

# Challenges in cross-border treatment

**Maria Campbell presents a guide to best practice for GPs in cases where their patients seek medical treatment abroad**

AS A RESULT OF THE GROWTH in telemedicine, it is not always the case that a GP's patients are sitting across from them in a consultation room. This fundamental shift in the delivery of patient care was accelerated by the pandemic and in certain circumstances, telemedicine remains a convenient option for some patients and doctors. Cross-border issues can arise where patients who are based outside the Republic of Ireland on a medium to long-term basis seek treatment remotely. GPs need to consider the territorial limits of their indemnity arrangements when considering treatment.

This changing approach in the provision of medical care also means that patients are exploring options further afield. Fuelled by long waiting lists, costs and online advertising, increasing numbers of patients are enticed to seek treatment abroad. This presents further challenges to GPs who are asked by their patients to collaborate in the provision of cross-border care. For example, a patient may request their GP to provide a referral to a consultant outside of Ireland or request follow-up care from a patient who is travelling for treatment. A patient might also present a prescription to a GP which they have obtained from a consultant outside of Ireland. A GP must at all times act in their patient's best interest and consider the clinical and ethical issues on a case-by-case basis. The following is very general guidance as to what to consider in such a situation.

#### *Patients who have been prescribed from abroad*

When patient's obtain medical treatment abroad, it is not uncommon that a GP is asked to become involved. For example, a patient may attend a specialist via an online consultation and request that their medication be transcribed under the GMS scheme. Other private patients may present

prescriptions from abroad to their GP to ask them to prescribe them to avail of the capped costs under the Drugs Payment Scheme. Decisions on transcribing or prescribing should be clinical ones, having regard to a GP's own expertise and knowledge of the patient and GPs should not feel pressurised by patients due to cost implications.

#### *What are my obligations to transcribe or prescribe?*

A GP with a GMS list has a contractual obligation to their GMS patients to prescribe medication that is considered necessary for them. The Medical Council ethics guide also contains provisions regarding ensuring medication prescribed is safe, evidence-based and in the patient's best interests.

It is important for doctors to be aware that if they sign a prescription, even if it is transcribed, they are taking responsibility for that prescription.

#### *What should I check before I transcribe or prescribe?*

When presented with this situation, a doctor should adhere to the principles of good prescribing practice. It is therefore essential that a doctor:

- Knows what they are prescribing
- The dose is correct
- Any lack of clarity or knowledge of the prescription has been clarified with the original prescriber.

#### *What if I am not familiar with what I am prescribing?*

A doctor will need to have some familiarity with the drug and ensure that any lack of clarity in the prescription is resolved before transcribing. Any doubts should be resolved with an appropriate specialist, ideally the original author of the prescription. GPs should not generally refuse to transcribe a prescription from a consultant on the basis that they

have no expertise with the relevant drug. GPs must make efforts to educate themselves as to the general nature of the drug and dosages and seek clarification about the drug before transcribing.

However, if a doctor has patient safety concerns, then it would be appropriate to refuse to become involved in the treatment/prescribing. It would be permissible not to transcribe a particular prescription if appropriate safeguards are not in place for the patient in question. These safeguards may include the support of the prescribing consultant such as being able to contact the prescribing consultant for support or follow-on queries. Where language barriers exist, reliable and official translations may be necessary. GPs must be satisfied they have access to guidance on the required monitoring, risks and side-effects of the medication. GPs must always consider the extent of their own professional knowledge, competence, training, expertise and experience when deciding whether to prescribe medication initiated by specialists abroad, how to provide medical supports and healthcare services to their patients and to decide whether specialist consultant oversight is required in the patient's best interests and is accessible.

#### Referrals abroad

*What are my obligations if a patient asks for a referral to a specialist abroad?*

GPs must exercise proper care when advising patients about treatment and the material risks and alternatives. Many GPs may be happy to discuss and agree the option of referral abroad with patients. 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.

A GP could refuse to refer a patient abroad if they are unfamiliar with or concerned about the quality, safety or appropriateness of the service in question. There is no obligation on the part of a GP or clinician to refer a patient abroad if a GP cannot satisfy himself/herself as to the suitability of a specialist abroad.

Most importantly, when a GP is making a referral, whether it is in Ireland or abroad, they should be satisfied that it is in the patient's best interests.

A GP should comply with the current Medical Council guidelines on referrals. The patient must be well informed about the risks of attending medical care in another country and a clear, comprehensive note of the conversation should be kept. In some cases, additional potential clinical risks may be associated with travel abroad for treatment such as blood clots, infections etc.

The importance of follow-up/aftercare treatment should be discussed with the patient and if proceeding, they should be encouraged to get a written aftercare plan in English in case follow-up care is required in Ireland. Patients should be informed that certain follow-up care is likely to be outside the GP's area of expertise and if required upon return, a referral to a secondary care provider in Ireland would have to be made and in some cases actioned before the referral so that specialist care and support is readily available on their return after the treatment in question.

#### Cross-Border Directive and Treatment Abroad Scheme

The Cross-border Directive (EU Directive 2011/24/EU)

(CBD) is an initiative that allows patients to access planned medical treatment in another EU or EEA member state. The CBD only applies to healthcare that is publicly available in Ireland. If treatment is not available in Ireland a patient may be eligible under the Treatment Abroad Scheme (TAS). The processes are similar, but in order to ensure the costs of the treatment is refunded it is important for a patient to apply under the correct scheme.

Given waiting lists for access to certain medical treatments in Ireland, patients may look for alternative ways to access the medical treatment they require. The CBD and TAS provide streamlined processes for accessing this care abroad and are options which can be considered with patients who meet the criteria.

“ Maintaining clear lines of communication with patients regarding cross-border issues is key to managing expectations. ”

#### Does my patient qualify?

Before advising your patient of this option, a GP should consider if their patient fits the criteria provided by the scheme. A patient must:

- Be ordinarily resident in Ireland which means living in Ireland and can prove they intend to live in Ireland for at least one year
- Be entitled to public healthcare in Ireland
- Qualify for the healthcare they want as a public patient in Ireland
- Have a valid referral letter from a GP/consultant; or a waiting list letter
- Follow the CBD/ TAS process.

#### Where can my patient go for treatment?

Patients are entitled to seek treatment in another EU member state (EU) or European Economic Area (EEA) member state, which also includes Iceland, Liechtenstein and Norway.

Following the UK's departure from the EU on January 31, 2020, the scheme no longer includes healthcare provided in the UK. There is, however, a similar scheme whereby care can be accessed in Northern Ireland – 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.

#### What is covered?

The patient must pay for the healthcare they receive abroad but can then apply to the HSE for a reimbursement toward the cost of the healthcare. The patient is not entitled to travel expenses or costs of prescriptions or medications.



**PRIMARY CARE SURGICAL ASSOCIATION**

**12th Annual Scientific Meeting  
November 17th & 18th, 2023  
Hotel Minella, Clonmel**

**Friday, November 17th**

| 09.00-09.30 Registration                                   |   |  |            |
|--|---|--|------------|
| Time   | Topic                                     | Speaker  |            |
| 09.30-10.10  | What Happens To My Histology Specimens?   | Dr Eimear Lee, Consultant Pathologist University Hospital Waterford            |            |
| 10.10-10.50  | Periocular Surgery in Primary Care        | Dr Murali Rajaiyengar, GP Birmingham ASPC                                      |            |
| 10.50-11.20 Tea, Coffee & Meet the Sponsors                |   |  |            |
| 11.20-12.20  | Case Presentation/ Interactive Discussion | Dr Katherine Whately, GP & Plastics Specialist & Dr Darren Mc Cormack, GP      |            |
| 12.20-13.00  | Insight into Melanoma Management          | Dr Benvon Moran, Mohs surgeon (micrographically oriented histographic surgery) |            |
| 13.00-14.00 Lunch & Meet the Sponsors                      |   |  |            |
| Choice of 3 Workshops                                      |   |  |            |
| 14.00-15.15  | Workshop A                                | Workshop B   | Workshop C |
|  | Biopsy                                    | IGTN   | Wound Care |
| 15.15-15.45 Tea, Coffee & Meet the Sponsors                |   |  |            |
| Choice of 3 Workshops                                      |   |  |            |
| 15.45-17.00  | Workshop A                                | Workshop B   | Workshop C |
|  | Biopsy                                    | IGTN   | Wound Care |
| 17.00-17.30 Vasectomy Workshop                             |   |  |            |
| 20.00 Gala Dinner<br>After Dinner Speaker: Dr Martin Rouse |   |  |            |

**Saturday, November 18th**

| 09.00-09.30 Registration                    |   |  |                      |
|---|---|--|----------------------|
| Time  | Topic   | Speaker                                    |                      |
| 09.30-10.10                                 | Emerging Approaches to Non-Melanoma Skin Cancer | Dr David Buckley GP                        |                      |
| 10.10-10.50                                 | Keynote Speaker                                 | Prof Paul Ridgway, Tallaght Hospital & TCD |                      |
| 10.50-11.20 Tea, Coffee & Meet the Sponsors |   |  |                      |
| 11.20-11.50                                 | PCSA AGM  | Interactive                                |                      |
| 11.50-13.00                                 | Ross Ardill Papers & Prize                      | Ross Ardill Finalists                      |                      |
| 13.00-14.00 Lunch & Meet the Sponsors       |   |  |                      |
| Choice of 3 Workshops                       |   |  |                      |
| 14.00-15.00                                 | Workshop A                                      | Workshop B                                 | Workshop C           |
|   | Ellipse Excisions                               | Advanced Excisions                         | Advanced Cryosurgery |
| Choice of 3 Workshops                       |   |  |                      |
| 15.00-16.00                                 | Workshop A                                      | Workshop B                                 | Workshop C           |
|   | Ellipse Excisions                               | Advanced Excisions                         | Advanced Cryosurgery |
| 16.00 Close of Meeting                      |   |  |                      |

Referrals for fertility treatment are not facilitated under the Cross-Border Directive.

*Prior authorisation*

It is recommended that patients get prior approval of the treatment by the CBD scheme. It is not mandatory but provides some comfort for a patient that they will be eligible to claim reimbursement. To apply for prior authorisation, a patient should submit the referral, an application form and proof of travel for outpatient appointment to meet the consultant in person. It is important to note that an online consultation is not sufficient and travel in person is required. The application form must be signed by both the patient and their treating doctor prior to submitting the documentation to the National Contact Point Office.

*Referral letter*

Sometimes, a GP may be reluctant to refer patients to a specific healthcare provider abroad if they are unfamiliar with the service or have concerns that the service may not fully meet the patient's needs. Where a GP has already referred a patient to a local public outpatient department in the Irish system, that referral or a waiting list letter or appointment letter from the hospital should suffice to help the patient obtain an appointment abroad.

*Private patients*


Patients with private health insurance are not excluded from the schemes 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 the schemes.

*Follow-up care*

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, they should not feel pressurised to treat the patient and consider referring them back to the consultant abroad, a consultant in the same medical discipline in Ireland or the emergency department if appropriate.

More information on the CBD and the TAS can be found on the HSE website.

**Conclusion**

Maintaining clear lines of communications with patients regarding cross-border issues is key to managing expectations and ensuring patient safety. The notes of any discussions with patients regarding cross-border issues, including decisions on prescribing, referrals and follow-up care should be carefully documented, as should discussions with any healthcare providers abroad. If you have any queries or concerns about any aspect of cross-border treatment, you should contact your indemnifier or medical defence organisation for advice. 

Maria Campbell is legal counsel with Medisec