

Falkland Islands Government



Health and Social Services Overseas Medical Treatment Policy

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Amendment History

Version	Status	Summary of changes	Date of issue
1:	Draft	Summary of previous policy documents into one policy	April 2005
2:	Final Draft	Revised following ExCo MTO policy decisions	August 2006
3:	Final	Minor Changes following consultation and HMSC	October 2006
3:1	Revised	Clarification of internal travel, reimbursement, flights and holidays	May 2007
3:2	Revised	Additional points of clarification added under section 10.3 (funding)	June 2008
1:4	FINAL	RATIFIED BY DoHE	October 2011
3.3	Revised	Full clarification of all parts of policy	July 2013
1.5	FINAL	APPROVED BY ExCo December 2013	January 2014
1.5.1	Revised	Amendments to Funding and Accommodation Standards	September 2015
1.6	FINAL	APPROVED BY ExCo March 2016	March 2016

1.7	Revised	General amendments and clarification of policy	July 2019
1.8	Revised	General Amendments and clarification of policy	June 2022
1.9	Revised	General amendments and clarification of 1) complaints and appeals process, 2) escort entitlement and 3) Long-term MTO support	July 2023

Policy and Procedure for Medical Treatment Overseas (MTO)

1. Introduction

In such a small community, the range of health treatments available is limited. The risk involved in the management of some treatments are such that they cannot be readily mitigated within our remote location while some others require expensive and highly technical equipment or expertise which it would not be cost effective or operationally viable, to provide in the Islands and therefore referral overseas for treatment is necessary.

The King Edward VII Memorial Hospital (KEMH) primary concern is the appropriate care and treatment of the patient.

The decision to refer a patient overseas for medical treatment is a clinical one. Patients may be referred for the purposes of diagnosis, specialist assessment, treatment, and, very occasionally, for long-term care. Decisions about overseas treatment are emotive, as they concern both the immediate and long-term health and well-being of individuals. They may also entail considerable upheaval and financial burden in the individual's life and that of their family. It is important therefore, that decisions about referrals, and associated funding, are transparent and fair.

2. Aim of this Policy

To provide a clear set of guidelines in relation to referral for medical treatment overseas. Specifically, it aims to clarify and make explicit the funding arrangements for overseas treatments, so that decisions are seen to be **fair, equitable and consistent** while still meeting an individual's pathway of care.

3. Scope of this Policy

The policy applies to all patients eligible to receive care overseas at the expense of FIG. It also applies to all clinicians who are responsible for making clinical referral decisions.

4. Definitions

'Overseas treatment' refers to any treatment undertaken outside the Falkland Islands and includes diagnostic examination and procedures, assessments and long-term care.

5. Responsibilities

In line with this policy document, KEMH clinicians are responsible for making decisions about an individual patient's need to be put forward for overseas referral. The Medical Treatment Overseas healthcare team will meet weekly as required as a group to consider all potential referrals. This group consists of all available GP's, the resident Surgeon, Anaesthetist, Chief Nursing Officer, Chief Medical Officer (CMO), Specialist Liaison Nurse, Hospital Manager and Overseas Medical Co-ordinator and any other clinician as required to review individual cases (e.g. the Senior Dental Officer (SDO) if discussing dental referrals).

Decisions to refer individual patients overseas for treatment will be made jointly by the Medical Treatment Overseas healthcare team. If there is a dispute about whether or not a referral should be made, the CMO, in consultation with the Director of Health and Social Services (DHSS), where appropriate, will make the final decision. In the CMO's absence, this responsibility will be delegated to a nominated 'lead' clinician.

Clinicians should not commit to sending a patient overseas until it has been approved. This is important so as not to raise the patient's expectations around referral.

The decision to send a patient overseas, will be based upon three key elements:

- **Necessity** whether an MTO is necessary in accordance with this policy and other local guidelines;
- **Urgency** dependent on the urgency of the referral; and
- **Appropriateness** based on clinical factors for making a particular destination more appropriate.

6. Eligibility for Treatment Overseas

The following categories of people who are **normally resident** in the Falkland Islands are eligible to be considered for overseas treatment funded by Falkland Islands Government (FIG):

- Falkland Islanders within the meaning of the Immigration Ordinance 1999;
- Persons who have leave to enter the Falkland Islands under section 15 of the Immigration Ordinance 1999 (refugees etc.)
- Persons with the following categories of permit:
 - (a) a permanent residence permit;
 - (b) a work permit and section 44(2)(e) of the Public Health Ordinance 1894 does not apply;
 - (c) an accompanying dependent permit and section 44(2)(f) of the Public Health Ordinance 1894 does not apply;
 - (d) a dependent permit; or
 - (e) a carer permit.

6. Limitations/Exclusions

Persons not exempt from the approved charges for medical care and medical evacuation are not eligible to treatment overseas at FIG's expense.

Persons, who are only exempt from the approved charges for medical care and medical evacuation applicable in the Falkland Islands by the UK/Falkland Islands Reciprocal Healthcare Agreement, are not eligible for referral for overseas treatment at FIG's expense.

MOD contractors and those with a work permit limited to nine months or less are not eligible for treatment overseas at FIG's expense.

A contribution towards funding In Vitro Fertilisation (IVF) treatment is limited to a maximum of three couples per year and is set at £6000 per couple. Patients wanting to undergo such treatment may have to wait; such treatment will be based on a first come, first served basis (limited to one attempt only per year) and is dependent on strict eligibility criteria whereby one of the couple must be included on the Falkland Islands electoral register.

FIG ***will not pay*** for:

- any treatment undertaken without explicit prior approval by the MTO group
- the costs of any treatment required by people who are already overseas, either for business or pleasure unless treatment has been agreed via the *holiday MTO route*
- treatment for any problem unrelated to the original reason for referral, unless re-agreed through the MTO group.
- In the case of MTO for termination of pregnancy, where the procedure cannot be carried out in the KEMH, FIG will pay for overseas referral and treatment.
- In exceptional circumstances where continuous long-term treatment or therapy is needed, FIG may approve MTO support for up to a maximum of three years. If treatment is expected to last beyond three years, fair warning will be given to the patient that FIG support will cease at the end of the third year and that the patient will be expected to access full healthcare and services in the country where they have been receiving treatment. For a British citizen this will be the United Kingdom, for citizens of other countries individual long-term MTO arrangements may be made in their country of citizenship.

All residents, including those travelling to the United Kingdom, are strongly advised to take out adequate travel insurance to cover the duration of their visit, including those travelling for MTO purposes.

Inevitably, there will be individual cases that do not comply with the rules for referral overseas for treatment. There may also be occasions where the cost of treatment is extremely high. If this is the case, the Chief Medical Officer will discuss the case with the MTO group and, where required, the Director of Health and Social Services. If necessary, the decision whether to provide funding can be referred to the Member of the Legislative Assembly (MLA) who holds the portfolio for Health and Social Services; to be considered in the 'exempt' part of the Health and Medical Services Committee (HMSC), which sits quarterly. The Chief Medical Officer will anonymise cases referred to HMSC and members of the committee will be bound by the rules of patient confidentiality. HMSC members may refer matters onwards to Executive Council, where appropriate.

8. Criteria for FIG Funded Referral

As noted in para 5, above, FIG will only pay for treatments overseas if all of the following apply:

- the treatment is necessary on clinical grounds;
- the treatment is available through the National Health Service (NHS) in the UK or on economic grounds, for diagnostic purposes in South America, unless agreed in exceptional circumstances;
- the referral/treatment complies with any locally developed, current, referral guidelines;
- there is no satisfactory alternative treatment available in the Falkland Islands and none is likely to become available within a timescale that is reasonable on clinical grounds; and
- not to refer would have a serious detrimental effect on the patient's health and well-being.

FIG will not refer overseas when a visiting specialist will be able to undertake the necessary treatment in a clinically acceptable time.

FIG may fund some dental cosmetic and routine orthodontic treatment (for example where there is significant functional or psychological impairment) where this has been agreed by the SDO.

FIG will not pay for private treatment in the UK other than in exceptional circumstances; including where a package of support is approved via ExCo. However, FIG may support patients with the cost of airfares, allowances and accommodation expenses where the patient chooses to pay for private treatment themselves. This **part-funding** must be pre-agreed through the MTO group.

In case of independently arranged arthroplasty (hip and knee joint replacement only), as per ExCo paper 78/23, FIG will reimburse patients to the value that would be payable to their preferred contracted provider. This amount will only be reimbursed to patients who have been approved for MTO through the usual process. Patients will also be eligible for other amounts ordinarily payable to MTO patients i.e. airfares, daily allowances and accommodation.

If a patient requests an overseas referral but does not come into one of the funded or eligible categories, or it is deemed that their condition does not require urgent treatment, the Health and Social Services Department may facilitate the referral where clinically reasonable, but the patient will be responsible for some of the costs associated with it, for example when the patient is next travelling overseas on leave, referred to as a "holiday MTO". Holiday MTO funding includes limited expenses (usually accommodation expenses for the day before and the day of the appointment with the specialist, DLA for the same two days, and internal transport expenses to reach the appointment). Flights and other expenses are not included.

9. Location of referral/treatment

The decision about the location of treatment, either in the UK or South America (or in exceptional circumstances, elsewhere), will normally be on the basis of the most economical and or efficient option that is consistent with the patient's clinical needs.

10. Funding

10.1 Airfares

- KEMH will book and pay for the return airfares for the patient, **once their appointment date is known.**
- Normally, the patient will be booked on the penultimate flight before their appointment date.
- Once given a discharge date, the patient is expected to liaise with the Falkland Islands Government Office (FIGO) if in the UK, or KEMH directly if in South America, in order for their return flight to be booked. Communication and contact will be via recognised FIG telephone numbers and e-mails, not via social media.
- Patients are expected to return to the Falkland Islands on the **first flight available** after they have been declared fit to fly, and no accommodation will be paid for after this date; unless the flight is subsequently delayed.

If a patient wishes to stay after discharge/completion of treatment they can do so for up to an extra week (7 calendar days). Their return airfare will be paid by FIG but accommodation will be at their own expense. If a patient wishes to stay longer the patient will be expected to pay a percentage or all of the southbound airfare – up to 2 weeks 50% of the southbound flight cost and over 2 weeks 100% of the southbound flight costs.

Likewise, if a patient wishes to travel to the UK in advance of their appointment then the same timescales apply as to those wishing to stay on after their appointment, i.e. they may travel up to a week earlier at no extra flight expense, up to 2 weeks earlier, at 50% of the Northbound flight cost and over 2 weeks at 100% cost of the Northbound flight cost. In this case, patients will be expected to return on the first available flight after the completion of their treatment/appointments.

In both cases, where a patient chooses to extend their MTO stay, the KEMH will not be liable for the additional accommodation, health or travel costs (including travel health insurance) associated with this.

If a patient wishes to be seen overseas during leave or holiday which has already been booked, KEMH will not retrospectively cover or refund the flight costs.

10.2 Internal Travel

KEMH will determine the type of transport necessary to transport the patient and provide this transportation to and from the Mount Pleasant Complex (MPC) airport; this will usually be via a local bus company.

KEMH will pay any other costs directly associated with transport

- between the airport and place of accommodation
- between the accommodation and place of treatment for admissions and outpatient appointments, providing that the accommodation is within a reasonable distance.

KEMH will make a standard advance payment for internal travel costs, the amount of which shall be agreed during the annual FIG Budget process. Receipts will be required on return to the Islands.

Where the patient has chosen for personal reasons to travel further, there will be no additional travel allowance.

If the patient travels by taxi, FIGO will make the booking and pay for this and no advance will be made to the patient.

Travel should normally be by public transport to and from appointments, except where there are particular medical needs. **All travel by taxis or hire cars must be pre-agreed with the KEMH/FIGO in advance.** Where private transport is used (e.g. transport by a family member/hire car) standard mileage allowance reimbursement and car parking fees at the hospital will be made available.

Patients must keep tickets and receipts for all internal travel. On return to the Falkland Islands, these must be brought to KEMH, along with a completed Travel Expenses Form and any remaining advanced travel money. This must be done within 1 month of your return from overseas treatment, otherwise no reimbursement will be considered.

When overseas for longer periods of time re-imbusement will be made based on scanned, faxed or emailed images of receipts.

Where patients are receiving overseas treatment during a holiday, KEMH will not normally make advances but will reimburse for internal travel to the hospital, up to the

agreed limit identified on the schedule of allowances for medical treatment overseas. Receipts must be produced.

10.3 Accommodation – see appendix 1

KEMH will arrange, and cover the cost of, accommodation for the patient being referred. **In most cases**, including those patients receiving long term treatment in the UK, this will be for bed and breakfast/guest house style accommodation only. (*Please see attached document defining suitable levels of patient accommodation*) It will be the patient's responsibility to pay for all other food and living costs. It is the patient's responsibility to comply with the rules of the accommodation and meet the costs if these are not met (for instance extra cleaning charges if there has been smoking on the premises etc.)

Only in exceptional circumstances will a flat/house be arranged. ("exceptional circumstances" means all standard accommodation is booked and therefore unavailable or there are clear medical needs agreed by the MTO group for a flat).

Accommodation will only be funded from the date which KEMH nominates as the necessary arrival date until the first available departure flight after the patient is declared fit to fly. If the patient chooses to travel on an earlier or later flight, they will be responsible for all additional accommodation costs. **Patients must comply with all accommodation check-in and check-out times.**

If patients wish to upgrade their accommodation it will be at the patient's own expense and the KEMH will only refund the equivalent of the cost of standard KEMH accommodation (*for clarification of this matter please see the attached document defining suitable levels of patient accommodation*).

Where a patient elects to stay with friends or relatives, the householder or patient may submit a claim for subsistence to FIGO or KEMH. This arrangement must be agreed in advance with the Overseas Medical Co-ordinator or FIGO.

Occasionally, patients who are staying in the UK for an extended period may choose to visit friends or relatives elsewhere between appointments. However to do this:

- The patient must inform FIGO, at least 2 days before they leave for the visit, in order that their accommodation can be cancelled.
- The patient must remove their belongings from their room in the accommodation and either take them with them or organise for them to be stored whilst they are away.
- The patient must make and pay for their own travel arrangements.
- In circumstances where a room has been vacated with no prior agreement KEMH will seek re-imburement from the patient for the total cost of the room during the vacated period.
- KEMH will not pay subsistence to any friends or relatives with whom a patient stays in such circumstances.

10.4 Daily Living and Incidental Allowance

Patients are responsible for their own expenses and financial affairs whilst overseas for medical treatment however; if a patient has to travel abroad for medical treatment it is recommended that they are assessed against the criteria to see if they are eligible for Income Support. This **MUST** happen before leaving the islands by contacting the Social Services Department. If the patient is already in receipt of Income Support the

process will continue, as long as they meet the eligibility criteria or they are able to successfully claim social benefits where they are living. This applies to accompanying family members also.

An agreed daily incidental daily living allowance (paid at the 'live' rate, which has been published by the Treasury) is given to all patients who travel overseas for treatment. In cases where an adult is accompanying a child who is receiving overseas treatment, both child and adult will be paid the daily allowance (increased/adjusted appropriately in line with FIG cost of living reviews).

10.5 Companions/Escorts

KEMH will fund flights and accommodation for an escort using the following criteria:

- a minor i.e. a child under the age of 18 – **one** parent or guardian will be sponsored
- a woman undergoing a high-risk pregnancy – her chosen support will be sponsored
- a critically ill child with an immediately life-threatening condition - **both** parents or guardian will be sponsored.
- in the event of an air ambulance transfer for a critically ill patient with a life-threatening condition, an accompanying companion will be sponsored.
- in the event of an air ambulance transfer for a non-critical patient, if there is space available in the aircraft, an escort may accompany the patient. However, at the destination the escort is responsible for all ongoing costs and return airfares.

In special circumstances, KEMH **may** consider paying for an escort for the following patients:

- people who are so ill, either mentally or physically, that they are unable to cope with the tasks of daily living; this will be subject to a separate medical assessment (the assessment is made by the treating doctor and agreed by the MTO group).
- examples where escorts may be agreed include; out-patients who are frail and who require support with daily activities (e.g. frail chemotherapy patients), patients who have difficulty communicating on their own (e.g. who have reading, writing or language barriers), patients undergoing complex and clinically high-risk operations who will need help and support in the recovery phase.

Generally, escorts will not be considered for patients who will be in hospital for long periods while they are overseas (as they will be provided with adequate care by the fact they are a hospital in-patient).

In exceptional circumstances where a patient receiving treatment overseas becomes so unwell that they cannot travel home and are expected to die, up to three relatives/family members will be sponsored to travel to be with their loved one and support will include accommodation expenses.

10.6 Information to Other Agencies

In order to book travel to overseas appointments, inevitably, the hospital has to contact Falkland Islands Company (FIC), and International Tours and Travel (ITT). No confidential medical information will be provided to these organisations without the prior consent of the patient, but they will be aware that the passage has been booked by the hospital. Where an aeromedical evacuation is necessary, certain medical information has to be provided to the relevant agencies in order to secure permission for the patient to fly.

The Falkland Islands Government Office in London is notified of any patients travelling to the UK. The Medical Co-ordinator there is fully aware of the need for confidentiality.

10.7 Insurance

All patients travelling overseas for medical treatment are advised to take out travel insurance to insure against loss, damage and (new episodes of) ill health arising whilst out of the country. This is because the KEMH will not be liable for any other treatment or loss of property etc. that the patient may incur.

11. Review and Appeal

If patients are dissatisfied with the outcome of the MTO group decision, they can request the case is reviewed a second time by the group. This can be done by contacting the Overseas Medical Coordinator in the first instance.

Patients who remain unhappy about decisions taken in relation to this policy may complain through the normal hospital complaints procedure. The complaint should be addressed to the Healthcare Governance Manager, who will then process the complaint.

The following process will be followed if a patient or family member chooses to challenge the decision of the MTO Group:

1. Request a review of the initial decision is made by the MTO group by contacting the Overseas Medical Coordinator
2. Formal complaint to be made to the Healthcare Governance Manager (HGM)
3. The case is reviewed by the CMO and Director of Health and Social Services (DHSS) and the findings shared with the HGM who reports back to the complainant.
4. If the patient or family member is still not satisfied, the complaint may be escalated via the DHSS, to the Chair of HMSC (MLA, Portfolio Holder) for review in the exempt section of the Health and Medical Services Committee (HMSC) - where all cases are anonymised and the members of HMSC will be bound by the rules of confidentiality. The findings of the HMSC will be reported to the complainant by the DHSS
5. If the complainant still has issues, the case is escalated via the DHSS to the Chief Executive of FIG, who may request ExCo opinion is sought.
6. In extremis, concerns which still have not been addressed satisfactorily, can be raised to the Complaints Commissioner.

Appendix 1.

Medical Treatment Overseas (MTO) – Accommodation Standards

The Health and Social Services Department (H&SS) understands that being away from home to undergo medical assessments or treatments can be unsettling for some patients especially if they are travelling alone and/or to an unfamiliar area or country. They may well feel fearful and vulnerable about the outcomes of their assessments and treatments. Having a safe, comfortable environment to stay in whilst away from home can help to make the experience more bearable.

The H&SS Department understands the need to be as cost conscience as we can and not spend excessively on accommodation but we also have a duty of care to our patients. We have to try and ensure that our fiscal duties and our patient's wellbeing and safety are met in equal measure.

In an effort to make the provision of accommodation fair and equal for everyone who is sent overseas for assessments or treatment the H&SS Department propose use of the following types of accommodations/minimum standards. The standards have been based after reviewing the FIG Accommodation Standards document and every effort will be made to meet these agreed standards. From time to time, due to accommodation shortages overseas, there may be occasions where it is not possible to meet these standards. If this is the case, regular reviews of available accommodation will be made and the patient will be moved to more appropriate accommodation when available.

The choice of accommodation booked for a patient will be based on where they are going, the length of time they are expected to be away from the Falkland Islands and availability of accommodation. If this period of time lengthens for any reason a change of accommodation type may be considered if the patient wishes to be moved.

Length of time a patient is overseas for treatment with accommodation types and minimum required standards:

Up to 14 days – Bed and breakfast style accommodation with:

- Breakfast available daily;
- A bedroom with en-suite bathroom facilities;
- Where required accessible – i.e. ground floor or with a lift
- A TV in their room;
- WI-FI/Internet access
- Beverage making facilities – either in their room or readily available in a communal area;
- A separate area to sit either within the bedroom or preferably elsewhere e.g. a communal lounge area.

14 days to 2months – Guest House/Self Catering style accommodation:

- The option to have breakfast provided in/by the accommodation;
- Where required accessible – i.e. ground floor or with a lift

- A bedroom with en-suite bathroom facilities;
- A TV in their room;
- WIFI/Internet access
- Beverage making facilities – either in their room or readily available in a communal area;
- A separate area to sit either within the bedroom or preferably elsewhere e.g. a communal lounge area;
- Access to laundry facilities;
- Access to kitchen facilities to include a refrigerator and a cooker, not just a microwave.

Access to laundry and kitchen facilities may be communal in nature, but access to kitchen facilities should not be unduly restricted e.g. by allocated time slots.

Over 3 months, to a maximum of three years:

Although more costly for FIG, self-contained flat/apartment type accommodation may be funded for patients when, after initial hospital investigations or treatment, it is discovered that they need to be away from the Islands for an extended period of time i.e. for chemotherapy or other protracted treatments. Individual's circumstances will need to be taken into consideration in order to make an informed decision whether this type of accommodation is appropriate not only to fund but whether it is the best option for the patient's wellbeing.

General considerations to take into account when choosing accommodation to placing patients in:

Cost should not always be the overriding factor when choosing accommodation although it is prudent to choose the most economical option when faced with a choice of locations each offering the suitable minimum standards we require.

In some circumstances the physical needs of the patients will need to be taken into consideration as well i.e. can they manage stairs or safely get into a bath or shower?

Other considerations may be about the facilities available in the location of the accommodation; are there shops or reasonably priced food outlets close at hand or easily accessible by convenient public transport. This may be more important for those in Bed and Breakfast type accommodation where going out for lunch and dinner will most likely be required.

They may include that patients will benefit from the support that is available from the people running the Bed and Breakfast type accommodation rather than the possible isolation in a flat or apartment.

Upgrading from FIG delegated accommodation:

On average the KEMH pays in the region of £100/night for accommodation. If patients decide to find their own accommodation (either of a lower or higher standard than that provided by the KEMH), then the patient will be repaid up to a maximum of £100/night on presentation of receipts.

If a patient decides to book their own accommodation they will be liable for all costs and arrangements for that booking and the KEMH does not accept any responsibility for further issues relating to that accommodation.