

Research Briefing

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Healthcare in the Overseas Territories and access to UK care

Summary

- 1 Background: The UK's OTs
- 2 Territory and UK roles in healthcare
- 3 Providing healthcare in small communities
- 4 The quota system and access to healthcare in the UK
- 5 Territory healthcare systems and charges

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Summary

The UK has 14 Overseas Territories (OTs), with a population of over 270,000. Ten of the Territories are permanently inhabited by British nationals.

Healthcare is a responsibility of elected Territory Governments, though the UK does provide aid assistance to three Territories and allows for a limited number of Territory inhabitants to access free NHS care each year in the UK.

This research briefing describes the healthcare systems in the Territories, the responsibilities of the UK Government towards them and the support it provides, and the challenges of delivering healthcare in small communities.

The Commons Library research briefing, [The UK's Overseas Territories: An introduction](#), provides further background on the OTs and their relationship with the UK.

Territories are responsible for healthcare

As the administering power for the Territories, [the UK Government is responsible for promoting their welfare, economic development and self-government under the UN Charter](#). For three Territories (Montserrat, Pitcairn and St Helena and Tristan da Cunha), [it also provides financial aid to meet regular budget needs](#), including their health services.

While [the UK is responsible for the defence and international relations of the Territories](#), healthcare, alongside education and other aspects of social policy, is a responsibility of individual Territory Governments.

As set out in section 5 of this research briefing, Territory Governments employ a range of systems to fund and deliver healthcare, with most requiring patients to be referred overseas when more complex cases arise. All inhabited Territories can provide some emergency care, and aside from the smallest Territory, Pitcairn, [all the inhabited Territories have a hospital \(Pitcairn has a clinic\)](#).

Some of the Territories fund healthcare out of general budgets, supplemented with charges and fees for users (as in the case for the [Falkland Islands](#), [Pitcairn](#) and [St Helena](#), for example).

Other Territories have established a system of compulsory public contributions or insurance (such as [Gibraltar](#)), and others provide options for private or public insurance (the case in the [Cayman Islands](#) (PDF)).

Challenges in delivering healthcare

Like many independent small island developing states (SIDS), the UK's Overseas Territories face challenges as small, predominately island, communities to deliver and fund healthcare. [A 2010 assessment by the UK's Department for Health and Social Care](#) cited challenges including:

- Achieving economies of scale when delivering healthcare
- Requirement for overseas staff to meet local healthcare staffing needs
- Ensuring continuity of medical expertise (many medical staff are on temporary residence contracts)
- Organising access to overseas care to meet gaps in local services.
- Shortages of surveillance systems and laboratory support to identify, and respond to, outbreaks of infectious diseases
- Delivering sufficient mental health care
- Delivering sufficient healthcare in prisons.

Territory access to UK NHS healthcare

In the UK, overseas visitor charging for healthcare is a devolved issue.

In England, [individuals must be “ordinarily resident” in the UK to qualify for NHS treatment free of charge](#). There are some services exempt from charging regulations. These include A&E services and those for the diagnosis and treatment of infectious disease.

The [UK operates a quota system with the Overseas Territories](#). Except in the cases of the Falklands and Gibraltar, where reciprocal arrangements mean that there are no limits on the number of referrals made to the NHS, five Territories have been limited to four referrals a year (these are Anguilla, the British Virgin Islands, Montserrat, St Helena, and the Turks and Caicos). The remaining Territories have been ineligible for referral to the UK.

[The quota arrangement has been criticised by OT Governments](#) as too limited and for not taking account of population growth or need in the Territories. In the [May 2023 Joint Ministerial Council \(JMC\) meeting between the UK and OT Governments](#), ministers agreed for changes to be introduced to the system.

Final details of the changes have not been published but [the JMC communiqué](#) states that Bermuda, Cayman Islands, Tristan da Cunha and Ascension will now be able to refer cases to the UK for free NHS treatment.

1

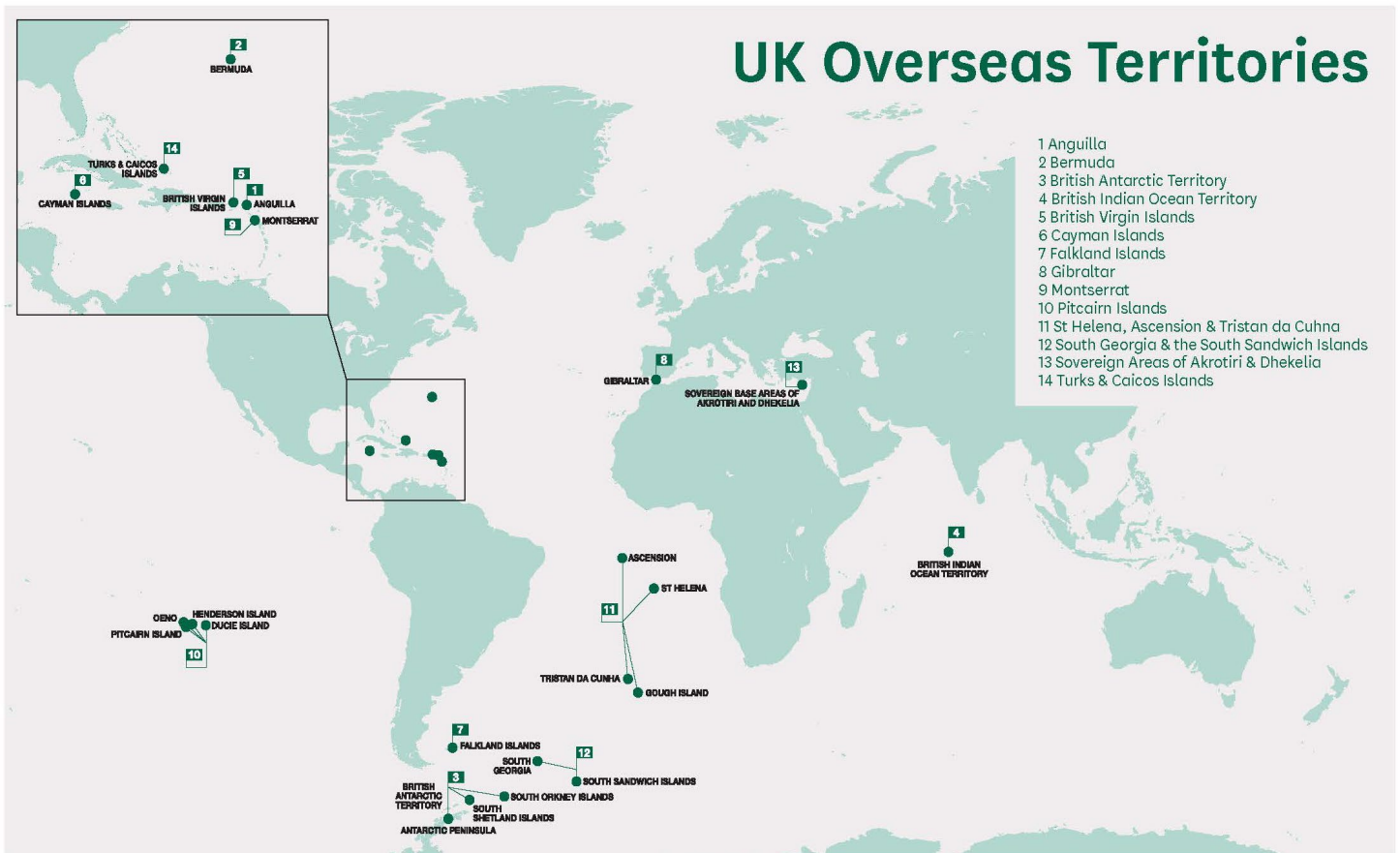
Background: The UK's OTs

There are 14 UK Overseas Territories (OT) across the globe, of which 10 are permanently inhabited by British nationals. All the Territories have historic links to the UK and, together with the UK and Crown Dependencies like Jersey and Guernsey, form one undivided realm where the King is sovereign. This means they have no separate international representation.

The Territories also have no representatives in the UK Parliament.

The Commons Library briefing, [The UK OTs: An introduction](#), provides an overview of the Territories and their relationship with the UK.

Aside from Gibraltar, the Antarctic Territories, and the Sovereign Base Areas of Akrotiri and Dhekelia in Cyprus, they are all small islands or archipelagos. The following map shows their position.



Map adapted from 'Overseas Territories Security, Success and Sustainability', Foreign and Commonwealth Office, June 2012, Cm 8374, 21 November 2012

1.1 Population and age structure

The ten inhabited OTs have a population of 270,000 (2021), according to UN data. Akrotiri and Dhekelia (Cyprus) has a resident population of 12,000 Cypriots and 4,000 UK service personnel.¹

Pitcairn is the populated Territory with the smallest population of 40 people, while the Cayman Islands and Bermuda have the largest.

Around 1 in 20 people in the Territories are under the age of 5 (around 14,000 in total) and 1 in 7 are over 65 (36,000). St Helena has the highest proportion of over-65s, at 29%, followed by Gibraltar and Bermuda (21% and 20%, respectively). The Cayman Islands has the lowest proportion, at 8%.

The Overseas Territories: UN estimates of population, 2021			
Territory	Population under 5	Population over 65	Total population
Mediterranean			
Gibraltar	1,800 (5%)	6,700 (21%)	33,000
Caribbean/North Atlantic			
Anguilla	800 (5%)	1,600 (10%)	16,000
Bermuda	3,100 (5%)	12,600 (20%)	64,000
British Virgin Islands	1,200 (4%)	3,000 (10%)	31,000
Cayman Islands	3,800 (6%)	5,300 (8%)	68,000
Montserrat	200 (5%)	750 (19%)	4,000
Turks and Caicos Islands	2,700 (6%)	4,600 (10%)	45,000
South Atlantic			
Falkland Islands	200 (5%)	400 (10%)	4,000
St Helena, Ascension, and Tristan da Cunha*	200 (4%)	1,450 (29%)	5,000
Tristan da Cunha	10 (4%)	70 (29%)	235
Pacific Ocean			
Pitcairn	No school-age children	No data	Around 40

Notes: *includes figures for the whole Territory. Figures for Tristan da Cunha calculated separately are shown in the row below. All figures are rounded to nearest 50 (except Pitcairn and Tristan da Cunha).

Sources: UN Population division, [Data portal: Population by sex and age](#); Pitcairn Immigration, [Life on Pitcairn](#) and Tristan da Cunha, [Population update](#), 20 April 2023

¹ Strategic Command, [Overseas bases in focus: Cyprus](#), 9 February 2021. Sources accessed 16 March and 16 May 2023

2 Territory and UK roles in healthcare

2.1 Healthcare as a responsibility of Territory Governments

Healthcare and public health are responsibilities of elected Territory Governments, rather than the [UK or UK-appointed Governor](#), alongside related services such as local government, sport and education.² Each Territory has their own health care system, separate from the UK National Health Service. These are set out in section 5 of this research briefing.

2.2 UK Government responsibilities and support

As the administering power for the Territories, the UK has a responsibility under the [UN charter to promote their political, economic, social, and educational advancement](#).³

Support from the Department of Health and Social Care

The UK's Department of Health and Social Care (DHSC) aids the Territories as part of the [UK's wider objectives for improving global health](#) and ensuring the UK's international health obligations are met.⁴ Objectives include supporting Territories to:

- Manage their healthcare systems sustainably
- Engage with regional health organisations and initiatives
- Prepare for emergencies, including natural disasters
- Fulfil international obligations, such as those in International Health regulations (these include, for example, detecting and responding to global public health threats such as polio or influenza).⁵

² For UK/UK-appointed Governor responsibilities, see the Commons Library briefing on the [UK OTs and their Governors](#). Sources in this section accessed May 2023

³ Charter of the UN, [Chapter XI—Declaration regarding non-self-governing territories](#), Article 73

⁴ As above, p68 and Foreign, Commonwealth and Development Office (FCDO), [FCDO launches new approach to improving global health](#), 14 December 2021

⁵ UK Government, [The UK OTs](#), June 2012, Cm 8374, p68

The Department also represents the Territories at international meetings, such as those of the World Health Organization (WHO).⁶

The UK Government also assists the Territories by providing several referrals for NHS Treatment in the UK—see below, section 4, for details.

The DHSC 2010 policy paper, [Health and healthcare in the British Overseas Territories: Regional and UK Government support](#) provides more on UK support.

Support from the Foreign, Commonwealth and Development Office (FCDO)

The three Territories of Montserrat, Pitcairn and St Helena and Tristan da Cunha (though not Ascension) are [in receipt of UK aid](#).⁷

In its 2012 [White Paper on the Overseas Territories](#), the UK Government said it provides “substantial support” for healthcare in these three Territories, including supporting staff salaries.⁸

UK support during the pandemic

During the Covid-19 pandemic, the UK Government supported the Territories through procuring personal protective equipment, facilitating genome sequencing, and deploying some medical teams. In the UK, the FCDO had responsibility for arranging and funding vaccines to the territories, while individual Territory Governments were responsible for coordinating their vaccine programmes.

For more on UK support for the Territories during the pandemic, see the Commons Library briefing [Coronavirus: UK support to the Overseas Territories](#), last updated June 2021.

⁶ UK Government, [The UK OTs](#), June 2012, Cm 8374, p68

⁷ Commons Library, [UK aid and the OTs](#)

⁸ UK Government, [The UK OTs](#), June 2012, Cm 8374, pp63, 69

3 Providing healthcare in small communities

3.1 Healthcare needs and challenges in the OTs

2010 DHSC assessment

The most recent [UK Government assessment of healthcare provision and need across the Territories](#) was published in 2010. The DHSC noted that none of the Territories could provide comprehensive healthcare for all its citizens, and that there has been increasing demand from patients for improved secondary care (support after any initial treatment).

The report highlighted challenges for the Territories including:

- Achieving economies of scale when delivering healthcare
- Requirement to arrange for overseas staff to meet local healthcare staffing needs
- Ensuring continuity of medical expertise (many medical staff in the Territories are on temporary residence contracts)
- Organising access to healthcare overseas to meet gaps in local services. This was particularly the case in more remote Territories, which may also have less access to private care options or choice of services
- Shortages of surveillance systems and laboratory support to respond to outbreaks of infectious diseases
- Delivering sufficient mental health care
- Delivering sufficient healthcare in prisons.⁹

The DSHC also noted that the ability of the Territories to fund healthcare is vulnerable, with rising demand across their populations, though “by and large, those which need most external support are the poorest, most remote, and with the smallest population.”¹⁰

⁹ DHSC, [Health and healthcare in the British OTs: Regional and UK Government support](#), September 2010, pp10-11. Sources accessed 15-17 May 2023.

¹⁰ As above, p12

Further reading on the challenges of delivering universal health care in small communities

Achieving universal health care (UHC) is one of the UN's sustainable development goals. These are intended to be met by 2030.

Achieving UHC means that local populations can receive a full spectrum of health services (from public health promotion and prevention to treatment, rehabilitation and palliative care) at all life stages, without exposing the user to financial hardship.¹¹

As predominantly small island communities, the UK's OTs face many of the same challenges as independent small island states (SIDS) in delivering universal health care.

Many SIDS have also seen a rise in noncommunicable diseases (NCDs) such as cancer and cardiovascular disease, with World Health Organization (WHO) data suggesting that over half of people in SIDS are dying prematurely from NCDs. This parallels the experience in some OTs.¹²

Analysts have noted that [both SIDS and OTs can face challenges to providing sufficient mental health personnel and facilities](#) in the context of small populations,¹³ and that [a large proportion of their health budgets are spent on referring cases overseas](#) to deliver UHC.¹⁴ Many small island states also have a greater proportion of their budgets spent on health than other countries.¹⁵

For more information on UHC and healthcare challenges in SIDS, see the [WHO's summit for health: Strategic actions in SIDS](#), 2021

3.2

UK Government assessments of the aided Territories

Three Territories receive UK aid: Montserrat, Pitcairn, and St Helena and Tristan da Cunha. As part of the business case for this funding, the Foreign, Commonwealth and Development Office and its predecessors has published assessments of their healthcare needs. A summary of these is included below.

¹¹ WHO, [SDG target 3.8. Achieve UHC](#)

¹² Pan American Health Organization and WHO, [SIDS accelerate action to tackle biggest killers](#), 18 January 2023

¹³ I. Walker and others, [Mental health systems in six Caribbean SIDS](#), International Journal of Mental Health Systems, 16, 2022

¹⁴ M. Suzana and others, [Achieving UHC in SIDS](#), British Medical Journal Global Health, 3, 2018

¹⁵ Organisation for Economic Cooperation and Development, [Making development cooperation work for small island states](#), 2018, figure 1.5

Montserrat

The [Department for International Development's \(DFID\) 2019 business case for the Territory](#) cites several health issues and challenges in Montserrat:

- “Inadequate” health facilities, including the requirement for a new mental health unit (a new hospital is currently planned).
- A “growing burden” of non-communicable diseases. These include cardiovascular disease, cancers, diabetes, and chronic respiratory disease. These accounted for 55% of deaths in 2015. Diabetes and hypertension were responsible for 66% of hospital admissions in 2016/17. The report also cites rising rates of childhood obesity.
- The high prevalence of mental health challenges, often linked to trauma or alcohol and substance abuse.
- The high risk of vector-borne diseases, such as dengue and Zika virus.
- Ensuring sustainable and equitable access to care remained a challenge, especially in the case of overseas referrals which could require “catastrophic” payments in the case of self-referral.
- Staffing capacity could be constrained, due to unfilled posts.¹⁶

The Pan American Health Organization also [maintains a profile of health services and needs in Montserrat](#).

Pitcairn

In 2020, the FCDO noted the Territory’s ageing population and the limited medical facilities on-island. In 2019/20, three cases required long-term treatment in New Zealand, which accounted for half the Territory’s health budget.¹⁷

St Helena

The July 2021 review of UK funding reported that prevalence of obesity and non-communicable diseases is high on St Helena.¹⁸ It also cited 2021 census data that around 22% of the population smoked (40% of men under 50).¹⁹

St Helena’s [2023: Health statistics](#), April 2023, provides more on the underlying causes of death, life expectancy, and healthy life expectancy within the Territory.

¹⁶ FCDO, [Montserrat financial aid 2019-2022: Business case and summary](#), 2019, para 32, 50, 120-125

¹⁷ FCDO, [Pitcairn financial aid 2019-20: Project completion review](#), May 2020, para B2.3

¹⁸ FCDO, [St Helena financial aid 2019/20 to 2021/22: Annual review](#), May 2022, para 2.2.1

¹⁹ As above, p11

Tristan da Cunha

A 2014 DFID report on developing new hospital facilities on the Territory stated that there was a “high prevalence” of chronic, non-communicable disease: 10% of the population in 2013 had diabetes (compared to 4.5% in the UK), 27% hypertension, and 13% asthma.²⁰

The assessment also noted that the relative isolation of the Island means that a severe disease outbreak can have significant effects: in 2015 an outbreak of respiratory disease hospitalised half the population.²¹

Assessment of healthcare needs in other Territories

The Pan American Health Organization (PAHO) maintains a profile of health services and needs in five Territories:

- [Anguilla](#): Notes the incidence of obesity and prevalence of tobacco use
- [Bermuda](#): The PAHO cites prevalence of obesity and financial costs of accessing care as examples of challenges
- [British Virgin Islands](#): The report highlights health issues such as high blood pressure in the population and incidences of Tuberculosis and HIV.
- [Cayman Islands](#): The PAHO notes the incidence of high blood pressure, tobacco use and cancer rates in the population.
- [Turks and Caicos Islands](#): Discusses tobacco use and vaccination coverage

The Gibraltar Health Authority’s [Health and lifestyle 2021 report](#) and Falklands Government’s [Health and lifestyle survey 2019](#) provides data on public health.

3.3

Territory population health data

Proportion in good or very good health

Four Territory censuses collect self-reported data on health.²² Based on the 2012 census, Gibraltar has the highest proportion reporting good or very good health, at 88%, and St Helena the lowest, at 73% (2021 data).

²⁰ DFID, [Business case: Summary sheet, Tristan da Cunha health facility project](#) (link opens word document), 2014, para 15

²¹ As above, para 15

²² Those that did not include: [Bermuda 2016 population and housing census report](#) and Anguilla [2011 census](#). That for the Turks and Caicos includes some data on illness/disability reported for specific illnesses: [2012 Turks and Caicos Islands-Population census](#). Pitcairn does not hold a census.

No data on self-reported illness or health has been collected in other Territory censuses. Using an alternative measurement of recording individuals with a diagnosed health issue, in 2021 13% of Caymanians reported this.²³

Proportion of population reporting good/very good health

Gibraltar	88% (2012)
Falklands	85% (2021)
England and Wales	82% (2021)
British Virgin Islands	79%* (2010)
St Helena	73% (2021)

*Question was whether an individual had some form of illness: 79% did not.

Sources: Gibraltar Government, [2012 census](#), pxxxix; Falkland Islands Government, [Census 2021](#); Office for National Statistics, [General health, England and Wales: Census 2021](#), January 2023; British Virgin Islands, [Virgin Islands 2010 population and housing census report](#) (PDF), p79; St Helena Government, [Census 2021: Main report](#), p66.

Life expectancy at birth

UN Population data estimates that life expectancy at birth in all inhabited Territories ranges from 82.8 in Gibraltar to 74.9 in the Turks and Caicos Islands. All Territories other than Gibraltar have a lower life expectancy at birth than the UK, at 82.6 years.

For Tristan da Cunha, life expectancy in 2009 was estimated at 75 for men and 80 for women.²⁴ There is no data for Pitcairn.

Life expectancy at birth in the inhabited OTs, 2022

Gibraltar	82.8
United Kingdom	82.6
Bermuda	81.6
Falklands	79.2
Anguilla	77.4
St Helena	77.2
British Virgin Islands	76.7
Cayman Islands	75.6
Montserrat	75.9
Turks and Caicos Islands	74.9

Source: UN Population Division, [Life expectancy at birth \(2022 estimates\)](#), accessed 25 April 2023.

²³ Cayman Government Economics and statistics Office, [2021 census](#), Table 5.1.A

²⁴ DFID, [Business case: Summary sheet, Tristan da Cunha health facility project](#) (link opens word document), undated, para 15

4 The quota system and access to healthcare in the UK

4.1 Reforms to the quota system, 2018-2023

As set out in section 5, all Territory Governments provide at least some health care within the Territory, though most also rely on some overseas referrals to respond to more complex cases.

NHS quota system

The UK provides some limited off-island care through its NHS quota system, which allows free access to NHS facilities for a set number of patients from some Territories each year (see below, section 4.3, for a breakdown). For other cases requiring referral overseas, Territory Governments and individuals are required to make separate arrangements.

Calls for reform to the system

In its 2010 paper on support for the OTs, the UK's DHSC acknowledged that "the quota system had little impact on meeting actual need." At the time of the report's writing in 2010, five Territories had access to a quota of four patients each year for each Territory.

The report also noted that the quota system had developed independently of the UK's aid provision, with three non-aided Territories benefiting from the quota system and one-aided Territory (Pitcairn, as well as Tristan da Cunha and Ascension, part of the St Helena Territory), not.²⁵

In 2019, the Commons Foreign Affairs Committee heard complaints from some Territories that the quota system needed updating and expanding to include Territories then-excluded from the system.²⁶

In response to the Committee report, the UK Government said the DHSC had committed to review the quota system in 2018.²⁷

²⁵ DHSC, [Health and healthcare in the British OTs: regional and UK Government support](#), 2010, p11. Sources in this section accessed 17 May 2023 and 20 April 2023

²⁶ Foreign Affairs Committee, [Global Britain and the British OTs: Resetting the relationship](#), HC 1464, February 2019, paras 59-60

²⁷ [UK Government response to the Foreign Affairs Committee report on Global Britain and the British OTs](#), May 2019

Joint Ministerial Council decision, May 2023

In May 2023, UK and Territory Ministers announced that changes to the quota system would be introduced, and access be expanded to include Ascension, Tristan da Cunha, Cayman, and Bermuda for the first time.²⁸

The UK Department for Health [Guidance on implementing the overseas visitor charging regulations](#), January 2023, has not been updated at present (May 2023).

4.2

“Ordinary residence” in the UK

“Ordinary resident”

The NHS is a residency-based healthcare system and eligibility for relevant services without charge is based on the concept of “ordinary residence.” An “overseas visitor” is any person who is not ordinarily resident in the UK.

The DHSC [Guidance on overseas NHS visitors](#) (January 2023) explains that citizens who return to the UK on a settled basis will be classed as ordinarily resident and will be eligible for free NHS care immediately. When assessing the residence status of a person seeking free NHS services, an NHS body will need to consider whether they are:

living lawfully in the UK voluntarily and for settled purposes as part of the regular order of their life for the time being, whether of short or long duration [...] [and whether] they have an identifiable purpose for their residence here and whether that purpose has a sufficient degree of continuity to be properly described as “settled.”²⁹

The guidance states that a person is not ordinarily resident in the UK simply because they have British nationality; hold a British passport; are registered with a GP; have an NHS number; own property in the UK; or have paid (or are currently paying) National Insurance contributions and taxes in the UK.³⁰

There are exemptions from charges under the NHS (Charges to Overseas Visitors) Regulations 2015. Exempt groups include vulnerable and detained patients, refugees and asylum seekers, UK Government employees and members of the armed forces.³¹

There are also some NHS services that are exempt from NHS charges, including A&E services and services for the diagnosis and treatment of specified infectious diseases. The full list of exempt services is available on

²⁸ FCDO, [2023 UK and OTs Joint Ministerial Council Communiqué](#), 12 May 2023, para 20

²⁹ DHSC, [Guidance on implementing the overseas visitor charging regulations](#) (PDF), January 2023, pp26-7

³⁰ As above, p26

³¹ DHSC, [Guidance on implementing the overseas visitor charging regulations](#) (PDF), January 2023, chs 6 and 7

page 15 of the DHSC's [Guidance on implementing the overseas visitor charging regulations \(PDF\)](#), January 2023.

4.3

UK healthcare agreements with the Overseas Territories

The below information is sourced from the January 2023 version of the DHSC's [Guidance on implementing the overseas visitor charging regulations \(PDF\)](#).

Updates are expected following the [UK-OT Ministerial Council in May 2023](#) which commits to expand access to Bermuda, Cayman, Ascension and Tristan da Cunha and will reportedly offer greater flexibility in numbers for Territory inhabitants to access healthcare in the UK.³²

As of January 2023, there are healthcare agreements applying to seven UK OTs: Anguilla, British Virgin Islands, Falkland Islands, Gibraltar, Montserrat, St Helena, and Turks and Caicos. Many of the reciprocal healthcare agreements provide only medically necessary treatments but some provide access to NHS services on the same basis as a UK resident.

The UK has reciprocal healthcare agreements with some non-EU countries and OTs. Overseas visitors who can present evidence that they are nationals, citizens or lawful residents (as appropriate) of one of these countries or OTs should be treated as exempt from overseas visitor charges, in respect of treatment that the relevant agreement entitles them to.

Within the reciprocal agreements there are differences in the level of free treatment given to visitors travelling to the UK. The below details the reciprocal healthcare agreements relating to UK Overseas Territories:

Anguilla: Four patients

Applies to immediately necessary medical treatment only.

Applies to all residents of the Territory. Can also refer four patients to the UK for free NHS hospital treatment.

Bermuda (four patients from 2023)

Following the May 2023 Joint Ministerial Council, the Territory is to become part of the quota system.

In late May, the Bermuda Government signed a memorandum of understanding with the UK to provide pre-authorised healthcare

³² FCDO, [2023 UK and OTs Joint Ministerial Council Communiqué](#), 12 May 2023, para 20

arrangements for Bermuda-eligible persons to receive a course of treatment from a healthcare provider in the UK. This allows for five treatment slots per fiscal year. The arrangements will be in place from 5 June 2023.³³

British Virgin Islands: Four patients

Applies to immediately necessary medical treatment only.

Applies to all residents of the Territory. Can also refer four patients to the UK for free NHS hospital treatment.

Cayman Islands (from 2023)

Following the May 2023 Joint Ministerial Council, the Territory is to become part of the quota system. Details are yet to be announced.

Falkland Islands: Unlimited referrals

All treatment free on the same terms as for an eligible UK resident (an ordinary resident), including elective treatment.

Applies to all residents of the Territory. Can refer an unlimited number of patients to the UK for free elective treatment.

Gibraltar: Unlimited referrals

All treatment free on the same terms as for an eligible UK resident (an ordinary resident), including elective treatment.

Applies only to citizens resident in the Territory when that citizen is not expected to stay in the UK for more than 30 days. Can also refer an unlimited number of patients to the UK for free elective treatment. This excludes planned maternity treatment.

Montserrat: Four patients

Applies to immediately necessary medical treatment only.

Applies to all residents of the Territory. Can also refer four patients to the UK for free NHS hospital treatment.

In May 2023, Montserrat media report that the Territory's Ministry of Health will be able to send 11 patients annually to the UK, rather than four. The news-site Discover Montserrat also reports that in cases where a Territory does not use their allotted number, in the future they will also be allowed to offer them to another Territory where there is a need.³⁴

³³ Bermuda Government, [NHS England healthcare arrangements \(Quota share\)](#), 5 May 2023

³⁴ Discover Montserrat, [Montserrat and the OTs get an increase in NHS quota referrals](#), 13 May 2023.

St Helena (Ascension and Tristan da Cunha from 2023 only): Four patients

As the per the January 2023 DHSC guidance, agreements apply to immediately necessary medical treatment only for St Helenian residents.

It can also refer four patients per year for free NHS hospital treatment.

Following the May 2023 Joint Ministerial Council, Ascension and Tristan da Cunha, which were not previously included within the arrangements for St Helena, are to become part of the quota system.

In May 2023, the Government of Tristan da Cunha has said up to ten patients a year will be able to travel to the UK for NHS treatment.³⁵

Details for Ascension have not been announced.

Turks and Caicos: Four patients

Applies to immediately necessary medical treatment only.

Applies to all residents of the Territory. Can also refer four patients per year for free NHS hospital treatment.

Paying for care in the UK under reciprocal agreements

The January 2023 guidance provides the following information on paying and arranging healthcare for OTs under the reciprocal healthcare agreements:

10.3 Referrals from Gibraltar are commissioned by Gibraltar itself, but trusts should not bill back Gibraltar for treatment provided to someone referred from Gibraltar under the terms of the reciprocal healthcare arrangement.

10.4 The British Overseas Territories of Anguilla, the British Virgin Islands, Montserrat, St Helena and the Turks and Caicos Islands can refer up to four patients each per year. In respect of the Falkland Islands, there is no limit on the number of referrals that can be made. Referral arrangements are made by the Department of Health and Social Care. Persons hoping to be referred should contact the relevant British Overseas Territory in the first instance.

10.5 For all people who are referred for NHS treatment as per paragraphs 10.3 to 10.4 above, advance arrangements for their acceptance should be made and the patients must be given the same priority as patients living in the UK.³⁶

Further information is available in the [Guidance on implementing the overseas visitor charging regulations \(PDF\)](#), January 2023, chapter 10.

³⁵ Government of Tristan da Cunha, [Marine Protection Zone highlighted at JMC](#), accessed 24 May 2023

³⁶ DHSC, [Guidance on implementing the overseas visitor charging regulations \(PDF\)](#), January 2023, p96

Health and Care Act 2022 and reciprocal health care

The Health and Care Act 2022 contains provisions on reciprocal health agreements. It allows the UK Government to expand reciprocal healthcare agreements with countries and OTs outside the EEA and Switzerland, including introducing the provision for the reimbursement of costs. There are existing provisions for the UK to claim reimbursement under EEA and Switzerland reciprocal healthcare agreements.³⁷

The explanatory notes to the Act explain that previously non-EEA reciprocal healthcare agreements have been limited in scope and have not allowed for financial reimbursement:

168 Prior to the provisions in this Act, the Secretary of State only had powers under HEEASAA [the Healthcare (European Economic Area and Switzerland Arrangements) Act 2019] to implement comprehensive reciprocal healthcare agreements within the EEA and Switzerland. The limited geographical scope of the powers in HEEASAA meant that the Secretary of State did not have the necessary powers to implement reciprocal healthcare agreements with countries outside of the EEA and Switzerland, including, for example, British Overseas Territories and Crown Dependencies, other than the ability to exempt individuals from charges for relevant NHS services.

169 As a result, although the UK entered into a number of reciprocal healthcare agreements with countries outside the EEA and Switzerland, such as with Australia and New Zealand, they were limited in scope because of the absence of financial reimbursement or data sharing powers. For example, under the terms of reciprocal healthcare agreements the UK entered into with countries outside the EEA and Switzerland, UK nationals could access emergency treatment should they require it, however, access to haemodialysis for kidney patients was restricted or not included within the scope of these agreements.

170 The provisions expanding HEEASAA to countries outside the EEA and Switzerland enable the Secretary of State to make regulations for the purpose of giving effect to healthcare agreements, including provision for the reimbursement of healthcare costs. The provisions also provide the devolved authorities (Scottish Ministers, Welsh Ministers and a Northern Ireland department) with a concurrent regulation making power to give effect to healthcare agreements in devolved areas of competence.³⁸

³⁷ DHSC, [Guidance on implementing the overseas visitor charging regulations \(PDF\)](#), January 2023, ch 9

³⁸ [Explanatory Notes: Health and Care Act 2022](#), p27

5 Territory healthcare systems and charges

5.1 Summary of healthcare provision

Reflecting their different geographies, economies and populations, there are a range of healthcare systems and funding models employed across the OTs.

All the permanently inhabited OTs apart from Pitcairn have at least some hospital facilities, though the UK Government says these can be limited and, in all Territories, more major and complex cases are likely to be referred overseas.

In Anguilla, Montserrat, the Falkland Islands, St Helena, and Tristan da Cunha, healthcare costs are primarily met from local government budgets, though this can be supplemented by user fees.

Compulsory public health insurance or a contributory system is in place in Bermuda, the British Virgin Islands, Gibraltar, and the Turks and Caicos Islands (with some limited co-payments by users). In the Cayman Islands, health insurance is compulsory, and individuals can select from public or private providers.

In those Territories with small or transitory populations, such as Pitcairn and the South Atlantic Territories, workers are recommended to have insurance.

Summary of health care provision and funding in the UK's OTs			
Uninhabited Territories			
Territory	Hospital?	UK Government assessment	Funding structure
British Antarctic Territory	X	“Very limited” facilities	Recommend private insurance and sufficient funds for overseas evacuation
British Indian Ocean Territory	X	None	Recommend private insurance and sufficient funds for overseas evacuation
South Georgia & South Sandwich Islands	X	None	Recommend private insurance and sufficient funds for overseas evacuation
British Antarctic Territory	X	“Very limited” facilities	Recommend private insurance and sufficient funds for overseas evacuation

Inhabited Territories			
Territory	Hospital?	UK Government assessment	Funding structure
Anguilla	✓	Cases of major surgery may require transfer	Public funding (70%) and fees (30%)
Bermuda	✓	“Good” medical facilities	Public health insurance system
British Virgin Islands	✓	“Limited” medical facilities. Overseas referral may be required	Public health insurance system (some co-payment)
Cayman Islands	✓	Hospitals “well equipped.” More serious cases require transfer to overseas	Compulsory health insurance (incl. public provider)
Falkland Islands	✓	“Good” general standard of healthcare	Public funding & free to residents (but some fees)
Gibraltar	✓	Most issues can be dealt with locally. Some transfers to Spain for emergency treatment	Contributory public system (some fees)
Montserrat	✓	“Limited” facilities. Overseas transfers for specialist treatment	Public funding (98%) and fees (2%)
Pitcairn	X	“Modern” medical clinic but two-days sail for hospital	Insurance required for new migrants. Government will meet 2/3 costs of overseas care
Sovereign Base Areas (Cyprus)	✓	No statement	Free for HM Armed Forces. In Cyprus, insurance and co-payment is required
St Helena	✓	“Adequate standard” of care with overseas referrals	Public funding. Some fees for residents (higher for non-residents)
Ascension	X	Facilities can manage day-to-day issues. Overseas transfer needed in others.	Compulsory insurance for employees (there are no permanent residents)
Tristan da Cunha	✓	“Good” standard of general practice. Overseas evacuation for serious cases	Public funding
Turks and Caicos	✓	Facilities can provide range of services. More serious cases transferred overseas	Compulsory public insurance with some co-payment

Sources: See sections 4.2-4.13. The UK Government assessment is taken from FCDO, [Travel advice pages](#) for respective Territories

5.2

Anguilla

Healthcare facilities

There is one hospital with 36 beds (The Princess Alexandra Hospital),³⁹ one private day-hospital, four GP surgeries (public clinics) and several private clinics.⁴⁰

In 2020, there were nearly 900 hospital admissions and 8,800 visits to the emergency services.⁴¹ There were around 230 staff in both clinical and non-clinical roles.⁴²

Health infrastructure was significantly damaged during the passage of Hurricane Irma in 2017, with repairs supported by UK funding.⁴³

Charges and funding

In 2008, Anguilla introduced legislation to allow for a National Health Fund (NHF), with plans to launch the fund in 2011. However, this has not been established.⁴⁴

Currently, the Health Authority of Anguilla is primarily financed through the Ministry of Health and Social Development, based on annual funding settlements.⁴⁵ In 2022, around 70% of its funding was from the Anguilla Government and 30% through user fees.⁴⁶

Under Anguillan legislation, fees are levied for accessing medical services. Rates are dependent on the status of the individual, their age, and whether they are insured. For example, in 2010 accessing a clinic for those aged 19 to 65 for uninsured residents was \$60, \$120 for Caribbean residents/insured residents and \$160 for others.⁴⁷ Rates have subsequently been increased.⁴⁸

Charges for children under the age of 16 are at half the standard rate.⁴⁹

³⁹ Pan American Health Organization, [Anguilla health profile 2007](#) (PDF), 2007, p12. Sources in this section accessed May 2023.

⁴⁰ Gov.UK, [Travel advice: Anguilla](#)

⁴¹ Health Authority of Anguilla, [Annual report 2020](#) (PDF), 2020, p22

⁴² As above, p16

⁴³ Health Authority of Anguilla, [Operational plan](#) (PDF), 2020, p6

⁴⁴ [Anguilla National Health Fund: Update on progress and challenges](#) (PDF)

⁴⁵ Government of Anguilla, [Anguilla national social protection policy](#) (PDF), August 2018, p18

⁴⁶ Government of Anguilla, [Minutes of the 102nd meeting of the 12 Anguilla Executive Council](#) (PDF), 1 September 2022, p7

⁴⁷ [Health Services Fees and Charges Regulations 2010](#)

⁴⁸ The Anguillan, [Increase in medical fees](#), 11 January 2021

⁴⁹ [Health Services Fees and Charges Regulations 2010](#)

In his 2023 budget address, Premier Dr Ellis Webster said his government would provide free healthcare to those over 70 from 2023, as part of wider plans to work towards a national insurance healthcare scheme.⁵⁰

Referrals overseas

Those requiring major surgery are often transferred to neighbouring islands. These include Barbados, Trinidad, Puerto Rica, and Dutch St Maarten, as well as the United States.⁵¹

In 2020, 26 patients were transferred overseas by the Health Authority.⁵²

5.3

Bermuda

Personnel

Around 1,800 staff work at the Bermuda Hospitals Board.⁵³ In 2021, there were around 190 registered Doctors in the Territory.⁵⁴

Healthcare facilities

The Bermuda Hospitals Board operates the King Edward VII Memorial Hospital (KEMH), Mid-Atlantic Wellness Institute (MWI) and the Lamb Foggio Urgent Care Centre.

King Edward VII Memorial Hospital has 110 acute care beds and 214 general and continuing care beds (2019). The MWI is a psychiatric facility with 75 beds.⁵⁵

In 2019, at KEMH there were an average of 500 patients admitted for emergencies each month, and 9,000 surgeries undertaken across the year.⁵⁶

Insurance system

Under the [1970 Health insurance Act](#) (PDF), as amended, all employers are required to provide health insurance coverage for their employees and their employees' non-employed spouses. This is known as the Health Insurance Plan (HIP). For those over 65, healthcare provision is available under the Future Care plan. Some premiums are payable.⁵⁷

⁵⁰ The Anguillan, [Is national health insurance on the horizon?](#), 30 January 2023

⁵¹ DHSC, [Health and healthcare in the British OTs: Regional and UK Government support](#), 2010, p16

⁵² Health Authority of Anguilla, [Annual report 2020](#) (PDF), 2020, p22

⁵³ Bermuda Hospital Board, [Annual report 2019](#), 2019, p1

⁵⁴ Government of Bermuda, [Ministry of Health register of medical practitioners](#), 17 June 2021

⁵⁵ Bermuda Hospital Board, [Annual report 2019](#), 2019, p29

⁵⁶ As above, p8

⁵⁷ Government of Bermuda, [Health insurance](#)

Around 12% of residents are uninsured.⁵⁸

These plans offer dental care, doctor's visits, in-patient and out-patient care at the hospital, and overseas care.

The plans will cover all costs associated with overnight stay at Bermuda's King Edward Memorial Hospital and Mid-Atlantic Wellness Institute (for 40 days in the latter), emergency visits, and cap the costs of physician fees and GP visits (to a maximum of four a year on the HIP).⁵⁹

Regulations allow for hospital and other health-related fees. These differentiate between those ordinarily resident in Bermuda and non-residents.⁶⁰

Referrals overseas

Overseas cases are referred primarily to Canada and the United States. Approved hospitals for treatment are in Massachusetts, Florida, Pennsylvania, Maryland and Georgia in the US, and Ontario in Canada.⁶¹

Overseas treatment is provided by the HIP and FutureCare Plan. This uses a preferred network of overseas providers to help manage treatment costs in the locations listed above. For those attending approved hospitals overseas, HIP meets 60% of the usual charges, and FutureCare 75%.⁶²

5.4

British Virgin Islands

Healthcare facilities

The BVI has a single public hospital: The Peebles Hospital. The hospital and eight community clinics are managed by the Territory's Health Services Authority (BVI HSA).⁶³

The hospital has 120 beds and includes operating theatres and maternity services.⁶⁴

There are also private providers, including the [Bougainvillea clinic](#) which provides general and some specialist surgeries.

⁵⁸ Government of Bermuda, [Bermuda health strategy 2022-2027](#) (PDF), 2022, p10

⁵⁹ Government of Bermuda, [HIP and FutureCare benefits](#)

⁶⁰ [Bermuda Hospital Board \(Hospital fees\) Regulations 2018](#)

⁶¹ Government of Bermuda, [Overseas health insurance brochure](#), October 2019, p2

⁶² As above, p1

⁶³ BVI HSA, [About](#)

⁶⁴ BVI Government, [New Peebles hospital official opens on December 17](#), 5 December 2014

Co-payment system

BVI HSA is under the Territory's national health insurance scheme (NHI). The NHI was introduced in 2016, and both employers and employees contribute to the scheme. Contributions are 7.5% of insurable income (half paid respectively by the employer and employee).⁶⁵

There is a 5% co-payment for the public hospital for those accessing healthcare through the BVI HSA network. Accessing community health clinics incurs no co-payments.⁶⁶

For a summary of the NHI, see the [NHI's 2019 presentation](#) (PDF)

Referrals overseas

Complex medical issues have been referred overseas to countries and territories including the US Virgin Islands, Puerto Rico, the United States, other parts of the Caribbean, and limited numbers to the UK.⁶⁷

If an individual with NHI requires a service overseas that cannot be provided in the Territory, NHI may cover some of its costs. The BVI Government has some agreements that extend NHI cover overseas. This allows for lower levels of co-payment: 20% for in-network services overseas compared to 40% out-of-network.⁶⁸

5.5

Cayman Islands

Personnel

The Cayman Health Services Authority, which is responsible for the public health system in the Territory, has around 950 full-time staff (2020 data), with 600 clinical staff. Around 40% are non-Caymanian.⁶⁹

Healthcare facilities

There are four hospitals in the Cayman Islands, two public and two private:

⁶⁵ BVI NHI, [NHI contribution breakdown](#), updated 1 January 2023

⁶⁶ BVI National Health Insurance Agency, [Homepage](#); BVI National Health Insurance Agency, [NHI: Benefit package](#) (PDF), 2020, p9

⁶⁷ The NHI has agreements with several overseas healthcare providers: Government of the BVI, [Baptist health international A medical care option for BVI](#), April 2015; BVI News, [NHI expanding, negotiating with Dominican republic](#), 18 June 2018; BVI News, ["NHI under financial distress," says deputy director](#), 28 January 2022

⁶⁸ BVI National Health Insurance Agency, [NHI: Benefit package](#) (PDF), 2020, Table E2

⁶⁹ Health Services Authority Cayman Islands, [Annual report 2020](#), 2020, pp7, 53

- **Cayman Islands hospital.** This is the principal public health care facility. It has 127 beds and provides accident and emergency and surgical services.⁷⁰
- **Faith Hospital.** Based in Cayman Brac. It is an 18-bed community hospital, with primary, secondary, and emergency care. It is a public hospital.⁷¹
- **Health City Cayman Islands** is a private hospital with 104 beds.⁷²
- **Doctor's Hospital.** In Grand Cayman. It has 18 beds.⁷³

Public healthcare services also include clinics and district health centres.⁷⁴

In 2020, there were around 4,600 admissions into public hospitals and 225,000 out-patient visits.⁷⁵

Insurance-based system

Under the Territory's [Health Insurance Act](#) (PDF), all persons resident must have a standard health insurance contract. The exceptions are where an employer or the government arranges for such a contract.

All employers are required to arrange health insurance for themselves, their employees, and their dependents. The Government may arrange health insurance for certain groups including public sector workers.⁷⁶

Referrals overseas

Referral overseas is arranged by a physician and met under insurance contracts.⁷⁷

5.6

Falkland Islands

Healthcare facilities

Most health services are based at the King Edward VII Memorial Hospital, which is the Islands' only hospital and is based in Stanley. It has 29 beds,

⁷⁰ Health Services Authority Cayman Islands, [The Cayman Islands hospital](#)

⁷¹ Health Services Authority Cayman Islands, [Faith Hospital](#)

⁷² Health City Cayman Islands, [Our facility: Features and services](#)

⁷³ Doctors Hospital Cayman, [Patient information](#)

⁷⁴ Health Services Authority Cayman Islands, [Services & Specialities](#)

⁷⁵ Health Services Authority Cayman Islands, [Annual report 2020](#), 2020, p16

⁷⁶ [Cayman Health Insurance Act \(2021 revision\)](#) (PDF), section 5

⁷⁷ Health Services Authority Cayman, [Medical treatment overseas](#)

including an intensive-care unit and maternity services. The hospital was rebuilt in 1987.⁷⁸

There are six GPs working in the Falklands, who work out of the hospital, and who are supported by three nursing staff.⁷⁹

Charges and financial support

Most services, including prescriptions, are free to residents and British nationals. There are some charges for some dental procedures, spectacles, travel vaccines and a limited number of other medical services.⁸⁰

Referrals overseas

Cases that cannot be managed on the Territory are referred to the UK, Chile, and Uruguay.

In 2009, around a third of annual referrals (50 to 55) are to the UK, and the remainder to Chile and Uruguay.⁸¹ From April to June 2022, there were a total of 54 referrals overseas: 41 to the UK, and six each to Uruguay and Chile. 48 of these were funded.⁸²

Those who are normally resident in the Falkland Islands, such as those with Falkland Islands status or those with a residence permit, are eligible to be considered for overseas treatment, funded by the Falkland Islands Government.

The decision on location will be based on the most economical option that is judged consistent with the patient's clinical needs.⁸³

5.7

Gibraltar

Facilities and personnel

The Gibraltar Health Authority (GHA) provides healthcare and is modelled on the NHS in the UK.

St Bernard's Hospital is the civilian hospital, which opened in 2005. It has around 1,000 employees and handles 37,000 accident and emergency attendances and 90,000 visits to GPs annually. There are around 20 GPs.

⁷⁸ Falkland Islands Government, [King Edward VII Hospital](#)

⁷⁹ Falkland Islands Government, [Health and social services](#)

⁸⁰ Falkland Islands Government, [King Edward VII Hospital](#)

⁸¹ Department of Health, [Health and healthcare in the British Overseas Territories](#) (PDF), 2011, annex 2

⁸² Falkland Islands Health and Medical Services Committee, [Item number 8](#), 14 September 2022

⁸³ Falkland Islands Government, [Health and social services: Overseas medical treatment policy](#), June 2022

Its 212 beds incorporate a maternity unit, surgical wards, and other services such as scans.⁸⁴

Free medical care

The healthcare system is based on a contributory system called the Group Practice Medical scheme (GPMS). This entitles registered persons to free medical treatment, though there are some charges for dentistry and prescriptions.⁸⁵ Among the group it is open to are those ordinarily resident in Gibraltar.⁸⁶

Referrals

Overseas referrals for more complex cases have been to the UK and Spain.

In July 2022, reciprocal health care arrangements between Spain and Gibraltar came to an end. The Government of Gibraltar said it was ready and willing to extend the arrangements but ended them following a Spanish Government decision.⁸⁷

This means that Gibraltar resident's registered under the GPMS will no longer be able to access free emergency healthcare in Spain during a temporary stay in the country. Appropriate travel insurance is instead required.⁸⁸

5.8

Montserrat

Facilities

Glendon hospital is Montserrat's sole hospital. The Territory also has primary healthcare centres. A new hospital is currently under construction, with the current site being a temporary solution following the destruction of hospital in the volcanic eruption in 1995.⁸⁹

The new hospital will have 24 beds,⁹⁰ and is funded by UK aid.⁹¹

⁸⁴ Citizens Advice Bureau Gibraltar, [Gibraltar health authority](#)

⁸⁵ Gibraltar Health Authority, [Registration](#)

⁸⁶ [Medical \(Group Practice Scheme\) Regulations 1973](#), as amended, Schedule 1

⁸⁷ HM Government of Gibraltar, [End of reciprocal healthcare arrangements with Spain](#), 28 June 2022

⁸⁸ As above

⁸⁹ Mott MacDonald for Government of Montserrat, [Health service options and costing](#) (PDF), 3 November 2017, p11

⁹⁰ Discover Montserrat, [Government of Montserrat pushing for earlier start on hospital construction](#), 26 October 2022

⁹¹ Discover Montserrat, [Montserrat's hospital project moves to design phase](#), 6 February 2020

Workforce requirements are estimated at seven permanent medical staff, four visiting medics, and 81 nursing staff.⁹²

In 2015 and 2016, there were a total of 600 admissions across surgery, maternity, paediatrics, and other medical services (excluding day cases).⁹³

Charges and financial support

Montserrat's [Public Health Act 1982](#) (PDF), as amended, provides for charges to be made for health services. These fees differ between Montserrat islanders, Caribbean nationals, and others. Those exempt from fees include essential government workers, resident Montserradians over the age of 60, and children.⁹⁴

In 2017, an estimated 40% of the population were exempt from paying for services.⁹⁵

For residents of Montserrat, example charges for using a hospital ward are \$20 per day, minor surgery \$30, and major surgery \$60. Caricom (Community residents) pay 1.5 times these rates, and non-Caricom residents two times the resident rates.⁹⁶

In 2018, these user fees contributed less than 2% of Government spending on health. The remainder is met through general taxation.⁹⁷ The Government of Montserrat has committed to investigating a new sustainable system of health financing.⁹⁸

UK aid support

As an aid-eligible Territory, the UK provides funding to meet around 60% to 70% of the regular budget of the Territory. This includes health services.⁹⁹

Referrals abroad

Off-island providers supplement Territory care. A significant majority are sent to Antigua, and to Mount St John Medical Centre and Ortho Medical Associates.

⁹² Mott MacDonald for Government of Montserrat, [Health service options and costing](#) (PDF), 3 November 2017, p11

⁹³ As above, p10

⁹⁴ [Montserrat Public Health Act 1982](#) (PDF), as amended, Sections 5 and 8

⁹⁵ Mott MacDonald for Government of Montserrat, [Health service options and costing](#) (PDF), 3 November 2017, p9

⁹⁶ [Montserrat Public Health Act 1982](#) (PDF), as amended, Part 1

⁹⁷ Mott MacDonald for Government of Montserrat, [Health service options and costing](#) (PDF), 3 November 2017, p13

⁹⁸ Government of Montserrat, [2019-2020 budget statement](#) (PDF), 2019, para 111

⁹⁹ Commons Library, [UK aid and the Overseas Territories](#), p10; See FCDO Development Tracker, [Montserrat: Financial aid 2022-23](#), April 2022

In 2017, a [report for the Montserrat Government](#) (PDF) said there were an average of 15 outpatient appointments and 1 to 2 surgical operations for Montserrat residents in the Michael St John centre. At Ortho Medical Associates, 30 to 50 out-patients visit every two months.¹⁰⁰

Other Caribbean states, including Bermuda and Jamaica, also provide some-off site surgical procedures through Government medical assistance.¹⁰¹

5.9

Pitcairn

Pitcairn is a small Territory, with a population of forty. It is around 1,350 miles from Tahiti and 3,500 miles from New Zealand.

UK aid

The UK provides around 90%-95% of the Territory's annual budget. This helps fund medical provision and staffing on the Territory.¹⁰²

Personnel

Since 2004, there has been a resident Doctor, contracted for a 6-to-12-month term. They are supported by a local, qualified, nursing assistant.¹⁰³

Healthcare facilities

The Pitcairn Health Centre was completed in 1997 and funded by the UK Government. It has an examination room, dental clinic, X-ray room, and two-bed ward.¹⁰⁴

Charges and financial support

Residents

For all those normally resident on Pitcairn and qualifying new settlers between the ages of 18 and 65, who require off-island treatment, the Territory Government will meet a proportion of these costs.

For hospitalisation, consultation, and operation fees, the Pitcairn Government will meet 2/3 of the costs, with the health fund recipient meeting the remaining third. The Government will also meet the costs of passage and

¹⁰⁰ Mott MacDonald for Government of Montserrat, [Health service options and costing](#) (PDF), 3 November 2017, p13

¹⁰¹ As above, pp13-14

¹⁰² FCDO Development Tracker, [Pitcairn financial aid 2021 to 2023](#), April 2021, para A13.

¹⁰³ Pitcairn Immigration, [Life on Pitcairn](#)

¹⁰⁴ Government of the Pitcairn Islands, [The health centre](#)

provide a non-recoverable cost of living allowance, and potentially the costs of travel and accommodation for any dependent children.¹⁰⁵

The health centre does not charge those normally resident for consultations, X-rays, and electrocardiograms. For those above 18, they must meet a third of the charges for dental and optical care, and 50% for prescription medications (this does not include pensioners, who receive free care).¹⁰⁶

Charges for approved migrants

New approved migrants are required to provide evidence of private medical and travel insurance prior to travel. They are required to pay full costs for treatment and medications at the Pitcairn Island Health Centre throughout their two 2-year permanent residency period.¹⁰⁷

Charges for visitors and tourists

Visitors to the Territory are recommended to have sufficient insurance and funds to meet the cost of medical treatment abroad and repatriation overseas in the event of serious illness.¹⁰⁸ They must pay full charges and costs.¹⁰⁹

Referrals overseas

Historically, Pitcairn used the New Zealand hospital system to provide hospitalisation and specialist care as this linked with the main shipping services to the Territory.

In more recent years, Pitcairn uses the port at Mangareva in French Polynesia for travel and secondary medical treatment. Tahiti is the preferred destination for treatment, due to its relative closeness to the Territory, reduction of the duration the patient is off the island, and the lower cost to the Government.¹¹⁰ These are both at least two-days' sail away, and there are no airport facilities on Pitcairn.¹¹¹

Where patients travel for treatment is made at the discretion of the Pitcairn Islands Medical officer.¹¹²

¹⁰⁵ Government of Pitcairn, [Pitcairn health funding policy](#), November 2022, pp3, 7

¹⁰⁶ Government of Pitcairn, [Pitcairn health centre charges annex A](#), November 2022

¹⁰⁷ Pitcairn Immigration, [Life on Pitcairn](#)

¹⁰⁸ Gov.UK, [Travel advice: Pitcairn](#)

¹⁰⁹ Government of Pitcairn, [Pitcairn health centre charges annex A](#), November 2022

¹¹⁰ Government of Pitcairn, [Health policy](#) (PDF), November 2015, p1

¹¹¹ Gov.UK, [Pitcairn](#)

¹¹² Government of Pitcairn, [Pitcairn health funding policy](#), November 2022, p2

5.10

Sovereign Base Areas

The Sovereign Base Areas (SBA) of Akrotiri and Dhekelia are an Overseas Territory on the island of Cyprus. While they have no permanent British population, the SBA has a resident population of 12,000 Cypriots and 4,000 UK service personnel.¹¹³

For the UK, they are run as military bases. Under the Treaty with Cyprus, the Territory is required to make law that, as far as possible, is the same as that in the Republic of Cyprus.¹¹⁴

The [Sovereign Base Area Administration website](#) does not detail any information on specific healthcare provision.

Healthcare facilities for UK military personnel

Akrotiri

Akrotiri is on the south coast of Cyprus.

The Akrotiri Health Centre was constructed in 2010. It includes medical consulting rooms, midwife support amenities and a pharmacy, as well as dental facilities.¹¹⁵

As of 2013, there is no provision to provide free treatment for visitors to the British Forces or civilian personnel serving in Cyprus. Visitors are recommended to obtain adequate medical insurance prior to their arrival.¹¹⁶

The service hospital was the Princess Mary's Hospital, RAF Akrotiri. This was closed in 2013.¹¹⁷

Dhekelia

At Dhekelia, the eastern SBA, medical care is provided by the Medical Reception Station Dhekelia and the Medical Centre Ayios Nikolaos.

Service personnel are automatically registered for treatment upon posting. UK-based civilians and dependents must register for treatment as soon as possible after arrival.

¹¹³ Ministry of Defence, [Overseas bases in focus: Cyprus](#), 9 February 2021

¹¹⁴ Foreign & Commonwealth Office, [The UK Overseas Territories White Paper](#), Cm 8374, 28 June 2012, p117

¹¹⁵ Ministry of Defence, [Akrotiri medical centre a "step change" for healthcare](#), 28 September 2010

¹¹⁶ Ministry of Defence, [British forces overseas posting: RAF Akrotiri, Cyprus](#), 21 May 2013

¹¹⁷ E.D. Nicol, [A history of the Princess Mary's hospital, RAF Akrotiri, 1963-2013](#), BMJ Military Health, 2014

All service personnel, UK based civilians and their dependents under the age of 26 (or in full time education) are entitled to primary health care.

Civilian visitors including non-dependent family are not entitled to treatment.¹¹⁸

Cypriot facilities

For more serious cases and for other UK nationals, health care is available in the Republic of Cyprus. State health in Cyprus is not free, and healthcare costs are covered by co-payments between the state and individuals.¹¹⁹

UK visitors to Cyprus are advised to take out appropriate insurance to cover related health costs such as medical repatriation or non-urgent treatment. With a UK Global Health Insurance Card (GHIC) or European Health Insurance Card (EHIC), UK nationals will receive treatment on the same terms as Cypriot nationals.¹²⁰

5.11 St Helena, Ascension, and Tristan da Cunha

St Helena

St Helena has the largest population of the three constituent parts of the Territory.

Personnel

St Helena's health directorate is constituted of around 250 personnel, including both local and specialist workers.¹²¹

Healthcare facilities

The General Hospital provides accident and emergency services, some surgery, radiology, and maternity services.¹²² It has 28 beds, including a two-bed intensive care unit to provide care for inpatients.¹²³

¹¹⁸ Ministry of Defence, [British forces overseas posting: Dhekelia, Cyprus](#), 21 May 2013

¹¹⁹ FCDO and DHSC, [Healthcare for UK national living in Cyprus](#), 14 October 2021

¹²⁰ Gov.UK, [Foreign travel advice: Cyprus](#)

¹²¹ Saint Helena Government, [Health directorate](#); Saint Helena Government, [Health directorate: Structure](#) (PDF), 2019

¹²² Saint Helena Government, [Hospital](#)

¹²³ Saint Helena Government, [Health directorate: Strategy and delivery plan April 2020 to March 2023](#) (PDF), June 2020, p3

There are also five clinics.¹²⁴

In 2019/20, there were around 3,900 unique visits to a doctor or nurse, and 3,200 in 2020/21.¹²⁵

Charges

All visitors, including UK residents, are charged a fee for medical and dental treatment.

For those with St Helenian status or who have at least one year's employment in the Territory, hospital charges are around £30 per day for single ward. Operation costs range from around £10 to £205.¹²⁶

For visitors and non-residents, hospital charges are £137 per day in a single ward. Operation fees range from £620 to £3,100.¹²⁷

UK aid for healthcare

UK financial aid helps meet around 60% to 70% the recurrent budget of the St Helena's Government. This includes the delivery of health services.¹²⁸

Referrals

In more serious cases, St Helena's health directorate is responsible for referring cases overseas. This is primarily either to the UK or South Africa.¹²⁹

Prior to 2018, South African referrals were to Cape Town. These have since been transferred to Pretoria. In 2018/19, 84 patients were referred to South Africa, up from 75 in 2017/18.¹³⁰

Around 20% of referrals from April 2018 to December 2021 were for heart disease. Cancer represented around 25% of referrals.¹³¹

¹²⁴ Saint Helena Government, [Clinics](#)

¹²⁵ FCDO Development Tracker, [St Helena financial aid 2019/20 to 2021/22: Annual review \(2\)](#), May 2022, p13

¹²⁶ Saint Helena Government, [Public notice \(revised fees and charges—resident St Helenians\)](#), 29 March 2021

¹²⁷ As above

¹²⁸ Commons Library, [UK aid and the Overseas Territories](#), p10; See FCDO Development Tracker, [St Helena: Financial aid 2022 to 2023](#)

¹²⁹ St Helena Government, [Health directorate](#)

¹³⁰ Saint Helena Government, [Overseas medical referrals to Pretoria—update](#), 13 December 2019

¹³¹ UK Health Security Agency and Saint Helena Government, [A summary of the St Helena joint strategic needs assessment 2022](#) (PDF), pp2,3

The local Government has said medevacs (evacuation by air) have put significant pressure on the Territory's budget. In 2022, it requested additional funding from the FCDO to help meet these costs.¹³²

Ascension

Ascension has no permanent population and no right of abode. Instead, individuals must be employed on a contract or accompanying someone who works on the island. Because it has no permanent population, Ascension does not receive aid from the UK.

Personnel

Ascension has two doctors, a midwife, and several nurses and healthcare facilities. Free full dental care is provided for employees and dependents through six-monthly checks.¹³³

Island healthcare facilities

Healthcare facilities are limited, though Georgetown hospital has an X-ray machine, full operating room, and can conduct basic blood tests.¹³⁴

There is also a clinic on the US Air Force base. The Island Government say this may be the first port of call for those living on the base. The clinic is also used island-wide to conduct certain medical tests.¹³⁵

Healthcare charges and insurance requirements

All employees and visitors to the island require comprehensive medical insurance. For those working on the island, this is usually organised by the employer. Tourists must make their own arrangements.

The hospital charges for both in-patient and out-patient treatment.¹³⁶

Referrals to the UK or South Africa

More complex and serious cases are referred to the UK or South Africa. These will be met by medical insurance.¹³⁷

¹³² Saint Helena Government, [Proceedings of the Legislative Council, 11 March 2022](#) (PDF), March 2022 p42

¹³³ Ascension Island Government, [Moving to Ascension Island](#) (PDF), 2019, p10

¹³⁴ As above, p10

¹³⁵ Ascension Island Government, [FAQs: What sort of medical and dental cover will I get?](#)

¹³⁶ Gov.UK, [St Helena, Ascension and Tristan da Cunha: Health](#)

¹³⁷ Ascension Island Government, [Moving to Ascension Island](#) (PDF), 2019, p10

Tristan da Cunha

Personnel

Tristan da Cunha has two expatriate doctors on the Island, as well as two expatriate and four local nurses, and two dental technicians, a hospital manager, and ancillary staff.

While they can be supplemented by visits from other specialists, more serious cases are evacuated or referred to Cape Town. This is a distance of 1,750 miles, or 7 to 10 days by sea.¹³⁸

Island healthcare facilities

There is a [four-bed health centre, Camogli Healthcare Centre](#). This was opened in 2017 and replaced the previous hospital that opened in 1971.

The new hospital includes improved facilities to allow more procedures to be performed locally. Expatriate doctors are primarily trained in general practice and some surgery.¹³⁹

In 2013, there were an average of 250 outpatient appointments, with 1 to 2 patients being admitted each month.¹⁴⁰

UK aid for healthcare

Given the small population and skills gap in the Territory, UK aid supports the recruitment of personnel to provide sufficient healthcare through both long-term and visiting posts.¹⁴¹

UK aid funded the new hospital, with the aim of improving access to accident and emergency, minor operations, and related quality of care.¹⁴²

Referrals to Cape Town

The UK Government states that the local administration bears the costs of medical referrals to Cape Town. The average length of stay is six weeks, and patients are rarely accompanied by family members, who meet their own costs if they travel.

¹³⁸ Tristan da Cunha, [Camogli healthcare centre](#)

¹³⁹ As above

¹⁴⁰ DFID, [Business case: Summary sheet, Tristan da Cunha health facility project](#) (link opens word document), undated, para 15

¹⁴¹ FCDO Development Tracker, [Tristan da Cunha: Business case and summary](#), October 2018, para 18-19

¹⁴² DFID, [Business case: Summary sheet, Tristan da Cunha health facility project](#) (link opens word document), undated

While the Island Government has negotiated travel rates and maintain a Government-owned guest house, the costs for overseas treatment average around £1,000 (excluding travel and accommodation). When a serious complex case occurs, however, the costs “can exceed the Island’s budget.”¹⁴³

Expectant mothers have also typically been referred to Cape Town, with the costs of travel and care met by their community.¹⁴⁴

5.12

Turks and Caicos Islands

Territory healthcare facilities

Healthcare is provided by Government-managed public health clinics located throughout the Territory, hospital sites on Grand Turks and Providenciales, and some private clinics. The Hospital is a private-public partnership between the Turks and Caicos Government and InterHealth Canada Limited. It became operational in 2010.¹⁴⁵

The Turks and Caicos hospital consists of two sites: Cheshire Hall and Cockburn Town Medical Centre. Collectively, they have 30 beds and 30 doctors are employed between the two sites. It includes operating theatres, maternity services, and radiology services.¹⁴⁶

Insurance system

The [2009 National Health Insurance Ordinance](#) provides for the current National Health Insurance Plan (NHIP).

Enrolment in the NHIP is mandatory. The NHIP provides cover for essential medical services, access to primary care clinics, and vaccinations.¹⁴⁷

The employer/employee share a payroll contribution of 6%, and pensioners 2.5% of pension benefits exceeding \$2,000 a month.¹⁴⁸

Individuals accessing Interhealth Canada or government clinics are required to make a co-payment of around \$10 for most services.¹⁴⁹

In 2015, insurance coverage was around 81% of the population.¹⁵⁰

¹⁴³ DFID, [Business case: Summary sheet, Tristan da Cunha health facility project](#) (link opens word document), undated, para 17

¹⁴⁴ As above, para 29

¹⁴⁵ Turks and Caicos Government, [National health sector strategic plan \(draft\)](#), 2016, p22

¹⁴⁶ Visit TCI, [Cheshire Hall medical centre](#)

¹⁴⁷ National Health Insurance Board, [The NHIP Turks and Caicos](#) (PDF), 2014, p3

¹⁴⁸ As above, p6

¹⁴⁹ Turks and Caicos NGIP, [Benefits](#)

¹⁵⁰ Turks and Caicos Government, [National health sector strategic plan \(draft\)](#), 2016, p22

Referrals overseas

In the event Interhealth Canada cannot manage a condition locally, the National Health Insurance Plan Board refers the individual overseas for treatment.¹⁵¹

The number of patients referred overseas has grown: in 2011/12, it was around 200, 400 in 2013/14, and nearly 500 in 2014/15.¹⁵² This rose to 1,400 in both 2016/17 and 2017/18. Around 70%-80% of those transfer overseas are Turks and Caicos Islanders.¹⁵³

Serious cases continue to be referred overseas. These are usually to Miami, in the United States, or Nassau, in Bahamas, as well as the Cayman Islands and Caribbean states.¹⁵⁴

5.13

Uninhabited Territories

British Antarctic Territory

Medical facilities are present, but limited

All visitors to the Territory must first gain a permit.¹⁵⁵

All workers on the British Antarctic Survey research stations must undergo a medical fitness assessment prior to travel.

When on the Territory, larger research stations have a doctor's surgery which can act as a dentist's or operating theatre when required.

Medical assessment and care are supported by the British Antarctic Survey Medical Unit (BASMU) based at University Hospitals Plymouth NHS Trust.

BASMU employs doctors for the ships and research stations.¹⁵⁶

Overseas facilities

The nearest hospitals are in the Falkland Islands and Chile. The UK Government states visitors should have adequate travel insurance that

¹⁵¹ National Health Insurance Board, [The NHIP Turks and Caicos](#) (PDF), 2014, p5

¹⁵² As above, p10

¹⁵³ Turks and Caicos Sun, [Overseas referrals and high-cost health cases increasing, says NHIP chairman](#), 2018/2019

¹⁵⁴ Cayman iNews, [Turks and Caicos:\\$7.1 million paid out for overseas treatment from July to October](#), 5 February 2018; Turks and Caicos Government, [National health sector strategic plan \(draft\)](#), 2016, p23

¹⁵⁵ British Antarctic Territory Government, [Requirements for visiting](#)

¹⁵⁶ British Antarctic Survey, [Health](#)

specifies Antarctica, and sufficient funds to cover the cost of any medical treatment abroad or repatriation to access it.¹⁵⁷

British Indian Ocean Territory

Access is restricted and there are no medical facilities

There is no permanent population, and permits must be required in advance of travel.¹⁵⁸

There are no healthcare facilities on the Territory (the [US Naval Branch Health Clinic in Diego Garcia](#) military base is to treat general conditions of stationed military personnel).

The UK Government advises that permits to visit the Territory are only granted to those with adequate travel health insurance and accessible funds to cover the cost of any medical treatment abroad and repatriation.¹⁵⁹

South Georgia and the Sandwich Islands

No healthcare facilities for visitors

All visitors to the uninhabited Territory must first gain a visit permit. There are no healthcare facilities for visitors. In the event of an emergency, it is possible to access limited medical facilities at [King Edward Point Research Station](#), operated by the British Antarctic Survey.

There are no search and rescue or emergency facilities and visiting vessels must therefore be self-sufficient in the provision of medical cover.¹⁶⁰

Advice on healthcare and travel

The UK Government advises that visitors to the Territory should have adequate travel health insurance and accessible funds to cover the cost of any medical treatment and repatriation.

The nearest substantive healthcare facilities are the Falklands and South America, both three to five days travel away. There is no independent travel to these areas from the Territory.¹⁶¹

¹⁵⁷ Gov.UK, [Antarctica/British Antarctic Territory](#)

¹⁵⁸ British Indian Ocean Territory, [Travel advice](#)

¹⁵⁹ Gov.UK, [British Indian Ocean Territory](#)

¹⁶⁰ Government of South Georgia & the South Sandwich Islands, [Visitor policy & risk awareness](#)

¹⁶¹ Gov.UK, [South Georgia and the South Sandwich Islands](#)

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