

## Overseas Patient Policy

<b>Directorate Responsible for Policy:</b>	<b>Corporate Development</b>
<b>Name of responsible board/committee:</b>	<b>OMB</b>
<b>Post Holder Responsible for Policy:</b>	<b>Overseas Patient Manager</b>
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### Key Points:

- This policy concerns what should happen when a person who is not ordinarily resident in the UK needs NHS treatment by the Hospital. Such a person will be subject to the *National Health Service (Charges to Overseas Visitors) Regulations 2015*, as amended (the “Charging Regulations” 2017).
- A person who is not ‘ordinarily resident’ in the UK falls within the definition of an overseas visitor and may incur a charge for treatment.
- A person does not become ordinarily resident in the UK simply by having:
  - British nationality
  - holding a British passport
  - being registered with a GP
  - having an NHS number
  - owning property in the UK
  - having paid (or currently paying) National Insurance contributions and taxes in this country.
- The Trust has a legal obligation to the Department of Health and Social Care to establish whether a person is an overseas visitor to whom charges apply, or whether they are exempt from charges by virtue of the Charging Regulations for the NHS services provided.

- All Staff, including Clinicians, Managers and Administrators, are responsible for identifying potential chargeable overseas visitors to the Private and Overseas Department on [sft.overseaspatients@nhs.net](mailto:sft.overseaspatients@nhs.net) or ext 2420.
- The Trust also has human rights obligations, meaning that treatment which is considered by clinicians to be immediately necessary must never be withheld from chargeable overseas visitors pending payment, although charges will still apply (unless the service provided is exempt from charges, e.g. treatment inside an Accident and Emergency Department).
- The Trust must also provide to the Overseas Healthcare Team at the Department of Work and Pensions, details of the European Health Insurance Cards/E112/S2 documents held by a visitor from one of our European Economic Area (EEA) partners or Switzerland whenever they provide services to such a visitor. This information is necessary to allow the UK to recover the cost of treating EEA/Swiss residents.
- Process will be established to ensure all patients will be asked the same baseline questions to help establish their residency status. This has been designed to ensure that all patient are dealt with in exactly the same manner :

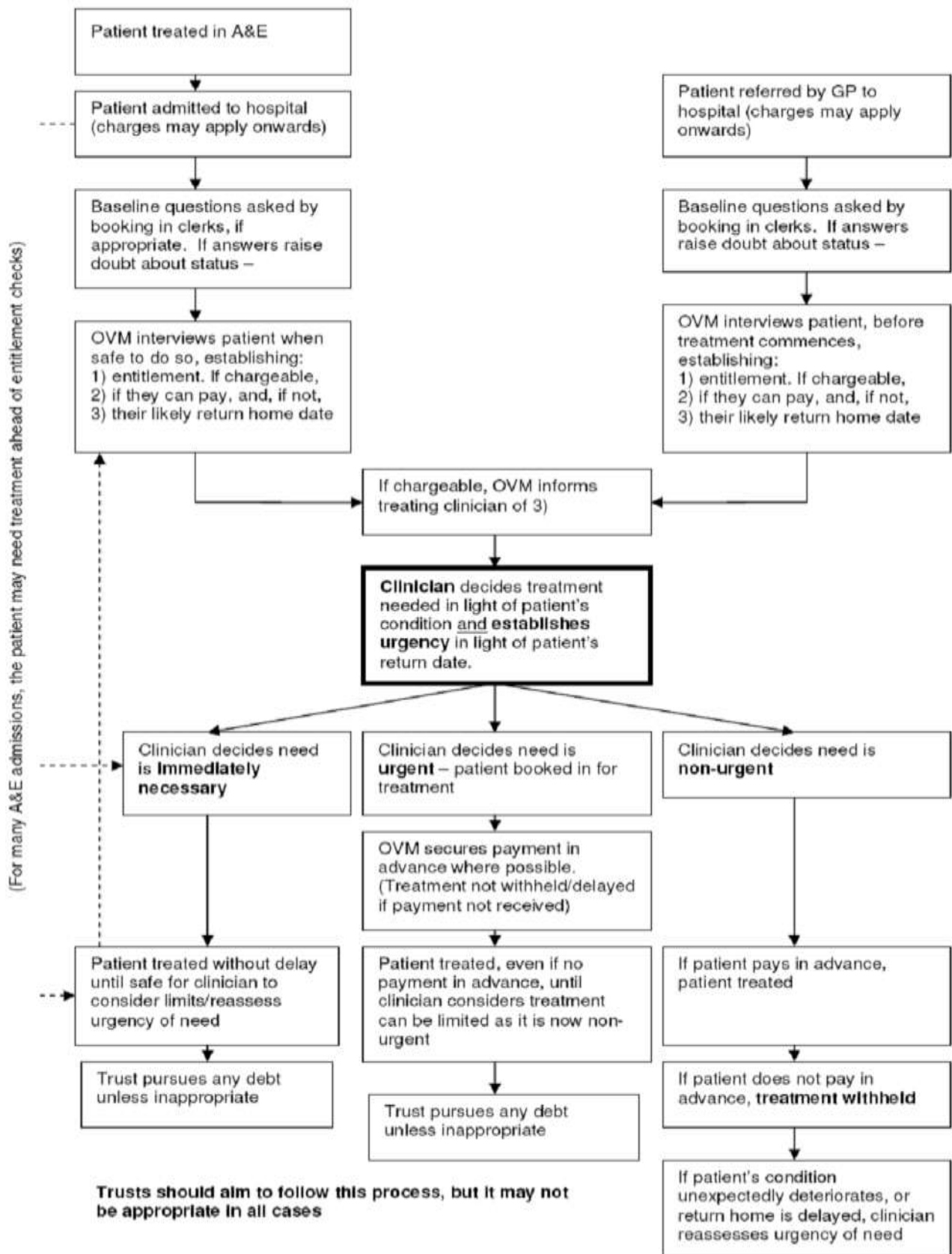
**“Do you have a non UK European Health Insurance Card (EHIC)?  
Where have you lived in the last 12 months?”**

If any response given is that they have lived outside the UK for a period of time in the last 12 months, then patients should be given a Pre-Attendance Form (Appendix 2). This should be completed and returned securely to the Private and Overseas Department immediately.

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1. Flow Diagram



## 2. Introduction

- 2.1 This policy is concerned with the management of access by individuals who do not normally live in the UK, (overseas visitors) when they seek treatment from Salisbury NHS Foundation Trust (hereafter known as the Trust).
- 2.2 National guidance on the charging of overseas visitors for NHS treatment is in accordance with Section 175 of the [NHS Act 2006](#), [National Health Service \(Charges to Overseas Visitors\) Regulations 2011](#) and [Guidance on Implementing the Overseas Visitors Hospital Charging Regulations 2017](#).
- 2.3 The National Health Service (NHS) provides healthcare free of charge to people, who are ordinarily resident in the United Kingdom (UK). People who do not usually live in the UK are not automatically entitled to use the NHS free of charge. Residency is therefore the main qualifying criterion, applicable regardless of nationality, ethnicity or whether the person holds a British passport, or has lived and paid taxes or National Insurance contributions in the UK in the past.
- 2.4 The charging regulations place a legal obligation on NHS Trusts in England to establish if people to whom they are providing NHS hospital services, are not normally resident in the UK. If they are found not to be ordinarily resident in the UK then charges may be applicable for the NHS services provided. In these cases the Trust must charge the person liable (usually the patient) for the cost of NHS services.
- 2.5 **Failure of staff to comply with this policy could result in disciplinary action.**

## 3. Definitions

- 3.1 **Overseas Visitor** – a person irrespective of age and of any nationality who is not ordinarily resident in the UK.
- 3.2 **Ordinary residence** – Living lawfully in the United Kingdom voluntarily and for settled purposes as part of the regular order of their life for the time being, 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”.  
[www.gov.uk/government/publications/guidance-on-overseas-visitors-hospital-charging-regulations](http://www.gov.uk/government/publications/guidance-on-overseas-visitors-hospital-charging-regulations)
- 3.3 **OPM/OVM** – Overseas Patient Manager.
- 3.4 **Emergency Treatment** – only treatment that is given in the A&E Department.
- 3.5 **EEA Visitors** – visitors who are nationals of or ordinarily resident in a European Economic Area (EEA) country. Due to EEA Regulations the charging regulations are different for EEA visitors and those visitors who are nationals or residents of Non-EEA countries.

- 3.6 **EHIC** – The European Health Insurance Card entitles European visitors who are insured through their own State healthcare system to access emergency NHS treatment without charge. The card details must be provided to gain this entitlement. Without the card, charges will be made.
- 3.7 **E112/S2** – The S2 (formerly E112) route entitles visitors to state-funded elective treatment in another EEA country or Switzerland. This applies to visitors from the EEA or Switzerland who wish to have planned treatment in the UK. Evidence of the S2 must be provided to gain this entitlement. Without the S2, charges will be made.
- 3.8 **Non-EEA Visitors** – a non-EEA national without Indefinite Leave to Remain can only pass the ‘OR’ test if they are not subject to immigration control e.g. they are a diplomat posted to the UK, or have a right of residence here by virtue of their relationship with an EEA national who is legally resident here. Evidence to entitlement to treatment must be provided. Without evidence, charges will be made.
- 3.9 **Payment By Results Tariff (PBR)** – The national tariff schedule that the NHS uses for charging for treatment
- 3.10 **Market Forces Factor (MFF)** – The centrally calculated and nationally published percentage that is added to the NHS tariff to reflect the individual cost pressures of each NHS Trust.
- 4. Duties / Responsibilities**
- 4.1 The OPM is responsible for ensuring that Trust policy is in line with national guidance and that charges are made where appropriate.
- 4.2 It is the responsibility of all staff to ensure that the OPM and/or the Private and Overseas Department are informed about any patient who may not be eligible to access free NHS care.
- 4.3 The Medical Practitioner responsible for the treatment of a patient is also responsible for ensuring that where a patient (identified as an overseas visitor and liable for charges) is unable or unwilling to pay for treatment, the patient only receives **immediately necessary treatment** (defined by the Regulations as ‘treatment that is required to save a patient’s life and not what is clinically appropriate for the treatment of a certain condition’). The Medical Practitioner is also responsible for ensuring that all decisions are recorded in the patient’s notes and for completing the Advice from Doctor and Medical Practitioner form (Appendix 1).
- 4.4 All Staff, including Clinicians, Managers and Administrators, must ensure this policy is followed and are responsible for identifying potential chargeable overseas visitors to the Private and Overseas Department.

## 5. Processes / Arrangements and Practice Guidance

- 5.1 Enquiries regarding overseas visitors should be made to the Private and Overseas Department on [sft.overseaspatients@nhs.net](mailto:sft.overseaspatients@nhs.net) or ext 2420. If the issue is still unclear, advice will be sought from the Department of Health.
- 5.2 An individual department or person cannot intervene in individual cases. The decision about whether an individual patient is liable for charges rests with the OPM.
- 5.3 All staff must refrain from giving advice on eligibility for free treatment unless the OPM has advised them accordingly.
- 5.4 In order for the Trust to recover all income in respect of the treatment of overseas visitors, all activity must be notified to the OPM on request and recorded on the Trusts Patient Administration System, Lorenzo.
- 5.5 The OPM and Private and Overseas Department shall work closely with administration staff, bookings staff, ward staff and departmental clinical staff as required in order to ensure that effective communication takes place in respect of overseas visitor activity and that all staff groups are aware of their responsibilities and the processes to be followed.
- 5.6 The OPM will liaise with external bodies such as the Department of Health, Home Office, Insurers, Private Schools and Local Counter Fraud Service as required.
- 5.7 Out of Hours, staff should complete Appendix 2 and forward this to the OPM at the earliest opportunity. Appendix 2 can be found on the Trust Intranet via this link: <http://intranet/website/staff/formstemplates/finance/overseasvisitorpreattendanceform2015mar.pdf>

## 6. Identification

### 6.1 Emergency Department (ED) Attenders

There is no exemption from charges for 'emergency' treatment (other than that given in ED). The Trust will always provide immediately necessary treatment if it is to save the patient's life. In this instance treatment must not be delayed whilst the patient's chargeable status is determined. Failure to do so is in direct breach of the Human Rights Act 1998.

Although no charges can be made to a patient for treatment carried out in ED, if the patient has a European Health Insurance Card (EHIC) the cost of treatment can be recovered centrally from the European Economic Area (EEA) member state by the Overseas Patient Team back into the NHS. The Trust then receives 25% of all successful EHIC claims.

**All** patients attending; ED must be asked whether they have been a UK resident for the last 12 months. Anyone whose answers indicate that they have not been resident in the UK for the last 12 months, must be asked to complete a Pre-Attendance Form ([Appendix 2](#)).

ED staff must also ask to see supporting documents and make photocopies of everything provided. Documents to request will include, but not be limited to;

- Current valid passport
- The immigration visa. (This is often included on a page inside the passport)
- Travel insurance documents.

- EHC card
- UK residence permit (please see the example below)
- Any other documents provided by the patient



These documents must not be scanned into the patient's clinical records, but a telephone call should be made to the OPM or Private and Overseas Department on ext 2420. If there is no reply an email should be sent to [sft.overseaspatients@nhs.net](mailto:sft.overseaspatients@nhs.net) to alert the team to the attendance of the patient. The copied documents must be provided to the Private and Overseas Department securely, at the earliest opportunity.

Information for patients can be found via this link:

<https://www.nhs.uk/NHSEngland/AboutNHSservices/doctors/Documents/Using-the-NHS-Information-for-visitors-from-abroad.pdf>

## 6.2 Ward Admissions

If ward staff identify at any time that a patient may not be resident in the UK, they must contact the OPM and the Private and Overseas Patient Department on ext 2420 and/or [sft.overseaspatients@nhs.net](mailto:sft.overseaspatients@nhs.net). The patient should also be asked to complete Pre-Attendance Form (Appendix 2) and to provide copies of the documents listed in 6.1.

## 6.3 Referrals and Elective Admissions

At the point of the Trust receiving a referral for investigation, outpatient appointment or treatment, the receiving department will carry out necessary checks to determine whether the patient's entitlement to NHS treatment, should be reviewed by the Private and Overseas Patient Department.

These checks will be carried out by referring to information held within the NHS Summary Care Record, or on request from the Private and Overseas Department.

Patients identified as requiring further investigation should be highlighted to the Private and Overseas Patient Department on [sft.overseaspatients@nhs.net](mailto:sft.overseaspatients@nhs.net). Until such time as the patient's chargeable status is established, referrals should be acted upon in the normal manner. Once the patient's chargeable status is established, this information will be shared with the bookings department.



Where the patient is chargeable, the Trust should **NOT** initiate any further treatment process, e.g. by putting the patient on an access plan, booking an appointment etc. until a deposit equivalent to the estimated full cost of treatment is obtained. If no deposit is obtained then the Trust should **NOT** perform the procedure. Executive authorisation is required for exceptions to this policy.

The patient should be given the opportunity to pay for any existing treatments that are already booked and should payment in full not be received before commencement of these treatments, the Trust should **NOT** perform the procedure. Executive authorisation is required for exceptions to this policy.

A patient from an EEA member state can be added to a waiting list in the same way as an NHS patient, as long as they have an E112 or S2 form from their member state authorising payment for their treatment in the UK. The OPM will request that the Trust Finance department submit the claim to the EEA member state to ensure funding is returned centrally to the NHS.

#### 6.4 **GP Letters**

In cases where the GP letter indicates that the patient has recently arrived in the UK or is a resident abroad then the recipient of the letter will either contact the OPM or send them a copy of the letter. If in the opinion of the medical staff the appointment is not classed as immediately necessary, treatment eligibility must be established before any appointments are made or any treatment is given.

#### 6.5 **Outpatient Appointments**

Outpatient staff will ask all patients whether they have been a UK resident for the last 12 months as part of the checking in process. If they identify that a patient may not have been resident in the UK for this period then they will ask the patient to complete a Pre-Attendance Form (Appendix 2) and contact the OPM or Private and Overseas Patient Department on ext 2420 urgently, so that the patient can be assessed for eligibility urgently. Ideally while still at the appointment.

### **7. Assessment of Eligibility**

- 7.1 All patients who provide information that suggests they may not be eligible to access free NHS treatment will be asked to complete a Pre-Attendance Form ([Appendix 2](#)). These will then be sent to the OPM for assessment.
- 7.2 The OPM or a member from the Private and Overseas Patient Department will conduct a patient interview with any patient where further information is required to establish their potential overseas status after completing a Pre-Attendance Form. Following the interview the Private and Overseas Patient Department will amend Lorenzo as necessary and notify staff as appropriate.
- 7.3 In accordance with Department of Health Regulations and Guidance, it is the responsibility of the patient to prove their entitlement to access NHS care. Failure to provide sufficient evidence to prove eligibility will result in an overseas visitor being recorded as NHS Chargeable and charges will be incurred.

- 7.4 If a patient has indicated that they are a visitor to the UK or that they are on holiday, the overseas address must be entered onto the Lorenzo system as the permanent address and the UK address as the temporary address.
- 7.5 Once the status of the patient has been established the OPM or a member of the Private and Overseas Patient Department will obtain a signed Overseas Agreement to Pay Form from the patient. ([Appendix 3](#)).
- 7.6 Patients deemed to be chargeable must show insurance details and acquire authorisation or provide payment equal to the value of the expected total cost of treatment to be received before treatment is commenced. If that is unfeasible due to their admission taking place at a weekend then payment or authorisation must be provided on the next working day or as soon as possible but must be prior to discharge.

## **8. Exemptions**

- 8.1 Treatment is chargeable to Overseas Visitors with the exception of:
- Treatment in the Emergency Department
  - Family Planning Services
  - Diseases deemed exempt for Public Health reasons ([Appendix 4](#))
  - Sexually transmitted diseases, including human immunodeficiency virus (HIV)
  - Treatment given to people detained, or liable to be detained, or subject to a community treatment order under the provisions of the [Mental Health Act 1983](#), or other legislation authorising detention in a hospital because of mental disorder
  - Treatment (other than that covered by the Mental health Act 1983 exemption above) which is imposed by, or included in, an order of the Court
  - Services provided other than in a hospital or by a person who is employed to work for, or on behalf of, a hospital. This means that services provided in the community will be chargeable only where the staff providing them are employed by or on behalf of an NHS hospital
  - People who have paid the health surcharge
  - Refugees and asylum seekers, including failed asylum seekers supported by the Home Office under section 4, or section 95 of the [Immigration and Asylum Act 1999](#). (Failed asylum seekers not supported by the Home Office are chargeable from the date their appeal is rejected)
  - Children in the care of the Local Authority
  - Victims of human trafficking or modern slavery
  - Exceptional humanitarian reasons as approved by the Secretary of State for Health and Social Care
  - NATO personnel and attached civilians
  - People who receive UK war pensions
  - Members of HM UK forces
  - People working abroad for the British Council or the Commonwealth War Graves Commission who were ordinarily resident in the UK prior to being posted overseas
  - Prisoners and detainees

## **9. EEA Visitors**

- 9.1 Arrangements for European Union Overseas Visitors are governed by the [European Union \(EU\) Social Security Regulations \(Regulations \(EC\) 883/2004 and 987/2009 for EU member states, and Regulations \(EEC\) 1408/71 and 574/72](#) for Iceland, Liechtenstein, Norway and Switzerland).

- 9.2 In practice this applies to residents of other EEA states and Switzerland, including third country nationals, who are entitled to hold a European Health Insurance Card (EHIC) issued by their country of residence or, in some cases, the country which is the ‘competent authority’ for them.
- 9.3 For the purposes of the Overseas Visitors Charging Regulations, the EEA comprises all the EU member states (Austria, Belgium, Bulgaria, Croatia, Cyprus (Southern), Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Republic of Ireland, Romania, Slovakia, Slovenia, Spain, Sweden and the UK), plus Iceland, Liechtenstein, Norway and Switzerland.
- 9.4 The EHIC provides for free NHS treatment that is medically necessary during their visit. **Visitors from Switzerland or the EEA (except Ireland) that do not provide an EHIC/PRC must be charged for their NHS hospital treatment, unless a different exemption applies to them under the Charging Regulations.**
- 9.5 Visitors from the Republic of Ireland do not need to provide an EHIC but simply must provide evidence that they are resident in the Republic of Ireland in order to receive free NHS treatment that is medically necessary during their visit.

**10. Reciprocal Agreements**

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

Within the reciprocal agreements there are a number of variations in the level of free treatment afforded to visitors travelling to the UK. Generally, only immediate medical treatment is to be provided free of charge, to allow the overseas visitor to return home for other needs. Also, the agreements do not usually apply when the person has travelled to the UK for the purpose of obtaining healthcare. However, this is not always the case. See the table below for the level of free treatment by country, and other conditions that apply.

- 10.2 Patients covered by a Reciprocal Agreement are as follows:

Country	Level of cover provided (see key)	Further information
Anguilla	1*	Applies to all residents of that country. Can also refer four patients to the UK for free NHS hospital treatment (persons hoping to be referred should contact authorities in Anguilla in the first instance).
Australia	1*	Applies to all residents of that country.
Bosnia and Herzegovina	3	Applies to all insured persons of that country.

British Virgin Islands	1*	Applies to all residents of that country. Can also refer four patients to the UK for free NHS hospital treatment (persons hoping to be referred should contact authorities in the British Virgin Islands in the first instance).
Falkland Islands	4	Applies to all residents of that country. Can refer an unlimited number of patients to the UK for free elective treatment (patient should arrange this with the Falkland Islands')
Gibraltar	3	Applies only to citizens resident in that country 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. Patient should arrange this with the Gibraltar authorities.
Isle of Man	2	Applies to all residents of the Isle of Man for a period of stay in the UK that has not exceeded, nor is expected to exceed, three months.
Jersey <sup>1</sup>	2	Applies to all residents of Jersey for a period of stay in the UK that has not exceeded, nor is expected to exceed, three months.
Kosovo	3	Applies to all insured persons of that country.
Macedonia	3	Applies to all insured persons of that country.
Montenegro	3	Applies to all insured persons of that country.
Montserrat	1*	Applies to all residents of that country. Can also refer four patients per year for free NHS hospital treatment (persons hoping to be referred should contact authorities in Montserrat in the first instance).
New Zealand	2	Applies only to citizens resident in that country.
Serbia	3	Applies to all insured persons of that country.

<sup>1</sup> The UK has a reciprocal agreement with Jersey, but not with the other Channel Islands.

Key:

1. Immediate medical treatment only.
2. Only treatment required promptly for a condition which arose after arrival into the UK or became, or but for treatment would have become, acutely exacerbated after such arrival. Services such as the routine monitoring of chronic/pre-existing conditions are not included and free treatment should be limited to that which is urgent in that it cannot wait until the patient can reasonably return home.
3. All treatment on the same basis as for a person insured in the other country, including services such as routine monitoring of pre-existing conditions, but not including circumstances where a person has travelled to the other country for the purpose of obtaining healthcare.
4. All treatment free on the same terms as for an eligible UK resident (an 'ordinary resident'), including elective treatment.

For all levels of coverage, it will be for a doctor or dentist employed by the relevant NHS body to provide clinical input into whether required treatment meets a specific level of coverage.

\* For these countries, the agreement will also apply to those persons requiring treatment if they are a member of the crew, or a passenger, on any ship, vessel or aircraft travelling to, leaving from or diverted to the UK and the need for urgent treatment has arisen during the voyage or flight.

10.3 Any patients coming to the UK from these countries for elective treatment need to be assessed by the Private and Overseas Patient Department to ensure that the relevant authorisation is received from the reciprocal country.

10.4 All other overseas visitors will be deemed to be NHS Chargeable.

## **11. Invoicing**

11.1 Patients who are identified as potentially not fitting the criteria for free access to NHS care, i.e. not ordinarily resident in the UK, will be asked to complete the Pre-Attendance Form ([Appendix 2](#)), as detailed above.

11.2 Any patient not eligible for free NHS care is deemed to be NHS Chargeable. The Private and Overseas Patient Department will ensure an invoice is raised from the information given on the Overseas Patient Agreement to Pay Form, ([Appendix 3](#)).

11.3 The invoice raised will be based on the methodology used in the Charging Regulations 2017, which is based [NHS England and NHS Improvement Nation Tariff 2017-2019](#) plus the Trust Market Forces Factor (MFF) with a 50% mark up for non-European patients.

11.4 For any elective Overseas Visitors who are not covered by an E112/S2 form, an invoice will be raised by the Private and Overseas Patient Department as detailed above and payment must be received in advance of the admission.

11.5 The OPM will inform the Income and Contracts Department of any treatment that is planned under a S2 form so that the appropriate arrangements can be made to charge the activity to the correct EEA member state.

11.6 The OPM and Private and Overseas Patient Department will be responsible for collecting payments and for debt management procedures in line with Trust guidelines.

11.7 The OPM will report any debts that are over £500 and/or have been outstanding for 2 months to the Department of Health, in line with the Charging Guidelines 2017.

11.8 The OPM will provide information to the Finance Department of all invoices raised to chargeable patients on a monthly basis. The Income and Contracts Department will liaise with the CCG to ensure that charges are made to them in accordance with the Charging Guidelines 2017 to safeguard the risk of non-payment to the Trust. Subsequent payments from patients will be notified to the Income and Contracts Department so that refunds can be made accordingly to the CCG.

## **12. Information**

12.1 Records will be maintained by the OPM including the following information:

- Patient's name, address and telephone number
- Completed Pre-Attendance Form
- Completed Agreement to Pay Form

- Health Insurance details for insured patients
- Details of all treatment received, admission and discharge dates
- Home Office Evidence and Enquiry responses
- Correspondence sent to and received from patient
- Invoices raised

12.2 No copies of this information are to be kept in the patient notes.

### **13. Claim Forms**

13.1 Patients may submit insurance claim forms to the OPM who will complete relevant sections and then ensure other relevant sections are completed by the Consultant.

### **14. Complaints**

14.1 The Trusts' complaints procedure will be adhered for any concerns/complaints raised whilst implementing this Trust policy.

14.2 The procedure covers the handling of any complaint made about the Trust's staff relating to care in the Trust. For further information contact the Customer Care on 0800 374208.

### **15. Performance Monitoring**

See Monitoring Table (Appendix 5).

### **16. Review**

The OPM is responsible for ensuring appropriate consultation on the review of this document. This Policy will be reviewed in 3 years or if necessary earlier, to ensure it reflects the most up-to-date national guidance as legislated by the Department of Health.

### **17. References**

[NHS Act 2006](#)

[National Health Service \(Charges to Overseas Visitors\) Regulations 2011](#)

[Guidance on Implementing Overseas Visitors Hospital Charging Regulations 2015 updated Aug 2017](#)

[Mental Health Act 1983](#)

[Immigration and Asylum Act 1999](#)

[European Union \(EU\) Social Security Regulation \(EC\) 883/2004](#)

[European Union \(EU\) Social Security Regulation 987/2009](#)

[Regulation \(EEC\) 1408/71](#)

[Regulation \(EEC\) 574/72](#)

### **18. Equality Impact Assessment (EIA) statement**

Salisbury NHS Foundation Trust is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds. This policy has been assessed accordingly.

**APPENDIX 1**

Dear Doctor .....

**NAME OF PATIENT:** .....

**Date of Birth:** ...../...../..... **Hospital Number:** .....

We have determined that this patient is an overseas visitor as defined in the National Health Services (Charges to Overseas Visitors) Regulations 2011. As such, the patient is liable for charges as an overseas visitor unless and until there are any applicable changes in their situation.

Government advice to safeguard NHS resources is to obtain payment where possible before treatment is given. In this case, the patient has declared that he/she will not be able to pay prior to receipt of the treatment.

However, relevant NHS bodies must also ensure that treatment which clinicians consider to be immediately necessary is provided to any patient, even if they have not paid in advance. **Failure to do so may be unlawful under the Human Rights Act 1988.** Urgent treatment which clinicians do not consider immediately necessary, but which nevertheless cannot wait until the person can be reasonably expected to return home, should also be provided to any patient, even if deposits have not been secured.

The patient is likely to return home on or around ...../...../.....

You are asked to provide your considered clinical opinion and tick one of the declarations:

- Having made the appropriate diagnostic investigations, I intend to give treatment which is **immediately necessary** to save the patient's life/prevent a condition from becoming immediately life-threatening or needed promptly to prevent permanent serious damage occurring. All maternity treatment is considered immediately necessary.
- Having made the appropriate diagnostic investigations, I intend to give **urgent** treatment which is not immediately necessary to save the patient's life but cannot wait until the patient returns home. If the patient's ability to return changes I will reconsider my opinion.
- Having made the appropriate diagnostic investigations, I do not intend to provide treatment unless payment is made in advance, since the patient's need is **non-urgent** and it can wait until they return home. If the patient's ability to return changes I will reconsider my opinion.
- I must make further investigations before I can assess urgency.

Where treatment is given (or has been given already), the relevant NHS body is obliged to raise an invoice for the cost of such treatment, and to recover the cost of treatment where possible. Debts are written off by this Hospital as losses where unrecoverable.

Date: ...../...../..... Signed: .....(Doctor)

Date: ...../...../..... Signed: .....(Overseas Patient Manager)

## APPENDIX 1(Cont.)

### Overseas Visitors – A Guide for Clinicians

#### The Rules:

The Overseas Visitors Charging Regulations place a legal obligation on NHS trusts in England to establish whether a person is an overseas visitor to whom charges apply or whether they are exempt from charges by virtue of the Charging Regulations for the NHS services provided. When charges apply, a relevant NHS body must charge the person liable (usually the patient) for the costs of the NHS services and recover the cost from them.

In order to be eligible to receive NHS treatment free of charge a person must be deemed to be ordinarily resident in the UK. A person who is not 'ordinarily resident' in the UK falls within the definition of an overseas visitor (regulation 2) and may incur a charge for treatment. These rules apply whether the person has a UK passport, NHS number, has previously lived in the UK or is registered with a GP and none of these factors are relevant when determining a person's entitlement to receive free treatment as access to the NHS is based on being legally resident within the UK.

If the relevant NHS body determines that the patient is chargeable then, again, this regulation requires the relevant NHS body to make and recover a charge for any treatment provided. It is not optional, nor is there the authority to waive the charge on the part of the NHS body. If it has been established that a patient is not eligible for free NHS treatment then this must not be recorded as NHS and charged to the CCG as this constitutes fraud on the part of the NHS Trust.

A relevant NHS body also has human rights obligations, meaning that treatment which is considered by clinicians to be immediately necessary must never be withheld from chargeable overseas visitors pending payment, although charges will still apply (unless the service provided is exempt from charges, e.g. treatment inside an Accident and Emergency Department). Treatment which is not immediately necessary, but is nevertheless classed as urgent by clinicians, since it cannot wait until the overseas visitor can return home, should also be provided, although deposits should be sought in the period ahead of treatment.

#### What To Do:

- If you have information that a patient may not be resident in the UK or may not qualify for free NHS treatment please ensure that this information is passed to the Private and Overseas Department.
- Be aware that you may be asked to complete a declaration form regarding the urgency for treatment if you decide to go ahead with the treatment as the decision to treat does not change the fact that the patient will need to pay.
- Do not tell a patient that they do not need to pay unless this has been confirmed by the Overseas Team.
- If you have any questions or concerns about a patient's status please contact the Private and Overseas Department on [sft.overseaspatients@nhs.net](mailto:sft.overseaspatients@nhs.net) or ext 2420.



[Attach patient ID sticker here]

**Appendix 2 - Pre-Attendance Form**

**Why have I been asked to complete this form?**

NHS hospital treatment is not free to all. All hospitals have a legal duty to establish if patients are entitled to free treatment. Please complete this form to help us with this duty. A parent/guardian should complete the form on behalf of a child. **On completing the form, you must read and sign the declaration below.**

**Please complete this form in BLOCK CAPITALS**

<b>Family name/surname:</b>												
<b>First name/given name:</b>				<b>Date of birth:</b>	D	D	M	M	Y	Y	Y	Y

**DECLARATION: TO BE COMPLETED BY ALL**

This hospital may need to ask the Home Office to confirm your immigration status to help us decide if you are eligible for free NHS hospital treatment. In this case, your personal, non-clinical information will be sent to the Home Office. The information provided may be used and retained by the Home Office for its functions, which include enforcing immigration controls overseas, at the ports of entry and within the UK. The Home Office may also share this information with other law enforcement and authorised debt recovery agencies for purposes including national security, investigation and prosecution of crime, and collection of fines and civil penalties. **If you are chargeable but fail to pay for NHS treatment for which you have been billed, it may result in a future immigration application to enter or remain in the UK being denied. Necessary (non-clinical) personal information may be passed via the Department of Health to the Home Office for this purpose.**

**DECLARATION:**

- I have read and understood the reasons I have been asked to complete this form
- I agree to be contacted by the trust to confirm any details I have provided.
- I understand that the relevant official bodies may be contacted to verify any statement I have made.
- The information I have given on this form is correct to the best of my knowledge.
- I understand that if I knowingly give false information then action may be taken against me. This may include referring the matter to the hospital's local counter fraud specialist and recovering any monies due.

<b>Signed:</b>		<b>Date:</b>	D	D	M	M	Y	Y
<b>Print name:</b>		<b>Relationship to patient:</b>						
<b>On behalf of:</b>								

**1. ALL: PERSONAL DETAILS – Please answer all questions that apply to you**

Do you usually live in the UK?	YES:	NO:	Nationality:									
Address in the UK:			Passport									
			Country of									
Telephone number:			Passport expiry date:	D	D	M	M	Y	Y			
Mobile number:			Dual Nationality:									
Email:			Date of entry into the UK:	D	D	M	M	Y	Y			

Will you return to <u>live</u> in your home	YES:	NO	If yes, when?	D	D	M	M	Y	Y
Address OUTSIDE the UK:			Name and address of Employer (UK or						
Country:			Country:						
Contact telephone:			Employer telephone:						

**2. ALL: OFFICIAL DOCUMENTATION**

Please tell us which of the following documents you currently hold (check all that apply):

Current United Kingdom passport	Current European Union passport
Current non-EU passport with valid entry	Visa No.
Student visa                      Visit visa	Visa expiry date:
Asylum Registration Card (ARC)	ARC No.
Other – please	BRP No.

**3. ALL: YOUR STAY IN THE UK – *You may be required to provide documentation***

Please tell us about the purpose of your stay in the UK (check all that apply):

Holiday/visit friends or family	On business	To live here permanently
To work	To study	To seek asylum
Other – please state: <input style="width: 100%;" type="text"/>		
How many months have you spent OUTSIDE the UK in the last 12 months?		
None	Up to 3 months	3-6 months
		Over 6 months
Please indicate the reason for any absence from the UK in the last 12 months (check all that apply)		
I live in another country	A holiday/to visit friends	To work
I frequently commute (business/second home overseas)		To study
Other – please state: <input style="width: 100%;" type="text"/>		


**4. ALL: GP DETAILS – *If you are registered with a GP in the UK***

GP/surgery name:		Address of GP surgery:
GP telephone:		
NHS number:		

**5. HEALTH OR TRAVEL INSURANCE DETAILS – *If the UK is not your permanent place of residency***

Do you have insurance?	YES:	NO:	Name and address of insurance provider:
Membership number:			
Insurance telephone:			

**6. EUROPEAN HEALTH INSURANCE CARD (EHIC) DETAILS – If you live in another EEA country**

<b>Do you have a <u>non-UK</u> EHIC?</b>	<b>YES:</b>	<b>NO:</b>	<b>If yes, please enter the data from your EHIC below:</b>			
 <p style="font-size: small; text-align: center;"><i>If you are visiting from another EEA country and do not hold a current EHIC, you may be billed for the cost of any treatment received outside the Accident and Emergency (A&amp;E) dept. Charges will apply if you are admitted to a ward or need to return to the hospital as an outpatient.</i></p>	3					
	4					
	5		6			
	7					
	8		9			

**7. STUDENT DETAILS – If you have come to the UK to study**

<b>Name of college/university:</b>							<b>Telephone:</b>									
<b>Course dates</b>	<b>From:</b>	D	D	M	M	Y	Y	<b>To:</b>	D	D	M	M	Y	Y	<b>Number of hours/week:</b>	

If you have completed this form in the A&E department, please give it to a receptionist or nurse before leaving. If you are admitted to any ward or referred for further treatment outside the A&E department, charges may apply. Please expect to be interviewed by a member of our Overseas Visitors Team.

**Please return to:**

**Private and Overseas Patient Department, Salisbury NHS Foundation Trust, Odstock Road, Salisbury. SP2 8BJ. [sft.overseaspatients@nhs.net](mailto:sft.overseaspatients@nhs.net) or 01722 336262 ext 2420**

**APPENDIX 3:**

**AGREEMENT TO PAY FORM  
NHS Chargeable Overseas Visitor**

**To be completed by the Patient or their representative, in block capitals:**

Name of Patient: .....  
Date of Birth:.....

UK Address:  
.....

Home Address:  
.....

Name of person giving undertaking:  
.....

UK Address:  
.....

Home Address:  
.....

Relationship to Patient:  
.....

I accept liability for payment of the charges determined by Salisbury NHS Foundation Trust for accommodation, treatment, investigations and all other services provided to me as a patient, including all diagnostic tests, procedures, treatment and appliances carried out resulting from this hospital course of treatment.

I accept that the Trust reserves the right to require payment of its charges in advance and terms and conditions as enclosed.

Signed: ..... Date:  
Witnessed: ..... Status:  
Do you have Private Health Insurance? Yes No

If YES please fill in the details below:  
Policy No: ..... Authorisation Code:

Insurance Company:  
.....

Address:  
.....

Telephone: .....

In the event of non-payment or a payment shortfall, under the terms of the patient's medical insurance agreement, I undertake to settle the outstanding balance upon request.

**Please return to the Private and Overseas Patient Department, Salisbury NHS Foundation Trust, Odstock Road, Salisbury. SP2 8BJ.**

[sft.overseaspatients@nhs.net](mailto:sft.overseaspatients@nhs.net) or 01722 336262 ext 2420

## **APPENDIX 3 (Cont)**

### **TERMS OF BUSINESS FOR NHS CHARGEABLE OVERSEAS VISITOR**

#### **Introduction**

Following completion of a Pre-Attendance Form (Appendix 2) the patient has been deemed to be chargeable and the Trust is required under the provisions of section 175 of the National Health Service Act 2006 and other statutes and NHS regulations to make charges in respect of Overseas Visitors.

#### **General Information**

A written undertaking to pay the charges must be given before a patient can be treated as an Overseas Visitor. The hospital charges used are the nationally agreed [NHS tariff](#).

#### **Insured Patients**

If you are insured you must indicate your insurance details on your Agreement to Pay Form, retaining one copy only for your records.

You should note that being insured does not mitigate your liability as an individual to pay for any and all treatment given by the Trust should your insurer, for whatever reason, not agree to reimburse the Trust in respect of any and all charges levied by the Trust for your care.

You should check with your insurer that the policy you hold with your insurer covers you for the treatment that you require. Some insurance companies will provide you with an authorisation number for each episode of treatment, which you should indicate on the Agreement to Pay Form.

Where you are covered by an insurer, the Trust will expect that you pay any and all charges not covered by your policy and/or which your insurer refuses to pay for within 14 days of the date of the Trust's invoice.

#### **Non-insured Patients**

If you have elected to pay for the treatment yourself then you must indicate this on the Agreement to Pay Form.

#### **Methods of Payment**

**Paying by cheque:** Cheques should be made payable to 'Salisbury NHS Foundation Trust' and crossed account payee only. You should send your cheque in the envelope with your Agreement to Pay Form.

**Paying by debit/credit card:** Debit/credit card payments should be made to Parkside ward by phone or through personal visit. Please ensure that you have your card details available including the card company, card number, card expiry date, security code and the full name and address of the person listed on the card.

#### **Queries**

If you do have any queries please do not hesitate to contact the Private and Overseas Patient Team on [sft.overseaspatients@nhs.net](mailto:sft.overseaspatients@nhs.net) or 01722 336262 ext 2420.

## APPENDIX 4

### EXEMPT DISEASES

Certain diseases are exempt for Overseas Visitors where treatment is necessary to protect the wide public health. This exemption from charge will apply to the diagnosis even if the outcome is a negative result. It will also apply to the treatment necessary for the suspected disease up to the point that it is negatively diagnosed. It does not apply to any secondary illness that may be present even if treatment is necessary in order to successfully treat the exempted disease. These diseases are defined in the National Health Service (Charges to Overseas Visitors) Regulations 2015, as amended (the “Charging Regulations” 2017).

The exempt diseases are:

- Acute encephalitis
- Acute poliomyelitis
- Anthrax
- Botulism
- Brucellosis
- Cholera
- Diphtheria
- Enteric fever (typhoid and paratyphoid fever)
- Food poisoning
- Haemolytic uraemic syndrome (HUS)
- Human immunodeficiency virus (HIV)
- Infectious bloody diarrhoea
- Invasive group A streptococcal disease and scarlet fever
- Invasive meningococcal disease (meningococcal meningitis, meningococcal septicaemia and other forms of invasive disease)
- Legionnaires’ Disease
- Leprosy
- Leptospirosis
- Malaria
- Measles
- Mumps
- Pandemic influenza (defined as the ‘Pandemic Phase’), or influenza that might become pandemic (defined as the ‘Alert Phase’) in the World Health Organization’s Pandemic Influenza Risk Management Interim Guidance
- Plague
- Rabies
- Rubella
- Severe acute respiratory syndrome (SARS)
- Sexually transmitted infections
- Smallpox
- Tetanus
- Tuberculosis
- Typhus
- Viral haemorrhagic fever (which includes Ebola)
- Viral hepatitis
- Whooping cough
- Yellow fever

APPENDIX 5

POLICY PERFORMANCE MONITORING FRAMEWORK

Element of policy for monitoring	Policy section	Monitoring method - Information source (eg audit)/ Measure / performance standard	Item Lead	Monitoring frequency / reporting frequency and route	Arrangements for responding to shortcomings and tracking delivery of planned actions
<i>Duties</i>	<b>4</b>	Carry out review on Maternity Patients admitted for delivery to establish that the identification process has been followed in establishing overseas visitors during the Ante Natal Pathway	OPM	Quarterly	Action plan developed by OPM to monitor compliance and on-going training with staff and Via OMB
<i>Identification</i>	<b>6</b>	Carry out review on sample of Emergency Department patients and outpatients to ensure that they were appropriately identified.	OPM	Quarterly	Action plan developed by OPM to monitor compliance and on-going training with staff and Via OMB
<i>Overseas Management</i>	<b>7</b>	Audit Lorenzo Report of New Registered Patients to validate against Overseas Patient ensuring that Lorenzo information is up-to-date and that Pre-Attendance Forms are being completed in the departments/wards	OPM	Quarterly	Action plan developed by OPM to monitor compliance and on-going training with staff and Via OMB
<i>Invoicing</i>	<b>11</b>	Review outstanding invoices ensuring debts reported to: <ul style="list-style-type: none"> <li>. Department of Health</li> <li>. Debt Collection Agency</li> <li>. Finance Department for CCG</li> </ul>	OPM	Quarterly	Action plan developed by OPM to monitor compliance and on-going training with staff and via. Report to Audit Committee