

FOI REF: 23/322

20th June 2023

FREEDOM OF INFORMATION ACT

I am responding to your request for information under the Freedom of Information Act. The answers to your specific questions are as follows:

I am writing to request information under the Freedom of Information Act 2000, relating to the trusts implementation of the 'NHS (Charges to Overseas Visitors) Regulations 2015, as amended by the NHS (Charges to Overseas Visitors) (Amendment) (EU Exit) Regulations 2020', hereafter referred to as 'the charging policy'.

The following requests relate to the expenditure and income generated from the 'charging policy', excluding any generated through private paying patients or monies claimed back from countries as part of any reciprocal healthcare arrangement.

QUESTION 1

As per the trusts application of the 'charging policy' for each financial year from 2015-2023 please provide (i) the total number of and (ii) the total value of:

(1a) Invoices generated

[Please see attached document.](#)

(1b) Payments received

[Please see attached document.](#)

(1c) Credit notes issued after a patient has been invoiced for care and later found to be eligible for free treatment

[Please see attached document.](#)

Cont.../

- (1d) Invoices written off for accounting purposes due to a patient being considered destitute as per the conditions set out in 13.72 and 13.73 of the charging policy.**

Please see attached document.

- (1e) Debts passed onto debt collection agencies for recovery due to non-payment.**

This data is not held in the format required.

For each of the above requests from 1a to 1e inclusive, please provide a breakdown by speciality, department, or similar categorisation (see appendix 1 for example formatting).

QUESTION 2

Please provide a breakdown by speciality, department, or similar categorisation of (i) the number of patients currently on a repayment plan with the trust for debt incurred under the charging policy and (ii) a breakdown by value of repayment - For example, the number of patients paying £1/month, £5/month, £10/month, etc. (see appendix 1 for example formatting).

This data is not collated in the format specified.

- (2a) Please also provide the number of patients who entered a new payment plan with the trust, for each financial year from 2015-2023.**

The Trust currently has 38 patient plans.

QUESTION 3

Please share any formal or informal criteria, policies, procedures, or similar the trust currently uses or has used from 2015 - 2023 to determine how:

- (3a) A patient's debt is managed**

Please see below.

- (3b) The trust agrees upon the value of a patient's monthly repayment plan.**

In line with the Overseas Policy, the Treasury Team (Credit Controller) agree payment plans with the Overseas Visitor.

This involves the completion of an Income and Expenditure form to ensure the affordability of the payment plan for the Patient. Due to the additional complexity of an Overseas cases payment plans are accepted, to enable the patient to actively reduce their debt.

Please see attached documents - Overseas Visitors Policy & Overseas Visitors SOP.

QUESTION 4

For each financial year from 2015-2023, please provide the total number of patients whose information has been shared with the Home Office in relation to a debt:

(4a) Greater than £500 owed for more than 2 months

Please see attached document.

(4b) Greater than £500 owed for less than 2 months

Please see attached document.

(4c) Less than £500

Please see attached document.

If I can be of any further assistance, please do not hesitate to contact me.

Should you be dissatisfied with the Trust's response to your request, you have the right to request an internal review. Please write to the Freedom of Information Department (esh-tr.foi@nhs.net), quoting the above reference, within 40 working days. The Trust is not obliged to accept an internal review after this date.

Should you still be dissatisfied with your FOI request, you have the right of complaint to the Information Commissioner at the following address:

The Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
Cheshire SK9 5AF

Telephone: 0303 123 1113

Yours faithfully

Linda Thornhill (Mrs)
Corporate Governance Manager
esh-tr.foi@nhs.net

Question 1b(i) & Question 1b(ii)

As per the trusts application of the 'charging policy' for each financial year from 2015-2023 please provide:

1b(i) the total number of payments received

1b(ii) the total value of payments received

Specialty	201516		201617		201718		201819		201920		202021		202122		202223		202324	
	1b(i) Number of payments	1b(ii) Value of payments	1b(i) Number of payments	1b(ii) Value of payments	1b(i) Number of payments	1b(ii) Value of payments	1b(i) Number of payments	1b(ii) Value of payments	1b(i) Number of payments	1b(ii) Value of payments	1b(i) Number of payments	1b(ii) Value of payments	1b(i) Number of payments	1b(ii) Value of payments	1b(i) Number of payments	1b(ii) Value of payments	1b(i) Number of payments	1b(ii) Value of payments
Gastroenterology	0	£0.00	0	£0.00	0	£0.00	1	-£294.43	3	-£3,886.28	3	-£2,125.04	3	-£8,070.14	5	-£3,970.21	0	£0.00
General Medicine	3	-£6,915.00	6	-£45,510.00	4	-£4,847.00	9	-£34,120.21	19	-£38,613.26	4	-£15,390.52	4	-£7,276.93	16	-£22,216.03	1	-£4,087.51
General Surgery	2	-£2,544.00	1	-£2,315.00	0	£0.00	0	£0.00	4	-£24,281.55	10	-£13,247.80	3	-£34,331.72	5	-£6,859.70	1	-£923.43
Gynaecology	1	-£2,216.00	1	-£138.00	0	£0.00	0	£0.00	12	-£4,561.91	15	-£3,488.05	21	-£7,601.05	24	-£5,700.48	2	-£555.91
Maternity	2	-£6,368.27	1	-£1,689.34	0	£0.00	3	-£8,718.56	13	-£28,850.45	10	-£12,976.66	10	-£9,338.33	6	-£10,618.29	0	£0.00
Ophthalmology	1	-£116.00	1	-£113.00	0	£0.00	1	-£2,330.41	10	-£2,498.08	9	-£4,872.31	3	-£718.69	11	-£3,650.71	6	-£1,947.91
Orthopaedics	6	-£660.00	1	-£129.00	1	-£129.00	7	-£17,020.92	16	-£3,575.62	7	-£4,021.02	6	-£9,235.40	20	-£30,989.36	2	-£379.87
Paediatrics	0	£0.00	0	£0.00	0	£0.00	7	-£9,691.35	7	-£8,665.24	1	-£223.00	3	-£710.66	9	-£6,838.00	1	-£373.70
Rheumatology		£	0	£0.00	0	£0.00	0	£0.00	2	-£584.46	0	£0.00	0	£0.00	2	-£1,485.01	0	£0.00
Cardiology		£	4	-£11,617.00	0	£0.00	3	-£18,483.56	2	-£10,888.90	0	£0.00	2	-£5,626.69	7	-£13,013.35	0	£0.00
Endocrinology		£	1	-£4,779.00	0	£0.00	0	£0.00	1	-£3,381.29	0	£0.00	0	£0.00	3	-£611.26	1	-£131.50
ENT		£	0	£0.00	0	£0.00	0	£0.00	1	-£240.00	1	-£191.73	0	£0.00	1	-£210.98	0	£0.00
HAEMATOLOGY		£		£		£	1	-£925.58	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00
Stroke Medicine		£		£		£	1	-£3,198.04	2	-£8,615.28	1	-£503.47	0	£0.00	1	-£7,139.32	0	£0.00
Urology		£		£		£	1	-£1,279.53	2	-£24,254.88	2	-£2,958.89	1	-£4,267.05	6	-£10,908.43	1	-£693.45
Breast Surgery		£		£		£	1	-£255.81	0	£0.00	0	£0.00	1	-£783.75	0	£0.00	0	£0.00
Maxillofacial Surgery		£		£		£		£	2	-£362.49	0	£0.00	0	£0.00	2	-£716.26	0	£0.00
Thoracic Medicine		£		£		£		£	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00
CLINICAL ONCOLOGY		£		£		£		£	1	-£335.15	0	£0.00	0	£0.00	0	£0.00	0	£0.00
DERMATOLOGY		£		£		£		£	0	£0.00	1	-£391.25	1	-£199.05	2	-£495.76	0	£0.00
Radiology		£		£		£		£	0	£0.00	4	-£367.76	5	-£531.19	12	-£1,388.41	0	£0.00
Neurology		£		£		£		£		£	0	£0.00	0	£0.00	3	-£799.45	0	£0.00
Diabetic Medicine		£		£		£		£		£		£	0	£0.00	5	-£1,013.19	0	£0.00
Pathology		£		£		£		£		£		£	1	-£124.01	0	£0.00	0	£0.00
Critical Care		£		£		£		£		£		£		£	1	-£9,912.70	0	£0.00
	15	-£18,819.27	16	-£66,290.34	5	-£4,976.00	35	-£96,318.40	97	-£163,594.84	68	-£60,757.50	64	-£88,814.66	141	-£138,536.90	15	-£9,093.28

Question 1c(i) & Question 1c(ii)

As per the trusts application of the 'charging policy' for each financial year from 2015-2023 please provide:

1c(i) the total number of credit notes issued after a patient has been invoiced for care and later found to be eligible for free treatment

Specialty	201516		201617		201718		201819		201920		202021		202122		202223		202324	
	1c(i) Total number of credit notes	1c(ii) Total value of credit notes	1c(i) Total number of credit notes	1c(ii) Total value of credit notes	1c(i) Total number of credit notes	1c(ii) Total value of credit notes	1c(i) Total number of credit notes	1c(ii) Total value of credit notes	1c(i) Total number of credit notes	1c(ii) Total value of credit notes	1c(i) Total number of credit notes	1c(ii) Total value of credit notes	1c(i) Total number of credit notes	1c(ii) Total value of credit notes	1c(i) Total number of credit notes	1c(ii) Total value of credit notes	1c(i) Total number of credit notes	1c(ii) Total value of credit notes
Gastroenterology	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00	1	-£321.10	6	-£8,090.61	1	-£501.15	0	£0.00
General Medicine	0	£0.00	0	£0.00	0	£0.00	0	£0.00	4	-£4,086.49	1	-£6,696.35	6	-£6,890.22	2	-£4,320.74	0	£0.00
General Surgery	0	£0.00	0	£0.00	0	£0.00	0	£0.00	3	-£2,008.76	0	£0.00	1	-£943.91	4	-£3,907.04	0	£0.00
Gynaecology	0	£0.00	0	£0.00	0	£0.00	0	£0.00	5	-£1,855.77	4	-£740.46	3	-£2,015.35	1	-£121.01	0	£0.00
Maternity	0	£0.00	0	£0.00	0	£0.00	0	£0.00	3	-£17,793.17	9	-£28,591.49	12	-£38,692.10	4	-£15,841.62	0	£0.00
Ophthalmology	0	£0.00	0	£0.00	0	£0.00	0	£0.00	2	-£198.95	0	£0.00	4	-£908.38	1	-£224.95	0	£0.00
Orthopaedics	0	£0.00	0	£0.00	0	£0.00	1	-£328.89	2	-£421.85	0	£0.00	13	-£6,308.47	1	-£263.73	1	-£271.78
Paediatrics	0	£0.00	0	£0.00	0	£0.00	1	-£832.14	1	-£522.04	3	-£898.10	3	-£4,419.48	4	-£2,830.48	0	£0.00
Rheumatology	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00
Cardiology	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00	4	-£13,560.36	1	-£1,584.58	0	£0.00	0	£0.00
Endocrinology	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00	1	-£376.32	0	-£1.23	0	£0.00
ENT	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00	8	-£1,188.86	4	-£920.59	1	-£206.33	0	£0.00
HAEMATOLOGY	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00
Stroke Medicine	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00	1	-£5,212.54	0	£0.00
Urology	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00	2	-£1,097.35	1	-£71.70	1	-£4,132.80	0	£0.00
Breast Surgery	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00	1	-£282.13	0	£0.00	0	£0.00	0	£0.00
Maxillofacial Surgery	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00	1	-£1,169.40	2	-£1,280.29	0	£0.00
Thoracic Medicine	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00
CLINICAL ONCOLOGY	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00
DERMATOLOGY	0	£0.00	0	£0.00	0	£0.00	0	£0.00	1	-£178.55	1	-£196.40	1	-£1,784.79	1	-£212.54	0	£0.00
Radiology	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00	5	-£1,458.60	4	-£758.58	1	-£564.70	0	£0.00
Neurology	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00	1	-£168.32	2	-£822.47	0	£0.00	0	£0.00
Diabetic Medicine	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00	1	-£2,301.96	0	£0.00	0	£0.00
Pathology	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00
Critical Care	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00
Diabetic Medicine	0	£0.00	0	£0.00	0	£0.00	2	-£1,161.03	21	-£27,065.58	40	-£55,199.52	63	-£75,756.95	25	-£39,621.15	1	-£271.78

Question 1d(i) & Question 1d(ii)

As per the trusts application of the 'charging policy' for each financial year from 2015-2023 please provide:

1d(i) the total number of invoices written off for accounting purposes due to a patient being considered destitute as per the conditions set out in 13.72 and 13.73 of the charging policy.

1d(ii) the total value of invoices written off for accounting purposes due to a patient being considered destitute as per the conditions set out in 13.72 and 13.73 of the charging policy.

Specialty	201516		201617		201718		201819		201920		202021		202122		202223		202324	
	1d(i) Number of written off invoices	1d(ii) Value of written off invoices	1d(i) Number of written off invoices	1d(ii) Value of written off invoices	1d(i) Number of written off invoices	1d(ii) Value of written off invoices	1d(i) Number of written off invoices	1d(ii) Value of written off invoices	1d(i) Number of written off invoices	1d(ii) Value of written off invoices	1d(i) Number of written off invoices	1d(ii) Value of written off invoices	1d(i) Number of written off invoices	1d(ii) Value of written off invoices	1d(i) Number of written off invoices	1d(ii) Value of written off invoices	1d(i) Number of written off invoices	1d(ii) Value of written off invoices
Gastroenterology	2	-£3,317.00	0	£0.00	0	£0.00	0	£0.00	3	-£26,626.37	0	£0.00	1	-£7,751.91	0	£0.00	0	£0.00
General Medicine	3	-£10,637.00	1	-£2,527.00	1	£1,179.00	0	£0.00	12	-£22,599.17	4	-£22,824.85	1	-£3,667.04	0	£0.00	0	£0.00
General Surgery	2	-£13,052.00	0	£0.00	0	£0.00	1	-£1,204.35	1	-£934.34	1	-£1,524.94	0	£0.00	0	£0.00	0	£0.00
Gynaecology	1	-£262.00	1	-£258.00	0	£0.00	0	£0.00	0	£0.00	2	-£1,482.44	0	£0.00	0	£0.00	0	£0.00
Maternity	0	£0.00	0	£0.00	0	£0.00	2	-£15,037.88	3	-£18,770.27	1	-£174.27	3	-£798.27	2	-£9,574.02	0	£0.00
Ophthalmology	0	£0.00	0	£0.00	0	£0.00	0	£0.00	1	-£207.80	1	-£154.32	0	£0.00	0	£0.00	0	£0.00
Orthopaedics	3	-£918.00	1	-£129.00	0	£0.00	1	-£236.49	6	-£3,318.61	4	-£1,123.29	0	£0.00	0	£0.00	0	£0.00
Paediatrics	1	-£906.00	0	£0.00	0	£0.00	0	£0.00	1	-£626.02	0	£0.00	0	£0.00	0	£0.00	0	£0.00
Rheumatology	0	£0.00	1	-£225.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00
Cardiology	0	£0.00	1	-£290.00	0	£0.00	1	-£7,490.82	1	-£7,132.53	0	£0.00	0	£0.00	0	£0.00	0	£0.00
Endocrinology	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00
ENT	0	£0.00	1	-£1,043.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00
HAEMATOLOGY	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00
Stroke Medicine	0	£0.00	0	£0.00	0	£0.00	1	-£7,905.84	0	£0.00	1	-£16,093.14	0	£0.00	0	£0.00	0	£0.00
Urology	0	£0.00	0	£0.00	0	£0.00	0	£0.00	1	-£824.97	0	£0.00	0	£0.00	0	£0.00	0	£0.00
Breast Surgery	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00
Maxillofacial Surgery	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00
Thoracic Medicine	0	£0.00	0	£0.00	0	£0.00	0	£0.00	1	-£1,253.07	0	£0.00	0	£0.00	0	£0.00	0	£0.00
CLINICAL ONCOLOGY	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00
DERMATOLOGY	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00
Radiology	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00	2	-£140.29	0	£0.00	0	£0.00	0	£0.00
Neurology	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00
Diabetic Medicine	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00
Pathology	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00	1	-£67.10	0	£0.00	0	£0.00
Critical Care	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00	0	£0.00
	12	-£29,092.00	6	-£4,472.00	1	£1,179.00	6	-£31,875.38	30	-£82,293.15	16	-£43,517.54	6	-£12,284.32	2	-£9,574.02	0	£0.00

Overseas Visitors Policy

Document ID Number	2050
Version:	V3
Ratified by:	Policy Ratification Group
Date ratified:	09 March 2020
Name of author and title:	██████████, Overseas Visitor Manager
Date originally written:	October 2019
Date current version was completed	6th May 2020
Name of responsible committee/individual:	Chief Financial Officer
Date issued:	07 May 2020
Review date:	09 March 2023
Target audience:	All Trust staff who are responsible for the admission and treatment of patients
Compliance with CQC Fundamental Standard	N/A
Compliance with any other external requirements (e.g. Information Governance)	National Health Service (Charges to Overseas Visitors) Regulations 2015 - most recently amended by the National Health Service (Charges to Overseas Visitors) (Amendment) Regulations 2017.
Associated Documents:	Trust Equality Strategy Cashiering and Banking Payments and Purchase Ledger Losses and Special Payments Counter-Fraud and Anti-Bribery Policy

Did you print this yourself?

Please be advised the Trust discourages retention of hard copies of the procedural document and can only guarantee that the procedural document on the Trust website is the most up to date version

Version Control Table

Version number and issue number	Date	Author	Reason for Change	Description of Changes Made
V1	August 2011	[REDACTED]		
V1.1	August 2014	[REDACTED]	Overdue review	reformat
V1.2	July 2015	[REDACTED]	Review	
V.2	October 2016	[REDACTED]	Overdue Review	Update
V.3	December 2019	[REDACTED]	Overdue Review	Update to formatting, EHRA

Consultation Table

This table should be completed with the names or groups who have been involved in developing or commenting on the policy. It is to demonstrate that a consultation process has been undertaken and the document has not been developed in isolation.

This document has been developed in consultation with the groups and/or individuals in this table:

Name of Individual or group	Title	Date
Finance Senior Management Team	Finance Senior Management Team	16.01.2020
Professional Advisory Group	Professional Advisory Group members	February 2020

This information may be made available in alternative languages and formats, such as large print, upon request. Please contact the document author to discuss.

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1. Introduction

The National Health Service (NHS) provides health care free of charge at the point of access to all UK residents. People who do not normally live in the UK are not automatically entitled to access the NHS without charge – residency is the main qualifying criterion regardless of nationality or any other equalities characteristic, and regardless of whether the person holds a British passport or has lived and paid taxes or National Insurance contributions in the UK in the past.

This policy relates to the management of individuals who are not usually resident in the UK and who are therefore affected by the Department of Health and Social Care NHS (Charges to Overseas Visitors) Regulations 2015 (DHSC regulations) when they seek treatment from East Sussex Healthcare NHS Trust.

The DHSC regulations place a legal obligation on NHS Trusts in England to establish if people to whom they are providing relevant services (as defined within the National Health Service Act 2006) are normally resident in the UK. If they are not, charges may be applicable for NHS services provided. East Sussex Healthcare NHS Trust reserves the right to “stabilise and discharge” those not eligible for free treatment and unable to pay, in line with Human Rights legislation.

For East Sussex Healthcare NHS Trust, these issues are primarily dealt with by the Overseas Visitors Team, but remain the responsibility of all staff. Referrals must be made to esht.overseasteam@nhs.net

This policy represents the current situation where the United Kingdom is still part of the European Union (EU). This policy will need to be reviewed subject to any changes to the Overseas Visitors regulations, or changes to our membership of the EU.

2. Purpose

This policy will ensure that all such individuals are identified and managed according to the DHSC guidelines, thereby addressing the current moral and ethical dilemmas for clinicians and managers around treatment and charging guidelines.

2.1. Rationale

The Trust has a legal obligation to:-

- Ensure that patients who are not ordinarily resident in the UK are identified.
- Assess liability for charge in accordance with the charging regulations.
- Charge and recoup funds from those liable, in accordance with regulations.

2.2. Principles

Overseas patients are entitled to free treatment in the Accident and Emergency (A&E) department, including observations wards linked to A&E and other areas in the Trust providing equivalent care to A&E.

An overseas patient, who then requires admission as an inpatient (includes short stay occurrences on any assessment unit) or referral as an outpatient is chargeable including full cost of any drugs prescribed, unless the condition being treated relates to a service covered under the exempt services list ([Appendix A](#)).

The Trust will provide medically necessary treatment to stabilise the condition of the overseas patient. No patient needing essential treatment will be refused care because of an inability to pay. In some cases, it may be appropriate not to present an invoice until all immediately necessary or urgent treatment has been completed, however the overseas visitors' team will, when it is clinically appropriate to do so, fully inform the patient about the charges they might face.

The services given to overseas patients by NHS staff are provided as part of their normal duties under the terms and conditions of their employment, there is no extra income involved. Consultants are not permitted to charge for their services.

The treatment of the NHS charged patients is subject to the same clinical priority as other NHS patients.

2.3. Scope

This policy lays down the rules and procedures to be followed by all Trust staff when identifying "Overseas Visitors" and the subsequent recovery of any income due to the Trust and to provide guidance to all front line staff.

The requirement to identify overseas visitors must never delay the provision of immediately necessary medical treatment.

3. Definitions

Overseas Visitor

This is a person who is not ordinarily resident in the United Kingdom.

Ordinarily Resident

A common law concept interpreted by the House of Lords as someone who is living lawfully in the United Kingdom, voluntarily and for settled purposes as part of the regular order of their life. There must be an identifiable purpose for their residence here which has a sufficient degree of continuity to be properly described as settled.

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, or having paid (or currently paying) National Insurance contributions and taxes in this country. Whether a person is ordinarily resident is a question of fact, for which a number of factors are taken into account.

Indefinite Leave to Remain (ILR)

Is a type of visa that grants a Non-European (Non EEA) National the lawful right to live in the UK on a long term / settled basis. The Non EEA person with this type of visa / residence permit will be considered ordinarily resident in the UK.

Entitlement to NHS hospital services without charge

Any person who is ordinarily resident in the UK is entitled to receive NHS hospital healthcare without being required to pay for it. This does not necessarily include prescriptions.

European Health Insurance Card

The European Health Insurance card is issued by the social security institution of the member state where the patient usually lives overseas and confirms they are insured and covered by the reciprocal health agreement between the UK and the member state. See [Appendix E](#)

Provisional Replacement Certificate

Is issued by the social security institution in the member state where the patient resides, and replaces the European Health Insurance Card – referred to as PRC. See [Appendix F](#)

Exempt from charge – patients not ordinarily resident may be entitled to all or some NHS hospital care as a result of one of the exemptions within the regulations ([Appendix A](#)).

Patients who are not ordinarily resident and not exempt from charges

Will be required to pay for all NHS hospital services they receive.

Reciprocal Health Agreements – The UK has reciprocal health agreements with EEA countries [Appendix E](#) and some non-EEA countries ([Appendix G](#))

Overseas Visitors who can present evidence that they are nationals, citizens or lawful residents (as appropriate) of one of the Non EEA countries ([Appendix G](#)) will benefit from entitlement to some of their care without charge as a result of the agreement.

Overseas Visitors from countries within the European Economic Area (EEA) must provide a valid European Health Insurance Card for the reciprocal health agreement to apply to them, and for care to be free, this can be presented in the form of a provisional replacement certificate.

Bribery Act 2010

A bribe is offering, promising, or giving a financial, or otherwise, advantage to another person with the intention of bringing about improper performance or reward. The Bribery Act also states that a person is guilty of an offence if they request, agree to receive, or accept a financial or other advantage intending that a relevant function or activity should be performed improperly by them or another. It further states that offering or agreeing to accept a bribe is an offence even if no money or goods have been exchanged. See duties of the LCFS

Immediately Necessary Treatment

Is defined as treatment that is required to save the patient's life, not what is clinically appropriate for the treatment of a certain condition.

There is no exemption from charge for 'emergency' treatment (other than that given in and/or an observation ward attached to an A&E department). The Trust will always provide immediately necessary treatment if it is to save the patient's life. It 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.

Urgent treatment

Treatment which is not immediately necessary, but cannot wait until the patient returns to their home country. It must not be delayed whilst the patient's chargeable status is determined.

Non-urgent treatment

This is routine elective treatment which can wait until the patient returns to their home country.

EEA

European Economic Area – see [Appendix E](#) for more information.

EHIC: European Health Insurance Card (previously E111).

PRC: Provisional Replacement Certificate, issued to eligible citizens in cases where an EHIC cannot be produced. An eligible citizen will be one who is insured in the EEA country

S1: issued to pensioners, posted or frontiers workers. The active S1 for residence overseas in an EEA country entitles the holder to all NHS hospital treatment on visits back to the UK. The term 'pensioner' includes those in receipt of a qualifying long-term benefit. If an original form is presented to an OVM, this must be sent to the Overseas Healthcare Team in Newcastle for registration (the holder may also have a copy for personal use).

A1: portable form issued to a posted worker confirming cover by the issuing state. The A1 accompanies a valid EHIC for qualifying posted workers.

S2: payment guarantee from the issuing country for planned treatment (previously E112).

Non-EEA: refers to visitors and migrants from any countries which are outside the European Economic Area.

4. Accountabilities and Responsibilities

4.1. Patients

It is the responsibility of patients to provide documentary evidence to prove their entitlement to free healthcare, by confirming they are “ordinarily resident” in the UK. This will be by the patient confirming:

- 4.1.1 They are a UK, EEA or Swiss National, or a Non EEA national with Indefinite Leave to Remain as their visa to be in the UK - AND
- 4.1.2 They have lived in the UK for the last 12 months or more / they are a continual UK resident – house bill, rental agreement, employment details are some of the ways this can be proven

If the patient fails to provide such evidence that confirms their entitlement then an invoice will be raised for all NHS services used and in advance for future care being sought. It will only be withdrawn on receipt of substantial evidence received from the patient showing they lawfully live in the UK on a settled / continual basis.

4.2. Chief Executive

Has overall accountability for ensuring that the Trust meets its statutory obligations in respect of identifying patients who are not ordinarily resident in the United Kingdom; assessing liability for charge in accordance with charging regulations and charge those liable to pay in accordance with regulations. The Chief Executive devolves the responsibility for monitoring and compliance to the Director of Finance.

4.3. Chief Financial Officer

Is responsible for ensuring that Trust staff upholds the principles of correct overseas patient management and that appropriate policies and procedures are developed, maintained and communicated throughout the organisation.

4.4. Medical Director

Clinical decision making will be generally devolved to individual Consultants, however in some instances the Medical Director may need to provide advice and guidance when discretion is required about the extent of treatment and the time at which it is given.

4.5. Consultants and their clinical teams

Have responsibility to inform the overseas visitors’ team if a patient is identified as not usually living in UK and to respond to any queries by the overseas visitors’ team

Have the responsibility to determine the treatment categorisation and they will be asked by the overseas team as appropriate, to take the final decision as to whether the treatment is immediately necessary, urgent or non-urgent.

Are required to confirm whether the patient is receiving an exempt service or that the patient is a victim of specified types of violence (bottom of [Appendix A](#))

Has the responsibility to complete the clinician patient assessment form ([Appendix C](#)) when asked to do so by the overseas visitors’ team, where the patient is confirmed as required to pay for NHS hospital services. This will usually be in situations where the patient has advised the inability to be able to pay for their care, and because when it becomes routine and planned, we are not permitted to give the care to the patient without payment.

Have the responsibility to decide whether the patient is fit to travel, in the event the clinical team are advised of an intended date the patient plans to return home. They have the responsibility to decide if it would be more appropriate for the visitor to return to their home country for treatment rather than incurring NHS charges.

Senior medical staff who are responsible for the supervision and training of doctors are required to ensure that junior medical staff are aware of the overseas visitor policy, and their duties within it, relating to treating an overseas visitor. The fact a patient may be an overseas visitor should only change the medical decisions if it would be more appropriate for the visitor to return to their home country for treatment rather than incurring NHS charges.

4.6. General Managers / Service Managers

Have responsibility to ensure that all staff adheres to Trust policy in relation to overseas patient administration in their specific areas.

4.7. Matrons / Ward Managers / Nurse in charge

Have responsibility to ensure that all staff are aware of the Trust policy for overseas patient administration. Such responsibilities are to be included in the induction of all staff as part of their orientation at ward level.

Support the overseas visitors' team where it may be necessary for a clinical member of staff to accompany them during a conversation with an inpatient to determine if they are ordinarily resident or not.

In situations where the timing of the interview needs to be considered, they will be asked to advise when it may be more advised for the overseas visitor team to return on a different day.

4.8. Administration Staff

It is the responsibility of all staff in patient administration, including A&E, outpatient clinics and wards who are involved in the patient pathway to ensure they have an understanding of the overseas policy and to notify the Overseas Visitors Team about any patient who may not be eligible to access free NHS care because they do not usually live in the UK.

See [section 5.1](#)

Staff must never inform the patient that they are required to pay for NHS hospital services – as this is for the overseas visitors' team to communicate to the patient. Staff must also never tell a patient that they are not required to pay.

Staff must ensure that they follow the [process](#) set out within this policy, to ensure that patients are identified in a non-discriminatory manner. (e.g. to avoid racial discrimination (based on any protected characteristics e.g. age, disability, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion and belief, sex, sexual orientation, in comparison to persons without those characteristics) or harassment.

The patient is not excluded from this identification process because they have a GP, have an NHS number or are British – it is lawful settled UK residence that requires to be known and the information required must be sought from all patients with a referral to the overseas team for any patient where their residency in the UK is not known.

4.9. Overseas Visitors Team

At least one person must be responsible for ensuring that appropriate processes are in place to support the management of Overseas Visitors in line with current legal requirements.

Assurance is to be provided to the Trust through the provision monthly reports. These should include any necessary recommendations to address identified deficits.

They will receive referrals in relation to potentially chargeable patients for NHS hospital treatment and where necessary carry out interviews to establish if the person is, in fact, ordinarily resident or, if not, whether they are exempt from charges or liable for charges. [See process – Overseas Visitors Team](#) for more details

The Overseas Team has the responsibility to interview the referred patient. These in-depth interviews need to be handled sensitively, using appropriate interview techniques and use of interpreters where necessary.

The Overseas Team is responsible for ensuring the patient is communicated with in a timely manner when charges apply to any hospital care they are receiving. This should be before discharge for an inpatient and if an outpatient attendance, then before the physical appointment.

It is the responsibility of the overseas team to obtain the signed undertaking to pay from the patient for the expected costs. In the event the patient is unable or unwilling to complete this, it will not change the fact that they will still be invoiced, and this will be explained to the patient at this time.

The overseas team will also explain to the chargeable patient if the visa debt sanction could affect them in future and make sure that the legislation that affects the chargeable patient is included at every point of communication. [Appendix D](#)

The overseas team will ensure the patient has the details for the credit control team, so that the patient / debtor can discuss how they intend to pay the Trust.

The overseas team must ensure that information is communicated with the clinical area about the requirement to interview a patient and specifically when the patient is an inpatient, they must seek agreement from the matron and / or clinician that the patient is well enough to be spoken to, before contact is made with the patient.

In the event the patient is identified as chargeable, the overseas visitors' team has the responsibility to inform the clinical team that the patient is required to pay for care, and advise the expected date of leaving the UK, so that appropriate clinical decisions can be made.

The overseas visitors' team will communicate this fact to the patient and discuss the ability of the patient to pay the Trust. A written statement of why charges apply, what the charge is estimated to be and how they can pay will also be provided as is required by under Regulation 19 of the Care Quality Commission.

Where reasonably practicable, this statement should be given to the patient before treatment is provided. Where a person is in need of immediately necessary or urgent treatment it may not be possible or appropriate to provide them with this statement ahead of treatment. In such cases the statement should be given to the patient as soon as possible after treatment is provided.

The overseas team will request an invoice and set up of an account from the treasury team, sufficient information must be supplied including the patient's current residence, their home address, telephone number in order for the account to be set up.

If the patient advises that they have insurance, then the Trust will seek consent from the patient to be able to deal with the insurance and share the details with them about the care. Details will be passed to the treasury team, however it is the patient to whom the invoice should be sent, and to whom the liability falls. The Trust will not be able to liaise with or provide any medical details to, any medical insurance companies without consent from the patient.

As an NHS Trust we are obliged to recover in advance the estimated full cost of treatment from the person liable, unless doing so would prevent or delay the provision of immediately necessary or urgent treatment. This came into UK law on 23rd October 2017. In practice this will always apply where a clinician has assessed the patient's need as non-urgent. Invoices must be requested by the overseas visitors' team promptly via the Treasury Team. The overseas visitors' team will endeavour to either take immediate payment via debit/credit card or contact the treasury team to ensure payment is taken

The overseas visitors' team will not negotiate any instalment plans to settle an outstanding debt, but will explain to the patient / person agreeing to pay, the consequences of non-payment to involve debt collectors and the visa sanction where it applies. ([Appendix D](#)) and are responsible for sharing the patients debt with the Home Office as per the guidance if after two months, the debt is not settled in full or being met by a reasonable instalment plan.

The overseas visitors team will inform finance staff when this debt share with the Home Office has occurred, and in the event the debt is settled after this sharing has been done, the overseas team will be responsible for reversing this debt share notification with the Home Office via the Department of Health.

The overseas visitors' team will record an overseas visitor's chargeable status on the Patient Record, via the Summary Care Record application.

The Overseas Visitors Team has responsibility to provide advice, training and support to all relevant staff. Any issues will, in the first instance be addressed to the Matrons / Service Managers / Team leads as required.

4.10. Stage 1 officers

Will be called upon by the overseas visitors' team, on whichever site the patient is currently receiving treatment, to assist in confirming if the patient is ordinarily resident in the UK.

They will support the initial information gathering stage for the potential overseas patient and provide the details to the patient relating to what evidence the patient needs to send to the overseas team to support their residence in the UK and their entitlement to free NHS hospital services.

In the event the patient is identified by the stage 1 officer, then they will support the information gathering stage and advise the overseas team they have done so.

4.11. Finance Staff

Are aware of their role in implementing the charging rules for overseas visitors understanding the distinction between chargeable overseas visitors and private patients and need to ensure that they are able to issue invoices promptly, perhaps at very short notice, in order to ensure that the invoice can be presented, wherever possible, before the patient leaves the hospital.

The finance team will raise invoices on the request of the Income Officer / overseas visitors team. The account will be set up with as many details as were able to be provided for the debtor by the overseas visitors' team, to include the patient's current residence, their home address, telephone number and any insurance details.

The invoice must be raised in the patients' name (parents name if a child), as even in the event the insurance are able to settle the charges the liability belongs to the patient or parent and not to the insurance company.

The finance team is responsible for securing payment of the outstanding debts and for agreeing any instalment plans if that is appropriate. Since 23 October 2017, routine and planned care is required to be paid for by the patient in advance of the treatment

being received, unless doing so would prevent or delay the provision of immediately necessary or urgent treatment. Inpatient care invoiced is unlikely to be routine and planned in nature, but will be sought to be settled within a reasonable time period.

In the event the finance team receive an email query from a debtor about the invoice which relates to the calculation of the charges, they will reply to the debtor to advise them that their enquiry has been forwarded to the overseas team, and forward on the enquiry.

Where the finance team have been notified that a debt has been shared with the Home Office and the debtor subsequently pays their debt, the finance team must inform the overseas team as quickly as possible so that the Home Office can be notified that the person no longer has an outstanding NHS debt, so that the individual is not detained by UK Immigration on entering or exiting the UK.

4.12. Counter Fraud

The local counter fraud team are responsible for investigating cases referred to them, when there is a suspicion that an overseas visitor is attempting to access, or has accessed, free NHS treatment by fraud or deception. Contact details are available on the Trust Extranet.

5. Procedures and Actions to Follow

5.1. Process for All staff

The question that staff must ask all patients is 'where have you lived for the last twelve months?' and if the answer indicates that the patient has not been in the UK for that period of time, then the patient is to be referred to the overseas team for further investigation via email to esht.overseasteam@nhs.net or [REDACTED].

The Pre-Attendance Form / Residence form at [Appendix H](#) can be used to identify the circumstances of our patient, and in the event this document is needed in other languages, contact must be made with the overseas visitors' team via esht.overseasteam@nhs.net

An overseas visitor is someone who is not ordinarily resident in the UK.

Entitlement to free NHS hospital care is based on lawful settled UK residence, therefore to avoid discrimination staff must ensure that all patients are asked the questions relating to lawful settled UK residence.

There are a number of factors which may help to indicate whether a person is ordinarily resident or not. Normally, no one factor on its own will determine that a person is, or is not, ordinarily resident. A decision will need to be made according to all the circumstances of the particular case and this decision is made by the overseas visitors' team, and not by other Trust staff.

All staff administration groups must be aware:

- All patients identified will be contacted by the overseas team to identify if they are exempt or chargeable
- When a patient is identified as not having been in the UK for the specified period, this will not necessarily mean that the patient is required to pay for NHS hospital services.
- The patient can be out of the UK for up to 6 months of every year and still be ordinarily resident. The overseas team will request evidence of residence from all identified patients.

Since 2015 Non EEA patients who are subject to immigration control must have either an Indefinite Leave to Remain (ILR) visa, or will be able to show they paid the Immigration Health

Surcharge for the care to be free to them – we therefore need to know if the patient is a Non EEA national subject to immigration control.

In the event that the Non EEA patient is not able to prove either of these they are likely to be chargeable. They may have a visit visa or other temporary stay visa, to be in the UK. A referral to the overseas team is required for any patient where we need to confirm their lawful right to live in the UK, and the patient should be informed that they will be contacted for more details.

NHS staff must not discriminate against persons based on their having any of the protected characteristics (age, disability, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion and belief, sex, sexual orientation) in comparison to persons without those characteristics. There must be an identified lack of time of living in the UK, or the person requiring a visa to live in the UK lawfully, for a referral to be valid to the overseas team

The PAS Notes in the Patient Registration Screen can be reviewed in relation to any information that has been added by the Overseas Visitors team that will assist with whether anything has been identified to suggest the person is an overseas visitor or not – if it is blank, then no details are yet known, and if it has been identified that the person does not usually live in the UK, a referral is required to the overseas team.

The Overseas Team can be contacted via email to esht.overseasteam@nhs.net or by telephone during the hours of 08.00 to 16.00:

- 1) [REDACTED]
- 2) Eastbourne District General Hospital on 0300 131 4500 x [REDACTED]
- 3) Conquest Hospital 0300 131 4500 [REDACTED]

There is no out of hours service provided, however, if there is any doubt about a patients eligibility for free NHS care then either an email or an answer phone message should be left with the Overseas Team giving as much detail as possible which must include the patients hospital number and what residence details were identified, which prompted the referral.

As previously stated - the requirement to identify overseas visitors must never delay the provision of immediately necessary medical treatment. Assessment of whether the patient is chargeable will be carried out at the earliest opportunity by the overseas visitors' team.

5.2. Process for Overseas Visitors Team

As soon as an overseas patient has been identified, it is the responsibility of a member of the Overseas Team to interview the patient to determine the current status.

A decision will need to be made according to all the circumstances of the particular case. All documents provided in evidence will be retained within the overseas visitors' service and a record of the case plus its outcome retained for audit / reporting purposes.

The identification process will include contacting the patient in writing to request evidence from the patient and dealing with any queries directly from the patient or forwarded to the overseas visitors' team from other Trust departments.

In some circumstances the patient will be receiving NHS hospital care within the Trust and can be spoken to face to face.

All patients referred or identified as affected by the Charging regulations, will be contacted by the overseas team taking into account that:

- Evidence of settled lawful residence will be required from all identified patients.

- When a patient is identified as not having been in the UK for the specified period, this will not necessarily mean that the patient is required to pay for NHS hospital services.
- The patient can be out of the UK for up to 6 months of every year and still be ordinarily resident.

In the event the patient is identified as required to pay, a signed undertaking to pay form will be requested from the patient before they leave the Trust premises, unless this is not possible for medical reasons. In the event the patient is not prepared to sign this, it does not change the fact that payment is required from the chargeable patient, and the overseas visitors' team will identify the chargeable activity.

An invoice will be raised and where possible payment taken, as well as details given to the chargeable patient relating to which department they can speak to as to making payments in future.

The overseas visitors' team will explain to all Non EEA patients who are to be charged for their NHS hospital healthcare, how the debt sharing mechanism between NHS hospitals and the Home Office (Immigration) may affect them in future, if they do not settle the debt, [Appendix D](#).

The overseas visitors' team will also explain where a copy of the medical records can be obtained from for the patients use back in their home country, or for an insurance company, and will help facilitate the request to the Request for Information Team (RFI) team.

5.3. General Principles

Members of the overseas team will have an understanding of the full scope of the charging regulations when making and recovering charges from overseas visitors. Assessing residency using the guidance provided in the Department of Health tool kit. The information below sets out the general position only; the principles do not apply in all cases.

The general position for non-EEA nationals, is that those who have indefinite leave to remain in the UK can be considered ordinarily resident in the UK, which means that while their visa remains valid NHS treatment is not chargeable to them.

Non EEA nationals who have paid / are exempt / waived from paying the immigration health surcharge, are generally entitled to relevant services on the same basis as a person who is ordinarily resident in the UK, except for assisted conception services, which were excluded from the scope of the services covered by the payment of the immigration health surcharge after 21st August 2017.

However Non-EEA nationals who are:

- visiting the UK for six months or less,
- have permission to live in the UK for 6 months or less,
- including those with a multiple entry VISA, or
- who are in the UK without permission,

will not have paid the immigration health surcharge, and **must be charged** for services they receive at the point of accessing care, unless exempt from charges under other categories of the Charging Regulations.

The general position for British citizens/EEA/Swiss nationals is that those who are ordinarily resident here must not be charged. See definition of [ordinarily resident](#) (P5).

All treatment in the A&E Department is free to everyone (includes observation wards linked to A&E). Patients are treated and transferred to a ward according to their clinical need. Charging overseas visitors commences on admission to a ward and/or for outpatient appointments.

British citizens / EEA / Swiss nationals living in another EEA country who are in the UK on a temporary visit or course of study, and who are insured by their resident state, should present a valid European Health Insurance Card (EHIC) from that member state to access free medically necessary treatment. The UK will recover the cost of that healthcare from the other member state. Any medically necessary treatment must not be delayed if the person does not have the EHIC. The patient will be asked to contact their member state to obtain a provisional replacement certificate (PRC) where they were unable to present their EHIC, or they will be required to pay

Also British citizens/EEA/Swiss nationals who are visiting the UK and who cannot provide a valid EHIC or Provisional Replacement Certificate (PRC), and who are not covered under another exemption category under the Charging Regulations, must be charged for services they receive at the point of accessing care, except for where the care was in A&E or an observation ward.

No woman must ever be denied, or have delayed, maternity services due to charging issues. Due to the severe health risks associated with conditions such as eclampsia and pre-eclampsia, and in order to protect the lives of both mother and unborn baby, all maternity services, including routine antenatal treatment, must be treated as being immediately necessary.

The patient is always the responsible debtor for the NHS debt, even in situations where they have health insurance to cover the visit to the UK.

- The patient will be asked to contact their insurance as soon as possible to start a claim for reimbursement
- They will be asked to settle the invoice and continue to reclaim themselves.
- As a general rule, (see 6.1 [deceased patients](#)) the Trust will not communicate directly in respect of the charges with any insurance company, unless a guarantee of payment has been provided by them.
- The overseas team and the Request for Information Team (RFI) team will forward / facilitate requests for hospital records to insurance company's / patients for the purposes of a reclaim.
- Any communication between the Trust and an insurance company with regards to an outstanding debt will be retained on the patients' record by the overseas team.
- In the event the patient has not paid the charges and were waiting for settlement from the insurance, and the insurance then advises that they cannot cover the invoiced charges - the Trust will contact the patient to obtain settlement of what is owed.

The Patient Administration System (PAS) Notes in the Patient Registration Screen will be updated to reflect the current status information on the patient.

5.4. Collection of Payments

The Trust should recover the full cost of treatment given to an overseas visitor.

Wherever possible a deposit equivalent to the estimated full cost of treatment will be sought before treatment commences or at the earliest point. In some cases, it may be appropriate not to present an invoice until all immediately necessary or urgent treatment has been completed, the overseas team will ensure that patients are fully informed about the charges they might face as soon as possible, and where possible a deposit obtained.

The Treasury Accountant may agree to a recovery plan via instalments in order to maximise the opportunity to recover the debt. Each agreement should be considered on an individual basis. This decision is outside the remit of the overseas visitors' team.

The instalment agreement would need to be considered a reasonable instalment plan if the debtor is affected by the debt sharing mechanism in respect of an outstanding debt, and the

Trust will not share the debt with the Home Office via the Department of Health and Social Care, where a reasonable payment plan is being maintained.

Final Invoices must be raised as soon as possible after the completion of treatment and hospitalisation; this will help ensure prompt payment particularly by visitors returning to their home country. Wherever possible invoices should be prepared and given to the patient prior to discharge from hospital. Payment can be collected immediately via debit/credit card.

Non-payment will be followed up promptly via the Trust's credit control procedures. The Trust will use debt collection agencies as appropriate except in situations where given the NHS chargeable patient's financial circumstances, it would not be cost effective to pursue it (e.g. they are a destitute illegal migrant or are genuinely without access to any funds or other resources to pay their debt)

Under paragraphs 320(22) and 322(12), and 3.14 of Appendix V, of the Immigration Rules a person with outstanding debts of over £500 for NHS treatment that is not paid within two months of invoicing, may be denied a further immigration application to enter or remain in the UK. In the absence of prompt full settlement or a reasonable repayment schedule, non-clinical information relating to this debt is provided routinely to the Home Office and may be used by the Home Office to apply the above Immigration Rules.

The information will remain active for the purpose of the above rules until the debt is settled and a record of the settled debt will also be retained, both subject to normal limitation periods.

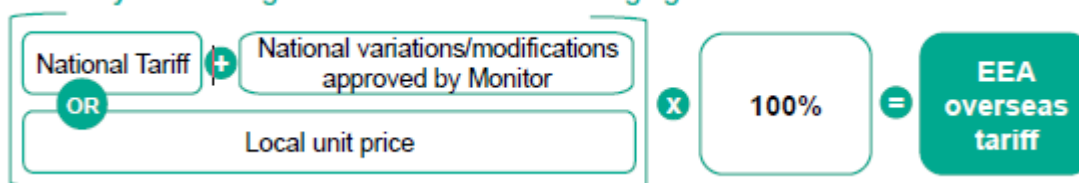
To calculate the costs the overseas visitor's team use the HRG commissioned tariffs or local tariffs where there is no nationally agreed price.

5.4.1 Chargeable visitors from EEA countries

Where the patient is from the EEA and does not qualify for NHS-funded care that was not received in A&E, because they have been unable to present a European Health Insurance card or Provisional replacement certificate, then they must be charged by the Trust at the normal NHS price (i.e. 100% of the tariff).

The risk share arrangement with the CCG applies on the same basis as above.

Summary: calculating the level of EEA direct charging



5.4.2 Planned healthcare in UK - patient usually lives in EEA or Switzerland

There are currently three potential ways for people from another EEA country or Switzerland to receive planned healthcare in England:

- The Directive route (the Directive does not apply to Switzerland) - Directive 2011/24/EU
- The S2 route - Articles 22(1)(c) and 55(1)(c) of Regulation (EEC) 1408/71 and Articles 20 and 27(3) of Regulation (EC)
- Holders of a UK-issued S1 form15 registered with the relevant authorities in another EEA country or Switzerland may also be able to return to England and obtain planned healthcare

The key difference between the routes is that the S2 route and use of S1, only relates to state-provided treatment, and costs are dealt with directly between member states. The S2 form acts as a form of payment guarantee. This means that in the majority of cases, the patient is not required to pay anything themselves (other than any applicable statutory charge that would also be payable by those ordinarily resident, for example prescription and dental charges).

The Directive route operates on a principle of purchase and reimbursement. Patients are able to purchase state or private healthcare in England and seek reimbursement for this treatment from their home country up to the cost of the treatment in that country.

5.4.3 Chargeable visitors from non EEA countries

Since April 2015 chargeable visitors from non-EEA countries that do not have a reciprocal health agreement with the UK ([Appendix G](#)) are charged at 150% of the tariff for NHS services

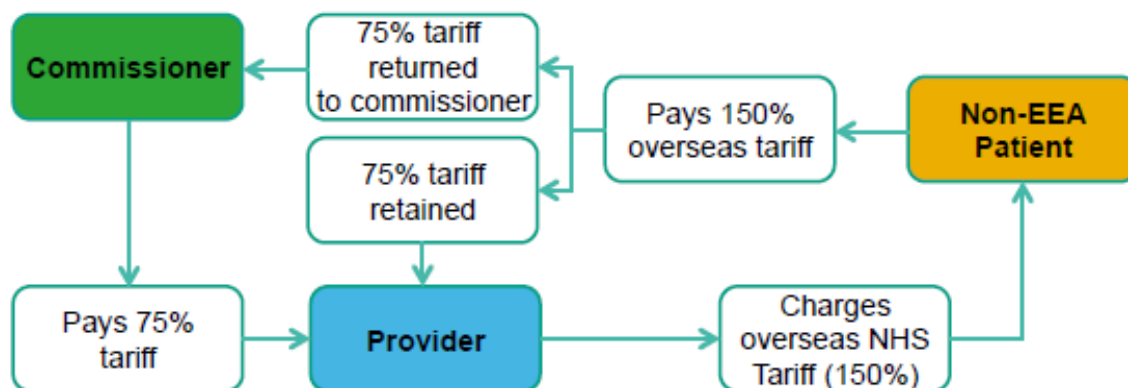
Commissioners will pay the Trust 75% of the standard NHS tariff for the cost of the patients care, guaranteeing a minimum level of income.

The Trust will bill the patient 150% of the tariff and on receipt of the payment from the Non EEA patient, the income will be split equally between the Trust and the commissioner; such that

- the commissioner is reimbursed the 75% they paid the Trust,
- and the remaining 75% is retained by the Trust.

In the event that the Non EEA patient does not pay, then the 75% paid to the Trust by the commissioner is retained by the Trust

Summary: Non-EEA finance flows



5.4.4 Overseas Treatment Portal (NHSBSA)

For every valid entry the Trust makes on the overseas Healthcare team online portal, concerning care provided to an EEA patient non-resident in the UK, the provider will receive a payment worth 25% of the current tariff rates for the cost of care provided. This is in addition to the payment received from the commissioner for the cost of treatment.

5.4.5 Pharmacy

In the event that a chargeable patient is prescribed a high cost drug at any point during their care with the Trust, this will be separately charged at the cost of the drug per dose prescribed, in addition to any fee for a day case / outpatient or inpatient episode at which the high cost medication was prescribed.

6 Special Considerations

6.1 Deceased Patients

- 6.1.1 In the event of knowing there was health insurance to cover the patients visit to the UK – the overseas team will make contact with the insurance, and request that the invoice for the hospital care be raised directly to the insurance company and not the patients address or to family
- 6.1.2 The debt becomes recoverable from the deceased patients' estate. This will be recovered via the credit control processes
- 6.1.3 The debt is not shared via the debt sharing mechanism between the NHS and UK Immigration, as for these purposes the patient is no longer alive and will not be travelling in and out of the UK in future

6.2 Immigration Health Surcharge

- 6.2.1 The immigration health surcharge was introduced on 6 April 2015. The payment is collected by the Home Office at the same time as the visa fee is paid.
- 6.2.2 The health surcharge is paid by non-EEA nationals who apply to come to the UK to work, study or join family for a time-limited period of more than 6 months. It is also paid by non-EEA nationals who are already in the UK and apply to extend their stay.
- 6.2.3 The payment goes directly into the National Health Service (NHS) and gives migrant's access to the NHS on the same terms as a permanent UK resident. The surcharge will ensure that temporary, non-EEA migrants coming to the UK for more than six months contribute to the NHS in a manner in line with their immigration status.
- 6.2.4 Non EEA nationals who have paid / are exempt / waived from paying the immigration health surcharge, are generally entitled to relevant services on the same basis as a person who is ordinarily resident in the UK, except for assisted conception services, which were excluded from the scope of the services covered by the payment of the immigration health surcharge after 21st August 2017.
- 6.2.5 The only services that are not covered within the scope of a payment of the immigration health surcharge are services relating to assisted conception services, which were excluded from the scope of the services covered by the payment of the immigration health surcharge after 21st August 2017. If the person began a course of NHS assisted conception treatment before 21 August 2017, that particular course of treatment remains free of charge. It is for a clinician to decide what constitutes a particular course of treatment.

6.3 Complaints

- 6.3.1 Complaints regarding payment or overseas issues are to be referred to the Overseas Visitors team.
- 6.3.2 Complaints regarding accommodation, services or nursing care will be handled in the usual way, via the Trust's complaint's procedure. Complaints in writing are to be sent to the Chief Executive.
- 6.3.3 Verbal concerns can be dealt with by the Patient Advice Liaison Officers available at both Eastbourne District General Hospital and Conquest Hospital, Hastings

7. Competencies and Training Requirements

All relevant staff including locum, agency and bank staff will be made aware of their responsibilities through Trust Induction and/or Local Induction processes when joining a new team or changing role.

Managers are responsible for ensuring that all staff members are fully aware of their responsibilities and to organise appropriate further training and updates where necessary. The Overseas visitors' team will provide appropriate support to cover any additional training issues identified.

8. Equality and Human Rights Statement

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others.

In order to meet these requirements, a single equality impact assessment is used to assess all its policies/guidelines and practices. This policy was found to be compliant with this philosophy.

All public bodies have a statutory duty under The Equality Act 2010 (Statutory Duties) Regulations 2011 to provide “evidence of analysis it undertook to establish whether its policies and practices would further, or had furthered, the aims set out in section 149(1) of the [Equality Act 2010]”; in effect to undertake equality impact assessments on all procedural documents and practices.

For more information refer to the Equality & Human Rights Impact Assessment undertaken on this policy

9. Monitoring arrangements

This document has been disseminated to all clinical and administration staff via the Trust extranet and is available on the Trust web site, policy compliance will be subject to periodic audit.

See page 19 for the document monitoring table

Complaints will be investigated and as appropriate, lessons learnt will be used to influence procedural changes

10. References

Guidance on Implementing the Overseas Visitors Hospital Charging Regulations

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/767905/guidance-on-implementing-the-overseas-visitor-charging-regulations.pdf

Appendix A	Exempt Services
Appendix B	Exempt persons / vulnerable groups
Appendix C	Clinician patient assessment form
Appendix D	Sharing data on those with NHS debts
Appendix E	European Economic Area
Appendix F	Example Provisional Replacement Certificate
Appendix G	Reciprocal/Bilateral countries
Appendix H	Pre-attendance form / Residence form
Appendix J	Undertaking to Pay Form

Monitoring Arrangements - Document Monitoring Table

Element to be Monitored	Lead	Tool for Monitoring	Frequency	Responsible Individual/Group/ Committee for review of results/report	Responsible individual/group/ committee for acting on recommendations and/or action plan	Responsible individual/group/ committee for ensuring action plan/lessons learnt are Implemented
Numbers of overseas visitors and the chargeable amounts	Overseas Visitors Team	Audit to measure these against the charges recouped by ESHT	Monthly	Deputy Director of Finance	Financial Services, Operational Managers	Overseas Visitors Manager
Review of policy & procedures	Overseas Visitors Team	Compare ESHT Policy against Department of Health guidelines regarding Overseas visitors	Annually	Head of Income and Contracting	Directors of Operations & Service Managers	Directors of Operations & Service Managers
Review of UK / Non UK residents	Overseas Visitors Team	Attendance to a ward (different each time) and confirm every inpatient is ordinarily resident in the UK	Monthly	Head of Income and Contracting	Reported to Directors of Operations, Director of Nursing; Ward Managers and Service Managers by Overseas Team	Overseas Visitor Manager & Head of Income and Contracting
Number of Overseas Visitors reported to OVM	Overseas Visitors Team	% of Cases dealt with in the period and what area to which they relate	Quarterly	Director of Finance / Deputy Finance Director / Head of Income and Contracts	Directors of Operations / Director of Nursing, Ward and Service Managers by OVM	Directors of Operations / Director of Nursing Ward and Service Managers

Appendix A

Appendix A: Exempt services:

The current list of exempt services comprises:

- Accident and emergency (A&E) services (whether provided at an A&E department or similar e.g. urgent care centre, walk-in centre or minor injuries unit) but not including services provided after the overseas visitor is accepted as an inpatient or at a follow-up outpatient appointment. So, where emergency treatment is given after admission to the hospital, e.g. intensive care or coronary care, it is chargeable to a non-exempt overseas visitor.
- Family planning services, which means services that supply contraceptive products and devices to prevent pregnancy (termination of an established pregnancy is not a method of contraception or family planning);
- The diagnosis and treatment, including routine screening and routine vaccinations, of conditions where treatment is necessary to protect the wider public health. The exemption will also apply to any treatment provided for a suspected specified condition, 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 condition;

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
leptospirosis	malaria	measles	Middle East Respiratory Syndrome (MERS)
mumps	plague	rabies	rubella
severe acute respiratory syndrome (SARS)	smallpox	tetanus	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
tuberculosis	typhus	viral haemorrhagic fever (which includes Ebola)	
viral hepatitis	whooping cough	yellow fever	

- the diagnosis and treatment, including routine screening and routine vaccinations, of sexually transmitted infections;
- palliative care services provided by a registered palliative care charity or a community interest company;
- services provided as part of the "NHS 111" telephone advice line commissioned by a Clinical Commissioning Group or the NHS England;
- Services provided for treatment of a condition caused by – torture, Female Genital Mutilation, domestic or sexual violence (see full guidance for definition of what is covered)

Appendix B: Exempt persons / vulnerable groups:

The following categories of overseas visitor are exempt from charge:

- Refugees – people who have been granted refuge (asylum) in the UK as defined in the Immigration and Asylum Act 1999
- Asylum Seekers – people who have sought refuge (asylum) in the UK as defined in the Immigration and Asylum Act 1999
- Individuals receiving support under Section 95 of the Immigration and Asylum Act 1999 from the Home Office
- Failed Asylum seekers supported by UKBA under section 4 of the Immigration Acts, or S21 support from Local Authority (National Assistance Act 1948)
- Children in the care of any local authority
- Victims of Human Trafficking
- Exceptional Humanitarian Reasons – decided by the Secretary of State for Health and will include treatment that cannot wait until returning home for an authorised child/companion
- Anyone receiving compulsory treatment under a court order or who is detained in an NHS hospital or deprived of their liberty (e.g. under the Mental Health Act 1983 or the Mental Capacity Act 2005, is exempt from charge for all treatment provided in accordance with the court order or for the duration of the detention
- Regulation 21 – Prisoners and Immigration Detainees
- UK Armed Forces
- UK Crown Servants working abroad, person must have been ordinarily resident in the UK prior to posting overseas
- British Council or Commonwealth War Graves Commission Staff
- UK Government financed posts, person must have been ordinarily resident in the UK prior to posting overseas
- Those receiving War Pensions, war widows pensions or armed forces compensation scheme payments
- The UK's obligations under the European Convention on Social and medical Assistance 1954 and the European Social Charter 1961
- NATO Personnel
- Employees on Ships registered in the UK – ship-owner required to pay

(Note: Contact the Overseas Visitors Manager for further details in respect of any of these exemptions to confirm the specifics and whether it applies to the spouse or dependant person as well)

Appendix C: Clinician patient assessment form

NAME OF PATIENT

Date of birth/...../..... Hospital number

Date the patient can be reasonably expected to leave the UK
.....

Patient not expected to leave the UK for at least 6 months or at all

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

- Having made the appropriate diagnostic investigations, I intend to give treatment that 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 that is not immediately necessary to save the patient's life but cannot wait until the patient can leave the UK. If the patient's ability to leave the UK 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 the patient can leave the UK. If the patient's ability to leave the UK changes, I will reconsider my opinion.
- I must make further investigations before I can assess urgency.

Date/...../..... Signed _____ (doctor)

Print Name _____

Date _____ Signed _____
(Overseas visitors' manager/administrator)

Appendix D: Sharing data on those with debts

NHS bodies (or debt collection agencies working on their behalf) can share non-clinical data with the Home Office, via the Department of Health and Social Care, on chargeable non-EEA patients, providing they meet set criteria, with a view to better collect debts owed.

The Home Office can then use that data to deny any future immigration application to enter or remain in the UK that the person with the debt might make.

Patients do not have to provide their consent to this data being shared but NHS bodies are required to ensure that patients are aware of the potential immigration consequences of not paying a debt for which they are liable as best practice.

NHS bodies must ensure that they pay due regard to the most recent version of the guidance when sharing patient data.

Patients affected by UK immigration issued with an NHS debt must be informed of the following:

That under paragraphs 320(22) and 322(12), and 3.14 of Appendix V, of the Immigration Rules a person with outstanding debts of over £500 for NHS treatment that is not paid within two months of invoicing, may be denied a further immigration application to enter or remain in the UK.

In the absence of prompt full settlement or a reasonable repayment schedule, non-clinical information relating to this debt is provided routinely to the Home Office and may be used by the Home Office to apply the above Immigration Rules. The information will remain active for the purpose of the above rules until the debt is settled and a record of the settled debt will also be retained, both subject to normal limitation periods.

*In the event that you may seek entry to the UK or make an advance immigration application after settling an NHS debt in the previous **two months**, you are advised to retain and carry evidence of payment for potential examination by Home Office officials*

Appendix E: European Economic Area (EEA)

The following countries are within the EEA:

Austria, Belgium, Bulgaria, Croatia, Cyprus (Southern), Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, UK, plus Iceland, Liechtenstein, Norway and Switzerland by special arrangement

A valid EHIC or Provisional Replacement Certificate (PRC) for the EHIC can demonstrate that a visitor (including a student) is exempt from charge under the EU Regulations, and therefore entitled to relevant services that are medically necessary during their visit until their planned date of return. This is because the other country is responsible for the healthcare costs of the visitor. The UK can reclaim back the cost of providing treatment to the patient.

EEA and Swiss Nationals who are ordinarily resident in the UK are entitled to free treatment and do not need to show an EHIC.

This can include UK State Pensioners resident in the EEA member state as long as they have a registered S1 document for residence in that state (NB: Ex pats without the S1 document for EEA residence, must be charged)

Visitors who are resident in Switzerland or the EEA (except Ireland) who do not provide an EHIC/PRC must be charged for relevant services at 100% of the NHS tariff or equivalent, unless they are ordinarily resident in the UK or a different exemption applies to them under the Charging Regulations.

All EHIC's look the same – the country is identified via the two letters, surrounded by stars



In the event the EEA resident has travelled to the UK without their European Health Insurance Card, then they will be asked to contact their social security institution in their resident EEA country and request a Provisional Replacement Certificate to cover all the dates of treatment

Example at [Appendix F](#)

BREXIT

After the UK have exited the EU, the reciprocal agreements between the UK and the countries mentioned above will only apply if they have been renegotiated by the UK with the member state.

The European Health Insurance Card (and obtaining the provisional replacement certificate) will apply until such time as we are notified it can no longer be used.

**Appendix F: Example Provisional Replacement Certificate
CERTIFICATE
PROVISIONALLY REPLACING THE
EUROPEAN HEALTH INSURANCE CARD**

*as defined in Annex 2 to Decision n° 190 of 18 June 2003
concerning the technical specifications of the European Health Insurance Card*

Form identifier

Issuing Member State

1. E- 	2. 
---	--



Card holder related information

3. Name: 
4. Given Names: 
5. Date of birth: 
6. Personal identification number: 

Competent institution related information

7. Identification number of the institution: 

Card related information

8. Identification number of the card: 
9. Expiry date: 

Certificate validity period Certificate delivery date

a) From: 	c) 
b) To: 	

<i>Signature and stamp of the institution</i> d)

Notes and information

All norms applicable to the eye-readable data included in the European card and related to the description, values, length and remarks of the data fields, are applicable to the certificate.

Appendix G: Reciprocal/Bilateral countries

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.
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.
Falkland Islands	4	Applies to all residents of that country. Can refer an unlimited number of patients to the UK for free elective treatment
Faroe Islands	2	Applies to Faroese residents who are Danish Nationals.
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 (see 10.4).
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	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.
New Zealand	2	Applies only to citizens resident in that country.
Serbia	3	Applies to all insured persons of that country.
St Helena	1*	Applies to all residents of that country. Does not include Ascension Island or Tristan da Cunha. Can also refer four patients per year for free NHS hospital treatment.
Turks and Caicos Islands	1*	Applies to all residents of that country. Can also refer four patients per year for free NHS hospital treatment.

What is covered:

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 be expected to leave the UK.
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 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.

Appendix H: Pre-Attendance Form / Residence 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/ carer can 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

Family name/surname:											
First name/given name:			Date of birth:	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.

Signed:			Date:	D	D	M	M	Y	Y
Print name:			Relationship to patient:						
On behalf of:									

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

Do you usually live in the UK?	YES: <input type="checkbox"/>	NO: <input type="checkbox"/>	Nationality:								
Address in the UK:			Passport number:								
			Country of issue:								
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 country?	YES: <input type="checkbox"/>	NO: <input type="checkbox"/>	If yes, when?	D	D	M	M	Y	Y		
Address OUTSIDE the UK:			Name and address of Employer (UK or overseas):								
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):									
<input type="checkbox"/> Current United Kingdom passport					<input type="checkbox"/> Current European Union passport				
<input type="checkbox"/> Current non-EU passport with valid entry visa					Visa No.				
<input type="checkbox"/> Student visa <input type="checkbox"/> Visit visa					Visa expiry date: D D M M Y Y				
<input type="checkbox"/> Asylum Registration Card (ARC)					ARC No.				
<input type="checkbox"/> Other – please state: _____					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):									
<input type="checkbox"/> Holiday/visit friends or family			<input type="checkbox"/> On business			<input type="checkbox"/> To live here permanently			
<input type="checkbox"/> To work			<input type="checkbox"/> To study			<input type="checkbox"/> To seek asylum			
<input type="checkbox"/> Other – please state: _____									

How many months have you spent OUTSIDE the UK in the last 12 months?									
<input type="checkbox"/> None		<input type="checkbox"/> Up to 3 months			<input type="checkbox"/> 3-6 months		<input type="checkbox"/> Over 6 months		

Please indicate the reason for any absence from the UK in the last 12 months (check all that apply)									
<input type="checkbox"/> I live in another country			<input type="checkbox"/> A holiday/to visit friends			<input type="checkbox"/> To work			
<input type="checkbox"/> I frequently commute (business/second home overseas)					<input type="checkbox"/> To study				
<input type="checkbox"/> Other – please state: _____									

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: <input type="checkbox"/> NO: <input type="checkbox"/>		Name and address of insurance provider:				
Membership number:									
Insurance telephone:									

6. EUROPEAN HEALTH INSURANCE CARD (EHIC) DETAILS – If you live in another EEA country									
Do you have a <u>non-UK</u> EHIC?			YES: <input type="checkbox"/> NO: <input type="checkbox"/>		If yes, please enter the data from your EHIC below:				
 <p><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&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											
Name of college/university:					Number of hours/week:						
Telephone: _____											
Course Dates		From			To						

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.

Appendix I: Undertaking to Pay NHS hospital costs – Overseas Visitor

I undertake to pay East Sussex Healthcare NHS Trust such sums as may be due to them in accordance with Regulations currently in force under section 175 of the National Health Service Act 2006, in respect of NHS hospital treatment provided for the person here named:

The cost of the treatment is estimated at _____. More details will be provided

Declaration

I confirm that the information I have provided in this form is correct and that I have read and understood the terms and conditions at the end of this form.

The fees payable for the services specified in this form have been explained to me and I understand that I am legally responsible for all hospital charges related to those services.

I confirm I have been provided with a comprehensive indication of the likely total cost of charges. I understand that the final charges will only be confirmed on invoice after treatment has been completed and that the invoiced charges may be different to the estimate.

I understand that I will be advised of any changes to the cost of my care before treatment is provided, whenever possible.

I understand that I am liable for increased or reduced costs not part of the estimate and agree to pay the full final invoiced charges.

If a third party or insurer has agreed to pay all or part of my account, I agree to pay any outstanding amount not paid by the third party or insurer.

I understand that if I fail to pay for my NHS treatment, it may result in a future immigration application to enter or remain in the UK being denied. Personal information¹ may be passed via the Department of Health to the Home Office for this purpose.

Signed: Date:

To be completed

By the patient or someone on their behalf, providing details for the patient:

First name:	Surname:
UK address:	
Overseas address:	
Telephone number:	Mobile number:
Email address:	

¹ Personal information does not include medical information.

Passport/ID:	Nationality:
--------------	--------------

Complete if you are undertaking to pay and are NOT the patient:

First name:	Surname:
Relationship to Patient:	
UK address:	
Overseas address:	
Telephone number:	Mobile number:
Email address:	

Terms and conditions

1. **Data protection:** We will comply with all legal requirements including the General Data Protection Regulation 2018 and NHS Confidentiality Code of Practice.
2. **Immigration sanctions:** You should be aware that under paragraphs 320(22) and 322(12), and 3.14 of Appendix V, of the Immigration Rules a person with outstanding debts of over £500 for NHS treatment that is not paid within two months of invoicing, may be denied a further immigration application to enter or remain in the UK. In the absence of prompt full settlement or a reasonable repayment schedule, non-clinical information relating to this debt is provided routinely to the Home Office and may be used by the Home Office to apply the above Immigration Rules. The information will remain active for the purpose of the above rules until the debt is settled and a record of the settled debt will also be retained, both subject to normal limitation periods.
 - In the event that you may seek entry to the UK or make an advance immigration application after settling an NHS debt in the previous **two months**, you are advised to retain and carry evidence of payment for potential examination by Home Office officials.
 - Information collected and shared for this purpose will be handled in accordance with data protection law and the NHS Confidentiality Code of Practice.
3. **Payment terms:** The Trust requires all patients liable for charging to pay for their NHS treatment up-front or to provide proof of third party cover (for example, if you have private medical insurance or another person will be paying for your care). The Trust reserves the right to request interim payments for any care that is being provided over an extended period.
4. **Payment by third parties:** If a third party or insurer has agreed to pay for some, or all, of the cost of your NHS treatment and the third party refuses or is unable to pay, you will be liable to pay the remaining outstanding balance of the charges.

Please return this form by post to:

**Overseas Team (Finance), St Anne's House
 Conquest Hospital
 The Ridge, St Leonards on Sea
 TN37 7RD**

Appendix J

Equality & Human Rights Impact Assessment

(For all Policies, Business Cases, Projects; Proposals to Service Change, Procurement Contracts and any other project or proposal)

Name of the proposal, project or service
Overseas Visitors Policy

Who will be affected by this work?
Non UK resident patients, ESHT staff; carers / guardians / parents, family members

Part 1 – The Public Sector Equality Duty and Equality Impact Assessments (EIA)

1.1 East Sussex Healthcare NHS Trust (ESHT) must have due regard to its Public Sector Equality Duty when making all decisions that impact on staff, patients and/or the general public’s access to services or public functions. An EIA is the best method by which ESHT can determine the impact of a proposal on equalities, particularly for major decisions. However, the level of analysis should be proportionate to the relevance of the duty to the service or decision.

1.2 This is ESHT Equality Impact Assessment, which captures details and equality action plans for any policy, proposal, project or service changes that are likely to affect any area of the Trust, including access, staff, patients, visitors, contractors or service delivery.

1.3 The Public Sector Equality Duty (PSED)

The public sector duty is set out at Section 149 of the Equality Act 2010. It requires ESHT, when exercising its functions, to have “due regard” to the need to

- eliminate direct and indirect discrimination, harassment and victimisation and other conduct prohibited under the Act,
- advance equality of opportunity and foster good relations between those who share a “protected characteristic” and those who do not share that protected characteristic (see below for “protected characteristics”
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it

1.4 A “protected characteristic” is defined in the Act as:

- Age;
- Disability;
- Gender Reassignment;
- Pregnancy And Maternity;
- Race (Including Ethnic Or National Origins, Colour Or Nationality)
- Religion Or Belief;
- Sex;
- Sexual Orientation;
- Marriage & Civil Partnership.

1.5 ESHT also considers the following additional groups/factors when carry out an analysis:

- Carers

Equality Impact Assessment

- People living in Rural areas
- People living in deprivation
- Homeless people

1.6 Advancing equality (the second of the equality aims) involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristic
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people including steps to take account of disabled people's disabilities
- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low

NB Please note that, for disabled persons, ESHT must have regard to the possible need for steps that amount to positive action, to "level the playing field" with non-disabled persons, e.g. in accessing services through dedicated car parking spaces.

1.6 Guidance on Compliance with The Public Sector Equality Duty (PSED) for decision makers:

1.6.1 To comply with the duty, ESHT must have "due regard" to the three equality aims set out above. This means the PSED must be considered as a factor alongside other relevant factors such as budgetary, economic and practical factors.

1.6.2 What regard is "due" in any given case will depend on the circumstances. A proposal which, if implemented, would have particularly negative or widespread effects on (say) women, or the elderly, or people of a particular ethnic group would require decision makers to give considerable regard to the equalities aims. A proposal which had limited differential or discriminatory effect will probably require less regard.

1.6.3 *Some key points to note :*

- The duty is regarded by the Courts as being very important.
- Decision makers must be aware of the duty and give it conscious consideration: e.g. by considering open-mindedly the EIA and its findings when making a decision.
- EIAs must be evidence based.
- There must be an assessment of the practical impact of decisions on equalities, measures to avoid or mitigate negative impact and their effectiveness.
- There must be compliance with the duty when proposals are being formulated: ESHT can not rely on an EIA produced after the decision is made; the analysis must be an integral part of the work/proposal/project etc.
- The duty is ongoing: EIA's should be developed over time and there should be evidence of monitoring impact after the decision. This may require several EIA's to be completed.
- The duty is **not to achieve the three equality aims but to consider them** – the duty does not stop tough decisions sometimes being made.
- The decision maker may take into account other countervailing (i.e. opposing) factors that may objectively justify taking a decision which has negative impact on equalities (for instance, cost factors).

1.6.4 In addition to the Act, ESHT is required to comply with any statutory Code of Practice issued by the Equality and Human Rights Commission. New Codes of Practice under the new Act have yet to be published. However, Codes of Practice issued under the previous legislation remain relevant and the Equality and Human Rights Commission has also published guidance on the new public sector equality duty.

Part 2 – Aims and implementation of the proposal, project or service. (Answer all questions)

2.1 What is being assessed?

- a) **Proposal or name of the project or service.** Overseas Visitor Policy
- b) **What is the main purpose or aims of proposal, project or service?** DHSC Equality Analysis
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/735353/equality-analysis-charges-ovs-visitors-acc.pdf
- c) **Manager(s) and section or service responsible for completing this impact assessment**

Overseas visitor manager and Head of Equality & Human Rights; responsible experts in the management of their respective fields.

2.2 Who is affected by the policy/proposal, project or service? Who is it intended to benefit and how?

NHS staff (clinical and administrative) – implementing a new charging regime, including commercial charging for the first time, the application of new or changed categories of exemptions from charges for overseas visitors (including the health charge), and continuing to make and recover charges from overseas visitors.

Visitors – revised categories of exemption from charges will change the entitlement of overseas visitors to free NHS services, some previously chargeable overseas visitors will now be exempt from charges and vice versa.

Temporary migrants (including students) who are subject to immigration controls (requiring visas of between 6 months and 5 years) – will be subject to the immigration health surcharge when applying to come to the UK, however once in the UK will be exempt from charges (excluding assisted conception services) under the Regulations for the duration of their visa.

Expatriates – will no longer be exempt from charges on the basis of former residence and unless they retain ordinary residence in the UK or are covered under another exemption category then they will be chargeable for NHS hospital care.

Illegal migrants (including failed asylum seekers liable to removal, illegal entrants and people who have overstayed their visas) – will continue to be chargeable for NHS hospital care, except for specified failed asylum seekers supported by the Home Office or a local authority who will be exempt from charges. New exemptions from charges in respect of victims of specified types of violence will also be applicable to those illegal migrants who have suffered such violence.

Family members / carers – may be asked to support the overseas visitor and would also be affected by the requirements of the legislation relating to charging for NHS hospital healthcare.

For the purpose of having due regard to the Public Sector Equality Duty, this equality analysis assesses the impact of the changes introduced by the Regulations on overseas visitors with any of the protected characteristics as opposed to the rest of the overseas visitor and ordinarily resident population without any protected characteristics.

2.3 How is, or will, the proposal, project or service be put into practice and who is, or will be, responsible for it?

The policy will be circulated via Trust communication measures to all managers and those responsible for ensuring wider teams are aware of the policy.

2.4 Are there any partners involved? E.g. ESBT, ESCC, voluntary/community organisations, the private sector? If yes, how are partners involved? Who are the leads?

NA

2.5 Is this proposal, project or service affected by legislation, legislative change, service review or strategic planning activity (please state)?

Yes

By NHS (Charges to Overseas Visitors) Regulations 2015 (DHSC Regulations), any updates to these regulations, as well as any service review carried out by ESHT

Part 3 – Methodology, consultation, data and research used to determine impact on protected characteristics.

3.1 List all examples of quantitative and qualitative data or any consultation information available that has been used in impact assessment.

Types of evidence identified as relevant have X marked against them			
	Employee Monitoring Data		Staff Surveys
	Service User Data		Contract/Supplier Monitoring Data
	Recent Consultations		Data from other agencies, e.g. Police, Health, Fire and Rescue Services, third sector
	Complaints		Risk Assessments
	Service User Surveys		Research Findings
	Census Data		East Sussex Demographics
	Previous Equality Impact Assessments		National Reports
	Other organisations Equality Impact Assessments		Any other evidence?
x	None available		Not required.

3.2 Evidence of concerns/complaints against the proposal, project or service on grounds of discrimination. 3.3 If you carried out any consultation or research explain what has been carried out.

Not applicable

3.4 What does the consultation / research and/or data indicate about the positive or negative impact of the proposal, project or service?

Part 4 – Assessment of impact for Patients

4.1 Testing of negative or positive impact.

Protected Characteristics:

- age;
- disability;
- gender reassignment;
- pregnancy and maternity;
- race (including ethnic or national origins, colour or nationality)
- religion or belief;
- gender
- sexual orientation
- marriage & civil partnership

Positive outcome **Negative outcome**

1	Does the work affect one group less or more favourably than those in the general population who do not share that protected characteristic? (Ensure you comment on any affected characteristic and link to main policy with page/paragraph number of your document where the evidence can be found)			
	Characteristic affected by the proposal, project or service	Yes/No	Comments, Evidence & Link to main content	+ -
	Age	YES	It is recognised that children are particularly vulnerable, in particular when they are in the country illegally or where their parents cannot afford to pay for their care. The exemption for children in local authority care	

		<p>in the 2011 regulations has been extended to cover children who are looked after by a local authority, which covers a much broader cohort of children including unaccompanied children and those accommodated voluntarily (without the need for intervention by a court), in addition to children in local authority care by virtue of a care order.</p> <p>Older people are recognised as having higher healthcare needs that younger overseas visitors and residents and consequently as being more likely to need to access NHS services while visiting the UK. Such overseas visitors will therefore be more likely to be adversely affected by charging, in particular commercial charging. This is also true of overseas visitors who are illegal migrants who are older and may have increased healthcare needs.</p>	✓	✓
Disability (inc. Carers)	NO			
Race	YES	Overseas visitors of all races are subject to the same rules about residency status and entitlement to free NHS care and are entitled to benefit from the exemption categories in the Regulations. There is evidence that non-white people or people for whom English is not their first language are, on some occasions, targeted in the application of the regulations due to speculation or assumption that they are not resident in the UK.		✓
Religion & Belief	YES	Overseas visitors of all religions and beliefs are subject to the same rules about residency status and entitlement to free NHS care and are entitled to benefit from the exemption categories in the Regulations. There is evidence that some people with this protected characteristics may be targeted in the application of the regulations due to speculation or assumption that they are not resident in the UK.		
Sex	YES	National policy considers that any indirect discrimination on the basis of sex arising from the inclusion of an exemption for victims of female genital mutilation, sexual violence or domestic violence, but not other forms of violence, is justified because of the particularly vulnerable and powerless situations that victims of such violence find themselves in. Women are more likely to benefit than men, since men are less likely to be the victim of sexual and domestic violence.	✓	✓
Sexual Orientation (LGB)	NO			
Pregnancy & Maternity	YES	As is the case now, overseas visitors will be charged for maternity services (except where services are required as a direct consequence of female genital mutilation or the overseas visitor is entitled to free NHS	✓	

			care under another exemption category). The position that maternity services are always considered to be immediately necessary, and consequently must be provided regardless of the overseas visitor's ability to pay, also remains unchanged. Termination of pregnancy that satisfies a ground under the Abortion Act 1967, who cannot reasonably be expected to leave the UK before the date at which an abortion may no longer be a viable option, treatment should be regarded as urgent and should not be delayed/withheld in order to establish chargeable status or to seek payment.	✓	
	Marriage & Civil Partnership	NO			
	Gender Reassignment	NO			
	Other Identified Groups (eg. rurality, homelessness)	YES	Services provided for the treatment of a condition that is directly attributable to domestic violence are free to all overseas visitors provided that the overseas visitor has not travelled to the UK for the specific purpose of seeking that treatment. This will include any mental health services that are needed as a consequence of the violence. Sexual Violence is also	✓	
2	What is the evidence that some groups are affected differently?		The Department of Health does not believe that the Regulations directly discriminate against overseas visitors who fall within any of the groups with protected characteristics. Any indirect discrimination that may arise from the application of provisions for charging under the Regulations identified in this analysis is considered to be justifiable as a proportionate means of achieving a legitimate aim.		
8	Please evidence how have you engaged stakeholders with an interest in protected characteristics in gathering evidence or testing the evidence available?		The Department of Health and Social Care carried out a number of engagements, visits, shadowing events and face-to-face meetings to discuss policy development and implementation, to learn about the concerns, suggestions and advice of vulnerable group representatives, rather than being carried out by any ESHT member of staff		

4.2 Mitigations

4.2.1 What actions are to/or will be taken to avoid any negative impact or to better advance equality?

4.2.2 Provide details of the mitigation.

We will review the friends and family data and identify any potential impact of the policy on the protected characteristics of our patients.

4.2.3 How will any mitigation measures be monitored? And how often?

Review the policy subject to any concerns raised through the friends and family data analysis bi-annually or as and when required

Part 5 – Assessment of impact for Staff

5.1 Testing of disproportionate, negative, or positive impact.

Protected Characteristics:

- age;
- disability;
- gender reassignment;
- pregnancy and maternity;
- race (including ethnic or national origins, colour or nationality)
- religion or belief;
- gender
- sexual orientation
- marriage & civil partnership

Positive outcome Negative outcome

1	Does the work affect one group of staff less or more favourably than those staff who do not share that protected characteristic? (Ensure you comment on any affected characteristic and link to main policy with page/paragraph number of your document where the evidence can be found)				
	Characteristic affected by the proposal, project or service	Yes/No	Comments, Evidence & Link to main content	+	-
	Age		It is likely staff sharing the same characteristic will be emotionally impacted. Staff Training and information on Trust communication systems will explain the Trusts statutory duty		
	Disability (inc. Carers)				
	Race				
	Religion & Belief				
	Gender				
	Sexual Orientation (LGB)				
	Pregnancy & Maternity				
	Marriage & Civil Partnership				
	Gender Reassignment				
Other identified staff groups (lone workers, rurality, part time etc)					
2	What is the evidence that some groups are affected differently?	N/A			
3	Please evidence how have you engaged stakeholders with an interest in protected characteristics in gathering evidence or testing the evidence available?	N/A			

5.2 Mitigations

5.2.1 What actions are to/or will be taken to avoid any negative impact or to better advance equality for staff?

Information and guidance on implementing the policy will be offered to all patient facing areas within East Sussex Healthcare NHS Trust

5.2.2 How will any mitigation measures be monitored? And how often?

Feedback from staff, national guidance will be reviewed regularly

Part 6 – Assessment of impact on Human Rights

Human rights place all public authorities – under an obligation to treat people with fairness, equality, dignity, respect and autonomy. **Please look at the table below to consider if your proposal, project or service may potentially interfere with a human right.**

Articles		Affected mark with X
A2	Right to life (e.g. pain relief, suicide prevention)	
A3	Prohibition of torture, inhuman or degrading treatment (service users unable to consent, dignity of living circumstances)	
A4	Prohibition of slavery and forced labour (e.g. safeguarding vulnerable adults)	
A5	Right to liberty and security (financial abuse)	
A6 & 7	Rights to a fair trial; and no punishment without law (e.g. staff tribunals)	
A8	Right to respect for private and family life, home and correspondence (e.g. confidentiality, access to family)	
A9	Freedom of thought, conscience and religion (e.g. sacred space, culturally appropriate approaches)	
A10	Freedom of expression (whistle-blowing policies)	
A11	Freedom of assembly and association (e.g. recognition of trade unions)	
A12	Right to marry and found a family (e.g. fertility, pregnancy)	
Protocols		
P1.A1	Protection of property (service users property/belongings)	
P1.A2	Right to education (e.g. access to learning, accessible information)	
P1.A3	Right to free elections (Elected Members)	

Detail how your proposal, project or service may potentially interfere with a human right:

N/A

Part 7 – Assessment impact for other Services

7.1 Testing of disproportionate, negative or positive impact.

Impact on other parts of the system, not exclusive to, but including:

- Primary Care;
- ASC and ESCC;
- ESHT – acute services;
- ESHT – community services;
- Community Voluntary Sector;
- Private Care Sector

7.1.1 How will this service impact on other provisions, services and staff?

Impact in respect of incorporating baseline questions to determine ESHT patients are ordinarily resident in the UK at the start of every course of hospital healthcare

Impact with GPs regarding communication from ESHT in respect of chargeable patients and those patients for whom the Trust cannot provide routine and planned care

Impact on other acute and community services as they need to also be aware of the chargeability of the patient who may have started treatment with ESHT

Patients who are considered as in a situation where they may benefit from support are directed towards Citizens Advice and in some circumstances Doctors of the World, thereby having an effect on the work that they do.

7.1.2 What actions are to be / or will be taken, to avoid or limit any negative impact?

Use of information for existing patients collected in respect of their nationality to be referred to for all patients; making sure that all patients are asked the same questions – Ensure that there is Trust wide communication around the requirements of the DHSC regulations.

7.1.3 How will any mitigation measures be monitored?

From feedback received from clinical areas / patients

Part 8 – “due regard” to the three equality aims

Please evidence how your policy / work seeks to;

8.1 eliminate direct and indirect discrimination, harassment and victimisation and other conduct prohibited under the Act,

Staff equality training includes the principles of the NHS constitution. Staff will be advised that non-white people or those for whom English is not their first language, are not to be targeted in the application of the regulations due to speculation or assumption that they are not resident in the UK. Training is provided to ESHT staff on the principles of the NHS Constitution.

8.2 advance equality of opportunity and foster good relations between those who share a “protected characteristic” and those who do not share that protected characteristic (see below for “protected characteristics”

Signposting to support organisations will be given to patients not eligible to receive free at the point of access healthcare

8.3 foster good relations between persons who share a relevant protected characteristic and persons who do not share it

Staff training and guidance on the application of this policy is provided on request.

Part 9 – Conclusions and recommendations for decision makers

Impact assessment outcome Based on the analysis mark below ('✓') with a summary of your recommendation.

X	Outcome of impact assessment	Comments from Ratification group
x	A No major change – Your analysis demonstrates that the policy/strategy is robust and the evidence shows no potential for discrimination and that you have taken all appropriate opportunities to advance equality and foster good relations between groups.	
	B Adjust the policy/strategy – This involves taking steps to remove barriers or to better advance equality. It can mean introducing measures to mitigate the potential effect.	
	C Continue the policy/strategy - This means adopting your proposals, despite any adverse effect or missed opportunities to advance equality, provided you have satisfied yourself that it does not unlawfully discriminate	
	D Stop and remove the policy/strategy – If there are adverse effects that are not justified and cannot be mitigated, you will want to consider stopping the policy/strategy altogether. If a policy/strategy shows unlawful discrimination it <i>must</i> be removed or changed.	

9.1 What equality monitoring, evaluation, review systems have been set up to carry out regular checks on the effects of the proposal, project or service?

9.2 When will the amended proposal, project or service be reviewed?

Bi-annually unless changes in legislation requires an earlier review

Date completed:	04.05.2020	Signed by (person completing)	██████████
		Role of person completing	Overseas Manager & Head of Equality & Human Rights
Date:		Signed by (Manager)	

Part 10 – Equality impact assessment action plan

If this will be filled in at a later date when proposals have been decided please tick here and fill in the summary report.

The table below should be completed using the information from the equality impact assessment to produce an action plan for the implementation of the proposals to:

1. Lower the negative impact, and/or
2. Ensure that the negative impact is legal under anti-discriminatory law, and/or
3. Provide an opportunity to promote equality, equal opportunity and improve relations within equality target groups, i.e. increase the positive impact
4. **If no actions fill in separate summary sheet.**

Please ensure that you update your service/business plan within the equality objectives/targets and actions identified below:

Area for improvement	Changes proposed	Lead Manager	Timescale	Resource implications	Where incorporated/flagged? (e.g. business plan/strategic plan/steering group/DMT)
(eg. Access to changing facilities for disabled people)	(eg.New changing area to be developed.)	(eg.Associate Director Estates & Facilities)	(eg.Oct 18)	(eg.Financial)	(eg. Estates & facilities 2020 Delivery Plan)
Improve feedback from patients affected by the Overseas Visitors Regulations	Introduce a friends and family questionnaire	Overseas Visitors Manager	December 2020	Financial	Senior Finance Team

10.1 Accepted Risk

From your analysis please identify any risks not addressed giving reasons and how this has been highlighted within your Directorate:

Area of Risk	Type of Risk? (Legal, Moral, Financial)	Can this be addressed at a later date? (e.g. next financial year/through a business case)	Where flagged? (e.g. business plan/strategic plan/steering group/risk register)	Lead Manager	Date resolved (if applicable)

Overseas Visitors SOP

Document ID Number	2132
Version:	V1.1
Ratified by:	Senior Finance Team
Date ratified:	August 2021
Name of author and title:	[REDACTED], Overseas Visitor Manager
Date originally written:	November 2020
Date current version was completed	30 June 2021
Name of responsible committee/individual:	Senior Finance Team
Date issued:	22 December 2020
Review date:	22 December 2023
Target audience:	All Trust staff
Compliance with CQC Fundamental Standard	Dignity and Respect.
Compliance with any other external requirements (e.g. Information Governance)	National Health Service (Charges to Overseas Visitors) Regulations 2015 - most recently amended by the National Health Service (Charges to Overseas Visitors) (Amendment) Regulations 2017.
Associated Documents:	Trust Overseas Visitors Policy

Did you print this yourself?

Please be advised the Trust discourages retention of hard copies of the procedural document and can only guarantee that the procedural document on the Trust website is the most up to date version

Version Control Table

Version number and issue number	Date	Author	Reason for Change	Description of Changes Made
V1.0	November 2020	[REDACTED]	New Document	New Document
V1.1	July 2021	[REDACTED]	Amend	Changes re Brexit

Consultation Table

This document has been developed in consultation with the groups and/or individuals in this table:

Name of Individual or group	Title	Date
Senior Finance Team	Senior Finance Team	August 2021
Income & Contracting	Contracts Manager	June / July 2021

This information may be made available in alternative languages and formats, such as large print, upon request. Please contact the document author to discuss.

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1. Background and Purpose

The Overseas Visitors policy relates to the management of individuals who are not usually resident in the UK and who are therefore affected by the Department of Health NHS (Charges to Overseas Visitors) Regulations 2015 (DHSC regulations) when they seek treatment from East Sussex Healthcare NHS Trust, and this SOP supports the policy in respect to specific steps / tasks that are required to be carried out in order to meet the requirements of the policy.

The Trust has a legal obligation to:-

- Ensure that patients who are not ordinarily resident in the UK are identified.
- Assess liability for charge in accordance with the charging regulations.
- Charge and recoup funds from those liable, in accordance with regulations.

The Overseas Team can be contacted as necessary by email (at all times) or by telephone during the hours of 08.00 to 16.00:

Email esht.overseasteam@nhs.net

- [REDACTED]
- Conquest Hospital [REDACTED].

2. Scope

The process to ensure that patients who are not ordinarily resident in the UK are identified applies to all staff.

The process with regards to assessing liability for charge in accordance with the charging regulations and to charge from those liable, in accordance with regulations is for the overseas visitors' team and any other staff responsible for cost recovery.

The task in relation to recouping funds from overseas visitors falls with the financial services team, and is supported by the overseas visitors team.

3. Roles and Responsibilities

To be read in conjunction with Chapter 4 of the Overseas Visitor Policy

3.1. Consultants and their clinical teams

Must inform the overseas visitors' team if one of their patients is identified as not usually living in UK as soon as they become aware of the non UK residence.

Will be asked for their clinical assessment as to whether the care the identified chargeable patient is to have with ESHT is immediately necessary, urgent or routine in nature. [See Appendix D](#) - See the overseas visitor policy for other responsibilities.

3.2. General Managers / Service Managers

Have responsibility to ensure that all staff adheres to Trust policy in relation to overseas patient administration in their specific areas.

3.3. Matrons / Ward Managers / Nurse in charge

Have responsibility to ensure that all their staff are aware of the Trust policy for overseas patient administration. Such responsibilities should be included in the induction of all staff as part of their orientation at ward level.

3.4. Administration Staff

It is the responsibility of all staff in patient administration, including A&E, outpatient clinics and wards who are involved in the patient pathway to ensure they have an understanding of the overseas policy and to notify the Overseas Visitors Team about any patient who

may not be eligible to access free NHS care because they do not usually live in the UK. See also EHIC process

3.5. Overseas Visitors Team

Responsible for ensuring that appropriate processes are in place to support the management of Overseas Visitors in line with current legal requirements. Responsible for providing advice, training and support to all relevant staff. Any issues should be addressed to the Matrons / Service Managers / Team leads as required.

3.6. Finance Staff

To respond to requests for accounts to chargeable overseas visitors to be set up, and when the invoice is ready for processing, responsible for ensuring that it is sent out to the debtor in a timely manner.

The Finance team is responsible for securing payment of the outstanding debts and for agreeing any instalment plans if that is appropriate.

Where the Finance team have been notified that a debt has been shared with the Home Office and the debtor subsequently pays their debt, the Finance team must inform the Overseas team as quickly as possible so that the Home Office can be notified that the person no longer has an outstanding NHS debt. This is so that the individual is not detained by UK Immigration on entering or exiting the UK.

4. Definitions

Overseas Visitor

This is a person who is not ordinarily resident in the United Kingdom.

Ordinarily Resident

A common law concept interpreted by the House of Lords as someone who is living lawfully in the United Kingdom, voluntarily and for settled purposes as part of the regular order of their life. There must be an identifiable purpose for their residence here which has a sufficient degree of continuity to be properly described as settled.

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, or having paid (or currently paying) National Insurance contributions and taxes in this country. Whether a person is ordinarily resident is a question of fact, for which a number of factors are taken into account.

Indefinite Leave to Remain (ILR)

Is a type of visa that grants a Non-European (Non EEA) National the lawful right to live in the UK on a long term / settled basis. The Non EEA person with this type of visa / residence permit will be considered ordinarily resident in the UK.

Entitlement to NHS hospital services without charge

Any person who is ordinarily resident in the UK is entitled to receive NHS hospital healthcare without being required to pay for it. This does not necessarily include prescriptions.

European Health Insurance Card

The European Health Insurance card is issued by the social security institution of the member state where the patient usually lives overseas and confirms they are insured and covered by the reciprocal health agreement between the UK and the member state.

Provisional Replacement Certificate

Is issued by the social security institution in the member state where the patient resides, and replaces the European Health Insurance Card – referred to as PRC.

Exempt from charge – patients not ordinarily resident may be entitled to all or some NHS hospital care as a result of one of the exemptions within the regulations

Patients who are not ordinarily resident and not exempt from charges

Will be required to pay for all NHS hospital services they receive.

Reciprocal Health Agreements – The UK has reciprocal health agreements with EEA countries and some non-EEA countries

Overseas Visitors who can present evidence that they are nationals, citizens or lawful residents (as appropriate) of one of the Non EEA countries will benefit from entitlement to some of their care without charge as a result of the agreement.

Overseas Visitors from countries within the European Economic Area (EEA) must provide a valid European Health Insurance Card for the reciprocal health agreement to apply to them, and for care to be free, this can be presented in the form of a provisional replacement certificate.

Bribery Act 2010

A bribe is offering, promising, or giving a financial, or otherwise, advantage to another person with the intention of bringing about improper performance or reward. The Bribery Act also states that a person is guilty of an offence if they request, agree to receive, or accept a financial or other advantage intending that a relevant function or activity should be performed improperly by them or another. It further states that offering or agreeing to accept a bribe is an offence even if no money or goods have been exchanged. See duties of the LCFS

Immediately Necessary Treatment

Is defined as treatment that is required to save the patient's life, not what is clinically appropriate for the treatment of a certain condition.

There is no exemption from charge for 'emergency' treatment (other than that given in and/or an observation ward attached to an A&E department). The Trust will always provide immediately necessary treatment if it is to save the patient's life. It 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.

Urgent treatment

Treatment which is not immediately necessary, but cannot wait until the patient returns to their home country. It must not be delayed whilst the patient's chargeable status is determined.

Non-urgent treatment

This is routine elective treatment which can wait until the patient returns to their home country.

EEA

European Economic Area

EHIC: European Health Insurance Card (previously E111).

PRC: Provisional Replacement Certificate, issued to eligible citizens in cases where an EHIC cannot be produced. An eligible citizen will be one who is insured in the EEA country

S1: issued to pensioners, posted or frontiers workers. The active S1 for residence overseas in an EEA country entitles the holder to all NHS hospital treatment on visits back to the UK.

The term 'pensioner' includes those in receipt of a qualifying long-term benefit. If an original form is presented to an OVM, this must be sent to the Overseas Healthcare Team in Newcastle for registration (the holder may also have a copy for personal use).

A1: portable form issued to a posted worker confirming cover by the issuing state. The A1 accompanies a valid EHIC for qualifying posted workers.

S2: payment guarantee from the issuing country for planned treatment (previously E112).

5. Process Description

5.1. A&E administrative staff

At the point of booking the patient into the A&E department – every patient must be asked '*where have you lived for the last twelve months?*' If the answer indicates that the patient has not been in the UK for that period of time, the patient must also be asked:

- To confirm their nationality – this is primarily what passport they hold to be lawfully in the UK, not necessarily their ethnicity or the country they were born in. If they present any information in the way of a visa / ID card / medical insurance, take a copy and forward to esht.overseasteam@nhs.net with a front sheet for the A&E attendance.
- If the patient provides a European Health Insurance Card, from their home country – ensure the card is copied (in the middle of the page with all the numbers clearly able to be read), and send the details to the overseas visitors' team. esht.overseasteam@nhs.net - See also [EHIC process](#)

5.2. A&E clinical staff

If at any point the patient / parent or carer of a child, indicates they have medical insurance or can provide a European Health Insurance Card, because they usually live overseas, and are not a resident of the UK - Either arrange to take copies of everything they are showing you, or direct the patient / parent to A&E reception so that details can be collected and forwarded to the overseas visitors team.

If the decision is made to admit the patient to an inpatient ward, advise the patient / carer that the overseas visitors' team will arrange to provide some details about whether any charges apply to the care, because the patient is not usually resident in the UK.

Whilst A&E care is free of charge, ongoing care may not be and therefore all staff are required to make sure that they do not miscommunicate whether charges are due or not, as that is the responsibility of the overseas team to determine.

5.3. For all places where patients are admitted to for NHS hospital care

5.3.1. Observation wards attached to A&E

If the patient has advised they usually live in a European Country – try to identify if they have a European Health Insurance Card and arrange to take a copy of it to forward to the overseas visitors team

esht.overseasteam@nhs.net – see [EHIC process](#)

Because this is an observation ward and it is part of A&E there are no further requirements. Someone admitted to an observation ward for A&E care cannot be charged if they are overseas visitors.

Some observation wards are not attached to A&E. For further detail refer to

5.3.2. Surgical assessment units

This area is considered to be a chargeable area for NHS hospital care to overseas visitors, as it is not the accident & emergency department.

[See ward staff responsible for booking in an inpatient](#) and see [EHIC process](#)

5.3.3. Ambulatory Emergency Care

This area is considered to be a chargeable area for NHS hospital care to overseas visitors, as it is not the accident & emergency department. If the patient is under the care of the A&E consultant then charges will not apply unless and until they are formally admitted to hospital as an inpatient.

[See ward staff responsible for booking in an inpatient](#) and see [EHIC process](#)

5.3.4. Same Day Emergency Care Unit

If the patient is still under the care of the A&E consultant in this area then when the patient is an overseas visitor, they will not be charged.

In the event the patient is under another specialty but seen in this area, then this area is considered to be a chargeable area for NHS hospital care to overseas visitors, as whilst the care might be emergency in nature, it is only the A&E location or equivalent area that is exempt.

[See ward staff responsible for booking in an inpatient](#) and see [EHIC process](#)

5.3.5. All Other inpatient wards

[See ward staff responsible for booking in an inpatient](#)

5.4. Ward staff responsible for booking in an inpatient

At the start of a new inpatient stay – every patient must be asked ‘*where have you lived for the last twelve months?*’ If the answer indicates that the patient has not been in the UK for that period of time, then the patient should be referred to the overseas team for further investigation via email to esht.overseasteam@nhs.net or [REDACTED].

In addition to this if the address notified to the ward is an overseas address, then the patient should be referred to the overseas team – entitlement to free care is based on residence in the UK, regardless of nationality.

If the patient provides a European Health Insurance Card, from their home country – ensure the card is copied (in the middle of the page with all the numbers clearly able to be read), and send the details to the overseas visitors’ team

esht.overseasteam@nhs.net - see [EHIC process](#)

At the start of a new inpatient stay – identify the nationality of your patient – this is primarily what passport they hold to be lawfully in the UK, not necessary their ethnicity or the country they were born in.

- If they hold a Non EEA passport then the patient should be informed that they will be contacted for more details.
- A British person who doesn't usually live in the UK would be an overseas visitor and may be required to pay for NHS hospital care.

Be available to support the overseas team with regards to supporting the patient during the interview with the overseas visitors' team.

5.5. Outpatient booking and health records teams

If at any time before the appointment with the patient, staff become aware of any information which advises that the nationality of the patient is such that a check of documents for lawful right to be in the UK is required i.e. Non EEA national; asylum seeker; refugee; health surcharge payee, then the patient can be referred to the overseas team for further investigation via email to esht.overseasteam@nhs.net or [REDACTED].

Just because a referral has been made to the Overseas Team, this does not automatically mean that the patient is an overseas visitor required to pay.

Please note that if a patient is required to pay for care, then routine and planned services must be paid for in advance such that the overseas visitors' team may advise that the appointment must be cancelled because the patient does not wish or is unable to pay – all other types of care must not be delayed or prevented.

The Overseas Team will make this decision and advise the administration teams, as necessary

Contact the Overseas Team by email (at all times) or by telephone during the hours of 08.00 to 16.00:

Email esht.overseasteam@nhs.net

- [REDACTED]
- Conquest Hospital x [REDACTED].

5.6. Outpatient staff – based in any outpatient clinical area

Need to be checking that the patient has lived in the UK for the last 12 months, and if not in the UK, then report the patient to the overseas visitors' team.

You may find that patients will report to outpatient staff because they have been directed to do so by the outpatient kiosk - This will require the patient to be referred to the overseas visitors' team, who will ask the patient to provide evidence confirming their entitlement to free NHS hospital care. See [Main Reception areas at Conquest and Eastbourne District General Hospital](#) This referral can be done via email to esht.overseasteam@nhs.net or [REDACTED].

If at any time during the appointment with the patient, staff become aware of any information suggesting the patient does not usually live in the UK, then the patient should be referred to the overseas team for further investigation via email to esht.overseasteam@nhs.net or [REDACTED].

If at any time before or during the appointment with the patient, staff become aware of any information which advises that the nationality of the patient is such that a check of documents for lawful right to be in the UK is required i.e. Non EEA national;

asylum seeker; refugee; health surcharge payee, then the patient should be referred to the overseas team for further investigation via email to esht.overseasteam@nhs.net or [REDACTED].

Just because a referral has been made to the Overseas Team, this does not automatically mean that the patient is an overseas visitor required to pay.

Please note that if a patient is required to pay for care, then routine and planned services must be paid for in advance – all other types of care must not be delayed or prevented.

Contact the Overseas Team during the hours of 08.00 to 16.00, by email or by telephone:

Email esht.overseasteam@nhs.net

- [REDACTED]
- 0300 131 4500 [REDACTED].

5.7. Any other East Sussex Healthcare Trust service – clinical or otherwise

Need to be checking that the patient has lived in the UK for the last 12 months, and if not in the UK, then report the patient to the overseas visitors' team.

If at any time before or during the appointment with the patient, staff become aware of any information which advises that the nationality of the patient is such that a check of documents for lawful right to be in the UK is required i.e. Non EEA national; asylum seeker; refugee; health surcharge payee, then the patient should be referred to the overseas team for further investigation via email to esht.overseasteam@nhs.net or [REDACTED].

5.8. Main Reception areas at Conquest and Eastbourne District General Hospital

The kiosk used for the patient to book in for clinic will be asking the patient if they have lived in the UK for the last 6 months, and if not the UK, the patient will have reported to either of your areas to be booked into clinic.

Process

Ask the patient to complete the UK /Non UK Residence form / Pre-attendance form and return it to main reception (Policy Appendix H). If you need this in a language other than English, contact the overseas visitors' team as these are available.

Once the form is returned, book the patient in for their appointment and direct them to the relevant outpatient area. Tell the patient they will be contacted by the overseas visitors' team to provide their evidence.

Contact the overseas visitors' team with the patient details and location they are going to in the hospital

Email esht.overseasteam@nhs.net

- [REDACTED]
- Conquest Hospital – [REDACTED].

If in the course of this request to complete the residence form, the patient tries to show any evidence or details, please arrange to scan and send whatever they are providing to esht.overseasteam@nhs.net

5.9. Process for Midwives and maternity teams

Maternity care is always immediately necessary and is therefore never refused or delayed to someone who may be identified as chargeable at the beginning of care, or at a later date. Entitlement is not automatic because a pregnant person has an NHS number or a GP in the UK.

5.9.1. At booking – need to identify Country of Birth for the pregnant person and ideally what their nationality is

If the country of birth is a Non EEA country (even if the pregnant person now holds a British Passport) they will be asked to evidence what their lawful right to live in the UK is, and whether they are a settled UK resident by the overseas visitors team. Midwives should be aware of why this information is collected.

5.9.2. UK residence and Overseas Referral fields on E3

The midwife is required to identify whether the pregnant person has been living in the UK for the previous 12 months? This field requires either a **YES** or **NO** answer in the booking questionnaire.

In all situations where the midwife has identified that the pregnant person has not been in the UK for the required period of time, the overseas visitors' team will ask for evidence of their lawful right to live in the UK, and whether they are a settled UK resident.

The overseas team must be contacted if, at any antenatal or post-delivery appointment the midwife identifies anything that indicates the pregnant person does not usually live in the UK. The following methods can be used to contact the overseas team:

- Email esht.overseasteam@nhs.net
- [REDACTED]
- 0300 131 4500 [REDACTED].

5.9.3. On the maternity computer system - Identify Mother Overseas Visitor Field

There are drop down choices in this field. Staff entering patient details need to pick the one that applies to the pregnant person. The choices are:

- **Exempt** - Can be used in situations
 - Where a British passport is held, and the pregnant person has been resident in the UK for the last 12 months.
 - Where the expectant mother is an EU national, who has lived in the UK for the last 12 months
- **To Pay Hotel Fees**
 - Not used
- **To Pay All Fees**
 - In the event that a pregnant person is identified as a visitor to the UK.
 - Will be requested by the overseas team for any pregnant person identified as chargeable
- **Not Applicable – only used in the following circumstances** (NB: Do not tick "Not applicable" if UK Residence ([see above at 5.9.2](#)) was identified as NO, or if you identified that an overseas Referral is required).

- The pregnant person is UK resident
 - The pregnant person does not require an overseas referral
 - When there is a change of category after evidence has been sought and the pregnant person is found to be chargeable by the overseas visitors team
- **Charging Rate not known**
 - When a pregnant person is identified as not lived UK for the last 12 months and it is not known whether they are required to pay.

5.10. Process for Financial Services Team / Credit Control

The overseas team will identify as many details relating to how the debtor can be contacted, and pass these on to the credit control team as part of the invoice request to set up and invoice the overseas chargeable patient. It is the responsibility of the credit control team to collect the outstanding debts.

Any agreement for the debtor to pay by instalments can only be agreed by the credit control team, and this instalment plan must be by reasonable instalments to settle the debt in as short a time period as possible. It will be agreed in writing that the Trust have accepted the payment plan, and whether what has been accepted is a reasonable or unreasonable time frame.

The reasonableness of any instalment plan will affect in some cases, whether the Trust shares the debt with the Home Office – see [Debt Share with Home Office via the DHSC](#)

The Financial Services / Credit Control Team should refer any issue from the debtor that is not about the money to be paid to the Trust, to the overseas team via email to esht.overseas@nhs.net. Phone calls can be internally transferred to [REDACTED] or the debtor can be advised to ring [REDACTED].

6. Process for Overseas Visitors Team

Refer to the full guidance for the NHS (Charges to Overseas Visitors) Regulations https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/912352/Main_Guidance_post_24_August_2020_V2.pdf

Just because a referral has been made to the Overseas Team, this does not automatically mean that the patient is an overseas visitor required to pay.

A patient identified as affected by the NHS (Charges to Overseas Visitors) Regulations should be interviewed by a member of the overseas team at the earliest appropriate opportunity, to establish if they are entitled to free treatment or have to pay. A decision will be made, according to all the circumstances of the particular case, as to whether entitlement to free NHS hospital care exists.

If it is not possible to interview the patient face to face, then it is the responsibility of a member of the Overseas Team to make contact with the patient to gain more information to determine whether the patient can be accepted as being ordinarily resident (OR) in the UK, and not required to pay, subject to satisfactory evidence being provided to the overseas team by the patient. This should be done by letter or by email.

The case is recorded onto the overseas visitor case log, to include

- The date the referral was received
- Whether the patient is EEA or Non EEA
- Where is the patient receiving hospital care – what ward and / or clinical specialty

- The name of the patient and their date of birth
- The NHS number (if there is one) – and whether there is an alert banner present
- Whether the patient has Pre-settled or Settled status under the EU settlement scheme
- The information collected which resulted in the referral to the OV team
- The patients' nationality

All patients referred or identified as affected by the Charging regulations, will be contacted by the overseas team taking into account that:

- Evidence of continuing lawful residence will be required from all identified patients.
- When a patient is identified as not having been in the UK for the specified period, this will not necessarily mean that the patient is required to pay for NHS hospital services.
- The patient can be out of the UK for up to 6 months of every year and still be ordinarily resident – evidence will be needed

7. Alert banners on NHS numbers

Entitlement to free NHS hospital healthcare is not based on NHS number, however since the introduction of the Immigration health surcharge required to be paid by Non EEA nationals obtaining a visa of more than 6 months in length back in 2015, details have been added to the patients unique NHS number (summary care record) to aid identification of NHS hospital entitlement. These banners might be:

Green

Currently relates to entitlement to free NHS hospital healthcare for Non EEA nationals because they have indefinite leave to remain as a visa, they are immigration health surcharge payees, they are asylum seekers or refugees or they have settled status under the EU settlement scheme

Amber

Usually relates to new registrations where on the GP registration they advised that they have not been in the UK for the last 12 months. There are some cases where this amber banner will be present as it was not created when the person was born, and since information shared by immigration with the NHS relating to the EU settlement scheme (EUSS), this type of banner also shows if the patient has pre-settled status under the EUSS". In all circumstances, the amber banner should be investigated and if possible removed

Red

Will relate to a person who might currently be chargeable for NHS hospital care, either because another hospital has identified they are visitors, or because of a situation with regards to a visa, and entitlement period lapsing. All Red banners should be investigated – see [SVEC requests](#), and if identified as not lawfully in the UK, charged for all NHS hospital care, and their GP informed that they have been identified as chargeable – [informing the GP](#)

8. Interview of patient affected by NHS (Charges to Overseas Visitors) Regulations

In some circumstances the patient will be receiving NHS hospital care within the Trust and can be spoken to face to face.

Confirm the information with the patient which resulted in the referral to the OV team, or has resulted in the need to discuss residence issues with the patient i.e. banner on NHS number.

If the patient is in the hospital receiving care, but cannot be met with by a member of the overseas team, then contact details for the patient will need to be collected. This must include email and phone numbers in addition to an overseas postal address, to enable contact to be made in writing. In the event that the patient is no longer in the hospital then the patient will be contacted in writing by the overseas team

The aim of the enquiry is to clarify sufficient information for each of the following points, to determine if the patient is chargeable or not. See further details relating to each section:

- I. [What the patients' lawful right to live in the UK is?](#)
- II. [When the patient arrived in the UK?](#)
- III. [Do they travel back and forth between the UK and another country?](#)
- IV. [What country were they / are they usually living in?](#)
- V. [How old is the patient? Might they receive a pension from the UK / EEA](#)
- VI. [How long they had been absent from the UK?](#)
- VII. [Whether they have returned for a visit or have returned permanently?](#)
- VIII. [Can they be considered ordinarily resident \(OR\) in the UK subject to evidence?](#)

I. What their lawful right to live in the UK is?

Is the patient British?

Is the patient from a country in the European Economic Area?

If they are from the EEA, have they got (or should they have) [settled / pre-settled](#) status?

Are they a patient (any nationality) who requires a visa to be in the UK?

If they do have a visa, what type of visa is it?

Were they required to pay the Immigration Health Surcharge?

Note

If they don't have a visa and should have one, they are chargeable as irregular migrants

If they didn't pay the IHS, they may be chargeable for NHS hospital care

A visit visa makes them lawfully in the UK, but chargeable for NHS hospital care

Evidence will be required to support whatever information is advised

II. When the patient arrived in the UK?

Was this within the last 12 months?

Can the patient evidence when they returned to the UK?

Have they been working and paying rent / mortgage and other utility bills?

Evidence will be required to support whatever information is advised

III. Do they travel back and forth between the UK and the other country?

If frequent travel in and out of the UK, can the dates be confirmed?

Has the patient been in the UK more than 6 months (altogether) during the last year?

Note: Yes then possibly Ordinarily Resident (OR); No – likely not OR and required to pay

Evidence will be required to support whatever information is advised

IV. What country were they / are they usually living in?

Was / is the country in the EEA?

Can they demonstrate that they have cut ties with where they have been living?

If the patient usually lives in a Non EEA country then they are chargeable for NHS hospital care, and the clinical team will need to comment on whether the service is exempt

Evidence will be required to support whatever information is advised

V. How old is the patient? Do they receive a pension from UK or EEA country?

If the patient is a pensioner who was / is living in an EEA country – they may have residence in the EEA country which the overseas team can check by contacting nhsbsa.ovmqueries@nhs.net – it will be a confirmed S1 document for overseas residence

If the patient is advising they have returned to the UK, the overseas team must inform the patient that they need to cancel this residence document with the NHSBSA from the date the patient returned to the UK. The patient will be entitled to all NHS hospital care free when there is an active S1.

The cancellation of an S1 can currently be done by the patient contacting the NHSBSA by telephone on 0191 218 1999. (If calling from abroad ring +44 191 218 1999) or Email: nhsbsa.ohsregistrations@nhs.net

Also currently a pensioner from an EEA country is entitled to hold a European Health Insurance Card from the country the pension is from, if they have not transferred their rights to the UK with an active S1 from their EEA country.

The patient should be encouraged to obtain an S1 from the country that pays their pension which is then lodged with NHSBSA - Even though someone may have status under the EU settlement scheme - they may still have an underlying competency from another EU member state, which is why this is necessary

The overseas team can check whether there is an active S1 by contacting nhsbsa.ovmqueries@nhs.net, and should also ask the EEA pensioner whether they have a non UK European Health Insurance Card (EHIC)

Evidence will be required to support whatever information is advised

VI. How long have they been absent from the UK?

If the time they have been out of the UK is less than 6 months, then if they have the lawful right to be in the UK, they would not be considered an overseas visitor required to pay

The overseas Team may still ask the patient to provide residence evidence, if the patient is new to East Sussex Healthcare NHS Trust, or there is some other reason why the case was requiring review for entitlement to free NHS hospital care.

If the time out of the UK has been longer than 6 months, then details will be required from the patient to confirm VII) and VIII) below

Evidence will be required to support whatever information is advised

VII. Whether the patient has returned for a visit or returned to UK permanently?

The overseas team may need to explore what the patient was doing overseas, and whether they have cut ties with this place, and also what the reason for being

in the UK is? Is it for enough permanence, or with the intent to stay in the UK for the foreseeable future?

If they are visiting the UK, do they have a European Health Insurance Card or Insurance? EHCs can still be used for visitors from the EU unless it relates to • Switzerland, Iceland or Liechtenstein as they cannot be used as of 1 January 2021 until a bilateral agreement has been reached with the UK.

The patient will need to provide evidence that confirms they are forging ties with the UK, and have cut ties with where they were living before, if they want to have free NHS hospital care.

- VIII. Can they be considered ordinarily resident (OR) in the UK subject to evidence
It is the responsibility of a member of the Overseas Team to determine whether the patient can be accepted as being ordinarily resident in the UK or not – and to log the outcome on the overseas visitors case log.

When the case can be closed, transfer the details to the closed sheet of the case log and indicate what exemption applies to the case plus which charging category A – F applies and the date closed. See [Finance issues](#); see also [EHIC process](#)

If the patient is required to pay, then refer to [Overseas Visitor to be invoiced](#). Case stays on the open case load for a further month to review whether payment is received or if further activity is required and further invoices. Case transferred to credit control, and then closed on case load, marked as Category F or D – see [Finance issues](#)

If the patient is identifying as likely not chargeable but needs to provide evidence, then the case stays on the “Open” caseload until the evidence is received. If nothing is received within 2 weeks from when the conversation happened with the patient, a reminder letter is sent out, and if still no evidence then patient is invoiced - refer to [“overseas visitor to be invoiced.”](#)

9. Informing the GP of a patient found to be chargeable

Identify the letter to send to the GP relating to whether it is an assisted conception service or not – in the DH Exchange under template letters called “example-letter-to-clinicians-patient-chargeable” or “example-letter-to-clinicians-assisted-conception-patient-chargeable”

Complete it with the required patient details, save it in the case file for the patient and post the letter to the correct GP.

10. DH Exchange

DH Exchange offers resources for overseas visitor’s teams created initially by the Department of Health & Social care and now a platform for cost recovery teams around the UK to communicate and support each other – all staff involved in cost recovery should get access to these resources.

<https://dhexchange.kahootz.com/connect.ti/system/login?nextURL=%2Fconnect%2Eti%2FOVM%5FSRS%2Fview%3Fobjectid%3D12016683>

11. No NHS reports

The overseas team email box will receive a daily automated report for A&E attendances where no NHS number was immediately identifiable. This may be because patient is an overseas visitor, or has never registered with a GP, but could be the result of double entry registration to PAS or data recorded inaccurately doesn’t immediately match.

Each entry should be reviewed for whether an NHS number can be found and anything relating to OV residence / health surcharge etc... should be recorded on the ongoing case log. If time constraints – deal with the ones where there was an outcome from A&E that was either admitted or outpatient care in the future, and if no NHS number can be found, investigate the case further for entitlement to free NHS hospital care.

12. MESH reporting

Message Exchange for Social Care and Health (MESH) is a tool created to match hospital activity against the summary care record and identify issues on the summary care record relating to whether the patient may be an overseas visitor.

Refer to the training notes for what to do with the MESH process and data review

[Mesh\Guidance\ESHT Trust process for MESH report.docx](#)

Other guidance here:

[S:\FinanceXSite\7 Contracting & Income\Contract Monitoring\Overseas\Funnel & Mesh\Guidance](#)

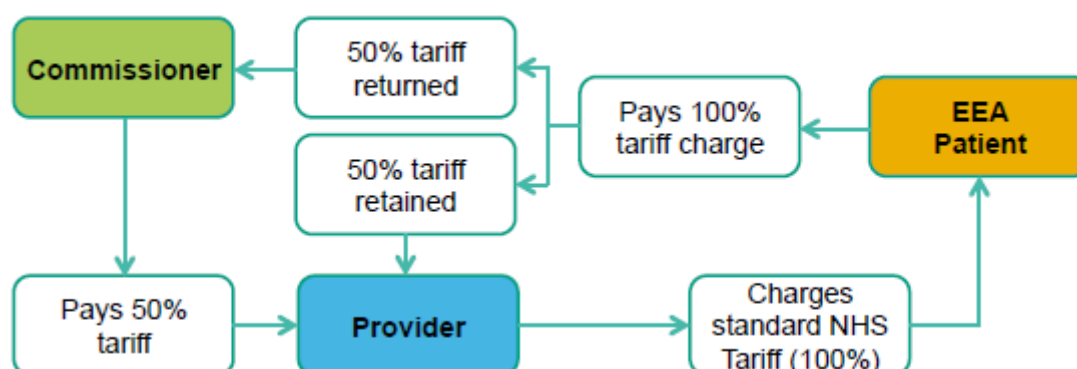
13. Charging Categories

- There are six charging categories that can apply and the overseas team are required to identify which one applies to every single case, and record this on the closing overseas visitor log as the applicable exemption / charging category:
- patient ordinarily resident in the UK (category A);
- patient an asylum seeker or failed asylum seeker under certain conditions (category A);
- patient subject to immigration control, resident in the UK and a surcharge payee (or exempt or waived from paying the surcharge) (category B);
- Patient ordinarily resident in another EEA country or Switzerland EHIC / PRC / S1 – (Category C)
- Patient ordinarily resident in another EEA country or Switzerland without EHIC / PRC / S1 – (Category D)
- patient ordinarily resident outside the EEA – but exempt of charge – Category E
- patient ordinarily resident outside the EEA and not exempt of charges – Category F

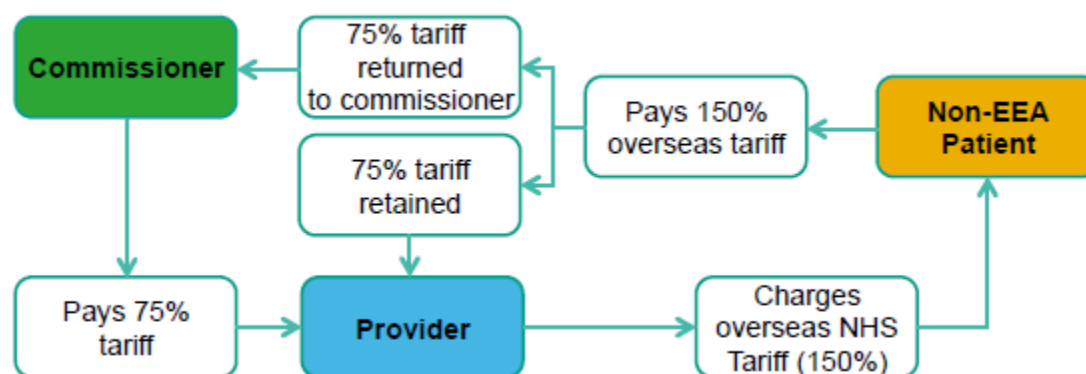
14. Sharing outstanding overseas debt with commissioners

Since 23 October 2017 relevant bodies should only be using the risk-share agreement with commissioners in the case of treatment deemed by clinicians to be immediately necessary or urgent. If the care required is non-urgent, relevant bodies must seek the full estimated costs upfront from the patient and not begin treatment until this is received. In these circumstances, the risk of non-payment is removed and therefore sharing this with commissioners is no longer necessary.

Summary: EEA direct charging finance flows



Summary: Non-EEA finance flows



The overseas visitors manager is responsible for reviewing the status of outstanding invoices invoiced after October 2017 to overseas patients on a quarterly basis, and identifying whether a further invoice or credit is due to be prepared between the host commissioner and the Trust for the appropriate period, taking into account all payments / transactions and new invoices to overseas patients in the period.

The information is shared with the head of income and contracting, who will communicate with the CCG as to what transaction is required for the period, and will authorise the invoice / credit note. All backing documentation for this must be provided to our host CCG without patient identifiable information.

15. Overseas Visitor Debt Management Monthly review

The Overseas Visitors Debt Review meeting is to be held on a monthly basis to scrutinise any risk in relation to the Trust recovery of invoices to NHS chargeable patients. This is done through regular monitoring of the Trust ledger, reviewing reasons behind why the patients have been charged and the likelihood of recovery identified by the Overseas Visitors team or the Financial Services Team.

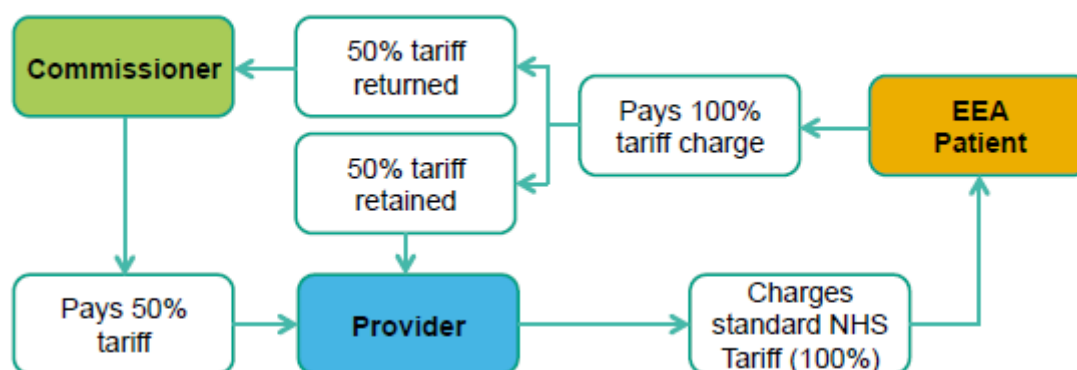
16. Overseas Visitor to be invoiced

In the event the patient is identified as required to pay, the overseas visitors' team will ask the identified debtor to sign an undertaking to pay form, before they leave Trust premises, unless this is not possible for medical reasons. Appendix C

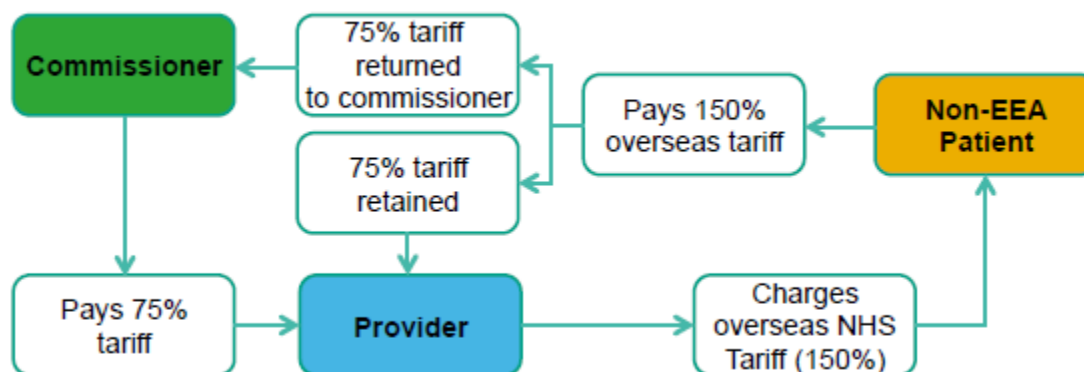
In the event the patient has already left Trust premises, the undertaking to pay will be sent by the overseas team to the debtor by post, with the letter explaining the charges that are being invoiced. If the patient is not prepared to sign this or does not return it when asked to do so, it does not change the fact that payment is required from the chargeable patient. The overseas visitors' team will identify the chargeable activity and request the relevant invoices.

Patients who usually live in the EEA and are invoiced are charged at 100% of NHS Tariff, patients from Non EEA countries are invoiced at 150% of the NHS tariff.

Summary: EEA direct charging finance flows



Summary: Non-EEA finance flows



An invoice will be raised and where possible payment taken, as well as details given to the chargeable patient relating to how they can contact the credit control department by email or telephone in future.

The overseas team will ensure that a calculation for what has been charged is retained within the OV case file, in case it needs to be referred to at a later date, to confirm its accuracy, or if a credit note becomes necessary.

The overseas team will provide the details to be able to set up an account on Integra for the chargeable patient and detail what the invoice(s) and will provide the following details by email to esht.contractincomeinvoicequeries@nhs.net

- PAS ID
- FULL NAME OF DEBTOR INCLUDING TITLE
- POSTAL ADDRESS INCLUDING POSTCODE
- CONTACT PHONE NUMBERS and CONTACT EMAIL

The overseas visitors' team will explain to all Non EEA patients who are to be charged for their NHS hospital healthcare, how the debt sharing mechanism between NHS hospitals and the Home Office (Immigration) may affect them in future, if they do not settle the debt. [See below](#)

The overseas visitors' team will also explain where a copy of the medical records can be obtained from for the patients use back in their home country, or for an insurance company, and will help facilitate the request to the Request for Information Team (RFI) team.

17. Debt Share with Home Office via the DHSC

The Debtors Scheme is a critical part of the cost recovery process as it provides Home Office with grounds to be able to refuse an application for a new visa or extension of stay to those with unpaid NHS debts, thereby encouraging a greater chance of repayment. It also makes it harder for those who have previously accessed NHS treatment and not paid to be able to do so again until they've repaid the debt.

The Home Office can act on the information that the individual has an outstanding NHS debt as a sole reason to refuse a visa, or entry into the UK, and it may also result in a person being held at entry points to the UK, while the Trust are contacted to confirm the status of the debt.

An email will be received from NHSCostRecovery@dhsc.gov.uk stipulating that it is time to submit any overseas visitor debts that are over 3 months old and over £500 that have not been paid or met by reasonable instalment plan

The overseas team will identify which debts apply to the submission – date invoiced and amount invoiced, and will request information from the financial services team in relation to any reason why the debt should not be shared with the Home Office via this mechanism.

It currently applies to debts that have been raised to patients affected by UK immigration, so not British or EEA patients. If there has been a reasonable instalment plan agreed then the debt cannot / must not be shared via this mechanism.

The person inputting the debts onto the portal, will need access to the [NHS Debtors Scheme Database](#), and refer to the desk instructions found via this link <S:\FinanceXSite\7 Contracting & Income\Contract Monitoring\Overseas\Home Office Debt Share\NHS Debtors Scheme Database desk instructions.docx>

Once the debt has been shared onto the online portal, then the fact that the debt has been shared must be inputted against the appropriate invoice in Integra, with the date that it was done – specifically ensuring a request to whomever reads the note in future, that in the event the debt is paid in full, the overseas team are notified ASAP. The debt sharing with the Home Office will need to be reversed.

- The invoices log must be updated to reflect that the debt was either not shared with Home Office or was shared and which month / year, in Column T against the appropriate invoice

<S:\FinanceXSite\7 Contracting & Income\Contract Monitoring\Overseas\FINANCE FOLDER\INVOICES LOG .xlsx>

18. EHIC process

Currently the Trust is required to request a European Health Insurance Card for any patient who is ordinarily resident in an EEA country – not the UK. Any of these obtained should be copied (both sides) and emailed to esht.overseasteam@nhs.net for processing and archiving.

EHICs cannot be used for visitors from Switzerland, Iceland and Liechtenstein: as of 1 January 2021 until a bilateral agreement has been reached between the UK and these countries - Visitors from these countries are chargeable at 150% tariff + MFF – refer to [Overseas Visitor to be invoiced](#)

Examples of all the different EHICs can be viewed here;
<https://ec.europa.eu/social/main.jsp?catId=653&langId=en>

EEA member states – European Health Insurance Card

- Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, The Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden and Switzerland.



The European Health Insurance Card should be requested from any patient that usually lives in one of the above EEA countries and details to be emailed to esht.overseasteam@nhs.net

No EHIC available

We haven't obtained the EHIC – but may be able to obtain a provisional replacement certificate (PRC). The overseas Team must obtain the patient contact details for overseas. This is to enable contact with the patient in writing, by email or by telephone.

The overseas team will inform the patient that in the event the EHIC or PRC is not provided they should expect to be charged for the NHS hospital care they received (unless the care is in an A&E department). The Overseas Team must ask the patient to obtain the PRC for themselves, but may be able to assist this matter on behalf of the patient as follows:

For the following countries,

- Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, Germany, Iceland, Italy, Latvia, Liechtenstein, Lithuania, Malta, The Netherlands, Norway, Poland, Slovakia, Slovenia and Sweden.

If the patient has not provided the EHIC at the time of care, and the overseas team can identify that the patient is insured in their country of residence, then a provisional replacement certificate (PRC) can be requested by the overseas team from the NHSBSA's Cost Recovery team at nhsbsa.ovmqueries@nhs.net, as long as we identify the insurance place relating to the patient via an ID or medical card for the patient.

For the remaining EEA countries,

1. France, Greece, Hungary, Luxembourg, Portugal, Romania, Spain and Switzerland

The overseas team can try to request the PRC directly from the member state via the communication details provided by the NHS BSA, or request assistance from the NHSBSA.

In the event that the patient is not insured in the member state, the PRC will not be able to be provided, and therefore the patient would have been chargeable for inpatient / outpatient care received in the UK.

Patient will have to be invoiced by the Overseas Team if the EHIC or PRC is not provided
See [Overseas Visitor to be invoiced](#)

18.1 EHIC / PRC processing - Using the Overseas Treatment portal

Sign into the Overseas Treatment Portal via this link

https://services.nhsbsa.nhs.uk/ovt/Pages/General/Sign_In.aspx

In order to enter an EHIC / PRC to the OVT portal, you will need

- A copy of the valid EHIC card or PRC document
- The hospital ID
- The overseas address
- Dates of treatment

The amount of the treatment must be inputted onto the OVT portal – NB. This will be what we charged to the CCG for the specific date and care.



3.	Surname
4.	First name (s)
5.	Date of Birth
6.	Personal Number
7.	Insurance Institution
8.	Card identification number (20 digits)
9.	Date of expiry of the card

From the log in screen there are a number of options on the right hand side.

The - *Create new Visitor treatment* option must be used to add an EHIC or PRC
 Input details to every field, making sure all figures are accurately input
 If there is no overseas address – the country should be inserted in the top line of the address
 If a PRC does not have anything in field 8 – zeros should be recorded – doesn't matter how many
 Click submit

The entry will show in Sent OHS section – at some point it will be processed and move into either Processed or Returned – if the latter then the entry needs to be adjusted or deleted based on the information that NHSBSA have provided as to why they could not process the EHIC / PRC.

It is possible to view all processed EHICs and from this view screen, extract them all to Excel – this will give you a list of everything that has been input by East Sussex Healthcare NHS Trust from when the EHIC was first created and reporting used. This will be needed at a later date to process the EHIC incentive income – see next point.

18.2 EHIC incentive

Currently an email will be received once a quarter from nhsbsa.ohsehicincentive@nhs.net advising the Trust how much incentive has been awarded relating to the number of EHICs / PRCs that were reported to the OVT portal in the applicable period.
 April – June; July – September; October – December; January – March

Once the letter is received, the extract from the Overseas Treatment Portal must be reviewed to determine which items are included in the incentive payment.

Previous extract of all EHICs processed must be considered. A “vlookup” between the old and new download can be used to identify the items included in previous incentive income payments, and the period to which they relate. Data sort Column B of the extract file (the larger the number, the more recent in time the entry was input to the OVT portal) This will identify the ones that were not previously included in an incentive, and may be now.

A breakdown of the items included in the incentive calculation can be obtained by contacting nhsbsa.ohsehicincentive@nhs.net

Once the overseas team know which items apply, the specialty and the directorate must be identified for each one and the end result / split should be reported to the Finance Business Partners for all specialties including corporate and copy in the financial services team, so that the income can be correctly coded between the right areas when the money is received.

19. SVEC requests

Status Verification, Enquiries and Checking (SVEC) is a service providing immigration status requests – NHS hospitals can confirm specific immigration information relating to current patients as long as the correct template is used and sent electronically by email to ICESSVECWorkflow@homeoffice.gov.uk from an nhs.net account

When this is carried out by the Trust the patient is not required to provide consent for this to happen, but must be informed that this action is being taken. They are provided “Information sharing with the Home Office: Guidance for overseas patients” found via the following link

https://www.cddft.nhs.uk/media/761485/01.20.47%20i_guidance_for_overseas_patients%20-%20attachment%201.pdf

It is the responsibility of the overseas team to prepare and submit the template electronically by email. It includes the patients’ full name, date of birth, gender, nationality and current address. No medical information is shared.

The response is sent back electronically and can be used by the overseas team to determine if the individual patient can be considered ordinarily resident or exempt of charges, because of their status. The details Home Office provide are NOT TO BE shared with the patient.

20. Assisted conception services to surcharge payees

Changes to the NHS (Charges to Overseas Visitors) legislation from 21st August 2017 excluded any assisted conception services to surcharge payees or equivalent (covered by transitional arrangements).

Assisted conception services are defined in the Charging Regulations as any medical, surgical or obstetric services provided for the purpose of assisting a person to carry a child. Broadly speaking, this means any medicines, surgery or procedures that are required to diagnose and treat infertility so a person can have a child. It includes procedures such as intrauterine insemination (IUI), in vitro fertilisation (IVF) and egg and sperm donation.

The overseas team will identify the patients who are on fertility clinics who are affected by the requirements relating to the immigration health surcharge or equivalent, and contact them in writing to advise them they are chargeable for this service, as not covered within the scope of services under the IHS that are free to them. An invoice for the first consultation is requested to go out to the affected patient. Inform the patients GP that she is chargeable for this service with ESHT – [see informing GP](#)

The clinical team will be advised that they have a lady on their clinic who is an immigration health surcharge payee and payment will be sought in advance of the first consultation by the Trust.

As assisted conception services are usually routine in nature, if no payment is received, the appointment to be seen will be cancelled and the overseas team will ask the clinical team to consider discharging the patient. Any invoice raised will be credited as the care will not have gone ahead.

The overseas team will regularly review any fertility care for the affected patient, in conjunction with communication from the clinical team, to ensure that charges are invoiced and paid in a timely fashion, with assistance from credit control.

21. Freedom of Information Requests (FOI)

The request will be emailed to esht.overseasteam@nhs.net from the FOI team. The Overseas Visitor Manager is required to identify whether the information is held by the Trust and respond back to the FOI team within 3 working days of the request being received, to confirm if the information is held or if it is believed that the request is in any way controversial or would pose a reputational risk for the Trust. All requests and answers should be discussed with the income and contracting management team before submission back to the FOI team.

For complex FOI requests refer to the FOI policy for exemptions.

22. Pre-settled / settled status

EEA nationals will need to sort out pre-settled / settled status, which is a requirement for them to regularise their stay in the UK, so they will be able to continue to live and work in the UK once the UK leaves the EU (pre-settled if been in the UK less than 5 years; settled if been in UK over 5 years). (More information here: <https://www.gov.uk/settled-status-eu-citizens-families/what-settled-and-pre-settled-status-means>)

An EU patient will require status under the EU settlement scheme, unless they are also a British National or have a visa to be in the UK lawfully, in order to be ordinarily resident in the UK.

23. Evidence Received

All documents provided in evidence will be retained within the overseas visitors' service and a record of the case plus its outcome retained for audit / reporting purposes.

The identification process will include contacting the patient in writing to request evidence from the patient (see translations) and dealing with any queries directly from the patient or forwarded to the overseas visitors' team from other Trust departments.

24. Translations

Some patients will not be able to be contacted in English – there are some translated letters on the [DH Exchange](#), and for other requirements, draft the letter that is required in English and send it by email to esh-tr.AccessibleInformation@nhs.net with a request for it to be translated into the required language. Send the translated letter to the patient – and keep both this and the English version on file for future use.

If emails are received in other languages, it may be possible to use google translate <https://translate.google.com/> to understand what the client or other country are trying to communicate, or again the above email can be used to obtain a translation. It is not best practice to use google translate as a normal way of communicating with a patient who may not understand English.

25. Data Protection / Filing

The Overseas Visitors office is secured by a lock whenever it is not occupied, and is within a secure Trust building accessed by Trust staff with electronic access cards only. We keep the data we receive confidential by way of ensuring that information we receive as hard copy from external sources is scanned and saved electronically in the specific case file for the patient / person it relates to. This electronic area is specific to the Income and contracting team of East Sussex Healthcare NHS Trust

The hard copies are disposed of via confidential waste bin.

Documents are retained for a period of two years for patients not charged for NHS services, and six years for those that were invoiced, from the end of the financial year the details were provided in.

European Health Insurance Cards and provisional replacement certificates are kept as a hard copy for later review / check that activity has been processed against them. These hard copies are in a folder and in the above mentioned locked office.

26. GDPR

Under GDPR the overseas team make decisions about the individuals concerned as part of or as a result of the processing of the data provided to us and we exercise professional judgement in the processing of the personal data. The personal evidence provided to the overseas visitors team is not shared within any other Trust or organisation without patient consent. Please see [SVEC requests](#) for when personal data is shared without consent from the patient.

27. Monitoring arrangements - Document Monitoring Table

Element to be Monitored	Lead	Tool for Monitoring	Frequency	Responsible Individual/Group/ Committee for review of results/report	Responsible individual/ group/ committee for acting on recommendations/action plan	Responsible individual/group/ committee for ensuring action plan/lessons learnt are Implemented
Review of procedures	Overseas Visitors Team	Compare ESHT Procedures against Department of Health guidelines regarding processes for managing Overseas visitors	Annually	Head of Income and Contracting	Directors of Operations & Service Managers	Directors of Operations & Service Managers
Review of Non UK residents not flagged to OV team by clinical area	Overseas Visitors Team	Overseas Visitors log and was it easy to identify them, or were there any missed opportunities or delays in informing a patient maybe chargeable	Monthly	Head of Income and Contracting	Reported to Directors of Operations, Director of Nursing; Ward Managers and Service Managers by Overseas Team	Overseas Visitor Manager & Head of Income and Contracting
Review of invoices to Overseas Patients	Overseas Visitors Team	Meeting between Financial Services and Overseas Team regarding outstanding debts to overseas visitors	Monthly	Overseas Visitors / Credit Control – debt review meeting	Overseas Visitors / Credit Control	Overseas Visitors / Financial Services Team
Patient experience / loss of income to the Trust / loss of reputation	Overseas Visitors Team	Overseas Visitors log and outcomes in conjunction with any correspondence / emails received	Ongoing	Head of Income and contracting	Directors of Operations & Service Managers	Overseas Visitors / Directors of Operations & Service managers
Any area identified as not asking the required baseline questions to identify Overseas Patients	Overseas Visitors Team	Feedback from customers contacted by Overseas Team as to not having been asked residence or nationality questions	Ongoing	Head of Income and Contracting	Directors of Operations, Director of Nursing; Ward Managers and Service Managers	Directors of Operations, Director of Nursing; Ward Managers and Service Managers

Appendix A EHRA Form - Due Regard, Equality and Human Rights Analysis

A Due Regard, Equality and Human Rights Analysis form must be completed for all procedural documents used by East Sussex Healthcare NHS Trust. Guidance for the form can be found on the [Equality and Diversity Extranet page](#).

The full Equality Impact Assessment can be found within the Overseas Visitors Trust Policy: http://nww.esht.nhs.uk/02050_p/

Appendix A – EHRA Form

A Due Regard, Equality and Human Rights Analysis form must be completed for all procedural documents used by East Sussex Healthcare NHS Trust. Guidance for the form can be found on the [Equality and Diversity Extranet page](#).

Due Regard, Equality and Human Rights Analysis

<p>Title of document: Overseas Visitors Standard Operating Procedure</p>
<p>Who will be affected by this work? Non UK resident patients, ESHT staff; carers / guardians / parents, family members</p>
<p>Please include a brief summary of intended outcome: To ensure effective management of overseas visitors and to maximise cost recovery</p>

		Yes/No	Comments, Evidence and Link to main content
1.	<p>Does the work affect one group less or more favourably than another on the basis of: (Ensure you comment on any affected characteristic and link to main policy with page/paragraph number)</p> <ul style="list-style-type: none"> Age 	YES	It is recognised that children are particularly vulnerable, in particular when they are in the country illegally or where their parents cannot afford to pay for their care. The exemption for children in local authority care in the 2011 regulations has been extended to cover children who are looked after by a local authority, which covers a much broader cohort of children including unaccompanied children and those accommodated voluntarily (without the need for intervention by a court), in addition to children in local authority care by virtue of a care order.

			Older people are recognised as having higher healthcare needs that younger overseas visitors and residents and consequently as being more likely to need to access NHS services while visiting the UK. Such overseas visitors will therefore be more likely to be adversely affected by charging, in particular commercial charging. This is also true of overseas visitors who are illegal migrants who are older and may have increased healthcare needs.
	<ul style="list-style-type: none"> • Disability (including carers) 	NO	
	<ul style="list-style-type: none"> • Race 	YES	Overseas visitors of all races are subject to the same rules about residency status and entitlement to free NHS care and are entitled to benefit from the exemption categories in the Regulations. There is evidence that non-white people or people for whom English is not their first language are, on some occasions, targeted in the application of the regulations due to speculation or assumption that they are not resident in the UK.
	<ul style="list-style-type: none"> • Religion & Belief 	YES	Overseas visitors of all religions and beliefs are subject to the same rules about residency status and entitlement to free NHS care and are entitled to benefit from the exemption categories in the Regulations. There is evidence that some people with this protected characteristics may be targeted in the application of the regulations due to speculation or assumption that they are not resident in the UK.
	<ul style="list-style-type: none"> • Gender 	YES	National policy considers that any indirect discrimination on the basis of sex arising from the inclusion of an exemption for victims of female genital mutilation, sexual violence or domestic violence, but not other forms of violence, is justified because of the particularly vulnerable and powerless situations that victims of such violence find themselves in. Women are more likely to benefit than men, since men are less likely to be the victim of sexual and domestic violence.

	<ul style="list-style-type: none"> • Sexual Orientation (LGBT) 	NO	
	<ul style="list-style-type: none"> • Pregnancy & Maternity 	YES	<p>As is the case now, overseas visitors will be charged for maternity services (except where services are required as a direct consequence of female genital mutilation or the overseas visitor is entitled to free NHS care under another exemption category). The position that maternity services are always considered to be immediately necessary, and consequently must be provided regardless of the overseas visitor's ability to pay, also remains unchanged.</p> <p>Termination of pregnancy that satisfies a ground under the Abortion Act 1967, who cannot reasonably be expected to leave the UK before the date at which an abortion may no longer be a viable option, treatment should be regarded as urgent and should not be delayed/withheld in order to establish chargeable status or to seek payment.</p>
	<ul style="list-style-type: none"> • Marriage & Civil Partnership 		NO
	<ul style="list-style-type: none"> • Gender Reassignment 		NO
	<ul style="list-style-type: none"> • Other Identified Groups 		<p>Services provided for the treatment of a condition that is directly attributable to domestic violence are free to all overseas visitors provided that the overseas visitor has not travelled to the UK for the specific purpose of seeking that treatment. This will include any mental health services that are needed as a consequence of the violence. Sexual Violence is also relevant here</p>
2.	<p>Is there any evidence that some groups are affected differently and what is/are the evidence source(s)?</p>		<p>The Department of Health does not believe that the Regulations directly discriminate against overseas visitors who fall within any of the groups with protected characteristics.</p> <p>Any indirect discrimination that may arise from the application of provisions for charging under the Regulations identified in this analysis is considered to be justifiable as a proportionate means of achieving a legitimate aim.</p>
3.	<p>What are the impacts and alternatives of</p>		Not implementing would mean possible

	implementing / not implementing the work / policy?	inequality in treatment of patients in relation to charging for NHS hospital treatment, and not meeting our statutory duty to confirm ordinary residence
4.	Please evidence how this work / policy seeks to “eliminate unlawful discrimination, harassment and victimisation” as per the Equality Act 2010?	This work details the steps to be followed in order to fairly identify patients affected by the charging regulations by way for their residence or their lawful right to live in the UK (Policy Page 11 Section 5)
5.	Please evidence how this work / policy seeks to “advance equality of opportunity between people sharing a protected characteristic and those who do not” as per the Equality Act 2010?	N/A
6.	Please evidence how this work / policy will “Foster good relations between people sharing a protected characteristic and those who do not” as per the Equality Act 2010?	N/A
7.	Has the policy/guidance been assessed in terms of Human Rights to ensure service users, carers and staff are treated in line with the FREDA principles (fairness, respect, equality, dignity and autonomy)	N/A
8.	Please evidence how have you engaged stakeholders with an interest in protected characteristics in gathering evidence or testing the evidence available?	The Department of Health and Social Care carried out a number of engagements, visits, shadowing events and face-to-face meetings to discuss policy development and implementation, to learn about the concerns, suggestions and advice of vulnerable group representatives, rather than being carried out by any ESHT member of staff
9.	Have you have identified any negative impacts or inequalities on any protected characteristic and others? (Please attach evidence and plan of action ensure this negative impact / inequality is being monitored and addressed).	N/A

Appendix B UK/Non UK Residence form / 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

Family name/surname:										
First name/given name:		Date of birth:	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.

Signed:		Date:	D	D	M	M	Y	Y
Print name:		Relationship to patient:						
On behalf of:								

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

Do you usually live in the UK?	YES <input type="checkbox"/>	NO: <input type="checkbox"/>	Nationality:							
Address in the UK:			Passport number:							
			Country of issue:							
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 country?	YES: <input type="checkbox"/>	NO: <input type="checkbox"/>	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):																			
<input type="checkbox"/> Current United Kingdom passport				<input type="checkbox"/> Current European Union passport															
<input type="checkbox"/> Current non-EU passport with valid entry visa				Visa No.															
<input type="checkbox"/> Student visa		<input type="checkbox"/> Visit visa		Visa expiry date:		D	D	M	M	Y	Y								
<input type="checkbox"/> Asylum Registration Card (ARC)				ARC No.															
<input type="checkbox"/> Other – please state:				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):																			
<input type="checkbox"/> Holiday/visit friends or family				<input type="checkbox"/> On business				<input type="checkbox"/> To live here permanently											
<input type="checkbox"/> To work				<input type="checkbox"/> To study				<input type="checkbox"/> To seek asylum											
<input type="checkbox"/> Other – please state:																			
How many months have you spent OUTSIDE the UK in the last 12 months?																			
<input type="checkbox"/> None			<input type="checkbox"/> Up to 3 months			<input type="checkbox"/> 3-6 months			<input type="checkbox"/> Over 6 months										
Please indicate the reason for any absence from the UK in the last 12 months (check all that apply)																			
<input type="checkbox"/> I live in another country				<input type="checkbox"/> A holiday/to visit friends				<input type="checkbox"/> To work											
<input type="checkbox"/> I frequently commute (business/second home overseas)						<input type="checkbox"/> To study													
<input type="checkbox"/> Other – please state:																			
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: <input type="checkbox"/> NO: <input type="checkbox"/>				Name and address of insurance provider:											
Membership number:																			
Insurance telephone:																			
6. EUROPEAN HEALTH INSURANCE CARD (EHIC) DETAILS – If you live in another EEA country																			
Do you have a <u>non-UK</u> EHIC?				YES: <input type="checkbox"/> NO: <input type="checkbox"/>				If yes, please enter the data from your EHIC below:											
 <p><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&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																			
Name of college/university:						Telephone:													
Course dates		From:		D	D	M	M	Y	Y	To:		D	D	M	M	Y	Y	Number of hours/week:	
<p>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.</p>																			



Appendix C Undertaking to Pay NHS hospital costs – Overseas Visitor

I undertake to pay East Sussex Healthcare NHS Trust such sums as may be due to them in accordance with Regulations currently in force under section 175 of the National Health Service Act 2006, in respect of NHS hospital treatment provided for the person here named:

The cost of the treatment is estimated at _____. More details will be provided

Declaration

I confirm that the information I have provided in this form is correct and that I have read and understood the terms and conditions at the end of this form.

The fees payable for the services specified in this form have been explained to me and I understand that I am legally responsible for all hospital charges related to those services.

I confirm I have been provided with a comprehensive indication of the likely total cost of charges. I understand that the final charges will only be confirmed on invoice after treatment has been completed and that the invoiced charges may be different to the estimate.

I understand that I will be advised of any changes to the cost of my care before treatment is provided, whenever possible.

I understand that I am liable for increased or reduced costs not part of the estimate and agree to pay the full final invoiced charges.

If a third party or insurer has agreed to pay all or part of my account, I agree to pay any outstanding amount not paid by the third party or insurer.

I understand that if I fail to pay for my NHS treatment, it may result in a future immigration application to enter or remain in the UK being denied. Personal information¹ may be passed via the Department of Health to the Home Office for this purpose.

Signed: Date:

To be completed By the patient or someone on their behalf, providing details for the patient:

First name:	Surname:
UK address:	
Overseas address:	
Telephone number:	Mobile number:
Email address:	
Passport/ID:	Nationality:

¹ Personal information does not include medical information.

Complete if you are undertaking to pay and are NOT the patient:

First name:	Surname:
Relationship to Patient:	
UK address:	
Overseas address:	
Telephone number:	Mobile number:
Email address:	

Terms and conditions

- Data protection:** We will comply with all legal requirements including the General Data Protection Regulation 2016 and NHS Confidentiality Code of Practice.
- Immigration sanctions:** You should be aware that under paragraphs 320(22) and 322(12), and 3.14 of Appendix V, of the Immigration Rules a person with outstanding debts of over £500 for NHS treatment that is not paid within two months of invoicing, may be denied a further immigration application to enter or remain in the UK. In the absence of prompt full settlement or a reasonable repayment schedule, non-clinical information relating to this debt is provided routinely to the Home Office and may be used by the Home Office to apply the above Immigration Rules. The information will remain active for the purpose of the above rules until the debt is settled and a record of the settled debt will also be retained, both subject to normal limitation periods.
 - In the event that you may seek entry to the UK or make an advance immigration application after settling an NHS debt in the previous **two months**, you are advised to retain and carry evidence of payment for potential examination by Home Office officials.
 - Information collected and shared for this purpose will be handled in accordance with data protection law and the NHS Confidentiality Code of Practice.
- Payment terms:** The Trust requires all patients liable for charging to pay for their NHS treatment up-front or to provide proof of third party cover (for example, if you have private medical insurance or another person will be paying for your care). The Trust reserves the right to request interim payments for any care that is being provided over an extended period.
- Payment by third parties:** If a third party or insurer has agreed to pay for some, or all, of the cost of your NHS treatment and the third party refuses or is unable to pay, you will be liable to pay the remaining outstanding balance of the charges.

Please return this form by post to:
Overseas Team (Finance), St Anne’s House
Conquest Hospital
The Ridge, St Leonards on Sea
TN37 7RD

Appendix D Clinician patient assessment form

NAME OF PATIENT

Date of birth/...../..... Hospital number

Date the patient can be reasonably expected to leave the UK
.....

Patient not expected to leave the UK for at least 6 months or at all

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

- Having made the appropriate diagnostic investigations, I intend to give treatment that 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 that is not immediately necessary to save the patient's life but cannot wait until the patient can leave the UK. If the patient's ability to leave the UK 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 the patient can leave the UK. If the patient's ability to leave the UK changes, I will reconsider my opinion.

- I must make further investigations before I can assess urgency.

Date/...../..... Signed _____ (doctor)

Print Name _____

Date _____ Signed _____ overseas visitors manager/administrator)

Print Name _____

