

Falkland Islands Government



Health and Social Services

Medical Treatment Overseas Policy

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Amendment History

Version	Status	Summary of changes	Date of issue
0.0	Draft	Summary of previous policy documents into one policy	April 2005
0.1	Final Draft	Revised following ExCo MTO policy decisions	August 2006
1.0	Final	Minor Changes following consultation and HMSC	October 2006
1.1	Revised	Clarification of internal travel, reimbursement, flights and holidays	May 2007
1.2	Revised	Additional points of clarification added	June 2008
2.0	FINAL	RATIFIED BY DoHE	October 2011
2.1	Revised	Full clarification of all parts of policy	July 2013
3.0	FINAL	APPROVED BY ExCo December 2013	January 2014
3.1	Revised	Amendments to Funding and Accommodation Standards	September 2015
4.0	FINAL	APPROVED BY ExCo March 2016 (31/16)	March 2016

4.1	Revised	General amendments and clarification of policy	July 2019
4.2	Revised	General Amendments and clarification of policy	June 2022
4.3	Revised	General amendments and clarification of 1) complaints and appeals process, 2) escort entitlement and 3) Long- term MTO support	July 2023
4.4	Revised	Assisted conception section updated following ExCo decision 14/24 to reflect current policy. Wording on companion eligibility updated to make clearer the criteria in use. Re-arrangement of some sections of policy so information flows in a more logical manner, without any substantive change to the text itself. Version control numbering updated to ensure consistency.	July 2024
5.0	Draft	Draft version with outline proposals for consideration at HMSC.	June 2026
5.1	Active	ExCo approval sought following HMSC and further review, with significant updates as follows: 6.2 and 6.5 location of FIG-referral updated to reflect immigration issues that may occur in some cases for referrals to the UK of more than 6 months' duration. 6.3 amended wording relating to private arthroplasty. 7.4 updated to amend eligibility for daily living allowance 8.1 added to make clear responsibility maintaining validity of passports and visas rests with the patient. 9.6 re-wording of section on long-term MTO to recognise that some individuals cannot be referred long-term to the UK. 9.7 additional exclusion outlining approach taken in relation to conditions not disclosed in an immigration medical. Appendix 1 updated to reflect the introduction of a managed accommodation contract General re-structuring and re-wording to improve document readability.	September 2026

Medical Treatment Overseas (MTO) Policy

1. Introduction

Due to the Falkland Islands' size and remote location, some treatments cannot be provided locally. This may be because specialist expertise or equipment is unavailable, or because it would not be clinically or financially viable to provide the service in the Islands. In these circumstances, MTO referral may be necessary.

The King Edward VII Memorial Hospital's (KEMH) primary concern is the safe and appropriate care of patients.

The decision to refer a patient for an MTO referral is a clinical one. Referrals may be made for diagnosis, specialist assessment, treatment or, in exceptional cases, long-term care. Such decisions can have significant implications for patients and their families, including disruption to daily life and financial pressures. It is therefore essential that referral and funding decisions are made fairly, transparently and consistently.

2. Purpose and Scope

The purpose of this policy is to provide clear guidance on referral for Medical Treatment Overseas (MTO). It sets out the criteria for referral and the funding arrangements that apply to MTO referral. The policy aims to ensure that decisions are fair, equitable, transparent and consistent, while meeting patients' clinical needs.

The policy applies to all patients eligible for Falkland Islands Government (FIG)-funded MTO referral. It also applies to all staff who are involved in the decision-making process for MTO referral (see MTO Group below) or are otherwise involved in the implementation of this policy.

This policy sets out the normal arrangements for MTO referral. KEMH retains discretion to depart from these arrangements where individual clinical, legal, operational or financial circumstances reasonably justify doing so in a proportionate manner.

3. Definitions

'Companion' means an individual sponsored by FIG who accompanies a patient in the circumstances set out in section 7.5

'Holiday MTO' means a non-urgent referral that can be arranged around travel that the patient has planned or is planning to make.

'Long-term MTO' means a referral lasting more than nine months.

'MTO referral' means any treatment undertaken outside the Falkland Islands and includes diagnostic examination and procedures, assessments and long-term care.

'MTO Group' means the group responsible for evaluating requests for MTO referral against this policy, and taking a decision as to whether the referral is approved, or not. This group consists of all available GPs, the resident Surgeon, Anaesthetist, Chief Medical Officer (CMO), Specialist Liaison Nurse, Hospital Manager and MTO Co-ordinator and any other appropriate healthcare professional as required to review individual cases.

4. Governance

4.1 MTO Group

The MTO Group is responsible for assessing requests for MTO referral and determining whether they meet the criteria for FIG-funded MTO referral. The Group will normally meet weekly, subject to operational requirements and caseload.

Decisions will be made collectively by the MTO Group. Where consensus cannot be reached, the Chief Medical Officer (CMO), in consultation with the Director of Health and Social Services (DHSS), will make the final decision. In the absence of the CMO, this responsibility may be delegated to a nominated lead clinician.

In assessing each case, the MTO Group will consider the individual circumstances of the patient alongside the requirements of this policy.

In cases requiring urgent, life-saving aeromedical evacuation, the treating clinician, in consultation with the CMO where available, may authorise referral without prior approval from the MTO Group. All other relevant provisions of this policy will continue to apply.

Clinicians must not commit to an MTO referral before approval has been granted, as doing so may create unrealistic expectations for patients and their families.

4.2 Information Sharing

To arrange travel for an MTO referral, KEMH will need to share limited information with the Falkland Islands Company (FIC), International Tours and Travel (ITT). Confidential medical information will not be disclosed to these organisations without the patient's consent, although they will be aware that travel has been arranged by KEMH.

Where an aeromedical evacuation is required, relevant medical information will be shared with air ambulance providers and other agencies where necessary to ensure the patient can travel safely and to secure relevant permissions.

Depending on the destination of the MTO referral it may be necessary to share limited

information with the Falkland Islands Government Office (FIGO) in London or with Embassies in Chile or Uruguay.

Clinical information will also be shared between KEMH and the receiving healthcare provider as necessary for the patient's care. All information sharing will be undertaken in accordance with KEMH's *Code of Confidentiality* and the FIG *Data Protection Policy*.

4.3 Health and Medical Services Committee (HMSC)

The HMSC are responsible for ensuring the regular review of this policy and may make minor changes that do not fundamentally alter policy intent as per Executive Council delegation.

5. Eligibility for MTO Referral

The following persons who are ***ordinarily resident*** in the Falkland Islands may be considered for FIG-funded MTO referral:

- 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.

Additional eligibility restrictions apply in the case of assisted conception. Please refer to section 9.5 for further detail.

6. Approval Criteria

6.1 Clinical Criteria

A decision to send a patient on MTO referral is based upon the following key criteria being met:

- The treatment is clinically **necessary** and is in accordance with recognised treatment guidelines;
- The referral is clinically **appropriate** for the patient;
- The treatment is **not available**, or will not become available locally within a clinically acceptable timeframe;
- Applicable NHS eligibility criteria for the proposed treatment are met; and
- Failure to refer would likely result in significant harm to the patient.

Only in exceptional circumstances would the MTO Group recommend a treatment that is not routinely provided by the NHS. Additional approval to fund this procedure must be obtained from the Chief Medical Officer and Director of Health and Social Services.

FIG may exceptionally 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 Senior Dental Officer.

Approval for MTO referral does not create an entitlement to treatment by a specific consultant, hospital, healthcare provider or healthcare system. KEMH reserves the right to determine the most appropriate referral pathway, taking account of clinical need, patient safety, operational requirements and value for money.

6.2 Location of FIG-funded MTO referral

In emergency situations requiring urgent treatment, patients will normally be referred to a hospital in South America.

Routine elective treatment will ordinarily be referred to the UK NHS, reflecting the Falkland Islands Government's reciprocal healthcare arrangements with the United Kingdom.

Exceptions include:

- Referral to an approved private provider for arthroplasty (see section 6.3).
- Referrals expected to exceed six months where the patient is unable or unwilling to obtain or maintain any immigration permission required to remain in the UK for the duration of treatment. In such cases, and where appropriate, the patient may instead be supported to access healthcare in their country of nationality or citizenship. Further details are set out in section 6.5.

In exceptional circumstances, the MTO Group may approve referral to South America for elective treatment. In doing so, the MTO Group will have regard to:

- Whether the referral is for diagnostic purposes only and offers clear benefits in terms of timeliness and cost-effectiveness.

- Whether the patient is unable to travel to the UK because they do not meet the medical or policy requirements for travel on the MoD airbridge including aeromed flights, and commercial travel to the UK is also not a viable option; and
- Whether there is a clear clinical or financial rationale for referral to South America rather than the UK.

Where a patient is initially referred to South America, KEMH may subsequently arrange onward referral to the UK where it is clinically appropriate, safe and operationally feasible. Such decisions will be based on anticipated clinical benefit and/or value for money.

In rare cases, complex immigration circumstances may require further advice and guidance before a referral decision can be finalised.

6.3 Arthroplasty

KEMH has a limited budget available to fund private hip and knee replacements with a private contracted provider in the United Kingdom. Not all persons who are approved for an MTO referral for hip or knee replacement are expected to be able to be treated through this route owing to the limited budget available. For this reason, KEMH reserves the right to prioritise cases for this option based on clinical need and urgency, accepting that those patients instead referred to the NHS are expected to experience longer waiting times. Individuals that are not able to be referred to the private provider, owing to the limited funding available, can expect to instead be added to the NHS waiting list.

6.4 Termination of Pregnancy

Termination of pregnancy is eligible for full funding for MTO referral, but only where the procedure cannot be performed in the islands.

6.5 MTO Referrals Expected to Exceed Six Months

Where a routine MTO referral which would normally be made to the UK is expected to exceed six months, the patient must be willing and able to obtain, maintain and, where necessary, extend any immigration permission required to remain in the UK for the duration of treatment.

KEMH will support patients to make informed decisions about prolonged overseas treatment, including referrals during high-risk pregnancy. Decisions regarding MTO referral in pregnancy will be based on an individual clinical risk assessment.

Patients should be advised of any practical implications of an extended stay overseas, including immigration requirements and, where relevant, the time required to obtain

travel documentation for a newborn child. Obtaining a passport for a newborn who is not entitled to a British passport may incur a significant delay.

Where immigration requirements, citizenship status or family circumstances may affect a referral to the UK, KEMH will discuss the available options with the patient. This may include consideration of referral to the patient's country of nationality or citizenship where appropriate. Patients should be supported to make an informed decision, taking account of the benefits, risks and practical implications of each option, including access to support networks and suitable healthcare.

Where support is provided for treatment in a country other than the UK under this section, FIG funding will be limited to:

- return airfares;
- accommodation up to the approved rate;
- the Daily Living Allowance, where applicable; and
- a funded companion (where eligibility criteria are met)

KEMH cannot independently verify the suitability, quality or safety of healthcare facilities in all countries that may be considered under this section. Referral under this route should not be interpreted as endorsement of a particular healthcare provider or facility.

Emergency referrals, and routine referrals expected to last less than six months, will be managed in accordance with the standard MTO arrangements.

Referrals supported under this section are not considered independently arranged treatment for the purposes of section 9.3.

7. Funding and Support

This section should be read alongside Section 9 (Limitations and Exclusions), as some funding arrangements may not apply in all circumstances.

7.1 Airfares

- KEMH will arrange and fund return airfares for the patient, **once their appointment date is known.**
- When availability permits, 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 FIGO if in the UK, or KEMH directly if in South America, for their return flight to be

arranged. Communication and contact will be via recognised FIG telephone numbers and e-mails, not via social media.

- Following discharge, patients are expected to return to the Falkland Islands on the first available flight after being declared fit to travel. Approved funding, including for accommodation, will normally cease from that date.
- Patients who choose to remain overseas after the end of their approved MTO referral, or who do not return within two weeks of funded support ending, will be responsible for any additional return travel costs for themselves and any companions.
- Where a patient chooses to be seen during a pre-existing holiday or period of leave, KEMH will not retrospectively reimburse any flight costs.

7.2 Travel

KEMH will provide or fund transport reasonably required for an MTO referral, including:

- travel between the patient's accommodation and treatment location (subject to the accommodation being within a reasonable distance).
- travel between the airport in the country of referral and approved accommodation; and
- transport to and from MPC where required (usually via local bus company unless there is a clinical need for alternative transport agreed by KEMH).

An advance payment may be made for approved internal travel costs. Receipts must be retained and submitted to KEMH in accordance with the reimbursement process.

Travel should normally be by public transport unless clinical or other approved circumstances require alternative arrangements. The use of taxis, hire cars or other private transport must be agreed in advance by KEMH or FIGO. If the patient travels by taxi between the airport and their recognised accommodation, FIGO will make the booking and pay for this, and no advance will be made to the patient.

Where private transport is approved, reimbursement may be made at the applicable mileage rate together with any approved parking costs. When overseas for longer periods of time reimbursement may be made based on emailed images of receipts.

Claims for reimbursement must be supported by receipts and submitted within one month of return to the Falkland Islands.

No reimbursement is due for any personal travel not connected with the MTO referral.

In the case of Holiday MTO, KEMH will normally reimburse for internal travel to the hospital from approved accommodation in accordance with the reimbursement process and approved limits.

7.3 Accommodation– see appendix 1 for full detail

KEMH will arrange and fund accommodation for approved MTO referrals where required and requested.

Patients may choose to arrange their own accommodation, in which case reimbursement will normally be limited to the approved accommodation rate.

Accommodation for Holiday MTO referrals will only be funded in accordance with section 9.4.

Further details, including patient responsibilities, are provided in Appendix 1.

7.4 Financial Assistance

Patients remain responsible for their personal finances and day-to-day expenses whilst on MTO referral. However, the following forms of assistance may be available.

Daily Living Allowance

A Daily Living Allowance (DLA) may be paid to eligible patients who apply and meet any approved eligibility criteria.

The allowance is intended to assist with the additional costs of being overseas and will normally only be paid where treatment is expected to last longer than one week.

Companions accompanying an adult patient are not eligible for a DLA.

Where an adult accompanies a child, eligibility for the child and accompanying adult will be assessed separately. Where both are eligible, separate allowances will be paid, with the child's allowance paid to the accompanying adult.

The allowance will be paid at the rate approved through the annual FIG budget process.

Income Support

Patients on low incomes may wish to check their eligibility for Income Support. This must occur before leaving the islands and can be arranged by contacting the Social Services Department. This process must be initiated by the patient or authorised representative. Where a patient or companion is already in receipt of Income Support, payments will continue during MTO referral provided they remain eligible.

7.5 Companions

KEMH will fund travel and accommodation for companions in the following circumstances:

- A child under 18 years of age: one parent or guardian.
- A woman undergoing a high-risk pregnancy: one chosen companion.
- A critically ill child with an immediately life-threatening condition: both parents or guardians;
- A critically ill patient transferred by air ambulance: one companion.

For non-critical air ambulance transfers, a companion may accompany the patient where space permits. Unless separately approved as a funded companion, all ongoing costs will remain the responsibility of that individual.

Additionally, the KEMH may fund a companion in the following circumstances:

- **Patients with existing care and support needs** who would be unable to manage the activities of daily living without assistance from a companion. This includes patients with documented care and support needs. Where eligibility is unclear, the MTO Group will assess the individual's circumstances.
- **Patients who do not ordinarily require care and support**, but who are expected to require assistance following treatment in order to manage the activities of daily living. Decisions will be made on a case-by-case basis, taking account of the patient's individual circumstances. Examples may include major surgery resulting in significant incapacity during recovery or highly emetogenic chemotherapy likely to leave the patient temporarily unable to care for themselves adequately.
- **Patients undergoing long-term inpatient MTO**, where treatment is expected to last more than three months. The MTO Group will consider the individual circumstances of each case and may approve funding for a companion either for the duration of treatment or for specific periods during the referral.
- **The patient's condition deteriorates**, and additional support becomes necessary.
- **Exceptional end-of-life circumstances**, up to three relatives may be sponsored to travel and stay with the patient.

The MTO Group retains discretion to approve a companion where exceptional circumstances exist.

Approval of a companion does not guarantee that travel will be possible. Immigration, visa or travel restrictions may prevent entry to the destination country.

The following table summarises the most common companion entitlements. The full criteria are set out above.

Circumstance	Companion entitlement
Child under 18	One parent/guardian
Critically ill child	Two parents/guardians
High-risk pregnancy	One companion
Critical air ambulance transfer	One companion
Care/support needs	Case-by-case
Palliative/ end-of-life circumstances	Up to three relatives

7.6 Support

KEMH is committed to promoting the welfare and wellbeing of patients and companions during MTO referrals.

The MTO Co-ordinator, Specialist Liaison Nurse, FIGO and relevant embassy staff may provide support during the referral process, although the level of support available will vary according to location and local arrangements.

Patients and companions who do not have access to local consular or embassy support in South America due to their nationality may experience reduced welfare assistance. In some cases, this may be compounded by immigration or visa restrictions affecting companion travel.

8. Patient Responsibilities

8.1 Passports and visas

Patients are responsible for obtaining and maintaining all passports, visas, permissions to travel and immigration status required for their MTO referral. This includes any associated costs.

Additional accommodation, travel or subsistence costs arising from failure to obtain or maintain valid travel documentation will not be funded by KEMH.

8.2 Insurance

All patients travelling on MTO referral 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.

8.3 Finances

Patients are responsible for managing their personal finances whilst on MTO referral. For the avoidance of doubt, for elective MTO referrals, and where possible for emergency MTO, patients or their recognised representatives, will be provided with a document outlining what elements the KEMH will fund during the MTO referral. The patient or their recognised representative will be asked to acknowledge and sign this document.

9. Exclusions and Limitations

9.1 General Exclusions

Only persons who meet the eligibility criteria stated in section 5 are eligible for FIG-funded MTO referral.

Persons, who are only exempt from the approved charges for medical care and medical evacuation by virtue of the UK/Falkland Islands Reciprocal Healthcare Agreement are also not eligible for FIG-funded MTO referral.

FIG will not ordinarily approve MTO referral where the required treatment can be provided locally by a visiting specialist within a clinically acceptable timeframe.

FIG will not ordinarily fund private treatment in the UK except in exceptional circumstances, including where support has been approved by Executive Council.

Where a patient is not eligible for FIG-funded MTO referral and requires emergency aeromedical evacuation, KEMH may assist with reasonable administrative arrangements. Responsibility for funding the evacuation remains with the patient or their insurer.

If it is determined that your medical treatment has ended and that you are no longer overseas for the purpose of MTO referral the FIG will cease funding at the point that the MTO referral ended.

9.2 Travel Outside Approved MTO Arrangements

Patients who choose not to travel on the recommended penultimate flight Northbound may make their own travel arrangements. Any additional costs incurred, including accommodation arising from missed appointments or delayed treatment, will be the responsibility of the patient.

Patients who choose to travel before their approved departure date or remain overseas after they have been declared fit to travel may do so at their own expense. During this period, KEMH will not fund accommodation, allowances or other costs associated with the referral.

9.3 Independently Arranged MTO

Patients approved for MTO may choose to arrange their own treatment. For instance, if they wish to access treatment more quickly than is available on the NHS.

In these circumstances, FIG will normally fund:

- airfares up to the value of a return UK airbridge fare;
- accommodation up to the approved rate; and
- any Daily Living Allowance for which the patient is eligible.

Medical treatment costs will not be funded and remain the responsibility of the patient. The patient must arrange and pay for treatment directly with their chosen provider.

No reimbursement will be made for treatment arranged without the prior approval of KEMH.

For independently arranged hip and knee replacement surgery, FIG may reimburse costs up to the value payable to its contracted provider, provided that:

- the patient was approved for private arthroplasty through MTO before treatment;
- funding was available within the approved arthroplasty budget; and
- all other approval requirements were met.

9.4 Holiday MTO

Patients who are approved for non-urgent elective treatment, and already have a planned overseas trip will be funded through this route where possible. This ensures efficient use of the MTO budget, and also helps to avoid unnecessary additional trips for the patient.

Support is normally limited to:

- accommodation for the day before and day of the appointment (if required);
- travel to and from the appointment.

Flights and other travel costs are not funded under this route.

9.5 Assisted Conception

Funding for assisted conception treatment is limited to six couples per financial year, with a maximum contribution of £10,000 per couple.

Eligibility is subject to the approved assisted conception criteria, including the requirement that at least one member of the couple holds Falkland Islands Status.

Applications will normally be considered on a first-come, first-served basis within each financial year.

Approved couples are responsible for arranging their own treatment, travel and accommodation. Reimbursement will be made on production of appropriate receipts or invoices, up to the approved funding limit.

9.6 Long-term MTO

Long-term MTO means a referral lasting more than nine months.

In exceptional circumstances, ongoing treatment or therapy overseas may be clinically required. In some cases, this may ultimately result in a permanent relocation from the Falkland Islands. KEMH will provide guidance on the arrangements required for long-term MTO. Where a patient is expected to remain overseas after FIG-funded support ends, responsibility for making longer-term living arrangements will rest primarily with the patient to enable a smooth transition to residence in that country.

As long-term MTO referrals are exceptional and often involve unique circumstances, funding and support arrangements will be considered on a case-by-case basis.

The maximum period of FIG-funded support will normally be:

- **Three years** for Falkland Islands Status Holders, Permanent Residence Permit Holders and Dependent Permit Holders.
- **Nine months** for Work Permit Holders and Accompanying Dependent Permit Holders.

For Work Permit Holders and Accompanying Dependent Permit Holders, support will cease if the relevant permit expires, is cancelled or is revoked, even where this occurs before the maximum funding period.

The three-year limit applies to each individual referral. Where a patient completes treatment, returns to the Falkland Islands and subsequently requires a new referral, any previous period of support will not count towards the limit.

In exceptional circumstances, where it is reasonable, justified and proportionate to do so, alternative treatment options may be considered, taking account of clinical need, patient welfare, and the availability and quality of treatment.

Where treatment is expected to continue beyond the approved period of support, patients will be given advance notice that FIG funding will cease and will be expected to make alternative arrangements for ongoing healthcare.

9.7 Treatments and Costs Not Funded

FIG will not fund:

- Treatment undertaken without prior approval from the MTO Group.
- Elective or planned MTO referral relating to a medical condition which was known to the applicant at the time of their immigration medical assessment and was not disclosed, or was materially misrepresented, where disclosure of the condition was specifically required as part of a permit application process, will not usually be eligible for funded MTO referral. In exceptional cases, where to not treat or investigate the condition may result in serious harm to the patient, further advice will be sought before a decision is made.
- Treatment required whilst a person is overseas for business or leisure, except where approved through the Holiday MTO route.
- Treatment unrelated to the condition for which MTO referral was approved, unless further approval is obtained from the MTO Group.

9.8 Exceptional Cases

Where a case falls outside this policy, or where treatment costs are exceptionally high, the Chief Medical Officer will discuss the case with the Director of Health and Social Services to determine next steps. It may be necessary to refer the case to Executive Council or seek legal advice before a decision can be made.

10. 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 MTO Co-ordinator 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 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 MTO Co-ordinator.
2. If still dissatisfied a formal complaint may 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 decision and reasons for it will be shared with the HGM who reports back to the complainant within 5 working days of the decision.
4. If the patient 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 decision of the HMSC is final and will be reported to the complainant by the DHSS.

Appendix 1.

Medical Treatment Overseas (MTO) – Accommodation Standards

1.0 Introduction

KEMH recognises that travelling overseas for medical assessment or treatment can be stressful, particularly for patients who are travelling alone or to an unfamiliar location. Providing safe and appropriate accommodation helps support patient wellbeing during an MTO referral.

KEMH must balance its duty of care to patients with its responsibility to make effective use of public funds. Accommodation is one of the most significant costs associated with MTO referrals.

To ensure fairness, consistency and value for money, KEMH will normally provide accommodation in accordance with the standards set out in this document. In exceptional circumstances, such as accommodation shortages, it may not be possible to meet these standards. Where this occurs, accommodation arrangements will be reviewed regularly, and patients may be moved to more suitable accommodation when it becomes available.

The type of accommodation provided will depend on the referral location, the anticipated duration of stay, the patient's individual circumstances and accommodation availability. Where a referral extends beyond the originally anticipated duration, a change of accommodation may be considered.

2. Type of accommodation and minimum required standards

Subject to section 3.0, patients may choose to arrange their own accommodation. Further details are provided in section 6.0.

2.1 Anticipated Stay of up to Two Months

Patients staying overseas for up to two months will normally be provided with hotel or bed and breakfast accommodation. Self-catering accommodation may be considered where appropriate, taking account of cost, availability and individual circumstances.

Where hotel or bed and breakfast accommodation is provided, it should normally include:

- Daily breakfast;
- A private bedroom with en-suite bathroom facilities;
- Accessible accommodation where required (for example, ground-floor accommodation or lift access);

- A television;
- Wi-Fi or internet access;
- Tea and coffee-making facilities, either in the room or in a communal area; and
- Access to a seating area, either within the room or elsewhere in the accommodation.

2.2 Anticipated Stay of More than Two Months

Patients expected to remain overseas for more than two months may be provided with self-contained apartment accommodation.

This is most likely to apply where prolonged treatment is required, such as chemotherapy or other long-term treatment programmes. In determining whether apartment accommodation is appropriate, KEMH will consider the patient's individual circumstances, wellbeing and support needs.

2.3 Exceptional Circumstances

In exceptional circumstances, the MTO Group may approve self-contained accommodation for referrals expected to last less than two months where the patient's clinical condition or care and support needs make hotel or bed and breakfast accommodation unsuitable.

3.0 Managed Accommodation Contract in Southampton and Portsmouth

KEMH operates a managed accommodation contract in Southampton and Portsmouth, primarily for patients expected to remain overseas for more than two months.

Subject to availability, this accommodation may also be used for shorter referrals where it represents the most appropriate option, including circumstances described in section 2.3.

Where accommodation is offered under the managed accommodation contract, KEMH may decline to fund alternative or self-arranged accommodation unless the MTO Group is satisfied that there are reasonable grounds for doing so.

4.0 Accommodation Selection Criteria

When selecting accommodation, KEMH will consider:

- Cost and value for money;
- The patient's clinical, mobility and accessibility requirements;
- The availability of local amenities, including shops and reasonably priced food outlets;
- Access to public transport;
- The suitability of the accommodation for the patient's anticipated length of stay; and
- Whether the patient would benefit from accommodation that provides greater support and social interaction.

Cost will be an important consideration, but it will not be the sole factor in determining

the most appropriate accommodation.

5.0 Duration of Accommodation Funding

Accommodation will be funded from the date that KEMH determines the patient must arrive at their destination until the first available flight after the patient has been declared fit to travel.

If a patient chooses to travel earlier or remain overseas longer than required, any additional accommodation costs will be the responsibility of the patient.

6.0 Self-Arranged accommodation:

Patients may choose to arrange their own accommodation.

Where this option is approved, KEMH will reimburse accommodation costs up to the applicable maximum daily rate on production of satisfactory evidence of payment.

Patients who arrange their own accommodation are responsible for all bookings, contractual arrangements and associated costs. KEMH accepts no responsibility for any issues arising from self-arranged accommodation.

Patients should contact the MTO Co-ordinator for details of the applicable reimbursement rates.

7.0 Accommodation Upgrades

Patients may choose to upgrade their accommodation at their own expense.

KEMH will reimburse accommodation costs only up to the applicable standard rate that would otherwise have been funded for the referral.

Further details are available from the MTO Co-ordinator.

8.0 Staying with Friends, Family or in a Property Owned by the Patient

Where a patient chooses to stay with friends, relatives or in accommodation that they own, the patient or householder may claim the approved subsistence allowance.

This arrangement must be agreed in advance with either the MTO 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.

Where accommodation is vacated without prior agreement, KEMH may recover from the patient any accommodation costs incurred during the period the accommodation remained reserved.

9.0 Additional Charges

Patients are responsible for complying with the rules and conditions of the accommodation in which they stay.

Any charges arising from:

- Damage to property;
- Additional cleaning;
- Smoking;
- Breaches of accommodation rules; or
- Any other unauthorised use of the accommodation,

will be the responsibility of the patient.

KEMH will only fund early check-in, late check-out or similar charges where they have been approved in advance.

KEMH reserves the right to recover from the patient any unauthorised or additional accommodation-related charges incurred during the referral.