



UK Planned Treatment Scheme **Guidance for commissioners** **from 1 January 2021**

UK S2 (planned treatment) and EU Directive
(legacy) routes (England) following EU Exit

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Introduction and background

1. Until the UK left the European Union (EU), there were two potential routes through which patients could have some, or all, of the cost of their healthcare covered in European Economic Area (EEA) countries or Switzerland:
 - a) The S2 route (for planned treatment) where a patient could obtain pre-approved planned treatment in the EEA or Switzerland
 - b) The route for cross-border healthcare reimbursements ('Directive' route) where a patient could seek treatment in another EEA state and claim back the costs of treatment from their home country.
2. When the UK exited on 31 January 2020, the Withdrawal Agreement¹ (WA) maintained the existing S2 planned treatment route for all those covered.. However, the Directive route only operated until the end of the transition period at the end of 2020 f.
3. As part of the new Trade and Cooperation Agreement (TCA) negotiated at the end of the transition period, the UK and EU agreed to continue a **planned treatment scheme** (PTS) equivalent to the S2 scheme from 1 January 2021.
4. However, from 1 January 2021, the Directive route is no longer available for UK citizens or ordinary residents, except for those patients who are entitled to reimbursement for ongoing and legacy applications.
5. This guidance therefore supersedes all previous versions of S2 and Directive Commissioner Guidance and is effective from 1 January 2021.

About this guidance

6. The Department of Health and Social Care (DHSC) funds care under the new planned treatment scheme (PTS).

¹ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/840655/Agreement_on_the_withdrawal_of_the_United_Kingdom_of_Great_Britain_and_Northern_Ireland_from_the_European_Union_and_the_European_Atomic_Energy_Community.pdf

7. The NHS England and NHS Improvement European Cross Border Healthcare (ECBH) team manages all applications for the new PTS for England. It also manages ongoing and legacy applications under the old S2 and Directive routes.
8. This guidance relates to applications for funding for treatment within the EU or Switzerland under the PTS. The states of Norway, Iceland and Liechtenstein are not yet covered but this may change in the future. The European Health Insurance Card (EHIC) and Global Health Insurance Card (GHIC) for urgent treatment are not within scope of this guidance.
9. This guidance is correct as of 1 November 2021 and will be updated as required to reflect any future agreements.

Legacy and transitional applications

Legacy S2 applications and Planned Treatment Scheme

10. Under the terms of the new agreement between the UK and the EU, the planned treatment scheme is available for people who are ordinarily resident in the UK. The S2 (old, planned treatment) route will continue to be available in the EEA for people in scope of the WA or who applied for authorisation prior to 1 January. The NHS Business Services Authority (NHSBSA) will be able to clarify who is within scope of the WA as their system will identify when a citizen was awarded an S1 entitlement.² Further details of who is eligible for each route are set out on the NHS website.³
11. The new PTS only covers EU countries and Switzerland. Other countries in the EEA⁴ are no longer covered unless further reciprocal agreements are made. People in scope of the WA or who applied for authorisation prior to 1

² People who live in an EU country and receive a UK state pension or other 'exportable benefit' are entitled to state healthcare paid for by the UK. This entitlement is evidenced by an approved S1 form.

³ <https://www.nhs.uk/using-the-nhs/healthcare-abroad/going-abroad-for-treatment/what-is-the-s2-route/>

⁴ Norway, Iceland and Liechtenstein

January 2021 continue to have an entitlement to the S2 route in the EEA, even if the date of the treatment is on or after 1 January 2021.

Legacy Directive applications

12. From 1 January 2021, the Directive route is no longer available for UK citizens or ordinary residents. However, people who started treatment on or before 31 December 2020 can still apply for reimbursement under this route.
13. For specialised treatments to be considered, prior authorisation should have been requested from the ECBH team on or before 31 December 2020. Pre-authorised applications will be honoured, even if the treatment started on or after 1 January 2021 with an anticipated completion date before 31 December 2021.
14. Individuals are requested to submit their claim as soon as possible to enable timely processing. However, valid claims will still be reviewed and paid if received within six years of the date of treatment. This means that NHS commissioners will still be responsible for these treatment costs.
15. The ECBH team can therefore progress new applications for reimbursement received after 1 January 2021, where the treatment started in 2020 but continues into 2021, and where the treatment package was part of the original application/treatment plan (and did not require prior approval, i.e. not a specialised treatment).
 - Subsequent applications which appear to relate to the original diagnosis/treatment plan can be assessed on a case-by-case basis. Confirmation should be sought from the NHS commissioner as to whether the treatment would be part of the package of on-going care offered on the NHS. If it would, then the application should be progressed, if it would not, then the application should be rejected.
 - Subsequent applications which do not relate to the original diagnosis/treatment plan cannot be progressed and should be rejected.

Emergency treatment under the Directive route

16. In addition to planned care, the Directive route covered emergency treatment in both the state and private sector (including ambulance costs where

medically necessary). If a patient accessed emergency or medically necessary treatment in either sector, they could seek reimbursement up to the cost of the same or equivalent treatment on the NHS via the Directive route. The treatment must have started on or before 11pm on 31 December 2020.

Applying for reimbursement under the Directive route

17. Under the Directive route, patients paid the healthcare provider directly for their treatment. In cases where the treatment was not subject to prior authorisation, providing it was the same as or equivalent to one which they would usually be entitled to receive on the NHS in the circumstances of their case, the patient may subsequently request reimbursement from NHS England and NHS Improvement for some or all of the costs of this treatment.
18. NHS England and NHS Improvement have published information on [how to apply for reimbursement for treatment authorised or started before 1 January 2021](#). This includes the services for which prior authorisation is a condition of reimbursement under the Directive route.
19. The following criteria must have been met in order to receive reimbursement under the Directive route during the transitional period:
 - The treatment package must have started on or before 31 December 2020 (although it can continue into 2021) unless prior authorisation had already been sought by this date for treatments starting from 1 January 2021.
 - The patient was ordinarily resident in England and entitled to the treatment under the NHS.
 - The proposed healthcare provider is a person/body based in an EU/EEA country which lawfully provides the treatment in question.
 - The treatment was necessary to treat or diagnose a medical condition.
 - The treatment was the same as, or equivalent to, one that would be available to the patient under the NHS.
 - For treatments that do not require pre-authorisation, proof of payment and original receipts are provided for the treatments received.

- The patient provided a letter from an EU/EEA or UK clinician that described the condition and diagnosis and confirmed, based on a full clinical assessment, the medical need for the treatment(s). The letter must clearly state why the treatment was needed.
20. In a small number of cases, pre-authorized treatment under the Directive route that should have been completed within 2021 may have been delayed due to Covid-19 restrictions, i.e. travel restrictions or cancellations by the treatment provider due to Covid-19. In such exceptional cases, treatment continuing into 2022 may be reimbursed. Any such claims for reimbursement will be processed by the ECBH team.
 21. If these criteria are satisfied, then patients will be granted reimbursement of eligible costs incurred up to the cost of the same or equivalent treatment on the NHS (although please note the additional considerations where prior authorisation is required as per paragraph 18 above).
 22. In requesting reimbursement for the cost of their treatment, patients must complete an [application form](#) and provide the ECBH team with supporting clinical evidence and, where applicable, itemised receipts and proof of payment for the treatment or service they have purchased.
 23. Receipts and supporting documentation in a language other than English will need to be translated. Where this applies, it is the responsibility of the patient to provide the translation, which should be stamped or signed and dated by the person completing the translation. There is no requirement for the translation to be provided by an official translator.
 24. If the treatment for which reimbursement is being sought would normally attract a patient charge under the NHS, the ECBH team will deduct this from the amount due unless the patient can prove they are exempt from these charges. Any additional costs will be borne by the patient.
 25. Following a successful application under the Directive route, the ECBH team must provide the applicant with a clear statement of the amount of reimbursement.
 26. Once reimbursement has been issued to the patient, NHS England and NHS Improvement will recover the costs from the responsible commissioner.

27. Where authorisation, reimbursement or full reimbursement has been refused, the ECBH team must inform the applicant in writing, setting out the information considered in reaching the decision and the reasons for the decision, and detailing the right to request a review or appeal of the decision, including details of the review or appeal processes.

The UK Planned Treatment Scheme (England)

28. The PTS allows UK residents, including UK-insured individuals residing in the EU, in certain limited circumstances, to have planned treatment in an EU country or Switzerland paid for by the UK. However, in contrast to the provisions of the Directive route, this scheme is a narrower entitlement in that only state-provided treatment is covered and treatment will be provided under the same conditions and payment arrangements as for a resident of the country of treatment.
29. While all UK residents may have planned treatment in the EU, only UK residents who are UK nationals, Swiss nationals, EU citizens, stateless persons or refugees are eligible for planned treatment in Switzerland. Family members of these people may also access planned treatment in Switzerland regardless of their nationality.
30. To receive funding under the PTS, a patient must have secured prior authorisation in advance of receiving treatment.
31. The key responsibilities for commissioners are as follows:
 - Publicising commissioning policies and eligibility criteria.
 - Repaying NHS England and NHS Improvement for reimbursements made to patients on behalf of the responsible NHS Commissioner (for legacy Directive applications).
 - Supporting the ECBH with entitlement decisions as to whether treatments are available on the NHS.
 - Supporting the ECBH team to make determinations regarding 'undue delay' and the timeframe within which treatments are available on the NHS.

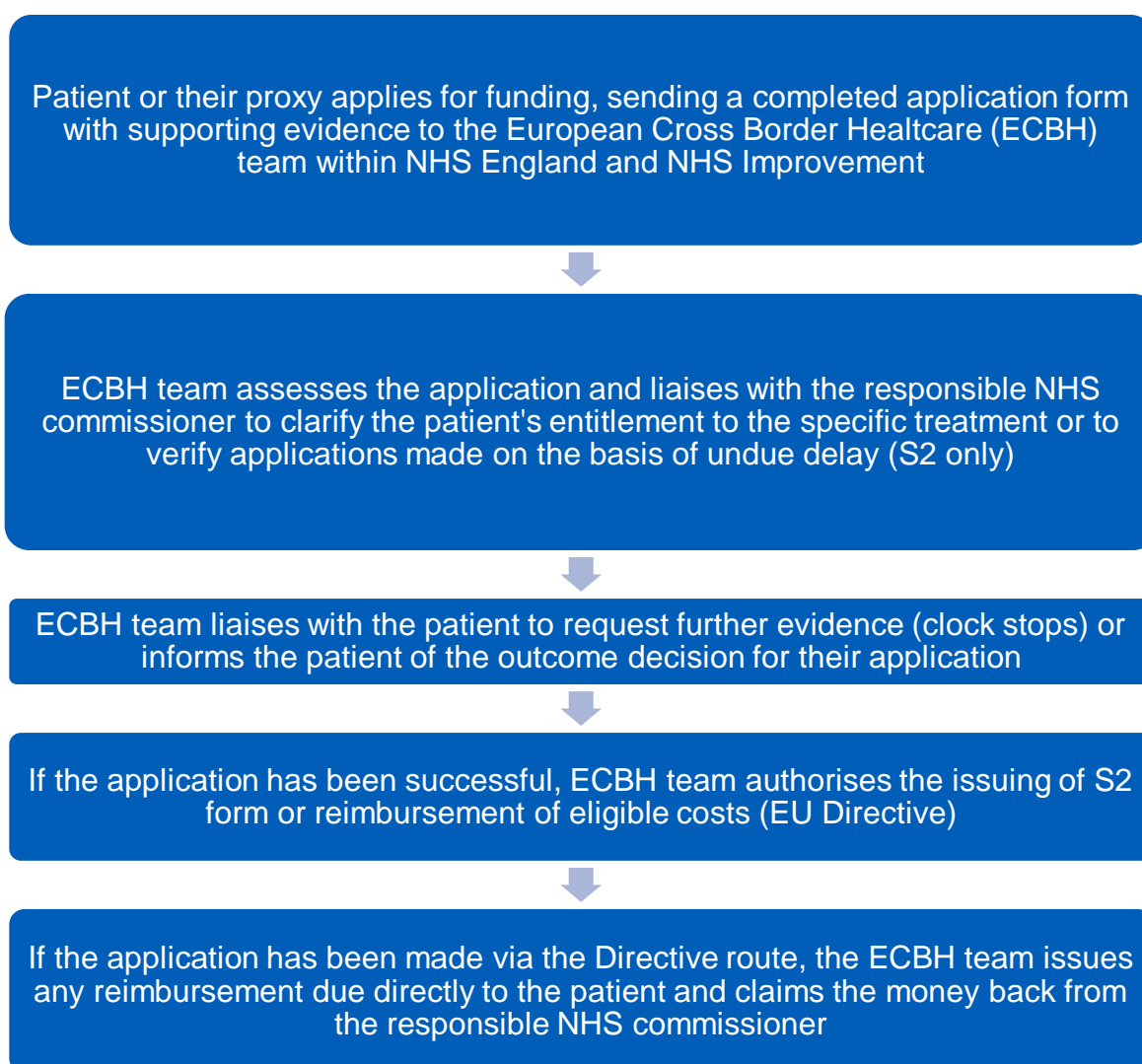
32. In some areas, clinical commissioning groups (CCGs) may use commissioning support units (CSUs) to support the processing of patient applications. The ECBH team will contact the responsible CCG in the first instance to identify the appropriate contact with whom to process the application.
33. NHS England and NHS Improvement have published information on [how to make an application](#) for funding under the S2 (planned treatment) route. This includes:
- Where and how patients should apply for prior authorisation.
 - What information the application must contain.
 - What factors NHS England and NHS Improvement will take into account in arriving at a decision.
 - The time limits within which NHS England and NHS Improvement is required to decide applications.
34. The following criteria must be met in order to receive funding under the PTS:
- The patient is ordinarily resident in England⁵ and entitled to treatment on the NHS.
 - The requested treatment would normally be provided on the NHS to an individual in the patient's circumstances.
 - The treatment is available under the EU country's state health scheme or that of Switzerland, if applicable.
 - An EU/UK clinician has carried out a full clinical assessment to demonstrate that the treatment is appropriate to the patient's condition; and has provided a written statement specifying what they consider to be a medically justifiable time period within which the patient should be treated, based on the patient's circumstances and supported by objective reasons.
 - Taking into consideration the information provided by the EU/UK clinician, NHS England and NHS Improvement have determined that the same or

⁵ The UK is the authorising and issuing country for S2s for some people living in the EEA or Switzerland and insured by the UK (with a registered UK S1). However, people living in the EEA on a UK S1 are not in scope of this guidance document.

equivalent treatment cannot be provided to the patient on the NHS within a time period that is medically justifiable.

- The requested treatment is not experimental or part of a drug trial.
 - If the application is for planned treatment in Switzerland, in addition to the residency requirement, the patient must also be a UK national, Swiss national, EU citizen, a stateless person or a refugee. Or they must be the family member (of any nationality) of someone with one of these nationalities or statuses.
35. An application should include evidence demonstrating that the above criteria are satisfied (including a reference number from the NHSBSA proving the applicant's eligibility to use the PTS for third country PTS applications only, where the patient is required to have a valid UK S1 or equivalent form), as well as full details of the type of treatment and the proposed provider (including admission and discharge dates and estimated costs), and the patient's National Insurance or NHS number as appropriate. For the present, the existing S1 form will continue to be issued although this may change in the future.
36. NHS England and NHS Improvement must approve any PTS application that satisfies the above criteria and provide the patient with a guarantee form. The NHSBSA provides a planned treatment certificate as a guarantee of payment on behalf of the Secretary of State. The patient will need to take this certificate to the healthcare provider in the EU country in which they will be receiving treatment.
37. The forms to be used under the Trade and Cooperation Agreement (TCA) will be agreed between the UK and the EU at the specialised committee established under the terms of the Social Security Contributions (SSC) Protocol. For the present, there is a legal basis in the SSC Protocol that allows us to use the 883 forms, including S2, but these may change at some point in the future. Additionally, in the case of the agreement that governs arrangements with Switzerland (the UK-Switzerland Convention on Social Security Coordination), there is agreement with Switzerland to continue using the same 883 forms on an interim basis.

38. Part 2 of the National Health Service and Public Health (Functions and Miscellaneous Provisions) Regulations 2013⁶ requires NHS England and NHS Improvement to determine applications within 20 working days. If further information is required from the applicant NHS England and NHS Improvement must request this within 10 working days (in these cases the clock is stopped until the information is received).
39. The process for making and determining applications under the PTS is as follows:



40. While the ECBH team is responsible for administering the application process and determining the outcome of applications, NHS commissioners (NHS England and NHS Improvement, CCGs, and in some cases CSUs) are often

⁶ S.I. 2013/26.

involved in supporting the decision-making process in respect of certain criteria.

41. In most cases, the ECBH team will not need to provide detailed information about the patient when liaising with the responsible commissioner. Rather, it should be possible to determine entitlement by understanding the patient's diagnosis, the treatment requested and any relevant commissioning policy that applies. The ECBH team will only share patient identifiable information in exceptional circumstances and where consent has been given.
42. In April 2019, the Standard Contract was amended to state that local providers and commissioners must follow the national policy on [Evidence Based Interventions](#) (EBIs) and [Evidence-Based Interventions List 2 Guidance](#), published in November 2020. This provides a list of tests, treatments and procedures which evidence shows are only appropriate for some patients in certain circumstances and when specific criteria are met. These interventions should not be routinely offered unless the criteria are met. If a patient applies for an intervention listed in the EBI policy, the ECBH team will need to be satisfied that the NHS commissioner supports exceptionality in that case. The treatment should be one that would normally be provided to the patient on the NHS in the circumstances of their particular case.
43. The key principles of the PTS (like the S2 route previously) are that:
 - The patient is required to apply for authorisation before treatment takes place
 - If all other applicable criteria are met (see paragraph 34 above), an application must be approved where the treatment required cannot be provided on the NHS without 'undue delay' (see paragraphs 52-54 below for further detail).
44. An NHS commissioner is entitled to challenge NHS England and NHS Improvement's decision about a treatment that it does not routinely commission. NHS England and NHS Improvement would not ordinarily approve an application where the criteria were not met, except in exceptional circumstances. Discretion can be agreed with DHSC for such cases.

45. If approved, treatment is provided under the same conditions and payment arrangements as for a resident of the country of treatment. This means that the patient may be required to make a contribution (called a co-payment) towards the cost of their treatment if that is normally required by the treating state, although this may be reimbursable on their return home. The Overseas Healthcare Service at the NHSBSA is responsible for co-payment reimbursements (see paragraph 51 for contact details).
46. Costs for the state-provided element of the treatment are dealt with directly between the UK and the relevant country (with the planned treatment certificate acting as a payment guarantee).
47. Any applications that do not meet the funding criteria set out at paragraph 34 will ordinarily be rejected. The ECBH team and DHSC can however use discretion to provide funding on an exceptional basis. NHS commissioners will not be responsible for the discretionary decision but will be involved as required on a case by case basis. DHSC, and not the NHS commissioner, holds the budget for any treatments approved on an exceptional basis.
48. Like the S2 route, the PTS does not cover emergency treatment. Please see paragraph 16 for information regarding emergency treatment under the Directive route.
49. There is a separate Maternity Planned Treatment route for those wishing to give birth in the EU (or the EEA and Switzerland for people in scope of the WA). The NHSBSA handles the application process for this (see paragraphs 63-64 for details).

The Planned Treatment Scheme process (England only)

Patient or their proxy submits completed application form to NHS England Cross Border Healthcare Team

The team assesses the application and has 20 working days to inform applicant of the decision

NB: The clock is stopped when additional information is needed from the applicant

The application must meet the following criteria:

- Patient must be ordinarily resident in England and entitled to NHS care or have a valid UK-issued S1. (*For applications to Switzerland only, they must also be a UK national, Swiss national, EU citizen, refugee, or stateless person. Or they must be the dependant of one.*)
- Patient is eligible for the same treatment under the NHS, in their circumstances.
- Treatment is routinely available on the NHS.
- Application must be received and approved in advance of treatment (NHS England and NHS Improvement can consider discretion, with DHSC, in exceptional circumstances only).
- Written statement from an EU/UK clinician confirming the treatment is appropriate to the patient's condition and specifying what they consider to be medically justifiable time period within which the patient should be treated, based on the patient's circumstances and supported by objective reasons.
- The patient cannot be given the treatment on the NHS within a time-limit which is medically justifiable.
- The country of destination is covered by the planned treatment arrangement.
- Provider accepts planned treatment application and confirms treatment plan, dates and costs.
- Treatment is not experimental or part of a clinical trial.

European Cross Border Healthcare Team contacts the responsible NHS commissioner to confirm the patient is entitled to the treatment under the NHS

APPLICATION APPROVED

- ✓ Applicant informed of the decision
- ✓ Applicant informed that the planned treatment form will be issued by NHS Business Services Authority (NHSBSA)
- ✓ NHS England and NHS Improvement notifies NHSBSA to issue planned treatment approval form

APPLICATION REJECTED

- ✓ Applicant informed of the decision
- ✓ Applicant informed of how to request a Review of or Appeal of the decision
- ✓ Where applicable, applicant informed of other NHS funding routes (eg Individual Funding Request / Directive / NHSBSA for maternity S2)

50. In Scotland, Wales and Northern Ireland, applications for planned healthcare should be sent to the patient's local health board.

51. Applications from English residents should be sent to:

European Cross Border Healthcare Team

NHS England and Improvement

Fosse House, 6 Smith Way

Grove Park

Enderby

Leicester, LE19 1SX

Email: england.europeanhealthcare@nhs.net

Assessment of undue delay to treatment

52. The concept of 'undue delay' is a complex matter which needs careful consideration. Undue delay essentially means that the NHS is unable to provide treatment that is the same or equivalent to the treatment requested in a medically justifiable time period.

53. Whether the waiting time is medically justifiable must be based on a full and objective medical assessment of the individual patient's condition taking into account:

- the patient's state of health at the time of the decision and the probable course of the patient's medical condition
- the patient's medical history
- the extent of the patient's pain, disability, discomfort or other suffering attributable to the medical condition
- whether that pain, disability or discomfort makes it impossible or extremely difficult for the patient to carry out ordinary daily tasks
- the extent to which the treatment would be likely to alleviate or enable alleviation of the pain, disability, discomfort or suffering.

54. Such an assessment must be kept under review while the patient is waiting for treatment. All applicants under the planned treatment scheme should provide written evidence from a UK, EEA or Swiss clinician as to what constitutes a

medically justifiable time period based on the above as part of their application. For specialised treatments under the Directive route, for an application to be considered it must have been made on or before 31 December 2020.

Considerations for patients

55. There are a range of other issues that patients will need to be aware of when seeking treatment in an EEA country or Switzerland – for example, variations in standards of care, styles of treatment or aftercare, and language barriers.
56. In seeking healthcare in an EEA country or Switzerland, patients are stepping outside of NHS jurisdiction – consequently, it is the law of the country of treatment that will apply, and it is therefore the patient’s responsibility to understand who in the EEA country of treatment or Switzerland is accountable for ensuring their safety throughout the course of their treatment.
57. NHS clinicians and commissioners cannot be held liable for any failures in treatments organised by the patient and undertaken in an EEA country or Switzerland. Their role is strictly limited to helping facilitate this if that is the patient’s expressed wish.
58. DHSC, NHS England and NHS Improvement do not refund travel or accommodation costs for healthcare funded via the PTS or for legacy applications under the S2 or Directive routes.
59. The process of prior authorisation accords patients clarity on a range of matters relating to their care. This includes whether the treatment is one the NHS offers in the patient’s circumstances; which elements of the care pathway will be funded; and recourse to redress, should a problem arise with the treatment they receive. It also helps ensure patients are aware of all the possible treatment options available to them within the NHS. However, patients cannot be prevented from seeking treatment in the EEA or Switzerland simply because equivalent or alternative services may be available at home.

60. Patients also need to be aware that there is no duty of care attached to prior authorisation, neither does it imply clinical approval of a patient's planned healthcare in an EEA country or Switzerland, or acceptance of any responsibility for that treatment.
61. These general principles highlight the need for commissioners and/or clinical staff to remind patients wishing to seek medical treatment in another country to ensure that they have fully considered all aspects of the necessary arrangements including when they will be fit to travel home, whether they need to make any special travel arrangements or have comprehensive medical insurance in place for their trip. The cost of insurance and other incidental costs are not reimbursable by NHS England and NHS Improvement.
62. DHSC has published the [NHS \(Cross-Border Healthcare\) Regulations 2013](#). These place a legal requirement on NHS England and NHS Improvement and CCGs to make information available on any general policies and criteria that may apply to the provision of a particular service.

Maternity care

63. To apply for planned treatment for maternity care only, the applicant should complete the application form [Giving birth abroad](#). This should be returned to the address below for the Overseas Healthcare Service, along with the following information:
 - a maternity certificate (MATB1) or a letter from a UK GP or midwife showing the expected date of delivery
 - NHS number or National Insurance number
 - date of birth, full UK address and dates of travel
 - whether the applicant intends to return to the UK after giving birth and whether the applicant has already left the UK for the other country.
64. The Overseas Healthcare Service contact details are as follows:

Phone: +44 (0)191 218 1999

Email: nhsbsa.ohsapplications@nhs.net

Address:

Overseas Healthcare Services

NHSBSA

152 Pilgrim Street

Newcastle upon Tyne

NE1 6SN

England

Additional information and enquiries

65. Enquiries about the detail of the legislation governing this guidance may be made to the DHSC [enquiries page](#), or by calling 0207 210 4850.

Annex 1: Key differences between the Directive route and the Planned Treatment Scheme

Coverage	Planned treatment route (from 1 January 2021) ⁷	Directive route (only for treatment started, or prior authorisation sought on or before 31 December 2020)
EU	Yes	Yes
Norway, Iceland and Liechtenstein	Yes (only if in scope of WA) This may change in future pending further reciprocal agreements	Yes
Switzerland	Yes (if in scope of WA) From 1 November 2021 if not in scope of WA	No
Requires prior authorisation	Yes	Specified treatments only (PA must have been sought on or before 31 December 2020)
Planned healthcare	Yes	Yes
Unplanned (emergency) healthcare	No	Yes
Treatment in state-run / contracted facilities	Yes	Yes
Treatment in private / non-contracted facilities	No	Yes
Undue delay ⁸	Yes	No
Requires payment in full up front	No	Yes
Scope restricted to home entitlements only	Yes	Yes

⁷ Coverage is the same as under the S2 route, which is being replaced by the Planned Treatment Scheme.

⁸ Applications under either the Planned Treatment Scheme, S2 or Directive routes made on the basis of undue delay may still be rejected if the other qualifying criteria are not met or, in the case of applications under the Directive route, on other grounds as set out under section 6BB(5) of the NHS Act 2006.

Retrospective reimbursement (depending on circumstances)

No⁹

Yes

⁹ Retrospective reimbursement is available where authorisation for treatment under S2 or the Planned Treatment Scheme is refused and that refusal is subsequently overturned.