



# **STANDING INSTRUCTIONS FOR THE BRITISH FORCES IN GERMANY**

PART III  
CHAPTER 3  
STANDING INSTRUCTIONS 3303

## **REGULATIONS FOR MEDICAL AND DENTAL TREATMENT AND ADMISSION TO HOSPITAL**

**SPONSOR: BFG HEALTH SERVICE (BFGHS)**

**“UP TO DATE VERSIONS OF SIs BFG ARE AVAILABLE  
FOR VIEWING ON THE BFG POLICY WEBSITE”**

## FOREWORD

Unless the context otherwise requires, this Instruction is applicable to all members of the Armed Forces and civilians serving in the Federal Republic of Germany (FRG) and elsewhere in North West Europe (NWE) within the command of HQ BFG and HQ 1 (UK) Armd Div.

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# REGULATIONS FOR MEDICAL AND DENTAL TREATMENT AND ADMISSION TO HOSPITAL

## References:

- A. The Queen's Regulations for the Army 1975.
- B. JSP 950 - Joint Medical Policy.
- C. JSP 760 – Tri Service Regulations for Leave and Other Types of Absences
- D. Unit Administration Manual.
- E. AGAI Vol 2 Ch 066/AGAI Vol 3 Ch 99 (WIS).
- F. Medical & Administrative Technical Instructions (held Medical Centres).
- G. Admin Notice No 29/11(Med) and Admin Notice No 07/14 (Dent).
- H. JSP 419 Joint Service Adventurous Training (JSAT) Scheme.
- I. SI BAG 3222 - Casualty and Compassionate Procedures for BFG & NWE.
- J. JSP 770 - Tri Service Op and Non Op welfare Policy.
- K. Getting the most from the BFGHS – Booklet
- L. JSP 820 - Tri-Service Disability and Additional Needs Policy

## Introduction

1. British Forces Germany Health Service (BFGHS) occupies a unique position within Defence Primary Healthcare (DPHC) as its span of responsibility covers Primary and Community Care (PCC) as well as secondary healthcare provision to the entitled Population At Risk (PAR)<sup>1</sup> within BFG and the European Joint Support Unit (EJSU). The principal mechanism for delivering healthcare is through the Healthcare 2013 Contract (HC 2013)<sup>2</sup> with the Limited Liability Partnership (LLP) of Soldiers, Sailors, Airmen's Families Association (SSAFA) and the Guy's and St Thomas's NHS Foundation Trust (GSTT), hereafter referred to as SSAFA GSTT Care LLP.

2. Healthcare will wherever possible be provided to a standard that is appropriate, the National Health Service (England) (NHS)(E) being the benchmark utilising the Surgeon General's Department (SGD) direction and guidance. It should be noted that practices across Europe may differ culturally from that found in the UK whilst still providing health services to the required standard. Reimbursement of private healthcare will not be authorised where entitled personnel choose to opt for private treatment if not BFGHS approved, when culturally different care is available.

3. **Emergency Care.** In the case of serious illness or injury occurring inside barracks, whether to a military or civilian individual, the immediate response is to call the civilian emergency services on 112. Medical centre personnel are not routine providers of emergency care outside medical centre premises.

4. **Hospital Care.** Secondary Health Care (SHC) is principally provided through contracted arrangements with SSAFA, GSTT Care LLP Nominated/Designated hospitals. When referring into SHC it is important to ascertain the length of time an individual has left in BFG – this is relevant to both military and civilian patients. If it is known that an individual has 3 months or less left in Germany then immediate advice must be sought through your GP as this may impact on the likelihood of care being approved in Germany.

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1 Service Personnel, Dependants and Entitled Civilians

2 CC/BFGHS/236

5. **Hospital Specialist Care.** Patients who require Tertiary Health Care (THC), defined as Health Care normally provided in the NHS by a Specialist Centre will normally require return to UK for treatment in NHS or Service hospital facilities though there is a small amount of funding to provide some treatment in Germany. THC normally requires specialised and highly technical levels of hospital care, for example treatments of cancer, heart surgery, neuro-surgery, specialised paediatric surgery and long term follow up after serious injuries. Decisions on THC are taken on a case by case basis. Factors considered include (but are not limited to) the need for prolonged treatment, the length of subsequent follow-up, the desirability of long term treatment being given by a single centre and the ability of PCC to provide after hospital care. Cost is a factor (but only one factor) as MOD is not funded to provide THC.
6. **Dental Care.** Primary dental treatment is provided under DPHC arrangements.
7. The general conditions regarding medical and dental attendance and admission to hospitals are laid down in References A to L above.
8. The purpose of this order is to present the regulations regarding medical and dental treatment in a form which takes into account the special factors and conditions applicable in BFG.
9. The rules regarding entitlement laid down in this order refer solely to medical and dental treatment from Nominated/Designated hospitals and medical and dental establishments.

## Definitions

10. **Medical Attendance.** Medical attendance is defined as the professional advice and treatment during sickness, injury and health prevention afforded to entitled personnel by a Medical Officer or a Civilian Medical Practitioner (CMP) as outpatients at Defence Medical Service (DMS) or contracted medical facilities, or in their place of residence.
11. It also covers the immunisation of entitled personnel<sup>3</sup> in accordance with JSP 950 Leaflet 7-1-1, including the provision of medication prescribed by the authorised healthcare professional in charge of the case. It does not include hospital treatment either as an "in" or "out" patient and does not include the provision of any form of surgical appliance.
12. **Dental Treatment.** Dental treatment is defined as the treatment of any pathology or abnormality of the teeth or oral structures, including the provision of medicaments as ordered by the dental officer in charge of the case. It includes the restoration of tissues by conservation methods, the maintenance of the supporting structures in a healthy state and the provision of any necessary fixed or removable prostheses and appliances. Treatment and appliances are provided at public expense or subject to such charges as may be laid down by the MOD.

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<sup>3</sup> JSP 950 Leaflet 7-1-1 Immunological Protection of Entitled Personnel  
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13. **Service Standards.** All treatment afforded or appliances issued by the Medical Services will conform to standards laid down by the MOD, or if no such MOD standards exist, an equivalent NHS standard. If treatment and/or appliances in excess of these standards are requested by patients, they must be paid for in full by the individual.
14. **Family.** For the purpose of deciding entitlement to medical treatment at public expense, the term "family" shall include the spouse and children of service personnel and MOD UK Based Civilians (UKBCs) who are in receipt of Married Accompanied Local Overseas Allowance or Cost of Living Allowance (COLA), whose presence at the BFG unit is recognised and who are entitled to a passage to/from UK at public expense.
15. **Dependant Status.** In Article 1 of the North Atlantic Treaty Organisation (NATO) Status of Forces Agreement (SOFA), a dependant is defined as being "the spouse of a member of a force or of a civilian component, or a child of such member depending on him or her to "support". In Germany, - but not in The Netherlands or Belgium, the definition is extended by Article 2 (a) of the Supplementary Agreement so as to include "a close relative of a member of a force or a civilian component who is financially or for reasons of health dependant on, and is supported by, such member, who shares the quarters occupied by such member and who is present in Germany with the consent of the authorities of the Force". The grant of 'Dependant Status' is given by J1 (Comp) HQ BFG to whom all applications should be directed.
16. **Free Treatment.** Taking into account the provisions of paragraph 9, this means that the cost is borne by the Services and no charge is made to the individual, except where expressly provided elsewhere in this chapter.
17. **Statutory Charges.** The MOD will normally but not inevitably, raise equivalent charges based on those charged by NHS(E) for the supply of prescription, spectacles, dental treatment and certain surgical and medical appliances as well as a number of other services.
18. This document sets out the entitlement to access medical and dental treatment and the basis on which charges are currently raised in respect of the different categories of BFG personnel their dependants and authorised civilians.

### **Entitlement to Medical Treatment**

19. **Entitlement to Medical Care.** All military personnel, registered Dependants and UKBCs are entitled to medical care from LLP medical centres in Germany. Visiting relatives are entitled to urgent GP care, provided that the Head of Household completes a sponsorship form before they arrive. An EHIC card will also be required by visitors for hospital care, including A&E. All visitors are recommended to hold a formal medical insurance.
20. All entitled personnel should register with the Medical Centre as soon as possible after their arrival in Germany.

21. The following categories of personnel are entitled to access treatment but not free treatment in some cases (see Annex A) from British Service medical establishments and DGPs:

- a. British Service personnel and their dependants who are stationed in, or on duty in, NW Europe (Germany, Belgium and The Netherlands) and EJSU personnel.
- b. Members of the civilian component and their dependants of BFG, with the exception of locally engaged civilians.
- c. UK domiciled relatives of categories a (above) and b (above) who are on an officially sponsored or authorised visits.
- d. Staff of the following sponsored organisations and their families:
  - (1) Navy, Army, and Air Force Institutes (NAAFI).
  - (2) Service Sound and Vision Corporation (SSVC).
  - (3) Women's Royal Voluntary Services (WRVS)
  - (4) Order of St John of Jerusalem and the British Red Cross Society Joint Committee, Defence Medical Welfare Services (DMWS).
  - (5) Soldiers' Sailors and Airmen's Families Association Forces Help (SSAFA FH/SSAFA LLP) (or such other organisation by any other name as may be in force at the time).
  - (6) Council of Voluntary Welfare Work (CVWW) and attached to CVWW:
    - (a) Church Army
    - (b) Catholic Women's League.
    - (c) Salvation Army Red Shield Services.
    - (d) Soldiers' and Airmen's Scripture Readers Association (SASRA).
- e. US Service personnel (see paragraph 32)
- f. Commonwealth, Allied and Foreign personnel on MOD official attachment to British Forces.
- g. German Service personnel (see paragraph 33).
- h. RN/Army/RAF Cadets and their staff on duty/exercise overseas.



22. Non entitled patients may be accepted for urgent treatment and treated freely from existing resources (see para 27) Those requiring none urgent treatment will be referred to the civilian medical authorities. However, costs of transfer from the Service establishment and treatment from civilian medical facilities (which includes DGPs) must be met by the patient. Where there is any doubt, the Practice Manager or a member of the medical centre should contact RO2 Clin Admin HQ BFG HS (0521-77279449) for further advice. Where advice is required out of hours, the Duty Officer at HQ BFG should be contacted on 0173-8873908.

### **Schoolchildren**

23. Schoolchildren visiting their parents overseas under approved arrangements may access medical and dental treatment at public expense during their visit (see Annex E). All children shall be registered with one GP only (either BFG or UK). Care can be accessed on a temporary basis from others as necessary, however the child's registered GP shall be notified of all such contacts. For those children on regular medication, all efforts should be made to take an adequate supply for the duration of travel as well as a recent summary of the medical condition and recent Specialist's letters.

### **BFG HS Medical/DDS Dental Cover for Dependant Children up to the age of 25**

24. **Dependant children – Under the Age of 25 years.** Dependant Status is permitted to a Dependant child of the Head of Household's immediate family under the age of 25 years (until the 25<sup>th</sup> birthday) subject to full compliance of the instruction contained in SI BFG 3217. Dependant status is withdrawn on the 25<sup>th</sup> birthday unless an exceptional authority, granting an extension, has been granted by the Dependant Status Review Panel (DSRP) – See para 2.009 of SI BFG 3217.

### **Service Personnel**

25. Service personnel are entitled to all necessary medical and dental treatment including the provision of surgical appliances, dentures and spectacles as provided for in the NHS Act of 2006. Treatment is free, but charges will be raised for any laboratory fabricated appliance such as dentures, crowns, mouth guards, replaced due to lack of proper care. Charges for civilian type spectacles are the responsibility of the individual. Incidental Expenses (IE) are payable to servicemen hospitalised or in a Rehabilitation centre, D/DPS(A)10/5/ps10 (A) dated 2 October 2006 refers.

### **Service Personnel (Including Army Reserves travelling overseas at their own expense for non duty reasons).**

26. Service personnel are strongly advised to take out appropriate travel insurance before travelling anywhere overseas at their own expense, as access to DMS<sup>4</sup> facilities cannot be guaranteed even when locally available. In exceptional circumstances, when a Service person who is on long term sick leave travels overseas to reside with a parent who is entitled to Overseas DMS Healthcare, the Service person is entitled to the same level of care from the DMS as their entitled parent.

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4 Includes LLP Managed Medical Facilities  
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## **UKBCs**

27. For UKBCs entitled to treatment under the terms of this Standing Instruction(i.e. the vast majority of UKBCs) the normal source of health care is the LLP / DDS(G). The LLP and DDS(G) provide healthcare / primary dental services as set out in Reference G. However, UKBCs and their dependants are entitled to use **either** Service primary and community medical/dental facilities **or** the local civilian state scheme medical/dental facilities in their country of residence. Where UKBCs elect to use civilian facilities they will be responsible for any costs not covered by Form A1, unless specifically requested to take out Form A1 by separate letter from the BFG HS . Where UKBCs elect to use civilian facilities they are effectively opting out of the MOD sponsored system, they will not be counted in BFG HS bed states for statistical or financial purposes nor be provided access to contracted facilities. Any costs accruing become the responsibility of the individual unless the patient has been referred utilising the Form A1 by the patient's GP in which case a letter should be held, issued by the LLP.

### **Officially Sponsored Visitors to Entitled Personnel**

28. Officially Sponsored Visitors may receive urgent treatment in a Service Medical Centre on a privilege basis but not necessarily free. Prescription charges have now been introduced in BFG. The concession is to apply provided no additional expense from public funds is involved, e.g. when a civilian specialist or other civilian medical service have to be called upon, or a passage on a medical aircraft is required. The concession is not to be abused and ante-natal and obstetric treatment is not available to pregnant close relatives, except in real and unforeseen emergency. Cases of genuine hardship are to be referred to BFG HS through staff channels, fully supported with recommendations from UK welfare agencies, as well as by a SSAFA report.

### **Consulate Staff**

29. Attaché's, advisers, their Service and UKBC Support Staff and their families serving where no Service facilities are available, should obtain treatment from the accredited Embassy or High Commission Panel of Doctors, Specialists, Dental Surgeons and hospitals unless prior authority for other arrangements has been given by the MOD. Expenses incurred under the arrangements described in this paragraph will be refunded provided the proper authority is satisfied that the treatment was necessary and conformed as far as possible with the standards laid down in paragraph 66.052 of Reference E. Claims may be disallowed or refused if the treatment or appliances are considered not to have been necessary or the arrangements not have been reasonable.

30. Individuals requiring medical attention under the arrangements detailed above, should whenever possible and before incurring any substantial expenditure, obtain instructions from RO2 Clinical Admin at HQ BFG HS or where there is no Service authority, obtain advice from the Senior Government Representative. Once a procedure is established every effort should be made to follow that procedure if and when further treatment becomes necessary. Individuals requiring dental treatment under the arrangements in para 28 above, should seek authorisation in accordance with the procedures laid down in DDS(G)/03/07 dated 01 Aug 13 and DIN 2012DIN01-152.

## **UK Civilians Unconnected with the Services**

31. The possession of a European Health Insurance Card (EHIC) or Form A1 issued by DOH does not automatically entitle a UK civilian who is visiting or residing in Germany, who is unconnected with the Services, to treatment from Service medical centres. Access to urgent treatment at medical centres may be provided until the patient is fit to be returned to the UK under their own arrangements. Costs of emergency transport from medical centres to other medical establishments, and treatment from civilian hospitals (which includes nominated/designated hospitals) will not be met from Service funds. AEROMED facilities are not available to this category of patients.

## **Ex Servicemen (War Pensioners/Retired Members of the Armed Forces Living Overseas Receiving War Pension/AFCS Award)**

32. No entitlement to free treatment from Service sources exists for ex servicemen on visits to BFG other than in an emergency unless the individual is in receipt of a disability pension. Such individuals are only entitled to treatment related to the accepted illness/injury. Any costs incurred by the DMS in providing such treatment must be recovered from the Veterans UK via the approved agent. When, for Clinical Governance reasons, it would be inappropriate for the DMS to continue to treat a Veteran for his pensionable condition in isolation from any other, non associated, non pensionable conditions, the Pensioner should no longer be treated for any (including pensionable conditions) by the DMS, and the Pensioner should be advised to seek treatment for his pensionable condition from his Host Nation GP. The Pensioner can then reclaim any associated costs for such treatment from Veterans UK.

## **US Service Personnel**

33. Under a reciprocal agreement between British and US Armies in Germany, access to medical and dental treatment is provided to US personnel who are assigned or attached to British Army units for duty or training. This arrangement does not cover the provision of spectacles, dental laboratory fabricated devices such as dentures, crowns, mouth guards or surgical appliances. Full costs are recovered for treatment of US personnel who do not fall within the scope of the reciprocal agreement.

## **German Service Personnel**

34. Under a reciprocal agreement between the respective Forces, German Service personnel may receive treatment in British Service primary medical centres where there is no German Service medical facility within a distance of 40 km. This agreement may be extended to cover their dependants in cases where there is no civilian medical facility within 40 km. The agreement does not cover treatment from civilian medical facilities (including nominated/designated hospitals), transport of patients or the provision of spectacles, hearing aids, artificial limbs or dental appliances. No charges are raised for treatment of Service personnel at medical centres and dental centres.

## **Wives and Dependants of British Servicemen Serving Unaccompanied Overseas**

35. Wives of British Servicemen, and/or their dependant children, who remain in or return to BFG when prevented by the exigencies of the Service from accompanying their husbands on an overseas posting or detachment, unless conferred status by G1 HQ BFG, have no status under SOFA

36. Wives and dependant children intending to return to Germany under these circumstances are advised to obtain a EHIC which will allow access to and funding for hospital treatment, including in nominated/designated hospitals providing they do not take up employment. See Health Advice for Travellers, booklet available from Post Offices. Most importantly, all persons must ensure that their address and telephone number in Germany are recorded by their husband's unit and that the unit informs G1 Comp, HQ BFG, BFPO 140 for NOTICAS purposes .

## **Medical Treatment From Civilian Sources and Hotline Number**

37. The use of civilian medical facilities within Germany is restricted to those entitled (see Annex A column (b)).

38. Patients who are not entitled to treatment from Service sources who are admitted to a civilian hospital through Service channels in an emergency do not thereby become entitled to such treatment at cost to the BFG HS.

39. In cases of emergency the local emergency services should be called utilising telephone number 112. In such cases the civilian service employed should be advised that the call is an emergency one and that the patient will be transferred to a Service contracted facility or medical/dental officer at the earliest opportunity. Patients in hospital should call the new hotline number 0800-5889936 and speak to an English speaking Patient Support Officer (PSO).

## **Personnel Serving in Isolated detachments (ISODETS paras 39-47)**

**Note: separate rules apply to communities based at Ramstein, Brunssum, SHAPE and Brussels who receive their health care through BFGHS contracted arrangements**

40. Entitled personnel serving with EJSU where there is no Service medical facility will normally access routine medical and dental treatment from Host Nation health services. Personnel in this category are required to register with BFGHS in order to be supported for occupational health requirements. An ISODET Medical Information Pack may be obtained from RO2 Clin Admin HQ BFGHS, Lake House, Catterick Barracks BFPO 39.

41. Every ISODET should hold local information on doctors, dentists and hospitals. The local AOK German Insurance Office will be able to provide advice on health care professionals in the local area. This advice should be updated regularly based on experience and given to new arrivals

42. Patients with ongoing problems, special needs or complicated medical and dental histories should not be posted to ISODETS in accordance with Reference L (Tri Service Supportability Checking Policy in draft).

43. **Medical Records.** Personnel posted to an ISODET are to register with the Service medical centre closest to their location (in order that their medical notes can be called forward) and subsequently may obtain medical advice from there either by telephone or in person. Because it is not possible for NHS records to be given to a Host Nation doctor, patients who wish their local civilian doctor to have access to past medical records should obtain photocopies of relevant notes from their Service medical centre.

44. **Dental Records .** Personnel and entitled dependants posted to an ISODET within the DDS(G) area of responsibility (AOR) and *without* access to military primary dental facilities may obtain advice from DDS(G). Service dental records for military personnel and dental records for entitled dependants (if available) who are posted to an ISODET without access to military primary dental facilities are to be held centrally.

45. **Hospital Care.** The use of local SHC facilities is to be restricted to emergencies and routine *secondary* health care. Patients on admission are required to state that they are not being admitted as private patients. THC (see paragraph 4) for all BFG personnel is normally to be provided in UK. Advice on what is regarded as 'tertiary' as opposed to 'secondary' can be obtained from RHCA BFG HS. Costs of any unauthorised arrangements for such advice or treatment are the responsibility of the individual. Patients who plan to be admitted to hospital for more than 7 days are to notify the RHCA beforehand in order that an appropriate care pathway can be put in place. Patients, who have been in hospital for more than 7 days, if unplanned, are to notify the BFG HS as soon as practicable (see Reference I). Conditions of Reference I (NOTICAS) should be met.

46. **Dental Treatment.** "All Service and MOD Personnel and their dependants should ensure that they are dentally fit before proceeding abroad. Whilst overseas DDS(G) clinics are to be used where available. A full list of Dental Centres and their contact details can be found on the DDS(G) internet site at <http://bfgnet.de/health/dental/> In many overseas locations this is not feasible and personnel are authorised to seek dental treatment from civilian sources. Only that dental treatment which is available under the general dental services of the National Health Service (NHS) in the UK can be funded by the MOD. Non-military patients will be liable for NHS equivalent patient charges. Where accessing DDS clinics is not feasible emergency or routine dental treatment from local civilian sources can be provided without prior approval. Emergency dental treatment is defined as urgent treatment, required for the relief of acute pain, haemorrhage or infection. Routine dental treatment includes examinations, radiographs, scaling and associated hygienist therapy, non-surgical periodontal treatment, fissure sealants for children, non-surgical extractions, composite fillings, amalgam fillings, root canal fillings, a maximum of two crowns per Tour of Duty, repairs to dentures and anaesthesia. Adult patients should not normally require more than one dental examination and course of routine treatment every year. Routine treatment should not normally be carried out in the first or last three months or last four months of a tour. All non-routine dental treatment, which includes orthodontic treatment, surgical periodontal treatment, elective surgical extraction of wisdom teeth, other elective surgical procedures such as fraenectomies, veneers, inlays, onlays, bridges, more than 2 crowns per Tour of Duty, implants, dentures, fissure sealants for adults, mouth guards and tooth bleaching, will

require approval from the Principle Dental Officer (PDO) at DDS(G) prior to the start of treatment. The main reason for this is to ensure that patients receive the most appropriate treatment.

The maintenance of some private dental work is very costly and this will not be funded by the NHS on return to UK. Patients need the advice of a Service dentist before committing themselves to expensive treatment. Furthermore, obtaining prior approval is necessary to ensure appropriate funding. If non-routine treatment is initiated before approval is granted, treatment costs will not normally be met by MOD. Payment authority for all bills resulting from non-routine treatment, provided the latter was approved prior to the start of treatment, must be requested from DDS(G). DDS(G) will also advise EJSUs on the recovery of patient charges where appropriate.

47. All requests for payment authority for non-routine dental bills, and associated refunds, and requests for authorisation of non-routine dental work are to be made on the form at Annex C to this Standing Instruction. Furthermore, requests for authorisation of non-routine dental treatment plans must be accompanied with all associated diagnostic materials (i.e. X-rays, clinical photographs and study casts). The authorisation and payment of emergency and routine dental bills rests with the patients' parent unit/EJSU, with the exception of the following units whose financial responsibility rests within the DDS funding line, are processed by DDS(G) and returned to the individuals normal administrative unit for payment<sup>5</sup>:

Alpine Training Centre (ATC), Oberstdorf

British Army Liaison Organisation (SBLO (G)), Bonn  
BLO GARFCOM, Koblenz  
BLO German Armed Forces Staff College (GAFSC), Hamburg  
BLO GE Capability Development, Köln  
BLO GE Digitisation, Feldafing

British Army Liaison Organisation (Germany), Berlin

Defence Section, British Embassy, Berlin  
Kiel Training Centre (KTC), Kiel

Senior British Liaison Officer France (SBLO (F)), Paris  
BLO CDES/CID  
BLO CFLT, Paris  
BLO CPF  
BLO Draguignan  
BLO EMAT, Paris  
BLO Rennes  
BLO TOURS  
EO Le Luc  
Staff College Students, Paris

UKLO Federal Armed Forces Operations Centre, Berlin

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<sup>5</sup> Full details regarding dental treatment at ISODETs can be found at <http://bfgnet.de/health/dental/>

48. **Health Care Payment Procedure.** To maintain medical confidentiality, access to bills is to be restricted to those who need to know in order to allow for the proper administration of payment to medical providers. Where possible, patient identifiers should be deleted. Unless subject to separate arrangements (i.e. Naples, SHAPE and Kiel) bills should be sent to the SO2 Perf Man 1 (see address under) utilising Annex B or it may be returned for necessary authorisation and explanation. Where applicable each bill is to carry the certificate at Annex B to this SI (see para 45).

### **Medical Treatment for Service Personnel and their Dependants from Civilian Sources Whilst on Leave or off Duty**

49. Entitled personnel travelling on official leave with no deviation en route to the UK mainland or off duty within the country in which stationed may receive medical and/or dental treatment to UK NHS standards from civilian sources, should it be required in an emergency (under review). Presentation of EHIC to the medical authority is required in all cases. Bills following presentation of EHIC with a short letter showing the circumstances should be submitted to the following address:

SO2 Perf Man 1  
HQ BFG HS  
Lake House  
Catterick Bks  
Detmolder Str 440  
33605 Bielefeld

50. When anyone is prevented from returning to duty through sickness or unfitness to travel, a private certificate to this effect must be obtained and forwarded immediately to their parent unit, followed by certificates at weekly intervals.

51. **Prescription Charges.** Dependants and entitled civilians are not entitled to reimbursement of prescription charges. Service Personnel (SP) prescribed medication using Form FP 57 whilst on leave are to pay the provider (ie Chemist in the UK) and obtain a receipt. Reimbursement is to be effected through JPA. Medical Authority for JPA payment is provided by Chief Clerk BFG HS. In the absence of Form FP 57, SP are required to provide proof of expenditure. SP are advised that if treatment or medication are required from a civilian practitioner, other than one appointed specifically to their own unit, SP are to report the fact to their Commanding Officer and unit Medical Officer before continuing duties, even if no sick leave has been authorised (QR(Army)5.331 refers). Isolated detachment personnel are treated as special cases for the purposes of these charges, and bills should be submitted using Annex B.

### **Higher Prescription Charges**

52. SP, entitled Civilians and their dependants both in the UK and overseas, unless in an exempted category (details held by SO2 Perf Man 1), are to pay the NHS Statutory Charges for the following items when provided from Service sources:

- a. Full bespoke or partial human hair wig.

- b. Stock modacrylic wig.
- c. Surgical brassiere.
- d. Abdominal or spinal support.
- e. Elastic hosiery.
- f. Tights.

### **Medical Treatment outside the Country in which stationed**

53. While on temporary visits to EU countries other than that in which they are serving, Germany based SP and their dependants are entitled to subsidised treatment under EU regulations. To make use of this facility, personnel must be in possession of EHIC. EHIC is not valid at Service medical establishments.

54. There have been problems in the past in establishing eligibility for medical treatment whilst in the UK from the NHS. The Department of Health advise that these problems can be avoided if the NHS Form GMS3 for temporary resident or emergency treatment is correctly completed. When completing the NHS Form GMS3, personnel are to give their unit address in as much detail as possible in the section marked **home address** and give the address where they are living or staying temporarily as the **temporary address**. The details of the individual's Service Medical Centre in Germany should be given as precisely as possible to aid Health Authorities in forwarding the completed form.

### **Charges**

55. All charges which are to be raised for treatment will be promulgated by the BFG HS. In principle, BFG HS mirrors the guidelines/charging of NHS England. Entitled patients who believe that they require help with health costs should consult NHS Booklet HC11 which sets out the charging and procedures at Link: [http://www.nhsbsa.nhs.uk/HealthCosts/Documents/HealthCosts/HC11\\_April\\_2012.pdf](http://www.nhsbsa.nhs.uk/HealthCosts/Documents/HealthCosts/HC11_April_2012.pdf)

56. The charges are to be collected in local currency. The rate of exchange which is to be used to convert sterling charges to local currency will be promulgated by the BFG HS. The rate of exchange will be subject to periodic change

57. Further information on the entitlement to treatment is shown above. The basis on which charges are currently raised in respect of the different categories of personnel and their dependants is set out in Annex A.

### **Personnel Returning to UK for Medical Treatment or Admission to Hospital**

58. Entitled British SP and their dependants may either, by referral or choice return to the UK for medical treatment to MDHUs, the RCDM (Royal Centre for Defence Medicine, Birmingham) or other NHS hospital or facility.



59. Attached at Annex D are guidelines for patients returning from BFG to the UK for medical treatment. Units and medical centres should be fully aware of these procedures and ensure that administrative and welfare support for patients and any accompanying relatives are in place prior to their departing BFG.

60. The policy for patients listed VSI/SI/DILFOR is shown at Reference I.

### **Adventurous Training<sup>6</sup> – Medical Costs**

61. The MOD will bear the cost of emergency medical treatment and world-wide casevac for SP on authorised adventurous training. Costs are to be recovered/paid from the sponsor unit or in the case of multi/Joint Service Expeditions, the individual's unit budget and charged to the appropriate budgetary area via the UIN/RAC. Bills should be paid through vote NHA002 or vote NHA001 as appropriate. Units should consult with their CoC budget staffs at Bde/Div. See Reference H for more details.

### **Provision of Spectacles**

62. Detailed information is given in Joint Services Regulations for Medical and Dental Materiel Supply and Accounting (JSP 340).

63. The following types of spectacles and lenses are available:

- a. Defence spectacles.
- b. Spectacles for aircrew and associated personnel.
- c. Safety spectacles.
- d. Lenses for use with Service Respirators (S10).

64. Eye tests are provided free of charge to all entitled personnel provided they report in the first instance to their Medical Centres for referral. See paragraph 65 below.

65. Spectacles (VDU use) may be provided to entitled personnel under health and safety conditions. Claimants must meet the conditions of the current DCI. Health and Safety Advisers should be consulted for this category of provision. Cost for H&S spectacles do not fall to the BFG HS. JSP 375 Vol 2 applies.

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<sup>6</sup> 2014DIN07-123 Clearance Requirements and Planning Consideration for transit into and through the Federal Republic of Germany for Operations, Exercises and Training.

66. The system for determining charges payable by other categories of patient for spectacles is similar to that followed in the UK. Any individual who would be eligible to receive vouchers under NHS arrangements may be provided with a voucher towards civilian spectacles. For example, children under 16 and young people aged 16,17 and 18 in full time education, those in receipt of Working Families Tax Credit and other NHS Exemptions (full value of an optical voucher (£70) towards the cost of glasses or contact lenses). Children's spectacles (guide price £70) are provided free, parents are advised to seek information prior to purchase from SO2 Perf Man 1 HQ BFG HS. Leaflet HC11 should be consulted.

67. Patients who obtain spectacles from a local HN optician without garrison contract arrangements will be required to meet any bills raised by civilian opticians. Advice should be sought from local medical centres. Separate provision is made for ISODET personnel. Details should be sought from SO2 Perf Man 1 (see para 48).

### **Dental treatment**

68. In general, eligibility for dental treatment is the same as for medical treatment. Service personnel and other patient categories, as laid down in NHS Regulations for England are entitled to receive all necessary dental treatment, including the provision of dentures, bridges, etc, free of charge. Other entitled personnel may receive treatment equivalent to statutory charges as laid down in NHS regulations, which are promulgated separately. Queries concerning charges and other dental matters should be directed to their nearest DDS(G) dental centre or HQ DDS(G). Entitled patients who believe that they require help with health costs should consult NHS Booklet HC11 which sets out the procedures to be followed:

[http://www.nhsbsa.nhs.uk/HealthCosts/Documents/HealthCosts/HC11\\_April\\_2012.pdf](http://www.nhsbsa.nhs.uk/HealthCosts/Documents/HealthCosts/HC11_April_2012.pdf)

69. Routine and non-routine dental treatment will not normally be provided by DDS dental centres to non-military patients within 4 months of leaving Germany. This is primarily due to the potential for treatment not being completed before departure and the potential change in treatment plan by the patient's future dentist. This policy also allows for the timely recovery of debt before departing Germany. Access to emergency dental treatment is not affected by this policy

70. There is no extra charge for seeing a dentist out of hours. (Payment for any treatment is necessary unless you are entitled to free treatment). In accordance with MOD exemption rules, equivalent to those in force in the NHS, the following individuals are exempt from paying MOD dental charges:

- a. Patients who are under 18 at start of treatment.
- b. Patients who are under 23 and in full time education at the start of treatment.
- c. Women who are expecting a baby and were pregnant at the start of treatment or women who have had a baby within 12 months prior to the start of treatment.

d. Patients receiving (or included in an award of someone receiving) Income Support , income-based Jobseeker's Allowance, income-related Employment and Support allowance or Pension Credit Guarantee Credit at the start of treatment or when the charge is made. (Incapacity Benefit or Disability Living Allowance do not count as they are not income-related).

e. Those entitled to or named on a valid NHS tax credit exemption certificate at the start of treatment or when the charge is made.

f. Those named on the valid HC2 certificate at the start of treatment or when the charge is made.

71. In addition, serving members of the RN, Army or RAF are also exempt from paying MOD dental charges. A table defining eligibility for exemption from payment of dental charges is at Annex I.

### **Recovery of Dental Charges from Non Military Personnel**

72. Regulations for the collection of dental charges from non-military personnel are at Annex F to this Standing Order.

### **Dental Appointments – Failure to Attend (FTA)**

73. Currently across BFG about 10% of available clinical time is lost by both dentists and dental hygienists through patients either failing to attend, arriving late or by cancelling dental appointments too late for them to be filled by other patients.

74. A patient's failure to arrive for a scheduled appointment without any prior notification to the dental centre of intention to cancel will be statistically recorded as a FTA. Also any patient arriving so late for a scheduled appointment that the time remaining prevents any meaningful treatment from being carried out will also be recorded as an FTA.

75. Military Patients. Appointments are either made in person by the individual with dental centre or block-booked on behalf of several personnel by a respective unit representative in consultation with the dental centre. When an FTA occurs, Annex G is to be raised by the dental centre to inform the unit. This letter has a return tear-off slip which the unit is to complete and return to the dental centre outlining the reason for the FTA. These should be retained and a weekly report generated. This is to then be reviewed monthly by Garrison Regional Senior Dental Officers (RSDOs) and forwarded to Bde/Gar Comds. Collation of all FTAs unit by unit, and any patterns emerging, will then be used by RSDOs and higher formation commanders when considering the level of dental risk being carried by a unit prior to any future deployment.

76. Civilian Patients. A “two strikes and out policy” is to be implemented. Upon failing to attend for an appointment Annex H is to be raised, which points out that an appointment has been missed, and sent to the Head of Household (upon which family entitlement is derived) inviting comment. It also advises that if a second appointment is made and subsequently missed, then the patient will essentially forfeit the right to receiving regular dental treatment in future and only emergency care for the relief of pain will be afforded. “Re-registration” will only occur following an interview with either a dental officer or practice manager during which the implications of wasting valuable clinical care resources by failing to attend for dental appointments will unreservedly be explained.

### **Chiropody**

77. The following groups are entitled to chiropody treatment free of charge:

- a. Service personnel.
- b. Expectant mothers.
- c. Nursing mothers up to one year after the date of delivery.
- d. Patients with associated medical problems.

### **Podiatry**

78. Problems that cannot be solved with the provision of boots through the unit QM must be assessed by a BFG HS Physiotherapist and authorisation for non issue boots will take place after such assessment. It remains imperative that individuals have the correct footwear to allow them to function to their best capabilities at all times and that a standardised policy is applied throughout BFG HS. See revised MATI issued by G1 Med HQ BFG and held by Medical Centres and Physiotherapy Departments.

**CATEGORIES OF PERSONNEL ENTITLED TO ACCESS MEDICAL AND DENTAL TREATMENT FROM THE DEFENCE MEDICAL SERVICES**

| Ser | Category   | DGP <sup>A-1</sup><br>Hospital<br>Inpatient<br>(Includes<br>A&E Dept) | DGP <sup>A-1</sup><br>Hospital<br>Out-patient | Attendance<br>at MRS or<br>Medical<br>Centre | Dental<br>Treatment     | Spectacles  | Surgical<br>Appliances  | Free<br>Emergency<br>use of <b>civil</b><br>Medical and<br>Dental<br>Facilities | Notes  |
|-----|--|---|---|--|-------------------------|---|-------------------------|---|--|
| (a) | (b)  | (c)   | (d)   | (e)  | (f)                     | (g)   | (h)                     | (j)   | (k)  |
| 1.  | Serving personnel of RN, Army and RAF who are stationed in, or on duty in, NW Europe   | Free  | Free  | Free   | Free                    | See paras 61 to 66. Respirator and Defence Spectacles free. | Free                    | Free*   | *See paragraph 60 of main body for Adventure Training rules.   |
| 2.  | UKBC stationed in, or on duty in NW Europe. MOD employees. Retired Officers. BFLO(G),BSSO,SCE, SSAFA FH,WRVS, BRC/DMWS/OSJ/OSA CVWW: Catholic Women's League, Forces Help Society, Lord Robert's Workshops, SASR | Free (2)  | Free (2)                                      | Free   | Statutory Contributions | See paras 61 to 66  | Statutory Contributions | Yes (1)   | (1) Dental Statutory contributions for work provided.<br><br>(2) Form A1 can be presented – see Reference G. |

A-1 Not all locations have access to a DGP

| (a) | (b)   | (c)   | (d)  | (e)   | (f)                                 | (g)                | (h)                     | (i)     | (k)  |
|-----|---|---|--|---|-------------------------------------|--------------------|-------------------------|---------|--|
| 3.  | Families of Serials 1 and 2 with dependant status.                                  | Free  | Free   | Free  | Statutory Contributions             | See paras 61 to 66 | Statutory Contributions | Yes (1) |  |
| 4.  | UK domiciled relatives of Serials 1 and 2 who are on an officially sponsored visit. | Not Entitled  | Not Entitled   | Not Entitled Unless in an Emergency                               | Not Entitled Unless in an Emergency | Not Entitled       | Not Entitled            | No      | See Health Advice for Travellers Booklet (T6) issued by DoH. |
| 5.  | Sponsored Organisations:<br>SSAFA LLP<br><br>NAAFI<br><br>SSVC                      | Nominated/ Designated Hospital on repayment<br><br>Not entitled (unless PAYD)(2)<br><br>Nominated/ Designated Hospital on repayment | On repayment<br><br>Not entitled (unless PAYD)(2)<br><br>Nominated/ Designated Hospital on repayment | On repayment<br><br>On repayment unless PAYD<br><br>On re-payment | Full Costs                          | Full Costs         | Statutory Contributions | No      | (2) A1 can be presented                                      |

A-1 Not all locations have access to a DGP

| (a) | (b)   | (c)  | (d)  | (e)  | (f)                     | (g)                     | (h)   | (i)                             | (k)        |
|-----|---|------|------|------|-------------------------|-------------------------|---|---------------------------------|------------|
| 6.  | US Service personnel who are assigned to British Service units for duty or training.    | Free | Free | Free | Statutory Contributions | Full Costs              | Full Costs                                      | No                              |            |
| 7   | Service personnel of the FRG Armed Forces (para 33).                                    | No   | No   | Yes  | Statutory Contributions | Full Costs              | Full Costs                                      | No                              |            |
| 8.  | Commonwealth Allied and Foreign personnel on MOD official attachment to British Forces. | Free | Free | Free | Full Costs              | See paragraphs 61 to 66 | Full Costs                                      | No                              |            |
| 9   | RN/Army/RAF Cadets and their Staff on Duty/Exercise overseas (see also serial 1)        | Free | Free | Free | Statutory Contributions | See paragraphs 61 to 66 | Service = Free<br>UKBC= Statutory Contributions | Yes<br>EHIC should be presented | See Note 3 |

A-1 Not all locations have access to a DGP

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| (a) | (b)   | (c)  | (d)            | (e)            | (f)            | (g)            | (h)            | (i)          | (k)  |
|-----|---|--|----------------|----------------|----------------|----------------|----------------|--------------|--|
| 10. | Consulate Staff (see para 23).  | Full Costs (3)   | Full Costs (3) | Full Costs (3) | Full Costs (3) | Full Costs (3) | Full Costs (3) | No (3)       | (3). Unless MOD UKBC or UK Service personnel                             |
| 11. | Contractor's (4) representatives and their families specifically authorised by Civil Secretariat<br><br>Ex service personnel of British Nationality (except for treatment of a disability for which pension is received under British Consulate/GSTT arrangements). | Not entitled   | Not entitled   | Not entitled   | Not entitled   | Not entitled   | Not entitled   | Not entitled | (4) Data Base of differing entitlements held by HQ BFG HS RO2 Clin Admin |
| 12  | UK Civilians unconnected with the Services other than those shown in Ser 12.  | Not entitled   | Not entitled   | Not entitled   | Not entitled   | Not entitled   | Not entitled   | Not entitled |  |
| 13. | All other categories.   | Cases may be referred to RO2 Clinical Admin BFG HS for guidance. |                |                |                |                |                |              |  |



|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

Note:

Notes:

1. Form A1/EHIC are not valid at BFG HS facilities.
2. SSVC – Whilst SSVC staff and their Dependants are eligible to access DMS Healthcare Overseas, this may be on a repayment basis (depending upon local arrangements).
3. Entitlement, including to Aeromed Evacuation to treatment is only for new injuries/illness (not pre-existing disease processes) arriving from formally approved prior to departure from UK and does not cover other privately arranged events. Groups are strongly encouraged to take out their own insurance/EHIC.

INTENTIONALLY BLANK

### MEDICAL BILL AUTHORISATION

To: SO2 Per Man 1, BFG Health Service, Lake House, Catterick Bks, Detmolder Str 440,  
33605 Bielefeld

To: SO2 Per Man 1, BFG Health Service , Lake House, Catterick Bks, BFPO 39

It is certified that civilian medical facilities were used in an emergency or where medical treatment through normal military channels was not available and that the individual named is entitled to treatment at public expense. Any costs in connection with the payment of medical treatment is subject to audit review.

NAME:..... RANK..... APPT: .....

UNIT..... LOCATION/TOWN.....

SIGNATURE OF  
AUTHORISING OFFICER

UNIT STAMP

#### PATIENT DETAILS

FULL NAME OF PATIENT.....

DATE OF BIRTH..... SEX (M/F) .....

STATUS: (NAVY/ARMY/RAF/UKBC/UKBC DEP/SVC DEP) .....

RANK/TITLE..... REGT NUMBER ..... BFPO.....

PARENT UNIT..... UNIT LOCATION.....

#### TREATMENT DETAILS

START DATE:..... FINISH DATE .....

COST..... CURRENCY.....

INVOICE NUMBER/ DATE .....

DOCTOR/CONSULTANT's NAME.....

HOSPITAL/MEDICAL PRACTICE NAME AND ADDRESS.....

BRIEF OUTLINE OF TREATMENT.....

INTENTIONALLY BLANK

**DENTAL TREATMENT – ISOSETS**

Treatment for the relief of pain and routine dental treatment is authorised without prior approval. Non-routine dental treatment will require approval prior to the start of treatment. The following non-routine procedures must not be undertaken without professional advice and prior authorisation from the PDO DDS(G):

|                                |   |
|--------------------------------|---|
| Surgical periodontal treatment | Veneers, Inlays and Onlays  |
| Bridges                        | More than 2 crowns per tour of duty   |
| Orthodontic treatment          | Dentures  |
| Fissure sealants for adults    | Elective surgical extraction of third molars (wisdom teeth) and other surgical procedures such as fraenectomies |
| Implants                       |   |
| Mouth guards                   |   |
| Tooth bleaching                |   |

Only emergency dental treatment will normally be met from public funds during the first or the last 3 months of a tour of duty. Exceptions to this ruling will require full justification and prior approval from DPDS.

**PART 1 MUST BE COMPLETED – PART 2 ONLY TO BE COMPLETED IF APPLICABLE**

**PART 1: Patient’s details - To be completed in full**

|                                       |  |
|---------------------------------------|--|
| Patient’s name                        |  |
| Patient’s DOB                         |  |
| Service number Head of Household      |  |
| Rank of Head of Household             |  |
| Is the patient the Head of Household? | YES / NO If not, please state patient’s relationship to the Head of Household: ..... |
| Unit + Unit Address                   |  |
| Date posted in                        |  |
| Expected End Of Tour (EOT) date       |  |

**PART 2: Patients with an entitlement to free dental treatment (only to be completed if applicable – please tick box as appropriate)**

|   |  |
|---|--|
| Serving members of RN, Army or RAF  |  |
| Patients who are under 18 at the start of treatment.  |  |
| Patients who are under 23 and in full time education at the start of treatment. Please complete name of school/college and town: .....  |  |
| Women who are expecting a baby and were pregnant at the start of treatment. Please complete: I am expecting a baby on: ..... (approximate date)   |  |
| Women who have had a baby within 12 months prior to the start of treatment. Please complete: My baby was born on: .....(date)   |  |
| Patients receiving (or included in an award of someone receiving) Income Support, income-based Jobseeker’s Allowance, income-related Employment and Support Allowance or Pension Credit Guarantee Credit at the start of treatment or when the charge is made. (Incapacity Benefit or Disability Living Allowance do not count as they are not income-related.) |  |
| Those entitled to or named on a valid NHS tax credit exemption certificate at the start of treatment or when the charge is made.  |  |
| Those named on a valid HC2 certificate at the start of treatment or when the charge is made.  |  |

**PLEASE TURN OVER AND CONTINUE**

**PART 3: Please complete, date and sign:**

|  |  |  |  |
|--|--|--|--|
| "I understand that proof is to be provided, if requested. I also declare that the information I have given is correct and complete." |  |  |  |
| I am the patient (tick box)  |  | I am signing for the patient (tick box and give details below) |  |
| Name   |  |  |  |
| Relationship to patient  |  |  |  |
| ..... (Signature) ..... (Date)   |  |  |  |

Please return to:

Civ : Headquarters Defence Dental Services (Germany)  
 ISODET Administration  
 Building 9  
 Catterick Barracks  
 Detmolder Strasse 440  
 33605 Bielefeld  
 Germany

Fax: 0521 9254 2655  
 (From outside Germany: 0049 521 9254 2655)

Mil : Headquarters Defence Dental Services (Germany)  
 ISODET Administration  
 Building 9  
 Catterick Barracks  
 BFPO 39

Fax: 81 2655  
 (From outside Germany: 94881 2655)

## RETURN OF SERVICE PERSONNEL AND DEPENDANTS TO UK FOR ROUTINE MEDICAL TREATMENT/APPOINTMENTS

Reference:

A. MA&TI Issue No 2 dated Feb 10 (issued by G1 Med HQ BFG and held at Medical Centres).

1. When it is deemed necessary by patient's Medical Officer to refer a serviceman, authorised civilians or their dependants back to the UK for treatment or an appointment, BFG Health Service medical centre staffs are to refer to instructions contained in Reference A.

### ACCOMMODATION AND TRAVEL

2. If patients are to be accompanied by relatives it is the responsibility of the patients unit to arrange accommodation prior to their departure. Authority to accompany must be deemed essential, and stated as such by the referring medical officer. NRSA may be issued from unit travel budgets on the authority of the patients Commanding Officers, only when suitable service accommodation is not available.

3. Costs for all travel and subsistence fall to the patient's unit travel budget. Whenever possible, RAF trooping flights are to be used, however if a unit has established that the cost to the Public is less expensive travelling by civil flights with the negating of payment of NRSA, they may do so in accordance with current regulations.

### NOTIFICATION

4. In all cases of patients returning to UK, units are to notify the following:

a. Queen Alexandra Hospital (QAH), Portsmouth/MOD Hospital Units (MDHU) – Southwick Park, PO6 3LY.

(1) The Patient Support Officer (PSO) of the MDHU (if accompanied).

(2) The Royal Centre for Defence Medicine (RCDM) and Queen Elizabeth Hospital, Birmingham. Point of contact for all MOD matters is the General Inquiries/Reception Office on 0044-121-371-5317 (Fax 0044-121-371-5267) or Patient Service Support on 0044-121-371-5265/5266.

b. Civilian Hospitals.

(1) Service Personnel. (TBN).

(2) Dependants. (TBN).

## PATIENT MONITORING

5. Units are to maintain contact with the patient through the DMWS to ensure they are updated on a patient's condition. The chain of command is to be kept informed should a patient's condition deteriorate resulting in a listing of Very Seriously Ill (VSI) or Seriously Ill (SI). Welfare problems that arise whilst in the UK should, if in Queen Alexandra Hospital, Corsham, Portsmouth or an MDHU, be referred to DMWS.

## PATIENT INFORMATION

6. At Appendix 1 is an information guide, "Medical Treatment in the United Kingdom". Medical centres/units are to issue this Appendix to patients referred for appointment/treatment to the UK.



## **MEDICAL TREATMENT IN THE UNITED KINGDOM A GUIDE FOR PATIENTS RETURNING FROM BRITISH FORCES GERMANY TO THE UNITED KINGDOM**

### **INTRODUCTION**

1. This guide has been written for you as a member of BFG when referred by your doctor or consultant for medical in patient treatment or out patient consultation in the UK for either you or a member of your family.
2. This medical treatment may be given at a Ministry of Defence Hospital Unit<sup>7</sup> (MDHU) RCDM/QE Hospital Birmingham or at any appropriate civilian NHS Hospital.
3. The purpose of the guide is to help you make the necessary travel and accommodation arrangements. It also gives details of who will be able to provide you with advice and assistance should you require it.

### **WHO MAKES THE TRAVEL AND ACCOMMODATION ARRANGEMENTS**

4. Following a visit to the medical centre to notify them of your intention to return to the UK for medical treatment you should contact your unit Regimental Administrative Office (RAO) (see also paragraph 6) who can make the following arrangements for you:
  - a. Transport to Airport for flight back to UK (or normal means of duty travel).
  - b. Flight to UK (normally by Air Trooper).
  - c. Transport from airport in UK to hospital and the return journey. In most cases your journey will be by rail so a return rail warrant will be provided.
  - d. Book accommodation, if required, at the nearest military unit (serving personnel only). If for dependant/s, through the Central Hotel Booking Service (CHBS) or, if appropriate, MDHU Families Accommodation.

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<sup>7</sup> Including the Royal Centre for Defence Medicine (RCDM)  
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5. The decision on flights and accommodation will be made by your Commanding Officer (it may be cheaper to fly by Civil Air negating NSRA (accommodation) payments).
6. You should tell your RAO if you do not wish them to make any one of the above arrangements for you, your spouse or children. For example, you may have made alternative arrangements to be met at the UK airport by a friend or relative and they may take you to the hospital. It may be that you would prefer to drive back to the UK. However, you **may only** reclaim the costs of surface travel if exceptional authority has been granted (this should be discussed with your RAO).
7. If you require additional help, you should ask your unit RAO to request this when they make the travel arrangements.

### **WHAT SHOULD I DO**

8. You should ensure that you understand your travel and accommodation arrangements.
9. Do they make sense. Before you travel, have you been given:
  - a. Full details, including when to report to the airport, or alternatively when you will be collected for the journey to the airport?
  - c. Flight details – including the flight number, booking reference number, time of departure/arrival airport (and terminal) in UK with arrival time, plus any reception or transfer arrangements appropriate to the journey?
  - d. A return railway warrant. Details of public transport times, including any changes to your destination. Make sure that there is sufficient time for train connections?
  - e. Details of how to get to the hospital from the railway station?
  - f. The name, address and contact telephone number of the accommodation – either hotel or Service accommodation – where you will be staying, and how to get there?

IF YOU ARE NOT CLEAR ABOUT ANY OF THE ARRANGEMENTS MAKE SURE YOU GET AN EXPLANATION FROM THE RAO.

## **WHAT SPECIAL ARRANGEMENTS SHOULD BE MADE IF THE PATIENT IS YOUR CHILD**

10. Normally, a parent will accompany their child to a hospital appointment in the UK and stay with them. The travel and accommodation arrangements for both the parent and child will be made by the unit as described above. However you are responsible for ensuring that your child has a valid passport and that it is with you at the time of travel.

11. The MDHU may be able to provide you with accommodation when accompanying your child. You should ask your RAO to check with the hospital. In some cases there may be accommodation for the accompanying parent at an NHS hospital. Your unit RAO should check with the relevant hospital.

12. If there is no accommodation available you should ask the RAO to book your accommodation either with another unit or using the Central Hotel Booking Service or contact the local representatives of the Welfare Services.

## **CAN OTHER FAMILY MEMBERS ACCOMPANY THE PATIENT**

13. Yes. However, unless there are special circumstances such as the hospital or consultant requesting the presence of both parents, they are unlikely to be entitled to travel costs or accommodated at public expense. Where the SP is deployed, it may be possible for dependant children to accompany the spouse to the UK at public expense.

## **WHAT ALLOWANCES CAN BE CLAIMED**

14. Your travel and accommodation costs may be provided at no cost to you. They must be arranged through your RAO as described earlier. You must remember to keep receipts, otherwise any claim you make may be refused. You may request an advance of pay for the accommodation costs prior to returning to the UK. Speak to your RAO for further information and entitlement within current regulations.

15. You should ensure that you have sufficient money to cover incidental expenditure if you need to use taxis or other public transport – for which you can claim at a later date.

## **WHAT HAPPENS IF THE PATIENT'S COURSE OF TREATMENT IS A LENGTHY ONE**

16. It may be that when this is the case it is not practical to stay in a hotel. Alternative arrangements may have to be made. Your unit is to seek advice and guidance from The Army Welfare Service (AWS). Your Unit Families' Officer should be able to assist where arrangements are necessarily complex.

## **WHAT IF THE PATIENT IS UNABLE TO TRAVEL BY AIR**

17. In this circumstance your doctor/consultant will have made the decision in consultation with you and should advise your unit in writing of this decision. Your unit will make the necessary arrangements for service travel to the UK.

18. If your private vehicle is used for this journey a claim for travelling expenses will normally be allowed provided that the doctor/consultant has deemed it essential.

## **WHAT HAPPENS IF I CHOOSE TO TRAVEL BY CAR**

19. If for personal reasons, you wish to return by private car, you will not be entitled to claim travel expenses at public expense. Only a return MMA journey between the Airport of arrival (normally Stansted) to the hospital will be reimbursed to you.

## **WHAT FURTHER HELP AND ADVICE IS AVAILABLE TO ME**

20. If you are at a NHS hospital, your unit will notify the Army Welfare Service in which area the hospital is, with the information outlined at paragraph 4.

21. If you are attending an MDHU, you should contact the Patient Services Centre or the Services Hospitals Welfare Department for assistance.

a. Your Unit Welfare Officer can alert the welfare services and obtain help for you should you require it.

b. These services include:

(1) Army Welfare Service (AWS) – for general support and advice from trained welfare workers including SSAFA FH, Social Workers and Army Welfare Workers.

- (2) SSAFA FH – If you need help whilst travelling, SSAFA FH has a family escort service which may be able to help you. The Association also has a network of volunteers throughout the UK who can offer assistance if needed.
- (3) Defence Medical Welfare Services (DMWS) – for support and advice when at the QEH, QAH or MDHU.
- c. The AWS will be able to give you help and assistance once you are in the UK. For example, you may not be happy with your hotel accommodation or you may be discharged early from the hospital – if you are unable to sort them yourself then you should ask the Unit Welfare Officer for help and advice.
- d. The Unit Welfare Officer through the RAO is responsible for your travel and accommodation requirements.

#### CONTACT ADDRESSES AND TELEPHONE NUMBERS

22. The following are useful contact addresses and telephone numbers:

- a. Army Families Advice Bureau on Salisbury 01212880181.
- b. SSAFA Forces Help, Central Office on 02074038783.
- c. The Defence Medical Welfare Service (DMWS)
  - (1) DMWS, Albert House, QA Hospital, Southwick Hill Road, Portsmouth PO6 3LP  
0022 -2392 765373 or (after Hours) 0044-777-0795349
  - (2) MDHU Frimley Park 01276-604604/604008, Fax 01276-60 5660.
  - (3) MDHU Northallerton 01609764977 or Mob 07712134380.
  - (4) MDHU Derriford 01752-763749.
  - (5) RCDM Birmingham to follow
- d. Services' Cotswold Centre: Mil (94382) 4521, Civil: 01225-810358.

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**CERTIFICATE OF ENTITLEMENT TO FREE DENTAL TREATMENT FOR  
DEPENDANT STUDENTS**

1. This is to certify that (Name).....

Age:.....years (DOB:.....) Is a dependant student in full time education at:

.....University/College.

2. He/she is the dependant son/daughter of:

Regimental/Staff Number:.....

Name:.....

Rank/Grade:.....

Unit/Organisation:.....

BFPO:.....

3. TOUREX date of Head of Family:.....

4. Entitlement period: Start Date:.....

End Date:.....

(End date should be TOUREX date or end of education whichever is the earlier)

5. Dependants signature:.....

6. Witness signature:.....

Name in BLOCKS:.....

Appointment:.....(RAOWO/Docs Clk)

When complete this certificate should be presented to the Dental Centre who will place it in your dental records as proof of future entitlement.

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## COLLECTION OF DENTAL CHARGES

### Introduction

1. Charges in respect of dental treatment for entitled non-military personnel are to be raised as promulgated by MOD. DDS(G) is responsible for raising these charges, where they have the funding responsibility, and will be required to follow procedures contained in this instruction. Dental Centres are responsible for ascertaining the correct details from their patients and must use a recognised and authorised procedure to verify the patient's status, address, unit/organisation and entitlement to treatment. Patients are required to pay through their respective Regimental Administrative Office (RAO) or Unit cashier office. For ease, military dependants are encouraged to settle dental bills by gaining authorization of the serving Head of Household in order to have the costs recovered via JPA, and prior to the commencement of any dental treatment. With the exception of initial inspections and emergencies, payment for treatment is to be made in advance and proof of payment supplied to the Dental Centre prior to commencement of treatment. Payment for inspections and emergency treatment is to be made following the inspection/ emergency treatment<sup>8</sup>.

### Aim

2. The aim of this instruction is to state the method of generating and accounting for the collection of dental charges.

### Methods of Payment

3. There are 2 methods of payment available to personnel. All bills will be raised in pounds sterling and converted to the Euro at the GAR, either on JPA (for military dependants only) or on an AF O1680. One of the following methods of payment are to be chosen:

- a. Military dependants. Prior to the commencement of any dental treatment, the serving Head of Household may authorise payment of dental bills from their salary via JPA. Application forms are available from DDS(G) dental centres.
- b. Payment of the AF O1680 made in cash/cheque at an appropriate local RAO/cashier office.

### Payment by Deduction from Military Salary

4. Should a patient request that the bill is debited from their Head of Household salary the following procedure is to apply:

- a. The serving member of the family must sign the authorisation form.

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<sup>8</sup> Following an inspection or initial emergency treatment, and where a subsequent course of treatment is prescribed then the costs of the inspection / emergency treatment AND the prescribed subsequent course of treatment is to be paid for prior to the subsequent course of treatment commencing. Evidence of payment must be provided by the patient on attendance at the subsequent appointment. Full details are available from DDS(G) Dental Centres or on the DDS(G) internet site at <http://bfgnet.de/health/dental/>

- b. Payment will normally be debited from the Servicepersons salary at the start of treatment.
- c. The Serviceperson will be notified of the deduction via JPA.

#### Payment in Cash/Cheque

5. Should a patient wish to settle the bill in cash or by cheque, the following procedure is to be followed:

- a. The patient is to agree the total and then sign four copies of the AF O1680 prior to the start of the treatment.
- b. The patient is to pay by cash/cheque (Euro) to their relevant RAO/ cashier office.
- c. The dental centre will keep one copy of the AF O1680 to maintain records. Two copies are to be given to the patient to take to the relevant RAO/cashier office for payment and one copy is to be sent directly to the RAO by the Dental Centre in order to make them aware that a payment is due. On receipt of payment the RAO/cashier may retain one copy for their records, the patient will be given a copy to form a receipt, a cleared and stamped "paid" copy is to be sent to the Dental Centre by the RAO to enable them to update their records.

#### Non – Payment of Bills

6. Recovery procedures are the responsibility of the RAO<sup>9</sup>. Every effort must be made by the RAO staff to recover the sum due regardless of the time post treatment. In addition to any formal reminders issued by the RAO the Dental Centre will issue formal reminders at 30 and 60 days. If, after formal reminders have been issued, payment is not forthcoming then further action should be taken by the RAO, who are to engage with the individuals', or Head of Households', Line Management, be that Unit CoC, Garrison G8 Sec, Service Children's Education or Employer for further recovery action.

7. A list of outstanding debtors will be maintained by each DDS Dental Centre so that those patients who have not settled earlier bills for dental treatment, can be refused non-emergency treatment. The Dental Centre OIC will engage with the RAO regarding this list quarterly in order to:

- a. Ensure that all ongoing and cleared debt has been captured accurately and,
- b. Gain assurance with regards to the recovery actions taken thus far.

8. DDS(G) will engage with HQ BFG at an executive level as required in order to ensure that effective recovery of dental debt is maintained. DDS(G) will also inform HQ DDS of all unpaid debt over 12 months old as at 31 Mar annually.

Dental Centre XXXXXXXX  
ADDRESS

Tel:  
Fax:

*Dental Centre Reference*

OIC

.....  
.....

Dated:

**FAILURE TO ATTEND FOR DENTAL TREATMENT**

No.....Rank.....Name.....

1. The above mentioned of your unit did not attend a dental appointment at this dental centre on.....for .....minutes.
2. The appointment was made by.....
3. Dental resources in BFG are at a premium and this wastes a valuable resource that could have been used by other personnel to improve overall Unit Dental Fitness and thus overall operational effectiveness.
4. Dental attendance is a Chain of Command issue and you are requested to investigate the reason for this failure and return the attached slip to this dental centre. The above-mentioned is to be re-appointed as a matter of urgency so that outstanding dental treatment can be completed.
5. Your assistance in this matter is appreciated.

*Dental Officer Signature Block*

No.....Rank.....Name.....

From: ..... Dated.....

.....  
.....

The above matter has been investigated. The reason for non-attendance is as follows:

.....  
.....

Signature.....Rank.....Name.....

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Dental Centre XXXXXXXX  
ADDRESS

Tel:  
Fax:

*Dental Centre Reference*

Dated

Dear .....

**FAILURE TO ATTEND FOR DENTAL TREATMENT**

1. It has been noted that you did not attend for a dental appointment on ..... at .....with..... for.....minutes.
2. This may be a genuine oversight on your part but dental resources in BFG are at a premium. This is valuable clinical time that could have been used by another patient. To clarify the situation and to continue treatment please complete and return the attached slip to the Dental Centre.
3. A nil response to this letter or a failure to keep a second appointment without just reason will deregister you by the Dental Centre. This will limit your entitlement only to emergency dental treatment. Re-registration will only be considered after an interview with the dental officer.
4. You are reminded that 24 hours' notice is required for cancellation of an appointment except for unforeseen circumstances. This will allow re-allocation of the appointment to another patient.

*Dental Officer Signature Block*

.....

I confirm that I wish to remain registered and continue to receive dental treatment at Dental Centre XXXXXX. I understand the policy on failing to attend for dental appointments.

NAME.....

SIGNATURE..... DATE.....

Telephone Number..... (home) .....(work).....

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**FREE NHS DENTAL TREATMENT  
PROOF OF ENTITLEMENT**

| Ser | The following individuals are exempt from paying MOD dental charges:  | The proof you need to have:   | Where and how to get proof:   |
|-----|---|---|---|
| (1) | (2)   | (3)   | (4)   |
| a.  | Patients who are under 18 at the start of treatment.  | Any official document showing your name and date of birth, such as a birth certificate or passport.   |   |
| b.  | Patients who are under 23 and in full time education at the start of treatment.   | Any official document showing your name and date of birth, such as a birth certificate or passport, and proof that you are a full-time student.                   | Your school, college, university or local education authority can give you proof that you are in qualifying full-time education.  |
| c.  | Women who are expecting a baby and were pregnant at the start of treatment or women who have had a baby within 12 months prior to the start of treatment. | MatB1 certificate or NHS prescription maternity exemption certificate or card (Matex) or notification of birth form, birth certificate or stillbirth certificate. | MatB1 certificates are issued by your Medical Centre, GP or registered midwife. You can use your prescription maternity exemption certificate or card (Matex) as proof. To get one ask your GP, midwife or health visitor for an FW8 application form. The form tells you what to do. The midwife who delivers your baby will give you a notification of birth form. Birth certificates and stillbirth certificates are issued by your local registrar of births, marriages and deaths. |

|    |  |  |   |
|----|--|--|---|
| d. | Patients receiving (or included in an award of someone getting) Income Support, Income-based Jobseeker's Allowance, Income-related Employment and Support Allowance or Pension Credit Guarantee Credit at the start of treatment or when the charge is made. (Incapacity Benefit or Disability Living Allowance do not count as they are not income-related.). | Your Income Support order book, or an entitlement letter from your Jobcentre Plus office. Your award notice from the Pension Centre. | You have to claim the benefit at your Jobcentre Plus office. (Contribution based Jobseeker's Allowance, Incapacity Benefit, Contribution-based Employment and Support Allowance or Disability Living Allowance do not count as they are not income-related.) If payments are made into your bank or building society, you can obtain proof in the form of an entitlement letter from your Jobcentre Plus office. If you have lost or mislaid your Pension Centre award notice, contact the Pension Centre phone line. |
| e. | Those entitled to or named on a valid NHS tax credit exemption certificate at the start of treatment or when the charge is made.   | A valid NHS tax credit exemption certificate or you can use your tax credit award notice.  | If you are eligible for free treatment, your exemption certificate will be sent to you. If you haven't yet received your certificate, use your award notice or decision letter.   |
| f. | Those named on a valid HC2 certificate at the start of treatment or when the charge is made.   | An NHS certificate HC2 for full help with health costs.  | Make a claim using form HC1, obtainable from your Jobcentre Plus office.  |