Challenges to the NHS from 'health tourism' going unrecognized

Posted on Friday 10th February 2012

The rise of medical tourism presents significant challenges for the NHS according to new work from academics at the Universities of Birmingham and York. They argue that policy makers have so far failed to address the implications health tourism has on the quality and continuity of care patients receive.

An estimated 50,000 individuals from the UK each year elect to travel for cosmetic and dental surgery; cardio, orthopaedic and bariatric surgery; IVF treatment; and organ and tissue transplantation. The UK has also experienced inward flows of patients who travel to receive treatment and pay out of pocket, being treated in both private and NHS facilities.

Despite the rapid growth in this area, there is very little policy attention given to the implications of health tourism for healthcare in the UK.

In the new article published in Social Policy and Administration the researchers identify four key policy areas where the growth of medical tourism has major implications for the NHS:

- Patient decision making
- Continuity of care
- Safeguarding quality and safety
- The economic consequences of medical tourism

Patient decision making

Relatively little is known about how medical tourists make decisions on the treatments they seek and the destinations they travel to. One particular concern is how patients balance hard data like performance measures, with soft intelligence, information provided by websites, the recommendations of family, friends, when making a decision.

Continuity of care

Continuity of care is increasingly viewed as a key factor in the delivery of high quality health care but an aspect of care that is seemingly under threat from commercialization. Health tourism creates challenges in this area including whether patients have informed consent for treatment, and the implications of complications, side-effects and postoperative care when patients do not have accurate treatment records.

Safeguarding quality and safety

Modern health care is an inherently complex and risky undertaking with the potential for clinical errors and medical malpractice ever present, particularly when accessing health care in countries where providers are poorly regulated. There is little comparable information with regard to the quality and safety of care provided by many of the destinations visited by UK medical tourists.

The economic consequences of medical tourism

For the NHS there are implications from the inward flows of international patients, and from medical tourists from the UK using overseas providers. The Health and Social Care Bill proposes removing the private patient cap for foundation trusts, opening up the possibility for NHS trusts to secure greater numbers of patients travelling from overseas for treatment. Whilst this is a new revenue stream it may have major implications for patients in the NHS.

Large numbers of medical tourists travelling overseas will impact on the UK's own health system.

Travel overseas for health care that is not provided by the NHS (e.g. the latest fertility treatments, gender reassignment and organ transplantation) may generate debate at home about the importance of providing them locally. Finally an exodus of largely middle class patients as medical tourists may have the effect of undermining further the 'social contract' of the NHS, reinforcing the idea that those who contribute most for the NHS use it least.

Russell Mannion Professor of Health Systems at the University of Birmingham comments: *"Medical tourism to and from the UK is a growing reality as patients seek to bypass waiting lists or access treatments not available in their own healthcare system (or access lower cost treatments). It has also been largely ignored by policy makers.*

Yet the reality is that patients choosing to travel for treatment raises fundamental questions about how medical decisions are made, continuity of patient care and the commercialization, commodification and internationalization of UK healthcare

There is a need to understand medical tourism and whether it may undermine the 'social contract' of the NHS, reinforcing the idea that those who contribute most for the NHS use it least."

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NOTES TO EDITORS

The Health Services Management Centre

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