

## The Cross Border Directive

The Cross Border Directive (CBD) allows patients to get healthcare in another EU or EEA Member state. Patients can access healthcare under the CBD in the same way they would access public healthcare in Ireland.

Due to long waiting lists that some patients experience in accessing secondary care, it is understandable that patients may seek treatment abroad. GPs will want to facilitate their patients and act in their best interests but could be apprehensive in doing so mindful of their ethical obligations to refer a patient to a specialist who is competent and appropriately skilled. In this factsheet we hope to address the issues involved.

The scheme no longer includes care received abroad in the UK. There is a similar scheme whereby care can be accessed in Northern Ireland called the '[Northern Ireland Planned Healthcare Scheme \(NIPHS\)](#)'

Patients need a valid referral from a GP or Consultant, or they may use a letter to show they are on a public hospital waiting list in Ireland. They must be ordinarily resident in Ireland and qualify for healthcare as a public patient in Ireland.

A patient pays for their healthcare received abroad and can apply to the HSE, under the CBD, for reimbursement. Reimbursement is subject to terms and conditions. Successful applicants will be reimbursed the lesser of the cost of their healthcare abroad or what their healthcare would have cost in Ireland. Reimbursement does not include medication or travel costs.

The process of accessing healthcare under the CBD is:

1. Qualify for public healthcare
2. Have a letter of referral from a GP or consultant, or a waiting list letter, in the Irish public healthcare system
3. Contact the CBD scheme for prior approval of any in-patient treatment, and it is recommended, although not obligatory to seek prior approval for outpatient treatment.
4. Arrange outpatient appointment (consultation) with a healthcare provider abroad
5. Travel abroad for healthcare
6. Pay for any healthcare received
7. Apply for reimbursement under the CBD

Patients cannot use telemedicine at any point during the CBD process and must travel abroad to get healthcare.

## Qualifying for the Cross Border Directive scheme

To avail of the CBD scheme, patients must:

- be ordinarily resident in Ireland
- be entitled to public healthcare in Ireland
- not be in receipt of any state benefit from another EU or EEA member state
- travel abroad for the healthcare
- have a letter of referral for public healthcare from a GP or hospital consultant in Ireland, or a waiting list letter.
- apply for repayment towards the cost of healthcare received abroad, after the patient has paid for it

## Private patients

Patients with private health insurance are not excluded from the CBD but they cannot use their private health insurance to access referral for healthcare abroad. A GP or Consultant can only refer patients being treated as public patients for CBD healthcare.

## Using referrals to go abroad

Patients can use a referral for public healthcare in Ireland to access healthcare abroad under the CBD but the healthcare obtained abroad must be from the same medical specialty to which the patients was referred in Ireland.

Patients with referrals should contact the hospital abroad they wish to attend and arrange an outpatient appointment. Patients on waiting lists in Ireland, can use their referral or waiting list letter to receive healthcare abroad.

A consultation with the healthcare provider will be arranged before the patient receives any healthcare. The consultation must be a face-to-face meeting, it cannot be done remotely (using telemedicine) under the CBD.

## Referral from a doctor in Ireland

Patients must have a referral from a GP or public hospital consultant to access most types of healthcare abroad under the CBD.

A GP or consultant may be reluctant to refer patients to a specific healthcare provider abroad if they are:

- unfamiliar with the service abroad
- concerned about the quality of the service abroad
- concerned that the service may not fully meet the patient's medical needs

However, as an alternative for patients, if a GP or consultant refers a patient to a public hospital in Ireland, the patient can use that referral to access the same healthcare abroad.

The referral letter must be dated and include:

- the name and address of a hospital consultant
- patient's name, address and date of birth
- details of the patient's current health, relevant medical history and the care they need
- the referring GP or consultant's signature - it cannot be signed by their nursing or administrative staff

## Role of GPs in making referrals

- A GP should comply with the current Medical Council guideline on referrals (see below).
- There is no obligation on a GP to refer a patient abroad.
- When making a referral, the GP should be satisfied that the referral and suggested treatment is appropriate and that as far as they can ascertain, the provider to whom they refer is competent and appropriately skilled.
- For information on medical services in other EU / EEA States, the patient or the GP can contact the National Contact Point. Details of the National Contact Points for EU/EEA\* States can be found on the HSE website.
- If a GP wishes to query the qualifications, registration, good standing etc. of the clinician whom a patient wishes to attend abroad they can email the HSE. Queries should be specific about the particular information sought and the doctor in question should be specifically identified. The HSE

will contact the Internal Market Information (IMI) section of the EU and request the clarification needed.

- If a GP cannot satisfy himself/herself as to the suitability of a specialist abroad, the GP should inform the patient about the CBD and refer their patient to the National Contact Point Office for Cross Border Healthcare in Ireland.
- The HSE will link the patient with the relevant National Contact Point in the other EU country to get the relevant information.
  
- It may therefore fall to the patient to investigate and satisfy themselves as to the care being offered abroad. In this scenario, a GP's role should be limited to the referral process. Where a GP has already referred a patient to a local public OPD in the Irish system, a waiting list letter or appointment letter from the hospital will also suffice as a referral to help the patient obtain an appointment abroad.
- Many GPs are concerned about providing follow-up care on the patient's return. Every EU patient is entitled to the same care that they would have in another EU country. If a GP feels that providing follow-up care is beyond their expertise the patient should be referred back to the consultant abroad or to a consultant in the same medical discipline in Ireland.

## Prior authorisation

Prior authorisation is confirmation from the CBD office in Ireland that patients followed the correct process to access healthcare abroad under the CBD and will be eligible to claim reimbursement.

Prior authorisation is not mandatory for outpatient appointments. It is advisable however for patients travelling abroad for inpatient care to apply for prior authorisation before they travel.

To apply for prior authorisation, patients must submit:

- a valid referral
- a completed application form
- proof of having travelled abroad to consult with the consultant, in person

The patient and consultant must complete and sign the application form. The treating consultant must insert the correct DRG (Diagnosis Related Group) code for the patient's treatment. Completed applications should be submitted to the National Contact Point Office.

A full list of DRG codes and contact details for the National Contact Point Office appear on the HSE website. Applications typically take 20 working days to be processed.

## Reimbursement

To apply for repayment under the Cross Border Directive, the patient and his/her healthcare provider abroad should complete the CBD pro forma invoice (in English). The consultant must complete part B and insert the correct DRG code for the patient's healthcare.

To claim repayment, patients need to submit:

- completed CBD pro forma invoice
- hospital's original invoice and receipt
- valid referral letter from the GP or public consultant
- proof of travel such as a plane ticket receipt

## Medical Council Guide to Professional Conduct and Ethics – relevant paragraphs

### 38 Referral of patients

*38.1 It is in the best interests of the patient that the overall management of their health is under the supervision and guidance of a general practitioner.*

*38.2 If you consider that it is in the best interests of the patient to be referred for specialist opinion, you should consider relevant professional guidelines and refer your patient to a specialist who is competent and appropriately skilled to deal with the particular patient. (See also paragraph 23.)*

*38.3 Normally, consultants will see patients following referral from their general practitioner, another consultant or treating doctor. In some cases there might be no such referral. In all cases, you should inform the patient's general practitioner of the patient's progress, unless the patient specifically objects. (See also paragraph 30.3.)*

*38.4 You should usually help a patient who requests another opinion unless you judge that this is not in their best interests. You should make copies of all relevant information available to another registered doctor nominated by the patient.*

*38.5 You must not pay a fee to another practitioner for the referral of patients or accept a fee for making a referral.*

### 23 Handover

*23.1 Handover is the transfer of professional responsibility and accountability for some or all aspects of the care of a patient, or group of patients, to another person or professional group on a temporary or permanent basis. You will hand over care when you change shift, refer a patient to secondary care or other health professionals, or when your patient returns to the care of their GP. Handovers may take place between teams and/or between individuals.*

### 30 Disclosure with consent

*30.3 Most people understand and accept that information must be shared within the healthcare team and support staff to provide safe and effective care. If disclosure of a patient's information is necessary as part of their care and treatment, you should disclose the information to an appropriate person and make sure they understand that the information is confidential. You should explain to the patient that information is being shared for their benefit and with whom the information is being shared. If the patient objects to the transfer of information that you consider necessary for the provision of safe care, you should explain that you cannot refer them or arrange their treatment without disclosing that information.*

The contents of this publication are indicative of current developments and contain guidance on general medico legal queries. It does not constitute and should not be relied upon as definitive legal, clinical or other advice and if you have any specific queries, please contact Medisec for advice.