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STATUTORY RULES OF NORTHERN IRELAND

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**2013 No. 299**

**The Health Services (Cross-Border Health  
Care) Regulations (Northern Ireland) 2013**

**PART 2**

**NATIONAL CONTACT POINT**

**National Contact Point: designation**

3.—(1) The Department must, in relation to Northern Ireland, designate a suitable person or body to be the National Contact Point for the purposes of the Directive.

(2) The Department must, in relation to Northern Ireland, publish the identity and contact details of the NCP.

**National Contact Point: information about treatment in Northern Ireland**

4.—(1) The NCP must, in so far as it considers it is necessary or desirable for the purposes of enabling visiting patients to exercise their rights in relation to access to health care in Northern Ireland, ensure that information about each of the following is available to or accessible by visiting patients—

- (a) health care providers;
- (b) patients' rights;
- (c) complaints procedures and methods of seeking remedies; and
- (d) legal and administrative options available to settle disputes, including in the event of harm arising from the provision of health care.

(2) The NCP must also, in so far as it considers it necessary or desirable for the purposes mentioned in paragraph (1), ensure that information about each of the following is made available to a visiting patient, on request—

- (a) a specific health care provider's right to provide services;
- (b) any restrictions on a specific health care provider's right to provide services;
- (c) standards and guidelines on quality and safety;
- (d) provisions on the supervision and assessment of health care providers;
- (e) health care providers who are subject to the standards mentioned in sub-paragraph (c); and
- (f) accessibility of hospitals for persons with disabilities.

(3) Information provided under this regulation may be provided by whatever means the NCP thinks appropriate but must be—

- (a) easily accessible, and
- (b) available by electronic means.

**National Contact Point: information about treatment in another member State**

5.—(1) The NCP must, in so far as it considers it is necessary or desirable for the purposes of enabling resident patients to exercise their rights in relation to access to health care in other member States, ensure that information about each of the following is available to or accessible by resident patients and health professionals—

- (a) the rights and entitlements of resident patients to receive health care in another member State;
- (b) the procedures for accessing and determining those rights and entitlements;
- (c) the procedures for appeal and redress if patients consider that their rights have not been respected;
- (d) the terms and conditions for reimbursement of costs; and
- (e) the contact details of NCPs in other member States (designated as such for the purposes of the Directive).

(2) Information provided under this regulation may be provided by whatever means the NCP thinks appropriate but must be—

- (a) easily accessible, and
- (b) available by electronic means.

**National Contact Point: cross-border co-operation**

6.—(1) In so far as it considers it is appropriate for the purposes of giving effect to the Directive, the NCP must co-operate with—

- (a) the NCPs in other member States;
- (b) the NCPs established for the purposes of the Directive in England, Wales and Scotland; and
- (c) the Commission of the European Union.

(2) In particular, that co-operation must include —

- (a) co-operating on standards and guidelines on quality and safety;
- (b) facilitating the exchange of information mentioned in regulation 4(1) and (2); and
- (c) co-operating on the clarification of the content of invoices.

**National Contact Point: duty to consult**

7. In so far as it considers it is appropriate for the purposes of giving effect to the Directive (including giving effect to the measures implementing the Directive in these Regulations), the NCP must consult with—

- (a) such organisations representing the interests of patients as it considers appropriate;
- (b) such health care providers or organisations representing health care providers as it considers appropriate; and
- (c) such persons providing insurance in relation to health care or organisations representing such persons as it considers appropriate.