J R Coll Physicians Edinb 2018; 48: 134–40 | doi: 10.4997/JRCPE.2018.501 **PAPER**

What might Brexit mean for British tourists travelling to the rest of Europe?

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Abstract

Brexit will have profound implications for British tourists visiting the rest of the European Union, in particular because of the likely loss of coverage of healthcare should they be injured or fall ill. This paper compares the cost of travel insurance within the EU and in comparable countries outside it, asking how it varies by age and pre-existing conditions.

Fictitious patients, differing by age, pre-existing condition, and destination (France, an EU Member State; Israel and Canada, two high income non-EU frequent destinations) were entered into an insurance price comparison website to assess the influence of these characteristics on prices quoted.

Cost of travel insurance increases with age, pre-existing health conditions and by destination. In those with no pre-existing conditions, there is a marked difference between France, where the cost rises steadily with age, and Israel and Canada, where there is a sharp increase after age 75. For individuals with any one pre-existing condition, there is no similar jump in cost but rather a progressive increase with age, although the rate of increase accelerates as the individuals concerned get older. For all travellers, the cost of insurance is highest for Canada and lowest for France

At present, pre-existing health conditions in British tourists travelling in the rest of the EU are covered by the European Health Insurance Card. With the UK's probable exit from the EU and almost certain loss of this coverage, travellers in the older age groups may have to pay much more for their travel insurance, with some possibly tempted to forgo travel insurance coverage because of the cost.

It is essential that health professionals understand how leaving the EU may impact on those seeking their advice.

Keywords: Brexit, European Union, EHIC, travel insurance

Declaration of interests: Part of this work was undertaken by DM to fulfill the requirements of the Diploma in Travel Medicine at the Royal College of Physicians and Surgeons of Glasgow

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Introduction

The British Government's decision to leave the European Union (EU), termed Brexit, is likely to have profound implications for British tourists travelling to other parts of Europe.[1,2] Some issues have already received considerable attention. One is the increased cost of holidays as a result of the large decline in the value of the pound sterling.[3] Another is the threat to air travel, especially to the legal basis and viability of the low-cost companies that have facilitated the growth in European tourism. One major operator, Monarch, has already gone out of business, in part because of exchange rate changes.[4] Others have received rather less attention. Although, at the time of writing, the future relationship between the UK and the remaining 27 EU Member States (EU27) is unknown, British citizens lacking another EU passport are likely to have to apply for the planned EU advance travel authorisation, modelled on the American ESTA form, a process that may prevent some, for example those with previous convictions, from travel.[5] British residents, including those who are citizens of EU27 Member States, can expect to face delays at borders due to enhanced passport and customs checks, with the former already creating problems following the introduction of exit checks by countries in the Schengen zone (26 European states allowing free movement within the borders of the zone).[6] Patients with long term conditions seek advice from their physicians on many aspects of their lives, including

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what they can and cannot do. This paper is written for those who care for such patients who may seek advice about travelling abroad should the UK leave the EU.

At present, British residents entitled to NHS care can receive treatment for illness or injury occurring while abroad during a temporary stay in another European Economic Area (EEA) country or Switzerland. (The EEA comprises the EU Member States plus Iceland, Liechtenstein, and Norway.) The procedures are the same as those that apply to residents of that country.[7] This is funded by the organisation that pays for their healthcare in the country where they normally reside. The NHS in the UK will cover everyone legally entitled to NHS care, regardless of their citizenship. Thus, a French family living in London will have no entitlement to funded care in France based on their nationality but can have it under arrangements developed by the EU.

Crucially these arrangements cover treatment of pre-existing medical conditions and routine maternity care, provided the reason for the visit is not specifically to give birth or seek treatment (for which there are alternative arrangements), as well as provision of oxygen and kidney dialysis[8] for those who need them. The EU instituted these arrangements to enable free movement of people, recognising that any obstacles to obtaining healthcare when abroad will act as a barrier to that free movement.[9] Those travelling can demonstrate their entitlement by means of the European Health Insurance Card (EHIC), issued by the authorities responsible for their healthcare at home, which is the NHS for those living in the UK.[10]

When British residents are no longer able to take advantage of this scheme, they will need to make alternative arrangements. In evidence to a House of Lords committee, the chairman of the Association of Medical Insurers said that this 'could be considered to be an opportunity, because more people will have to buy private medical insurance'.[11] Although people are already advised to obtain health insurance to cover expenses that fall outside the remit of the EHIC, such as the costs of repatriations or, in the case of winter sports, rescue from mountains, most insurance companies expect them to have a EHIC and to use it, pricing their premiums on the basis that their clients will have the direct costs of their healthcare covered by the EHIC.

Coverage of medical expenses by the EHIC and private medical insurance differ considerably. The former covers expenses incurred regardless of any pre-existing conditions or of risk factors, such as age. The latter prices premiums to take account of these factors. Older people or those with chronic conditions risk much higher costs for obtaining travel insurance, a point made by a senior executive of the Association of British Insurers, in evidence to the same House of Lords Committee, saying that 'elderly people are likely to bear a higher proportion of these increased costs'.[11] Inevitably, there is a fear that this may encourage them to risk forgoing its purchase.

Box 1 The International Passenger Survey

The International Passenger Survey is a continuous survey at major ports of entry to or exit from the UK. The survey provides data on international travel and tourism visits between the UK and abroad of less than 12 months, and on long and short term migrants. Published estimates are based on face-to-face interviews with a random sample of passengers as they enter or leave the UK via principal airports, sea routes and the Channel Tunnel. The survey is conducted 362 days a year and the target number of interviews is 260,000 per year, although over 300,000 interviews have been conducted annually since 2009. The overall response rate for the survey is approximately 80%.

Source: Office for National Statistics

This paper, written for health professionals who may be asked for advice by their patients, explores the possible implications of Brexit for older tourists with chronic conditions. It first examines recent trends in tourism to the rest of the EU by British residents. Then it examines how travel insurance premiums vary with age and pre-existing conditions in three countries, one an EU Member State and, for comparison, two common destinations for British tourists outside the EU, as a pointer to how premiums might change if the UK leaves the EU.

Methods

To place the findings in context, trends in travel by British residents by age and destination were calculated from data collected as part of the International Passenger Survey, which collects information about passengers entering and leaving the UK. This has been running continuously since 1961 and is undertaken by the Office of National Statistics (Box 1). The results are used primarily to measure the impact of travel expenditure on the UK economy, estimate the numbers and characteristics of migrants into and out of the UK, and provide information about international tourism and how it has changed over time.[12] The International Passenger Survey data were downloaded from the Discovery website of the UK data archive https://discover.ukdataservice.ac.uk. A detailed account of the methodology and data quality of the survey is available from the Office of National Statistics.[13]

The Office of National Statistics uses additional data from air- and sea-ports and travel companies to estimate total passenger flows into and out of the UK. However, while the published data include estimates of numbers entering or leaving the country by quarter, they only provide information on total headcount and no information on the age of those travelling, their reasons for doing so or, indeed, how often an individual travels. To obtain information on the age of travellers it is necessary to combine these two data sets. All analyses were conducted using Excel and SPSS.

Travel insurance takes many forms from individual trips, frequent travellers for work or pleasure, or annual policies. It should

Table 1 Trends in travel from the UK to the EU and rest of world (selected years)

		Respondents to International Passenger Survey			Percentage of total in each year		
Year	**Age**	**EU**	**Rest of world**	**Total**	**EU**	**Rest of world**	**Total**
1993	< 65	35,305	22,892	58,197	56.2%	36.5%	92.7%
	≥ 65	2,492	2,086	4,578	4.0%	3.3%	7.3%
2005	< 65	78,598	87,225	165,823	43.0%	47.7%	90.7%
	≥ 65	9,086	7,840	16,926	5.0%	4.3%	9.3%
2016	< 65	31,679	35,141	66,820	42.2%	46.9%	89.1%
	≥ 65	4,402	3,779	8,181	5.9%	5.0%	10.9%
Year	**Age**	**Estimated numbers combing data sources**			**Relative increase from 1993**		
1993	< 65	20,652,652	13,391,319	34,043,970	1	1	1
	≥ 65	1,457,765	1,220,264	2,678,030	1	1	1
2005	< 65	28,575,852	31,712,368	60,288,219	1.38	2.37	1.77
	≥ 65	3,303,394	2,850,386	6,153,781	2.27	2.34	2.30
2016	< 65	28,063,841	31,130,763	59,194,603	1.36	2.32	1.74
	≥ 65	3,899,650	3,347,746	7,247,397	2.68	2.74	2.71

Source: Authors' calculations from Office for National Statistics data

cover medical and dental costs, repatriation and any additional costs associated with the medical condition with a level of more than £1,000,000 recommended. The cost of travel insurance is based on the level of cover, the duration and destination of travel and the risk of the individual.[14] All travel insurers will have exceptions (for example travel to conflict zones) and special premiums, such as for pregnancy, hazardous sports, and pre-existing health conditions. In some cases, conditions may be excluded from the insurance policy[14] and non-disclosure of these health issues may invalidate the insurance.

In order to assess how the cost of travel insurance varies with increasing age and underlying health conditions and if it varied according to whether travel was inside or outside the EU or EEA, we compared cost of travel insurance on a price comparison website (http://www.gocompare.com), entering details of a fictitious traveller with one of four medical scenarios (see below), at each of five ages, travelling to one of three countries.

We chose the medical scenarios based on a large study of the frequency of chronic medical conditions among 1.75 million people in Scotland.[15] The most common conditions were identified as coronary health disease, diabetes, chronic obstructive pulmonary disease, cancer, heart failure, stroke or transient ischaemic attack, painful conditions, depression, anxiety, and dementia. It was beyond the scope of this project to examine all of these, or a combination thereof. Thus, the following scenarios were selected:

1. Someone with no underlying health conditions
2. Someone with stable angina pectoris, smoker who had had an angioplasty > 6 weeks ago, with one previous acute myocardial infarction, on treatment for hypertension and high cholesterol.
3. Someone with bowel cancer, with lymph node involvement, which had been successfully treated with surgery and chemotherapy < 3 years ago.
4. Someone with depression, treated by a psychiatrist with one voluntary hospital admission in the last 2 years and had to previously cancel or cut short a planned trip

The ages included were 65, 70, 75, 80 and 85. The countries selected were one EU Member State – France (an initial search showed that prices quoted covered any EU country) – and two other popular destinations outside the EU – Israel and Canada). These countries were chosen because they are within the World Bank list of high income countries. An initial set of searches revealed that many insurers offered premiums at similar prices to travellers to some non-EU countries, but these were mainly in North Africa or Turkey. It is likely that costs of treatment would be relatively low in those countries, so it would be potentially misleading to have selected one of them. The quotation was for a single journey, leaving on 28 August 2017, for a 7-day trip. A £250 excess was included. Given that policies may differ in quality and insurers may have different reputations, choices were constrained to those meeting the highest 5* rating on the Defaqto rating system, defined as 'an excellent product with a comprehensive range of features and benefits'. The cheapest quote was selected.

Results

Table 1 shows the results of data from the International Passenger Survey for the years 1993 (the first year for which individual data were published), 2016 (the most recent year for which data are available, and 2005 (in the middle of the period). British travellers aged 65 and over have increased

Figure 1 Best price of 5* insurance with £250 excess, no pre-existing conditions

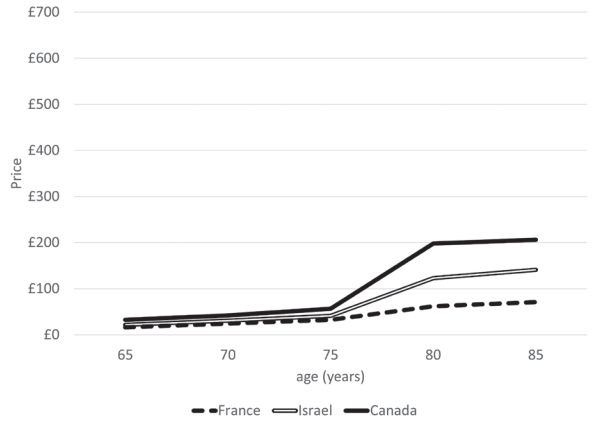


Figure 2 Best price of 5* insurance with £250 excess, coronary artery disease

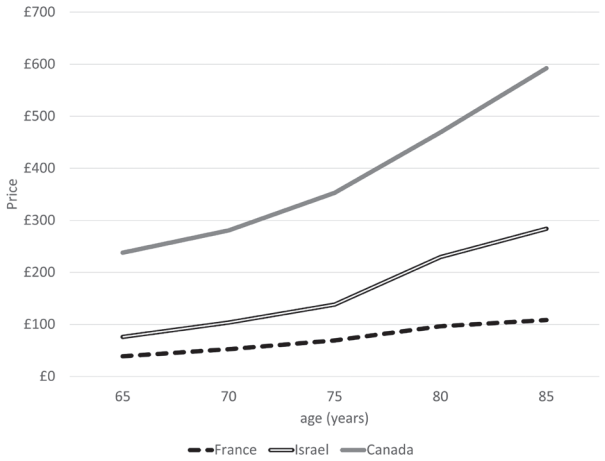


Figure 3 Best price of 5* insurance with £250 excess, bowel cancer

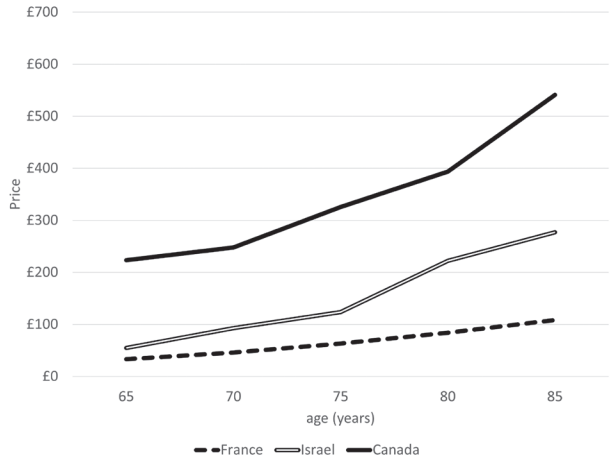
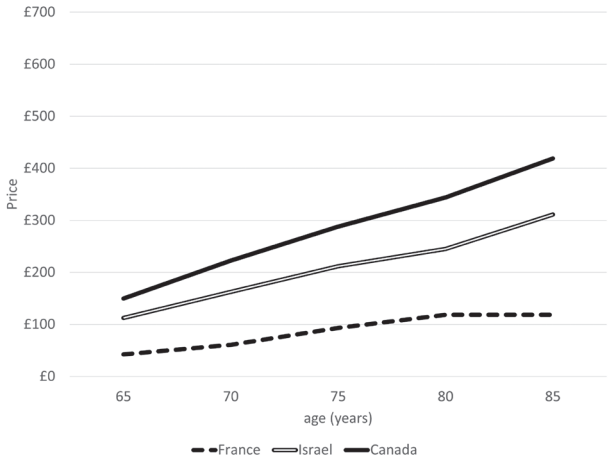


Figure 4 Best price of 5* insurance with £250 excess, depression



as a proportion of all respondents to the survey, from 7.3% to 10.9%. The share of older British people travelling to the rest of the EU has increased from 4% to 5.9%. However, these figures do not take account of the overall growth in travel. This is accounted for in the lower half of the table, where the percentage shares are applied to estimates of overall numbers of travellers collected by the Office of National Statistics. This shows that the relative growth in travellers aged 65 and over has been much greater than among younger travellers, with the numbers travelling to the EU increasing by a factor of 2.58 between 1993 and 2016. This accounted for an estimated additional 2.4 million trips.

Figures 1–4 reveal a complex pattern of variation by age, condition, and destination in premiums quoted. In those with no pre-existing conditions, there is a marked difference between France, where the cost rises steadily with age, and Israel and Canada, where there is a sharp increase after age 75. For individuals with any one pre-existing condition, there is no similar jump in cost but rather a progressive increase with age, although the rate of increase accelerates as the individuals concerned get older. For all travellers, the cost of insurance is lowest in France and highest in Canada. The key issues are set out in Box 2.

The scale of the differences can be seen more easily in Table 2. For travellers with no health conditions going to France, the cost at age 85 is 4.4 times greater than that at age 65, but among those going to the other countries the corresponding ratio is over 6:1.

There is a more mixed picture with other health conditions. The proportional increase is similar for depression in all three destinations but for cancer and angina, the ratio for France is between that for Israel and Canada. The actual cost at all ages is much higher in Israel and, especially, in Canada. This can be seen in the figures for the ratio of costs for travellers with specific conditions and ages among those going to each country. The cost when going to Israel is between 25–170% higher than for France, with an average figure of 110% more, but, for those going to Canada, the increase compared with France is between 70% and almost 600% more, with an average of 300%.

Although not the focus of this study, it should be noted there were very wide variations in the prices quoted by different insurers, even though, for this exercise, the conditions were kept constant and the choice of company was constrained to include only those with a score of 5* on the industry's

Table 2 Differences in lowest cost of one week's travel insurance by age, pre-existing condition, and destination

		Destination			Ratio	
Condition	**Age**	**France**	**Israel**	**Canada**	**Israel: France**	**Canada: France**
None	65	£16.00	£21.50	£32.57	1.34	2.04
	70	£24.55	£30.72	£42.05	1.25	1.71
	75	£32.60	£40.95	£56.30	1.26	1.73
	80	£61.86	£122.81	£198.12	1.99	3.20
	85	£70.96	£141.00	£206.00	1.99	2.90
	Ratio 85:65	4.44	6.56	6.32		
Angina	65	£38.70	£75.80	£237.71	1.96	6.14
	70	£52.40	£103.65	£280.66	1.98	5.36
	75	£69.13	£138.16	£352.87	2.00	5.10
	80	£96.48	£229.16	£469.00	2.38	4.86
	85	£108.30	£283.64	£592.45	2.62	5.47
	Ratio 85:65	2.80	3.74	2.49		
Cancer	65	£33.10	£54.54	£223.45	1.65	6.75
	70	£45.75	£92.62	£247.58	2.02	5.41
	75	£62.92	£123.48	£325.67	1.96	5.18
	80	£83.75	£222.32	£393.58	2.65	4.70
	85	£108.30	£276.96	£540.92	2.56	4.99
	Ratio 85:65	3.27	5.08	2.42		
Depression	65	£42.29	£112.25	£149.59	2.65	3.54
	70	£60.87	£162.63	£222.59	2.67	3.66
	75	£92.96	£211.92	£287.83	2.28	3.10
	80	£118.34	£245.00	£343.97	2.07	2.91
	85	£118.34	£311.09	£418.76	2.63	3.54
	Ratio 85:65	2.80	2.77	2.80		

Source: data extracted from GoCompare price comparison website plus authors' calculations

quality scheme. Very few insurers even offered quotes for older travellers. For example, a 75 year old with bowel cancer, had five 5* star quotes ranging from £325.67 to £1,626.22 while only one insurer was willing to quote for the 85 year old with bowel cancer, at £540.92 ; though it should be noted that such an individual may be able to find a wider choice by contacting a specialist broker.

Discussion

There is enormous uncertainty about almost every aspect of Brexit, but as a cross-border service, tourism can expect to be particularly threatened. Given this uncertainty, it is impossible to predict what will happen. While some British politicians have suggested that the UK could retain the EHIC, a recent analysis identified formidable legal obstacles if the UK retains its so-called 'red lines', rejecting jurisdiction by the European Court of Justice, the only court that can resolve disputes concerning EU law, and membership of the single market, which provides the basis for the Directive on Patients' Rights in Cross Border Care.[16,17] Notably, despite a strong desire by the EU over several decades to agree reciprocal arrangements on pensions with other countries in North Africa, this has proven legally impossible.[18] Consequently, it

Box 2 Key issues

The UK's departure from the EU will have important consequences for travel within Europe, and especially those who have long term health problems. At present, they can request an EHIC, which allows them to be treated in any EU country, as well as Switzerland, Iceland, Norway, and Liechtenstein, on the same basis as someone from that country. It is very unlikely that this arrangement will be able to continue. This will have to be taken into account by companies selling travel insurance. A comparison of existing premiums for those travelling within the EU and those going to other countries outside it shows that the cost is likely to increase substantially. However, this will not affect everyone to the same extent, and older people and those with long term conditions will experience the steepest price rises.

must be assumed that the EHIC will no longer be available to British residents.[19] While it is theoretically possible that the UK could revert to some of the bilateral agreements that preceded the EU provisions, it is far from clear that this would be possible and, in almost all cases, patients would face a situation where determining entitlements would be vastly more complex, limited in scope, and administratively very complicated.

In these circumstances, the findings from this paper give cause for concern. As of December 2016, 26,643,517 EHICs had been issued in the UK, covering approximately 41% of the UK population.[20] The value of the EHIC can be ascertained from data published by the Department of Health in response to a Parliamentary question in January 2017.[21] In 2015/16, the UK received claims of £130,613,105 from the other EEA countries in respect of its residents requiring treatment abroad; £33,567,285 from France and £36,764,716 from Spain. If this is no longer paid for by the NHS, it seems inevitable that it will have to be absorbed by insurers and passed on in premiums. While it cannot be assumed that premiums will rise to the levels that apply for travellers to, for example, Israel, those prices can be considered indicative of what could happen. The additional sums involved may be small for young people without pre-existing illness but they could be prohibitive for some older travellers who have had previous illnesses.

Beyond issues related to Brexit, this paper also provides information for health professionals who may be asked by their patients for advice about how insurance premiums change with age and pre-existing conditions, something that, to our surprise, seems to be largely absent from the published literature. It confirms that, as expected, cost of travel insurance increases with age, pre-existing health conditions and by destination.

This paper is subject to a number of limitations. It was impractical to price all travel insurance prices from any one insurance company as they required full contact details for each quote. This would have given more robust information regarding the methods used to calculate travel insurance premiums by an individual insurance company. It was clear that the quotations offered by different companies for the same traveller differed enormously so it would have been interesting to have identified the algorithms that generated these different costs, something that could, in theory, be done using web scraping programmes[22] but this was beyond the scope of this study.

For simplicity, the trip duration was limited to 7 days. In the evidence to the House of Lords cited above, one of the insurance industry witnesses noted that 'Most travel providers are not keen on providing cover beyond 31 days' for anyone with pre-existing conditions.[11] There is also a myriad of possible alternative arrangements; although it was notable that, in their evidence, the industry witnesses reported they were considering only two, 'EHIC or no EHIC'. Finally, this paper has not examined the implications for tourists from the EU27 coming to the UK, who are also likely to lose their entitlement to funded healthcare. The UK has benefited substantially from the increased inward tourism as a consequence of the cheaper pound, compared with the euro, but the loss of the EHIC seems likely to counteract this effect, at least in part.

Conclusion

The past few decades have seen a rapid increase in numbers of older British people travelling abroad for leisure, a large proportion of whom travel to the EU. They currently benefit from health coverage through the EHIC scheme, which seems to contribute to keeping down the cost of travel insurance, compared with trips to comparable countries outside the EU. The UK's exit from the EU is likely to impact substantially on this group, and especially those who have pre-existing conditions. It will be important that those operating travel clinics are aware of these likely changes.

References

1 Janson K. Four policies for post-Brexit tourism. *Tourism* 2017: 4–5.
2 Cirer-Costa JC. Turbulence in Mediterranean tourism. *Tourism Management Perspectives* 2017; 22: 27–33.
3 O'Halloran B. Brexit effect to cost tourism €100m this year. *Irish Times* 2017. https://www.irishtimes.com/business/transport-and-tourism/brexit-effect-to-cost-tourism-100m-this-year-1.3137899 (accessed 3/4/18).
4 Singh A. Monarch: Brexit and lack of confidence in Tories partly to blame for airline's collapse, says Vince Cable. *The Independent* 2017. http://www.independent.co.uk/news/business/news/monarch-collapse-brexit-vince-cable-blames-government-eu-uk-latest-a7978951.html (accessed 3/4/18).
5 European Council. *European travel information and authorisation system – Council agrees negotiating position.* 2017. http://www.consilium.europa.eu/en/press/press-releases/2017/06/09-etias (accessed 3/4/18).
6 Eaton G. EU passport control delays are a preview of Britain's Brexit fate. *New Statesman* 2017. https://www.newstatesman.com/politics/uk/2017/08/eu-passport-control-delays-are-preview-britains-brexit-fate (accessed 3/4/18).
7 Legido-Quigley H, Glinos IA, Baeten R et al. Analysing arrangements for cross-border mobility of patients in the European Union: a proposal for a framework. *Health Policy* 2012; 108: 27–36.
8 Footman K, Mitrio S, Zanon D et al. Dialysis services for tourists to the Veneto Region: a qualitative study. *J Ren Care* 2015; 41: 19–27.
9 Offical Journal of the European Union. *Directive 2011/24/EU of the European Parliament and of the Council 9 March 2011*. https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32011L0024&from=EN (accessed 6/4/18).
10 NHS Choices. *European Health Insurance Card (EHIC).* 2016. http://www.nhs.uk/NHSEngland/Healthcareabroad/EHIC/Pages/about-the-ehic.aspx (accessed 3/4/18).

11 Select Committee on the European Union, Home Affairs Sub-Committee. *Brexit: Reciprocal Healthcare*. House of Lords; 2017. http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/eu-home-affairs-subcommittee/brexit-reciprocal-healthcare/oral/72965.pdf (accessed 3/4/18).
12 Office for National Statistics. *International Passenger Survey. 2016*. https://www.ons.gov.uk/surveys/informationforhouseholdsandindividuals/householdandindividualsurveys/internationalpassengersurveyips (accessed 3/4/18).
13 Office for National Statistics. *International passenger survey QMI*. 2015. https://www.ons.gov.uk/peoplepopulationandcommunity/leisureandtourism/qmis/internationalpassengersurveyipsqmi (accessed 3/4/18).
14 Leggat PA, Carne J, Kedjarune U. Travel insurance and health. *J Travel Med* 1999; 6: 243–8.
15 Barnett K, Mercer SW, Norbury M et al. Epidemiology of multimorbidity and implications for health care, research, and medical education: a cross-sectional study. *Lancet* 2012; 380: 37–43.
16 McKee M. The devil is in the detail – why retaining the European Health Insurance Card may be an impossible dream. *BMJ*; 2017. http://blogs.bmj.com/bmj/2017/11/16/martin-mckee-the-devil-is-in-the-detail-why-retaining-the-european-health-insurance-card-may-be-an-impossible-dream (accessed 3/4/18).
17 Peeters M. Free movement of patients: Directive 2011/24 on the application of patients' rights in cross-border healthcare. *Eur J Health Law* 2012; 19: 29–60.
18 García de Cortázar Nebreda C. *Coordination of social security schemes between the European Union and Euromed countries*. Brussels: European Economic and Social Committee; 2016. https://www.eesc.europa.eu/sites/default/files/resources/docs/qe-02-16-992-en-n.pdf (accessed 3/4/2018).
19 Fahy N, Hervey T, Greer S et al. How will Brexit affect health and health services in the UK? Evaluating three possible scenarios. *Lancet* 2017; 390: 2110–8.
20 Office for National Statistics. *Overview of the UK population: March 2017*. https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/articles/overviewoftheukpopulation/mar2017 (accessed 3/4/18).
21 House of Commons. *Health Services: Reciprocal Arrangements: Written question – 65772 2017*. http://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2017-02-27/65772 (accessed 3/4/18).
22 Munzert S, Rubba C, Meißner P et al. *Automated Data Collection with R: A Practical Guide to Web Scraping and Text Mining*. Chichester: John Wiley & Sons; 2014.