purchase suitable travel and health insurance.

#### **– Increased pressure on NHS finances and doctors as a result of changes to or loss of reciprocal healthcare arrangements**

Should those citizens currently residing in other EEA nations be required to return to the UK post-Brexit, whether permanently or in order to access healthcare services, then the NHS could be placed under even greater pressure.

This is especially important with regards to the 190,000 UK pensioners living within the EU or EEA that are currently registered to the S1 scheme and rely on it to access health and care services. The Nuffield Trust has estimated that if the UK were to leave the S1 scheme, and these individuals were to return to the UK for care, it could generate extra costs for the NHS of as much as £500 million per year.<sup>21</sup>

The cost of the care received by UK citizens in other EEA nations is also frequently cheaper than the equivalent care would be if provided by the NHS, meaning that the UK spends less on care funded through the EHIC, S1, S2 and S3 schemes than it would if that care had to be provided domestically.

This is due to both lower costs of care and to the use of co-payments in other healthcare systems, such as the fees paid by individuals to receive GP care in France, which are not reimbursed by the UK under reciprocal healthcare schemes. Evidence given to the House of Commons Health Select Committee by the UK Department of Health in England highlighted that, under existing reciprocal arrangements, on average it costs £2,300 to treat a UK pensioner in the EEA, significantly less than the average cost of £4,500 for treatment in the UK.<sup>22</sup>

The potential return of the up to 1.2 million UK citizens living in the EEA for hospital treatment also presents the risk of a drastic increase in workload for doctors and medical staff, at a time of multiple workforce crises and when many NHS staff from the EEA are considering leaving the UK.

Additionally, the administrative burden on the NHS and HSCNI, as well as on their staff, could also increase. If UK health services are required to implement another system of recovering the cost of care provided to EEA nationals, it could increase the pressure on doctors and clinical staff to support the cost recovery process. Given the workload already facing doctors and allied healthcare professionals, it is vital that they are able to focus their attention on delivering safe and high quality care and not on cost recovery. The primary duty of doctors is to treat patients, not to act as border guards. Applying the existing non-EEA cost recovery measures, or new alternatives, to EEA visitors and UK residents would also require significant resources and place a considerable additional burden on NHS providers.<sup>23</sup>

## 4. Ensuring continued access to reciprocal healthcare arrangements post-Brexit

It is therefore vital that existing reciprocal healthcare arrangements are retained, or agreement on comparable alternatives is reached. If access to reciprocal healthcare schemes is not retained or suitably replaced, and if the rights of EEA and UK citizens living abroad are compromised, the impact on them and on the NHS would be significant.

The BMA believes that:

- the retention or comparable replacement of reciprocal healthcare arrangements and securing access to healthcare for both UK and EU citizens should be an important consideration in the Brexit negotiations
- access to healthcare for UK citizens residing in the EU or EU citizens residing in the UK should not be used as a bargaining chip in those negotiations
- an assessment should be carried out of the impact of the loss of reciprocal care arrangements on patients, with particular focus on pensioners and individuals with disabilities
- any alternative cost-recovery systems introduced post-Brexit should not place an administrative burden on doctors or allied health professionals
- a full assessment of the impact of losing access to reciprocal arrangements on the NHS and HSCNI should be produced

## 5. Summary

As part of its membership of the EU the UK currently has access to a wide range of reciprocal healthcare arrangements, including the EHIC, SI, S2 and S3 arrangements; access to healthcare for citizens exercising their treatment rights to move and work in another EU member state; and rights derived from the cross-border healthcare directive.

Brexit could lead to significant changes in these arrangements and until a final deal has been reached it is not clear whether UK citizens will be able to benefit from reciprocal healthcare arrangements with the EU or EU citizens from reciprocal healthcare arrangements with the UK.

Given the UK government's decision to leave the single market it is likely that any post-Brexit arrangements will be costlier for patients, the NHS and doctors. It is therefore crucial that the UK government thoroughly assesses the potential implications of losing access to these arrangements and seeks to secure to retain as much of the current arrangements as possible.

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## Appendix 1: EEA (and Switzerland) and non-EEA reciprocal arrangements

This table provides a general overview of the reciprocal healthcare agreements the UK has with the EU and non-EEA countries.

It is important to note that the information included regarding the EEA (and Switzerland) reciprocal arrangements reflects the treatment and care available through all of the schemes that EEA and single market membership facilitates, each of which has different eligibility criteria, and so not all of the treatments listed would necessarily be available to every individual.

The 'services included' column refers to services that individuals are able to access free of charge through the agreements (subject to any specific terms or eligibility criteria), while the 'services not included' column refers to services that individuals must pay for (either independently or through health or travel insurance).

	UK residents visiting country / territory <sup>1</sup>		Country / territory visitors to UK <sup>2</sup>	
	Services included	Services not included	Services included	Services not included
EEA (and Switzerland)*	<ul style="list-style-type: none"> <li>– all primary, secondary and emergency care (within a three-month time limit for EHC, or ongoing for those with S1 or S3 eligibility)</li> <li>– dental care in some circumstances</li> <li>– social care (via S1 scheme)</li> <li>– some elective care (via S2 scheme and EU Cross Border Healthcare Directive)</li> <li>– some private medical costs may be reimbursed to the patient, up to their cost within the NHS (via the EU Cross Border Healthcare Directive, which excludes Switzerland)</li> <li>– routine care and monitoring for pre-existing conditions</li> </ul>	<ul style="list-style-type: none"> <li>– repatriation</li> <li>– some of services included are dependent on eligibility for specific schemes and will not be available to all</li> </ul>	<ul style="list-style-type: none"> <li>– all primary, secondary and emergency care (within a three-month time limit for EHC, or ongoing for those with S1 or S3 eligibility)</li> <li>– dental care in some circumstances</li> <li>– social care (via S1 scheme)</li> <li>– some elective care (via S2 scheme and EU Cross Border Healthcare Directive)</li> <li>– depending on the healthcare system in the individual's home nation, some private medical costs may be reimbursed (via the EU Cross Border Healthcare Directive, which excludes Switzerland)</li> <li>– routine care and monitoring for pre-existing conditions</li> </ul>	<ul style="list-style-type: none"> <li>– repatriation</li> <li>– some of services included are dependent on eligibility for specific schemes and will not be available to all</li> <li>– the extent of services available may also vary depending on the healthcare system in place in a patient's home nation</li> </ul>
*The EU Cross Border Healthcare Directive does not apply to Switzerland				
Anguilla	<ul style="list-style-type: none"> <li>– minor emergency/ immediate treatment</li> </ul>	<ul style="list-style-type: none"> <li>– inpatient/outpatient treatment</li> <li>– hospital accommodation</li> <li>– prescriptions</li> <li>– ambulance travel</li> <li>– GP treatment at outpatient clinics</li> </ul>	<ul style="list-style-type: none"> <li>– urgent and immediately necessary medical treatment only</li> <li>– Anguilla may refer 4 patients per year to the UK for free NHS hospital treatment</li> </ul>	<ul style="list-style-type: none"> <li>– all non-urgent or not immediately necessary treatment</li> </ul>
Australia <sup>3</sup>	<ul style="list-style-type: none"> <li>– free immediate treatment at public hospitals</li> <li>– UK visitors to Australia must enrol with Medicare – the public healthcare provider in Australia</li> </ul>	<ul style="list-style-type: none"> <li>– treatment at most doctors' surgeries</li> <li>– prescribed medicine</li> <li>– ambulance travel</li> <li>– dental treatment</li> </ul>	<ul style="list-style-type: none"> <li>– In the first six months of their visit: <ul style="list-style-type: none"> <li>– free NHS primary, emergency, and outpatient care</li> <li>– ambulance travel</li> <li>– prescribed medicines (with same fee as UK residents)</li> </ul> </li> <li>– those visiting, or studying, for more than six months on a visa will be required to pay an Immigration Health Surcharge of £200 per year, which allows access to all NHS services</li> </ul>	<ul style="list-style-type: none"> <li>– dental treatment</li> </ul>

Bosnia and Herzegovina	<ul style="list-style-type: none"> <li>– hospital treatment</li> <li>– primary care</li> <li>– some dental treatment</li> </ul>	<ul style="list-style-type: none"> <li>– prescribed medicine</li> <li>– elective care</li> </ul>	<ul style="list-style-type: none"> <li>– hospital treatment</li> <li>– primary care</li> <li>– some dental treatment</li> </ul>	<ul style="list-style-type: none"> <li>– prescribed medicine</li> <li>– elective care</li> </ul>
British Virgin Islands (BVI)	<ul style="list-style-type: none"> <li>– hospital and general medical treatment for school-age children and people aged 70 and over</li> </ul>	<ul style="list-style-type: none"> <li>– Adults between school-age and 70 must pay for all medical services</li> </ul>	<ul style="list-style-type: none"> <li>– urgent and immediately necessary medical treatment only</li> <li>– may refer 4 patients per year to the UK for free NHS hospital treatment</li> </ul>	<ul style="list-style-type: none"> <li>– all non-urgent or not immediately necessary treatment</li> </ul>
Falkland Islands	<ul style="list-style-type: none"> <li>– all medical treatment, on the same basis as an ordinary resident of that country</li> </ul>		<ul style="list-style-type: none"> <li>– all medical treatment, on the same basis as an ordinary resident of that country</li> <li>– the Falkland Islands may refer an unlimited number of patients to the UK for free elective treatment</li> </ul>	
Gibraltar	<ul style="list-style-type: none"> <li>– for stays of 30 days or less, primary, general medical and dental care is available at the primary medical care centre</li> <li>– UK pensioners are treated on the same basis as permanent residents of Gibraltar</li> </ul>	<ul style="list-style-type: none"> <li>– must pay small fees for house calls, prescriptions, and the limited emergency services available</li> </ul>	<ul style="list-style-type: none"> <li>– all treatment on the same basis as a UK resident</li> <li>– Gibraltar may refer an unlimited number of patients to the UK for free elective treatment</li> </ul>	<ul style="list-style-type: none"> <li>– elective care (unless approved via the Gibraltar Health Authority's referral process)</li> </ul>
Isle of Man	<ul style="list-style-type: none"> <li>– primary and emergency care – broadly the same as that provided by the NHS</li> </ul>	<ul style="list-style-type: none"> <li>– dental treatment</li> <li>– prescribed medicine</li> </ul>	<ul style="list-style-type: none"> <li>– primary and emergency care</li> </ul>	<ul style="list-style-type: none"> <li>– prescribed medicine</li> <li>– dental treatment</li> <li>– treatment is limited to conditions developed while in the UK, or pre-existing conditions that cannot wait to be treated</li> </ul>
Jersey <sup>4</sup>	<ul style="list-style-type: none"> <li>If visiting for less than three months:</li> <li>– emergency care for conditions that require urgent treatment</li> </ul>	<ul style="list-style-type: none"> <li>– primary care</li> <li>– dental treatment</li> <li>– prescribed medicine</li> <li>– elective care</li> <li>– repatriation</li> <li>– treatment is limited to conditions developed while visiting, or emergency treatment relating to pre-existing conditions</li> </ul>	<ul style="list-style-type: none"> <li>If visiting for less than three months:</li> <li>– primary care consultations</li> <li>– emergency care</li> </ul>	<ul style="list-style-type: none"> <li>– prescribed medicine</li> <li>– dental treatment</li> <li>– elective care</li> <li>– repatriation</li> <li>– treatment is limited to conditions developed while visiting, or emergency treatment relating to pre-existing conditions</li> </ul>
Kosovo	<ul style="list-style-type: none"> <li>– hospital treatment</li> <li>– primary care</li> <li>– some dental treatment</li> </ul>	<ul style="list-style-type: none"> <li>– prescribed medicine</li> <li>– elective care</li> </ul>	<ul style="list-style-type: none"> <li>– hospital treatment</li> <li>– primary care</li> <li>– some dental treatment</li> </ul>	<ul style="list-style-type: none"> <li>– prescribed medicine</li> <li>– elective care</li> </ul>
Macedonia	<ul style="list-style-type: none"> <li>– hospital treatment</li> <li>– primary care</li> <li>– some dental treatment</li> </ul>	<ul style="list-style-type: none"> <li>– prescribed medicine</li> <li>– elective care</li> </ul>	<ul style="list-style-type: none"> <li>– hospital treatment</li> <li>– primary care</li> <li>– some dental treatment</li> </ul>	<ul style="list-style-type: none"> <li>– prescribed medicine</li> <li>– elective care</li> </ul>
Montenegro	<ul style="list-style-type: none"> <li>– emergency treatment</li> <li>– UK visitors must get a certificate from the Health Insurance Fund of Montenegro to access state medical services</li> </ul>	<ul style="list-style-type: none"> <li>– non-emergency treatment</li> <li>– prescribed medicines</li> </ul>	<ul style="list-style-type: none"> <li>– hospital treatment</li> <li>– primary care</li> <li>– some dental treatment</li> </ul>	<ul style="list-style-type: none"> <li>– elective care</li> <li>– prescribed medicine</li> </ul>
Montserrat	<ul style="list-style-type: none"> <li>– treatment at state medical institutions for school-age children and people aged 65 and over</li> <li>– dental treatment for school-age children</li> </ul>	<ul style="list-style-type: none"> <li>For those aged 16-65:</li> <li>– hospital inpatient and outpatient treatment</li> <li>– primary care services</li> <li>– hospital accommodation</li> <li>– dental treatment</li> <li>– prescribed medicine</li> <li>– ambulance travel</li> </ul>	<ul style="list-style-type: none"> <li>– urgent and immediately necessary medical treatment only</li> <li>– may refer 4 patients per year to the UK for free NHS hospital treatment</li> </ul>	<ul style="list-style-type: none"> <li>– all non-urgent or not immediately necessary treatment</li> </ul>

New Zealand <sup>5</sup>	<ul style="list-style-type: none"> <li>– immediate or urgent treatment (with subsidised fees)</li> <li>– dental treatment for people aged 65 and over or under 16</li> <li>– treatment is limited to conditions developed while visiting, or pre-existing conditions that cannot wait to be treated</li> </ul>	<ul style="list-style-type: none"> <li>– outpatient treatment</li> <li>– inpatient treatment</li> <li>– primary care</li> <li>– prescribed medicine</li> <li>– dental treatment</li> </ul>	<ul style="list-style-type: none"> <li>– urgent and immediately necessary medical treatment only (In the first six months of visit)</li> <li>– those visiting, or studying, for more than six months on a visa will be required to pay an Immigration Health Surcharge of £200 per year, allows access to all NHS services</li> </ul>	<ul style="list-style-type: none"> <li>– for visitors staying less than six months:</li> <li>– inpatient treatment</li> <li>– primary care</li> <li>– prescribed medicine</li> <li>– dental treatment</li> <li>– treatment is limited to conditions developed while visiting, or pre-existing conditions that cannot wait to be treated</li> </ul>
Serbia	<ul style="list-style-type: none"> <li>– hospital treatment</li> <li>– primary care</li> <li>– some dental treatment</li> </ul>	<ul style="list-style-type: none"> <li>– prescribed medicine</li> <li>– elective care</li> </ul>	<ul style="list-style-type: none"> <li>– hospital treatment</li> <li>– primary care</li> <li>– some dental treatment</li> </ul>	<ul style="list-style-type: none"> <li>– prescribed medicine</li> <li>– elective care</li> </ul>
St Helena	<ul style="list-style-type: none"> <li>– hospital and GP treatment in outpatient clinics during normal hours</li> </ul>	<ul style="list-style-type: none"> <li>– hospital inpatient treatment</li> <li>– dental treatment</li> <li>– prescribed medicine</li> <li>– ambulance travel</li> </ul>	<ul style="list-style-type: none"> <li>– urgent and immediately necessary medical treatment only</li> <li>– may also refer four patients per year for NHS hospital treatment</li> </ul>	<ul style="list-style-type: none"> <li>– all non-urgent or not immediately necessary treatment</li> </ul>
Turks and Caicos Islands	<ul style="list-style-type: none"> <li>– those under 16 or over 65 receive free treatment</li> <li>– dental treatment</li> <li>– prescribed medicines</li> <li>– ambulance travel</li> </ul>	<ul style="list-style-type: none"> <li>– inpatient and outpatient treatment</li> <li>– primary care</li> </ul>	<ul style="list-style-type: none"> <li>– urgent and immediately necessary medical treatment only</li> <li>– may also refer four patients per year for NHS hospital treatment</li> </ul>	<ul style="list-style-type: none"> <li>– all non-urgent or not immediately necessary treatment</li> </ul>

**(Endnotes)**

- 1 NHS Choices. *Country-by-country guide: travelling outside the European Economic Area (EEA)*. Available at: [www.nhs.uk](http://www.nhs.uk)
- 2 UK Government. *Reciprocal healthcare agreements for visitors to the UK*. Available at: [www.nhs.uk](http://www.nhs.uk)
- 3 Australian Government. *Reciprocal Health Care Agreements*. Available at: [www.gov.au](http://www.gov.au)
- 4 States of Jersey. *UK and Jersey health agreement*. Available at: [www.gov.je](http://www.gov.je)
- 5 New Zealand Ministry of Health. *Reciprocal health agreements*. Available at: [www.health.govt.nz](http://www.health.govt.nz)

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BMA 20170835