



East Sussex Healthcare
NHS Trust

Eastbourne District General Hospital

Kings Drive
Eastbourne
East Sussex
BN21 2UD

FOI REF: 25/398

12th August 2025

Tel: 0300 131 4500
Website: www.esht.nhs.uk

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:

- 1a. A copy of any policies, standard operating procedure or guidance that sets out how the Trust identifies who qualifies as a foreign national or overseas visitor required to pay the Immigration Health Surcharge (IHS).**

Please see attached a copy of East Sussex Healthcare NHS Trust's 'Overseas Visitors Policy' and 'Overseas Visitors Standard Operating Procedures'.

According to our Freedom of Information Policy we only release the names of staff on Grade 8a or above, therefore names of staff below that level have been redacted from the attached documents.

We are also unable to provide the contact details of staff as we consider this information to be exempt from release in accordance with section 44 of the Freedom of Information Act (Prohibition on disclosure) and would refer to the Privacy and Electronic Communications EC Directive Regulations 2003 which provide specific rules on electronic communication services, including marketing (by phone, fax, email or text) and keeping communications services secure. We will not provide any information that could result in the transmission of unsolicited communications which may place an unacceptable risk to our email network and could also have a detrimental impact on patient care and treatment.

The contact number for the Trust are accessible on the Trust website <http://www.esht.nhs.uk>.

This is an absolute exemption and there is, therefore, no requirement to consider the public interest.

Cont.../

- 1b. Please provide the results of the last audit of this policy and compliance levels with it. If such an audit has not been conducted within the last five years, please say so.

Not applicable.

2. A copy of any policies that set out what steps are taken if a patient, eligible to pay the Immigration Health Surcharge (IHS), seeks to access (or in fact has already accessed) services provided by the Trust for which payment would be owed.

Please refer to question 1a.

- 3a. A copy of any policies, standard operating procedure or guidance which set out the steps taken to invoice a foreign national for any episode of care delivered by the Trust which was not billed/ invoiced for prior to the episode of care being delivered.

Please refer to question 1a.

- 3b. A copy of any policies, standard operating procedure or guidance that set out the steps the Trust takes to collect unpaid debts where an episode / episodes of care have been provided to a foreign national.

Please see the attached document - 'Credit Control Process-Redacted' and note comments in questions 1a.

- 3c. Data which sets out the total amount (in GBP) for each of the last 3 calendar years that has been collected for the provision of any episode of care for a foreign national (i.e. any individual who is not entitled to that care free at the point of use).

i. Collected by the Trust

2024/25	£238,874.03
2023/24	£224,337.24
2022/23	£206,423.00

ii. Collected by a third party

2024/25	£11,577.24
2023/24	£3,231.39
2022/23	£300.00

iii. That the Trust has written off

2024/25	£83,356.54
2023/24	£95,670.00
2022/23	£66,358.34

Please note that this information is held by Financial Year.

Cont.../

3d. The total amount (in GBP) which remains uncollected by the Trust for the provision of any episode of care for a foreign national.

Clarification was sought asking you to confirm the timeframe that you want this data for confirmation was received as follows:

The last 5 years thank you, financial or calendar, whichever you hold.

As at 31.03.2025	£510,672.72
As at 31.03.2024	£494,164.29
As at 31.03.2023	£459,855.97
As at 31.03.2022	£343,585.28
As at 31.03.2021	£219,712.91

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 sincerely

Freedom of Information Department
esh-tr.foi@nhs.net

Overseas Visitors Policy

Document ID Number	2050
Version:	V4
Ratified by:	Clinical Documentation and Policy Ratification Group
Date ratified:	12 December 2023
Name of author and title:	██████████, Overseas Visitor Manager
Date originally written:	October 2019
Date current version was completed	19 February 2024
Name of responsible committee/individual:	Chief Financial Officer
Date issued:	This is the date the policy was uploaded onto the Trust Extranet. Will be completed by Policy Management Team
Review date:	December 2026
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)	Changed to National Health Service (Charges to Overseas Visitors) Regulations 2015, which have been amended most recently by the National Health Service (Charges to Overseas Visitors) (Amendment) (EU Exit) Regulations 2020
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			
V1.1	August 2014		Overdue review	reformat
V1.2	July 2015		Review	
V.2	October 2016		Overdue Review	Update
V.3	December 2019		Overdue Review	Update
V.4	August 2023		Overdue review	Update policy

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
Finance Senior Management Team	Finance Senior Management Team	September 2023
Senior Finance Team Meeting	Senior Finance Team Members	17 th October 2023

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 no longer part of the EU (following Brexit).

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. See section 4.1 for more information about what we need to know to find out if someone is ordinarily resident.

EU Settlement Scheme

Is an immigration status and does not provide the NHS with evidence of continuing UK residency (<https://www.gov.uk/settled-status-eu-citizens-families/what-settled-and-presettled-status-means>). EU and EFTA citizens lawfully residing in the UK on or before 31 December 2020 retain their entitlement to healthcare without charge as long as they continue to be ordinarily resident here. They will need to have applied to the EU Settlement Scheme by 30 June 2021 to retain their OR status in the UK (when they are usually living here).

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, as long as they are usually living 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

This still exists for EEA nationals who are insured in their country of residence, as 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.

If none of these types of reciprocal agreement apply it is likely the patient will be liable to pay for their NHS hospital treatment.

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).

If it is a UK issued S1 then it must have been issued before 31st December 2020 for this to work as an exemption to charges for the patient – UK nationals who move to the EU after 1 January 2021 or who move to Switzerland after 1 November 2021 and who hold, or become eligible for, a UK S1 will not be entitled to relevant services in England without charge.

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, when they are asked to do so, by confirming they are "ordinarily resident" in the UK or otherwise exempt. This will be by the patient confirming:

- 4.1.1 They are a British Citizen AND see point 4.1.4
- 4.1.2 They are an EEA or Swiss National and have status under the EU settlement Scheme AND see point 4.1.4
- 4.1.3 They are a Non-EEA national with Indefinite Leave to Remain as their visa to be in the UK – or have a visa where they paid or were exempt from paying the Immigration Health Surcharge AND see point 4.1.4
- 4.1.4 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. Chief Medical Officer

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 of monthly reports. These should include any necessary recommendations to address identified deficits.

The Overseas Team 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 ensure the patient has the details of how to pay and where necessary contact the treasury team to ensure payment is taken in advance.

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 and will update the patients' PAS activity with the appropriate patient category where they become aware of a different status, other than Cat A, NHS patient i.e.

Cat B – Immigration Health Surcharge payee

Cat C – Charge Exempt EEA National

Cat D – Chargeable EEA National

Cat E – Charge Exempt Non-EEA National

Cat F – Chargeable Non-EEA national

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. 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.

4.11. 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 phone numbers for the OV team as follows:.

-

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 should 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.

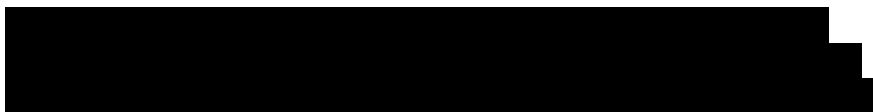
After 1st July 2021, EEA nationals who were living in the UK prior to 31st December 2020 were required to obtain status under the EU Settlement Scheme for their lawful right to live and work in the UK to continue for them as the UK left the EU (Brexit), this included their entitlement to free NHS hospital care.

EEA nationals coming to the UK after the UK left the EU may be eligible to apply to the EU settlement Scheme, may be covered for three months from their arrival to the UK (if they are joining an EU family member already living in the UK lawfully, or may have come to the UK with a visa and paid the Immigration Health Surcharge.

NHS staff must not discriminate against persons based on 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 or other lawful right 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 indicated:

- 

There is not an out of hours service provided, however, if there is any doubt about a patient's 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 patient's 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 patients who are to be charged for their NHS hospital healthcare and are affected by UK immigration to be able to live lawfully in the UK, 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 patient's 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, as long as they are usually living in the UK on a settled basis.

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 they are 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.

A baby born in the UK is not automatically British unless one of the parents is British, or one of the parents have settled status under the EU Settlement Scheme or hold indefinite leave to remain in the UK when the baby is born.

<https://www.gov.uk/check-british-citizenship/born-in-the-uk-from-1-july-2021-onwards>

Where both parents hold visas and paid the immigration health surcharge for these visas then their child born in the UK will be exempt from charges while they are aged three months or younger provided that the child has not left the UK since birth.

Parents should ensure that they regularise their child's immigration status in the UK during this three-month period, which may include the parent paying the health surcharge on their child's behalf. If the parent does not regularise their child's status, they will be liable for any charges for treatment provided to the child after the three-month period.

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 should use the latest national tariff guidance at <https://www.england.nhs.uk/pay-syst/national-tariff/> supplementing this with local tariffs calculated in accordance with the rules set out in the national tariff document where the treatment does not have a national tariff 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).

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

There are currently four potential ways for people from an EU or EFTA (European Free Trade Association) country to receive planned healthcare in England where they meet the relevant requirements:

- The planned treatment route under the SSC Protocol, for EU residents
- The planned treatment route under the UK-Switzerland SSC Convention, for eligible Swiss residents
- The S2 route – under the withdrawal agreement
- Holders of a UK-issued S1 form (Regulation 13) registered with the relevant authorities in an EU or EFTA country and who were living in that country on or before 31 December 2020 may also be able to return to England and obtain planned healthcare.

The planned treatment route under the UK-EU SSC Protocol and S2 (formerly E112) route under the Withdrawal Agreement enables people from an EU or EFTA country who want to come to the UK expressly to seek treatment can do so, where they meet the relevant requirements.

All of the above routes only relate to state-provided treatment, and costs are dealt with directly between 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).

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.

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.

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 (once their visa has been granted i.e. if they entered the UK as a visitor and then applied for new more permanent visa and paid the IHS, their entitlement to free health care only takes affect from the date of the granted visa and not the date of IHS payment) 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 (see point 6.2.5)
- 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/1132039/2023.01.06_-Implementing_the_overseas_visitor_charging_regulations_-_January_update.pdf

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: 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. Services received in the Same Day Emergency Care Unit (SDEC) may be deemed emergency in nature but are not usually A&E services
- Family planning services, which means services that supply contraceptive products and devices to prevent pregnancy but does not include termination of an established pregnancy as this 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	Wuhan novel coronavirus (2019-nCoV)	
		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.

This can apply to EEA nationals where they require a lawful right to live in the UK and do not have it i.e. a visa or status under the EU Settlement Scheme.

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

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 UK-EU SSC Protocol or the UK-Switzerland SSC Convention, 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 an EU country or Switzerland who do not provide an EHIC/PRC (or specified equivalent for Ireland and Norway) and chargeable visitors from Iceland and Liechtenstein must be charged for relevant services at 150% of the NHS tariff or equivalent, unless another 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](#) . If this is not provided to the hospital, then the patient is charged at 150% for all NHS hospital services they have received which are not exempt.

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: □ /□ /□ □

Signature and stamp of the
institution
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	4	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. This excludes planned maternity treatment
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.
Israel	5	Applies only to those who are entitled to benefits in respect of an industrial injury under either country's legislation
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
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.
North Macedonia	3	Applies to all insured persons of that country.
Norway	1	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.
5. Applies only in relation to treating the industrial injury in respect of which the individual receives benefit with the presentation of a valid passport to prove nationality combined with confirmation from the employer verifying the industrial injury.

*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: ☐

NO: ☐

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 live in your home country?

YES: ☐

NO: ☐

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 J: 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

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 K: EIA

Equality Impact Assessment Form

Please refer to the accompanying guidance document when completing this form.

Strategy, policy or service name	Overseas Visitors Policy
Date of completion	6 th November 2023
Name of the person(s) completing this form	[REDACTED]
Brief description of the aims of the Strategy/ Policy/ Service	To ensure effective management of overseas visitors and maximise cost recovery
Which Department owns the strategy/ policy/ function	Overseas Visitors Department
Version number	4
Pre Equality analysis considerations	Review of all protected characteristics and which ones are affected by the statutory duty for ESHT as an NHS Trust to ensure its patients are ordinarily resident in the UK
Who will be affected by this work? E.g. staff, patients, service users, partner organisations etc.	Non-UK resident patients / ESHT staff / carers / guardians / parents and family members
Review date	October 2026
If negative impacts have been identified that you need support mitigating please escalate to the appropriate leader in your directorate and contact the EDHR team for further discussion.	To whom has this been escalated? Name: Click here to enter text. Date: Click here to enter a date.
Have you sent the final copy to the EDHR Team?	Yes

2. EIA Analysis

	☺ ☹ ☹	Evidence:																				
<p>Will the proposal impact the safety of patients', carers' visitors and/or staff?</p> <p><i>Safe: Protected from abuse and avoidable harm.</i></p>	<p>Choose: Neutral</p>	<p>No impact on safety due to any patient that needs emergency care, it is not delayed or prevented subject to the process stated in this document. Conversations with patients are usually with a member of staff accompanying the overseas team</p>																				
<p>Equality Consideration</p> <p><i>Highlight the protected characteristic impact or social economic impact (e.g. homelessness, poverty, income or education)</i></p>	<p>Choose: Neutral</p>	<table border="1"> <tr> <th>Race</th><th>Gender</th><th>Sexual orientation</th><th>Age</th><th>Disability & carers</th></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <th>Gender reassignment</th><th>Marriage & Civil Partnership</th><th>Religion and faith</th><th>Maternity & Pregnancy</th><th>Social economic</th></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	Race	Gender	Sexual orientation	Age	Disability & carers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gender reassignment	Marriage & Civil Partnership	Religion and faith	Maternity & Pregnancy	Social economic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<p>Is the proposal of change effective?</p> <p>Effective: Peoples care, treatment and support achieves good outcomes, That staff are enabled to work in an inclusive environment. That the changes are made on the best available evidence for all involved with due regards across all 9 protected Characteristics</p>		<p>The changes in our policy are in line with the change in government policy relating to the Charges to Overseas Visitors Regulations 2015 (as amended)</p> <p>The above legislation is UK law, and this places a statutory duty on the Trust to make sure that patients are identified that are not ordinarily resident or otherwise entitled, and by having this policy we are making sure that NHS hospital services are charged to those people not entitled to the services free of charge</p> <p>The work with support good patient outcomes by having a process that ensures we are meeting our statutory duty in respect of charging overseas patients for their NHS hospital healthcare</p> <p>The regulations themselves have been subject to an equality impact assessment by the Department of Health and Social Care</p>																				

Equality Consideration <i>Highlight the protected characteristic impact or social economic impact (e.g. homelessness, poverty, income or education)</i>		<table border="1"> <tr> <th>Race</th> <th>Gender</th> <th>Sexual orientation</th> <th>Age</th> <th>Disability & carers</th> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <th>Gender reassignment</th> <th>Marriage & Civil Partnership</th> <th>Religion and faith</th> <th>Maternity & Pregnancy</th> <th>Social economic</th> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Race	Gender	Sexual orientation	Age	Disability & carers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gender reassignment	Marriage & Civil Partnership	Religion and faith	Maternity & Pregnancy	Social economic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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What impact will this have on people receiving a positive experience of care?	Choose: Negative	<p>If the patient is told that they do not qualify for free NHS hospital care and has to pay, either if they did not know they had to pay or have no intention to pay, this would have an effect on how the patient feels about the experience of their stay in the hospital</p>																				
Equality Consideration <i>Highlight the protected characteristic impact or social economic impact (e.g. homelessness, poverty, income or education)</i>		<table border="1"> <tr> <th>Race</th> <th>Gender</th> <th>Sexual orientation</th> <th>Age</th> <th>Disability & carers</th> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <th>Gender reassignment</th> <th>Marriage & Civil Partnership</th> <th>Religion and faith</th> <th>Maternity & Pregnancy</th> <th>Social economic</th> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	Race	Gender	Sexual orientation	Age	Disability & carers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gender reassignment	Marriage & Civil Partnership	Religion and faith	Maternity & Pregnancy	Social economic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																		
Does the proposal impact on the responsiveness to people's needs?	Choose: Neutral /Negative	<p>No impact for emergency treatment however as patients are required to pay upfront for routine hospital services, there is a possibility of treatment being delayed or cancelled if not paid.</p> <p>However, the Trust mitigates this impact with the option to offer access to payment by instalments, rather than full payment in advance.</p>																				
Equality Consideration <i>Highlight the protected characteristic impact or social economic impact (e.g. homelessness, poverty, income or education)</i>		<table border="1"> <tr> <th>Race</th> <th>Gender</th> <th>Sexual orientation</th> <th>Age</th> <th>Disability & carers</th> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <th>Gender reassignment</th> <th>Marriage & Civil Partnership</th> <th>Religion and faith</th> <th>Maternity & Pregnancy</th> <th>Social economic</th> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	Race	Gender	Sexual orientation	Age	Disability & carers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gender reassignment	Marriage & Civil Partnership	Religion and faith	Maternity & Pregnancy	Social economic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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What considerations have been put in place to consider the organisations approach on improving equality and diversity in the workforce and leadership?	Choose: Neutral	In respect of the policy – training is provided to staff in relation to the Overseas Visitors charging regulations and its impact on equality and diversity for our patients. The training features specific focus on race, disability and religion as protected characteristics that may be adversely impacted																								
Equality Consideration Highlight the protected characteristic impact or social economic impact (e.g. homelessness, poverty, income or education)		<table border="1"> <tr> <th>Race</th> <th>Gender</th> <th>Sexual orientation</th> <th>Age</th> <th>Disability & carers</th> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <th>Gender reassignment</th> <th>Marriage & Civil Partnership</th> <th>Religion and faith</th> <th>Maternity & Pregnancy</th> <th>Social economic</th> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	Race	Gender	Sexual orientation	Age	Disability & carers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Gender reassignment	Marriage & Civil Partnership	Religion and faith	Maternity & Pregnancy	Social economic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
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Access Could the proposal impact positively or negatively on any of the following:																										
<ul style="list-style-type: none"> Patient Choice 	Choose: Negative	Patients could choose not to receive the care because they have been told they have to pay for it and cannot or do not want to pay																								
<ul style="list-style-type: none"> Access 	Choose: Negative	Patients are not prevented from accessing NHS hospital services unless they are required to pay as overseas visitors, and cannot pay in advance for routine and planned services. The patient may however choose themselves to not access the service so they do not have an NHS debt, and this is something the overseas team try to encourage the patient not to do if the care is urgently required for them, but we cannot prevent them making this decision																								
<ul style="list-style-type: none"> Integration 	Choose: Neutral	No																								
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<p>Engagement and Involvement</p> <p>How have you made sure that the views of stakeholders, including people likely to face exclusion have been influential in the development of the strategy / policy / service:</p>	<p>Choose: Neutral</p>	<p>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</p>																				
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<p>Duty of Equality</p> <p>Use the space below to provide more detail where you have identified how your proposal of change will impact.</p>	<p>Choose: Neutral</p>	<p>The Department of Health and Social Care 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.</p>																				
<p>Characteristic</p>	<p>Rating</p> <p>😊 😐 😞</p>	<p>Description</p>																				
<p>Race</p>	<p>Choose: Negative</p>	<p>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. To mitigate this, the training provided to all staff includes not discriminating against patients in asking the applicable questions under the overseas visitors legislation.</p>																				

Age	Choose: Neutral	Age does not impact on decision to treat in relation to applying the OV regulations, however there is a recognition that some of the overseas children might be especially vulnerable, and additional safeguarding steps might need to be taken.
Disability and Carers	Choose: Neutral	This protected characteristic has no bearing on whether a patient is ordinarily resident in the UK
Religion or belief	Choose: Neutral	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. To mitigate this religion and belief features heavily in the training provided to all staff.
Sex	Choose: Neutral	Overseas visitors of both sexes 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. The overseas team is aware of being vigilant to the potential risk of female patients being a victim of modern slavery. This is highlighted in the safeguarding training within the Trust.
Sexual orientation	Choose: Neutral	This protected characteristic has no bearing on whether a patient is ordinarily resident in the UK
Gender re-assignment	Choose: Neutral	This protected characteristic has no bearing on whether a patient is ordinarily resident in the UK
Pregnancy and maternity	Choose: Negative	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 and civil partnership	Choose: Neutral	This protected characteristic has no bearing on whether a patient is ordinarily resident in the UK
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Human Rights

Please look at the table below to consider if your proposal of change may potentially conflict with the Human Right Act 1998

Articles		Y/N
A2	Right to life	NO
A3	Prohibition of torture, inhuman or degrading treatment	NO
A4	Prohibition of slavery and forced labour	NO
A5	Right to liberty and security	NO
A6 & 7	Rights to a fair trial; and no punishment without law	NO
A8	Right to respect for private and family life, home and correspondence	NO
A9	Freedom of thought, conscience and religion	NO
A10	Freedom of expression	NO
A11	Freedom of assembly and association	NO
A12	Right to marry and found a family	NO
Protocols		
P1.A1	Protection of property	NO
P1.A2	Right to education	NO
P1.A3	Right to free elections	NO

Overseas Visitors SOP

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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		New Document	New Document
V1.1	July 2021		Amend	Changes re Brexit
V2.0	March 2023		Amend	Patient categories & communication methods

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	October 2023
Income & Contracting	Contracts Manager	October 2023

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

- Mobile 07814 769510
- Mrs Vicki Horton Overseas Visitors Manager x770286
- Miss Martina Krejcova Overseas Visitors Officer x 770287.

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 visitor's 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 Chapter 6.11 EHIC process and 6.7 Charging Categories

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

See definitions described in the Overseas Visitor Policy.

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, which may not necessarily be their ethnicity or the country they were born in. If they present any information in the way of a visa / ID card / medical insurance, either scan them into nerve centre under the ED Admin section or scan 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 – This could also be scanned into nervecentre under the ED Admin section (copies to eSearcher are not usually readable See also Chapter 6.11 [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 as above with process for A&E Administration staff

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 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 Chapter 6.11 [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 / assessment units are not attached to A&E. For further detail refer to 5.3.2 – 5.3.4

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 Chapter 6.11 [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 Chapter 6.11 [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 Chapter 6.11 [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 the contact details of extensions [REDACTED].

And the inpatient stay patient category field to be added to the Patient Administration System (PAS) as “9” Not known” and NOT “A” Standard NHS-funded Patient

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.

And the inpatient stay patient category field to be added to the Patient Administration System (PAS) as “9” Not known” and NOT “A” Standard NHS-funded Patient

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 Chapter 6.11 [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 necessarily 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 07814 769510.

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. However, the referral should be added to the Patient Administration System (PAS) with a patient category field as “9” Not known” and NOT “A” Standard NHS-funded Patient

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]

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.

The patient category against the activity for the patient should be changed in the Patient Administration System (PAS) to be with a patient category field as "9" Not known" and NOT "A" Standard NHS-funded Patient.

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]

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.

The patient category against the activity for the patient should be changed in the Patient Administration System (PAS) to be with a patient category field as "9" Not known" and NOT "A" Standard NHS-funded Patient

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.

The Pre-attendance form that they have returned to you should have had both sides completed, and is to be emailed to esht.overseasteam@nhs.net when you contact them with the patient details and location the patient is going to in the hospital

Email esht.overseasteam@nhs.net

• [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. Overseas Visitor & Mother OverseasVisitor fields Badgernet

The midwife is required to identify whether the pregnant person has been living in the UK for the previous 12 months? The Overseas Visitor field requires either a **YES** or **NO** answer in the booking questionnaire and the midwife should only choose YES when the pregnant person has NOT lived in the UK for the previous 12 months.

Whilst the patient categories are to be confirmed by the overseas visitors team, the midwife can populate the “Mother OverseasVisitor” field if the answer is known out of a choice of:

- A Standard NHS-funded Patient
- 9 Not Known

The other categories within this area must not be used, that is

- B Immigration Health Surcharge payee
- C Charge-exempt Overseas Visitor (European Economic Area)
- D Chargeable European Economic Area Patient
- E Charge-exempt Overseas Visitor (non-European Economic Area)
- F Chargeable non-European Economic Area Patient
- P Pending

See section 6.7 [Charging](#) Categories for more information

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
- 

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 can pick the one that applies to the pregnant person. The choices that midwives should use if they populate this in Badgernet are:

- A Standard NHS-funded Patient
Where the patient is believed to have been resident in the UK for the last 12 months and has not lived overseas
- 9 Not Known
Where it is not known whether the patient is affected by the overseas visitors legislation – this can be because of visa needed or not got, being an actual visitor or anything unknown relating to whether been in UK last 12 months

The other categories within this area must not be used by maternity teams as for use by the overseas visitor’s team ONLY, but for information they relate to the following types of patient

- B Immigration Health Surcharge payee
The IHS is paid by any person who requires a visa to be in the UK for more than 6 months – it does now affect both EU and Non-EU nationals and will usually mean that the patient is entitled to maternity services free of charge if they are usually living in the UK
- C Charge-exempt Overseas Visitor (European Economic Area)

This is unlikely to be used for maternity cases, as it usually relates to care in A&E, or treatment that related to an exempt disease (or other exempt condition) for a person who is an overseas visitor from a country in the EEA, and would otherwise have to pay if it was not these things

- D Chargeable European Economic Area Patient
This is where the patient is from an EU country, but they are not lawfully settled here in the UK and do not have a European Health Insurance Card, so would be required to pay for their NHS hospital care
- E Charge-exempt Overseas Visitor (non-European Economic Area)
This is unlikely to be used for maternity cases, but it can relate to pregnant people who are from a country that has a reciprocal health agreement with the UK i.e. Australia etc and could also relate to treatment that related to an exempt disease (or other exempt condition) for a person who is an overseas visitor from a Non-EEA country and would otherwise have to pay if not charge-exempt
- F Chargeable non-European Economic Area Patient
Patients in this category are visitors from Non-EEA countries or patients who are not lawfully in the UK (irregular migrants) from whom payment is required for NHS hospital treatment. Even if pregnant people are in this category, their care is immediately necessary and no maternity services, including scans will be delayed or prevented subject to the patient being able 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.overseasteam@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://www.gov.uk/government/publications/overseas-nhs-visitors-implementing-the-charging-regulations>

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.

Email communication

The overseas team will use any email address that is on the electronic patient record for the patient as well as if there is one on the summary care record (NHS number) for the patient, to seek information from the patient.

Should a reply be received from any email sent indicating that another email should be used to forward what we requested, the Overseas Visitors Team WILL NOT use this advised email to communicate with (unless the patient has given their permission to do so). This is because we cannot be sure who else has access to this and it may not just be the patient.

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 and any other immigration status identified.
- The information collected which resulted in the referral to the OV team
- The patients' nationality (if known)

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

6.1. 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 the patient 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 or a certificate of application to the EUSS". It can also occur for cases where a new NHS number has been created as a result of former residence in Scotland, or for a child who has been adopted. 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](#)

6.2. 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. The overseas team member will try to contact the area the patient is in to seek their help with obtaining this information for the patient. 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 UK State 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, and it must have been activated before the UK left the EU i.e. 31.12.2020

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 [REDACTED]. (If calling from abroad ring [REDACTED]) or Email: nhsbsa.ohsregistrations@nhs.net

Also currently a pensioner from an EEA country (Not a UK State Pensioner) 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?

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.

If they are visiting the UK, do they have a European Health Insurance Card or Insurance? EHICs can still be used for visitors from the EU and Switzerland, if the patient is insured in their usual country of residence. This does not relate to Norway, Iceland or Liechtenstein

Visitors who are resident in an EU country or Switzerland who do not provide an EHIC/PRC (or specified equivalent for Ireland (prove evidence that they are resident in Ireland) and Norway) and chargeable visitors from Iceland and Liechtenstein must be charged for relevant services at 150% of the NHS tariff or equivalent, unless another exemption applies to them under the Charging Regulations.

An arrangement between the UK and Norway means that Norwegian and UK nationals residing in Norway or insured in Norway may present a valid Norwegian passport in order to access needs-arising treatment when visiting the UK.

Residents in Ireland only need to prove evidence that they are resident in Ireland to receive free NHS care, EHIC is not required

- 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 6.11 [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.”](#)

6.3 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” These can also be found on the Trust Network under S:\FinanceXSite\7 Contracting & Income\Contract Monitoring\Overseas\Patient template letters

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

6.4 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>

6.5 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.

6.6 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](#)

6.7 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:

- From 1st April 2023 these charging categories will be available to populate in PAS for every piece of activity from waiting list, partial bookings, inpatient stays, outpatient appointments – it is the patient category field that needs to be populated and will determine whether the patient has to pay or not.

CATEGORY A

patient ordinarily resident in the UK

patient an asylum seeker or failed asylum seeker under certain conditions

CATEGORY B

- patient subject to immigration control, resident in the UK and a surcharge payee (or exempt or waived from paying the surcharge)

CATEGORY C

- Patient ordinarily resident in another EEA country or Switzerland EHIC / PRC / S1 –

CATEGORY D

- Patient ordinarily resident in another EEA country or Switzerland without EHIC / PRC / S1 –

CATEGORY E

- patient ordinarily resident outside the EEA – but exempt of charge

CATEGORY F

- patient ordinarily resident outside the EEA and not exempt of charges

(14) 6.8 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.

6.9 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 will usually be charged at 150% of the English National Tariff if they are required to pay, where another exemption cannot be found to cover the patients entitlement.

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.

6.10 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 is 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 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](#)

6.11 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 Norway, Iceland and Liechtenstein: 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 (for all except Norway)

- Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, , Italy, Latvia, , 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 will use 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). This PRC must be provided by the patient within 48 hours or the Trust will invoice for anything that is not A&E. The Overseas Team must ask the patient to obtain the PRC for themselves

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](#)

6.12 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.

6.13 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.

6.14 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 the overseas team generic email 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 Patient can find details about this via link

<https://www.gov.uk/government/publications/what-happens-to-your-data-guidance-for-overseas-patients/what-happens-to-your-data-guidance-for-overseas-patients>

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 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.

6.15 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.

6.16 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.

6.17 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

6.18 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.

6.19 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.

6.20 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.

7 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.

8. 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: EIA

Equality Impact Assessment Form

1. Cover Sheet

Please refer to the accompanying guidance document when completing this form.

Strategy, policy or service name	Overseas Visitors Policy
Date of completion	6 th November 2023
Name of the person(s) completing this form	
Brief description of the aims of the Strategy/ Policy/ Service	To ensure effective management of overseas visitors and maximise cost recovery
Which Department owns the strategy/ policy/ function	Overseas Visitors Department
Version number	2
Pre Equality analysis considerations	Review of all protected characteristics and which ones are affected by the statutory duty for ESHT as an NHS Trust to ensure its patients are ordinarily resident in the UK
Who will be affected by this work? E.g. staff, patients, service users, partner organisations etc.	Non-UK resident patients / ESHT staff / carers / guardians / parents and family members
Review date	Click here to enter text.
If negative impacts have been identified that you need support mitigating please escalate to the appropriate leader in your directorate and contact the EDHR team for further discussion.	To whom has this been escalated? Name: Click here to enter text. Date: Click here to enter a date.
Have you sent the final copy to the EDHR Team?	Yes

2. EIA Analysis

	☺ ☹ ☹	Evidence:																				
<p>Will the proposal impact the safety of patients', carers' visitors and/or staff?</p> <p><i>Safe: Protected from abuse and avoidable harm.</i></p>	<p>Choose: Neutral</p>	<p>No impact on safety due to any patient that needs emergency care, it is not delayed or prevented subject to the process stated in this document. Conversations with patients are usually with a member of staff accompanying the overseas team</p>																				
<p>Equality Consideration</p> <p><i>Highlight the protected characteristic impact or social economic impact (e.g. homelessness, poverty, income or education)</i></p>	<p>Choose: Neutral</p>	<table border="1"> <tr> <th>Race</th><th>Gender</th><th>Sexual orientation</th><th>Age</th><th>Disability & carers</th></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <th>Gender reassignment</th><th>Marriage & Civil Partnership</th><th>Religion and faith</th><th>Maternity & Pregnancy</th><th>Social economic</th></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	Race	Gender	Sexual orientation	Age	Disability & carers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gender reassignment	Marriage & Civil Partnership	Religion and faith	Maternity & Pregnancy	Social economic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
<p>Is the proposal of change effective?</p> <p>Effective: Peoples care, treatment and support achieves good outcomes, That staff are enabled to work in an inclusive environment. That the changes are made on the best available evidence for all involved with due regards across all 9 protected Characteristics</p>		<p>The changes in our policy are in line with the change in government policy relating to the Charges to Overseas Visitors Regulations 2015 (as amended)</p> <p>The regulations themselves have been subject to an equality impact assessment by the Department of Health and Social Care</p>																				

Equality Consideration Highlight the protected characteristic impact or social economic impact (e.g. homelessness, poverty, income or education)		<table border="1"> <tr> <th>Race</th> <th>Gender</th> <th>Sexual orientation</th> <th>Age</th> <th>Disability & carers</th> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <th>Gender reassignment</th> <th>Marriage & Civil Partnership</th> <th>Religion and faith</th> <th>Maternity & Pregnancy</th> <th>Social economic</th> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Race	Gender	Sexual orientation	Age	Disability & carers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gender reassignment	Marriage & Civil Partnership	Religion and faith	Maternity & Pregnancy	Social economic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
What impact will this have on people receiving a positive experience of care?	Choose: Negative	If the patient is told that they do not qualify for fee NHS hospital care and has to pay, either if they did not know they had to pay or have no intention to pay, this would have an effect on how the patient feels about the experience of their stay in the hospital																				
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																		
Does the proposal impact on the responsiveness to people's needs?	Choose: Neutral /Negative	No impact for emergency treatment however as patients are required to pay upfront for routine hospital services, there is a possibility of treatment being delayed or cancelled if not paid. However the Trust mitigates this impact with the option to offer access to payment by instalments, rather than full payment in advance.																				
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																		

What considerations have been put in place to consider the organisations approach on improving equality and diversity in the workforce and leadership?	Choose: Neutral	Trust extranet page for staff http://nww.esht.nhs.uk/task/equality-and-diversity/ In respect of the policy – training is provided to staff in relation to the Overseas Visitors charging regulations and its impact on equality and diversity for our patients.				
Equality Consideration Highlight the protected characteristic impact or social economic impact (e.g. homelessness, poverty, income or education)		Race <input checked="" type="checkbox"/>	Gender <input type="checkbox"/>	Sexual orientation <input type="checkbox"/>	Age <input type="checkbox"/>	Disability & carers <input type="checkbox"/>
		Gender reassignment <input type="checkbox"/>	Marriage & Civil Partnership <input checked="" type="checkbox"/>	Religion and faith <input type="checkbox"/>	Maternity & Pregnancy <input checked="" type="checkbox"/>	Social economic <input checked="" type="checkbox"/>
Access Could the proposal impact positively or negatively on any of the following:						
<ul style="list-style-type: none"> • Patient Choice 	Choose: Negative	Patients could choose not to receive the care because they have been told they have to pay for it and cannot or do not want to pay				
<ul style="list-style-type: none"> • Access 	Choose: Neutral	No				
<ul style="list-style-type: none"> • Integration 	Choose: Neutral	No				
Equality Consideration Highlight the protected characteristic impact or social economic impact (e.g. homelessness, poverty, income or education)		Race <input type="checkbox"/>	Gender <input type="checkbox"/>	Sexual orientation <input type="checkbox"/>	Age <input type="checkbox"/>	Disability & carers <input type="checkbox"/>
		Gender reassignment <input type="checkbox"/>	Marriage & Civil Partnership <input type="checkbox"/>	Religion and faith <input type="checkbox"/>	Maternity & Pregnancy <input checked="" type="checkbox"/>	Social economic <input checked="" type="checkbox"/>

Engagement and Involvement How have you made sure that the views of stakeholders, including people likely to face exclusion have been influential in the development of the strategy / policy / service:	Choose: Neutral	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																								
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																						
Duty of Equality Use the space below to provide more detail where you have identified how your proposal of change will impact.	Choose: Neutral	The Department of Health and Social Care 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.																								
Characteristic	Rating 😊 😐 😞	Description																								
Race	Choose: Negative	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.																								
Age	Choose: Neutral	Age does not impact on decision to treat in relation to applying the OV regulations, however there is a recognition that some of the overseas children might be especially vulnerable, and additional safeguarding steps might need to be taken.																								
Disability and Carers	Choose: Neutral	This protected characteristic has no bearing on whether a patient is ordinarily resident in the UK																								

Religion or belief	Choose: Neutral	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, however this matter features heavily in the training provided to all staff.
Sex	Choose: Neutral	Overseas visitors of both sexes 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. The overseas team is aware of being vigilant to the potential risk of female patients being a victim of modern slavery. This is highlighted in the safeguarding training within the Trust.
Sexual orientation	Choose: Neutral	This protected characteristic has no bearing on whether a patient is ordinarily resident in the UK
Gender re-assignment	Choose: Neutral	This protected characteristic has no bearing on whether a patient is ordinarily resident in the UK
Pregnancy and maternity	Choose: Negative	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 and civil partnership	Choose: Neutral	This protected characteristic has no bearing on whether a patient is ordinarily resident in the UK

Human Rights

Please look at the table below to consider if your proposal of change may potentially conflict with the Human Right Act 1998

Articles		Y/N
A2	Right to life	No
A3	Prohibition of torture, inhuman or degrading treatment	No
A4	Prohibition of slavery and forced labour	No
A5	Right to liberty and security	No
A6 & 7	Rights to a fair trial; and no punishment without law	NO
A8	Right to respect for private and family life, home and correspondence	NO
A9	Freedom of thought, conscience and religion	NO
A10	Freedom of expression	NO
A11	Freedom of assembly and association	NO
A12	Right to marry and found a family	NO
Protocols		
P1.A1	Protection of property	NO
P1.A2	Right to education	NO
P1.A3	Right to free elections	NO

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="text"/>
<input type="checkbox"/> Student visa <input type="checkbox"/> Visit visa	Visa expiry date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> Asylum Registration Card (ARC)	ARC No. <input type="text"/>
<input type="checkbox"/> Other – please state: <input type="text"/>	BRP No. <input type="text"/>

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: <input type="text"/>		

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
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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: <input type="text"/>		


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

GP/surgery name: <input type="text"/>	Address of GP surgery: <input type="text"/>
GP telephone: <input type="text"/>	
NHS number: <input type="text"/>	

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: <input type="text"/>
Membership number: <input type="text"/>	
Insurance telephone: <input type="text"/>	

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	<input type="text"/>
	4	<input type="text"/>
	5	6 <input type="text"/>
	7	<input type="text"/>
	8	9 <input type="text"/>

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

Name of college/university: <input type="text"/>	Telephone: <input type="text"/>
Course dates From: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Number of hours/week: <input type="text"/>

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 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 _____

Credit Control Process

Credit control in a business refers to the strategies and procedures implemented to manage and control the amount of credit extended to customers. Its primary goal is to minimize the risk of non-payment while maximizing sales and profitability. Effective credit control ensures that customers pay their invoices on time, reducing the incidence of bad debts and improving the company's cash flow.

Procedure contents: (control + click on the link below for more information)

[01 ... Purpose](#)

[02 ... Credit Control Process](#)

[03 ... Process reminder](#)

[04 ... Centros ESHT System for Sales Ledger](#)

[05 ... NHS/Local Government/Private Patient Insured/ICON referrals > 1 month.](#)

[06 ... Recovery of debt by Third Party Debt Collection Agency \(ICON\)](#)

[07 ... ICON Referral](#)

[08 ... Write off Process.](#)

[09 ... Audit Committee Paper](#)

[10 ... Accounts in Credit](#)

01 – Purpose

The purpose of this procedure is to outline the process in place by ESHT for the collection of outstanding debts. The aged debt is from a wide range of debtors: - (Large Corporate companies, Councils, NHS Organisations, Private Health Insurance Companies, Private small businesses, General Public).

Invoices are raised in several departments: -

- Financial Management Team (recharges of staff/services).
- Contract Income (Service Level Agreements/Contracts/Services supplied).
- Private Patients - Sussex Premier Health (Insured and Self Pay private treatment).
- Overseas Team (Visitors to the UK without entitlement to free NHS care).
- Accommodation (Staff Accommodation).
- Creche (Facility of nursery care for children of staff).

It is the responsibility of the Credit Control team to ensure that all invoices are chased and cleared in a timely manner, to assist ESHT Cashflow.

02 – Credit Control Process

Steps:

- 1) Invoice is raised.
- 2) After - 7 days – 1st reminder is sent.
- 3) 7 days after the 1st reminder was sent the 2nd reminder is sent.
- 4) 7 days after the 2nd reminder was sent the 3rd & final system generated reminder is sent.
- 5) If no response after 10 day – Icon referral process should be followed.

Currently the reminders are sent at 15-day intervals. Financial System are amending to the above as agreed.

Please see below examples of reminder letters

3 x Reminder letter are sent at 7 day intervals.

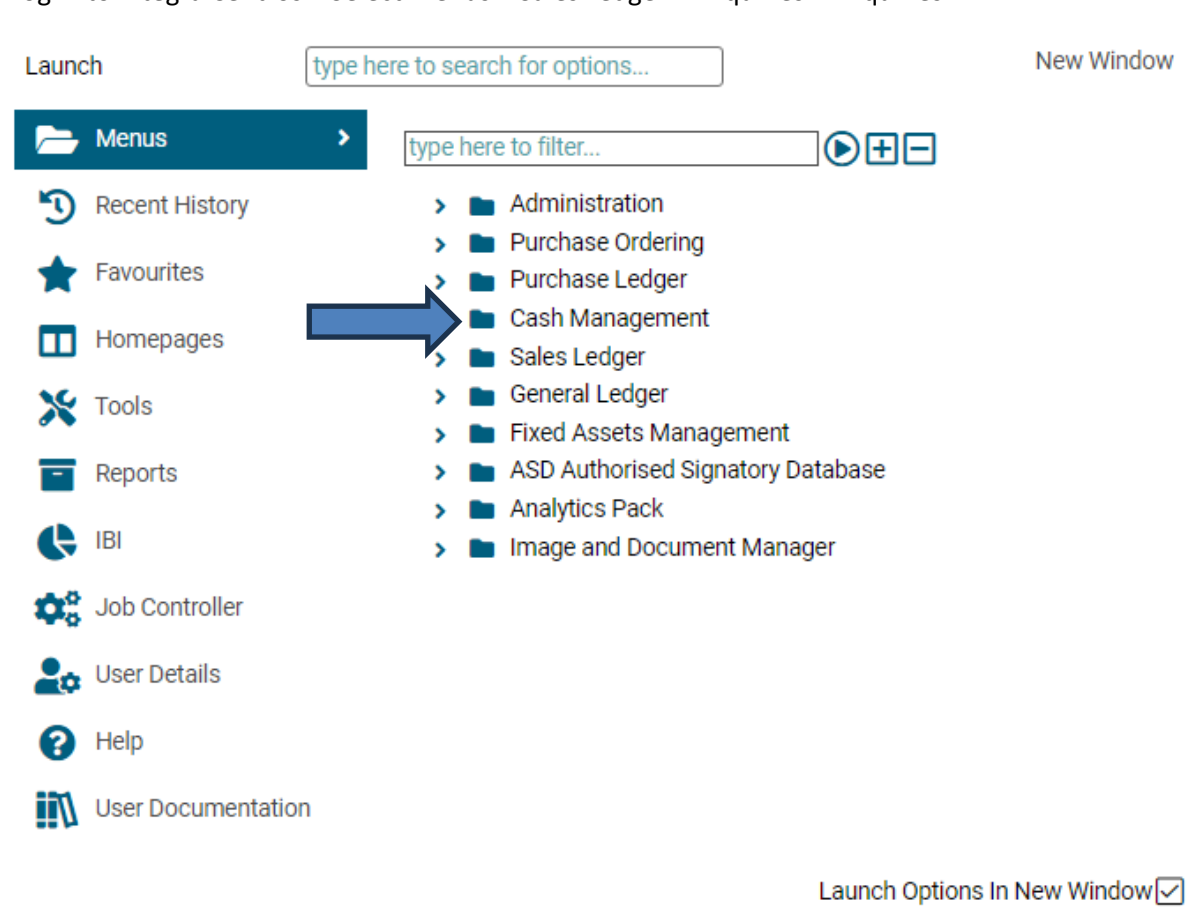
03 – Process reminders

- a) Action – Telephone call, Inbox query, Email.
- b) Deal with query.
- c) Add diary note to each individual invoice.
- d) Attached any emails received and sent or sent to the front screen on the enquiry screen.
- e) Add to your diary.

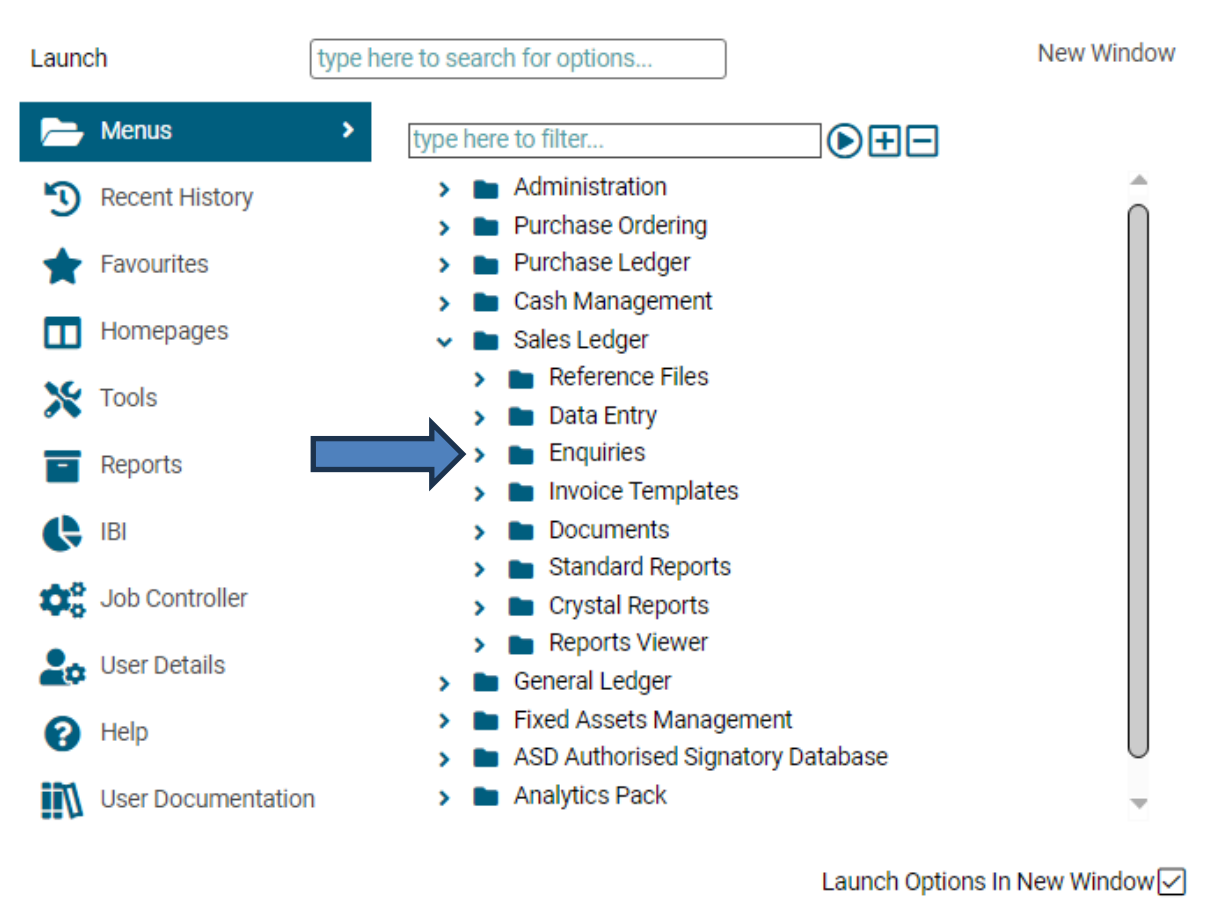
04 – Centros ESH System for Sales Ledger

Sales ledger enquiry – allows to view any invoices raised in the system. You can add diary notes and attachments relating to each transaction.

Log in to Integra Centros > Select Menu > Sales Ledger > Enquiries > Enquiries



Click on Enquiries and then Enquiry as per below screen shot:



- **Head Office** – Leave blank.
- **Customer Code** – Account holder number.
- **Reference** – Search Invoice or transaction number.
- **Amount from & Balance from** allows you to narrow your field for searching. If you add in 0.01 to the balance from you will only see outstanding items, if you leave it blank you will see all cleared and uncleared transactions.
- **Transaction Date From – To** – allows to search the sales ledger for specific dates or a range of dates.
- **Allocation** – you can select any specific allocation, if left blank it will display all.

If searching outstanding balance only:

Search Criteria

Company ID

Head Office

Customer Code

Reference

Amount From

Balance From

Trans Date From

Allocation

Year

Period

000001

00024444

0.00

To

0.01

To

To

☐ Unallocated
☐ Partially Allocated
☐ Fully Allocated

East Sussex Healthcare NHS Trust

SUSSEX ICB

Display Options

Live or Archive

Page Size

Live

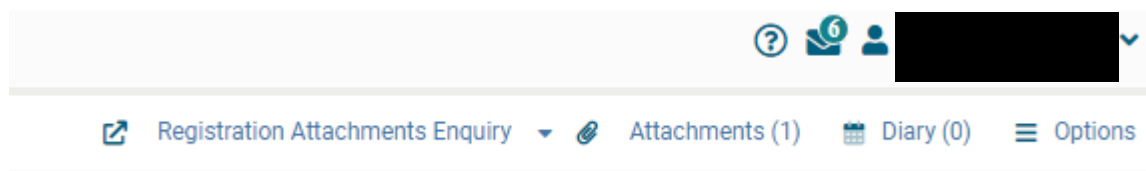
15

After filling information for your search select 'search' button at the bottom right hand corner of the integra screen: -
 The next screen shows all the invoices listed: -

Reference	Transaction Type	Remarks	Query Code	Date	Purchase Order Number	Debit	Credit	Balance	Action
Filter	Filter	Filter	Filter	Filter	Filter	Filter	Filter	Filter	Clear Filters
0000171646	Invoice			15/01/2024		7,500.00	0.00	7,500.00	View
0000171640	Invoice			12/01/2024		23,108.95	0.00	23,108.95	View
0000171573	Invoice			09/01/2024		7,023.40	0.00	7,023.40	View
0000171572	Invoice			09/01/2024		1,492.40	0.00	1,492.40	View
0000171560	Invoice			09/01/2024		10,401.32	0.00	10,401.32	View
0000171559	Invoice			09/01/2024		283,344.66	0.00	283,344.66	View
0000171525	Invoice			08/01/2024		2,226.53	0.00	2,226.53	View
0000171524	Invoice			08/01/2024		2,031.75	0.00	2,031.75	View
0000171523	Invoice			08/01/2024		4,857.65	0.00	4,857.65	View
0000171522	Invoice			08/01/2024		8,764.37	0.00	8,764.37	View
0000171279	Invoice			19/12/2023		11,459.66	0.00	11,459.66	View
0000171205	Invoice			13/12/2023		1,012.00	0.00	1,012.00	View
0000171188	Invoice			12/12/2023		920.00	0.00	920.00	View
0000171187	Invoice			12/12/2023		920.00	0.00	920.00	View
0000171186	Invoice			12/12/2023		1,012.00	0.00	1,012.00	View
						558,844.96	0.00	558,761.20	

Each line represents a transaction and the amount outstanding if no balance is displayed on the line the invoice has been paid.

When you click view it will open the transaction details. On the top bar you will see the following:







The following Tabs are available on both the main screen with the Transaction listed and also when you click to view an invoice. Here is an explanation of what each tab means and it can be used :-

- **Registration attachments enquiry** – Click drop down arrow for copy invoice and other options. (Only use this option when viewing an invoice).
- **Attachments** – you can add additional attachments relating to the transaction. Do not attach documents when viewing an invoice as the attachments should only be those that were added when the invoice was produced. All credit control emails or emails from the debtor must be added the Attachments tab on the front screen where the transactions are listed. The means that everything is all in the one place.
- **Diary** – Must be added to each invoice where an action has been done every time we (receive/make calls/ queries). Diary notes must be added on all actions. To add a diary note you need to do the following:-
 - Click View for on the invoice.
 - Click the Diary Tab.
 - Click Add Reminder.
 - Diary note format should be as follows:
 “02.08.2024 – Copy Invoice sent to [REDACTED].” Or if the invoice is being disputed or is with Icon use the following:-
 “02.08.2024 – ICON – Copy Invoice sent to [REDACTED].”
 “02.08.2024 – DISPUTED – Copy Invoice sent to [REDACTED].”
 - Once added then save.

See example when diary is selected: -

Diary Entries for SLS/000001/COMPANY_ID/00024444/CUSTMF_CODE/0000171646/REFERENCE/INV/TRANS_TYPE/ ✕

Select View Hide Deactivated Entries ▾ 0 Live Entries





 Add Reminder Add Note

Entry Title	Who Entered	Date Entered	Status	Action
Filter	Filter	Filter	Filter	Clear Filters
Created		16-Jan-2024 09:46:13	E	View

Records 1 to 1 of 1 Page / 1

[Close](#)

05 – NHS/Local Government/Private Patient Insured/ICON referrals > 1 month.

System generated reminders are sent to all debtors BUT NOT NHS organisations where invoices are uploaded onto the SBS portal (Trade Shift).

When ICON referrals are > 1 month after the 3rd reminder/ NHS and Local Government the following process must be adhered to:

a) NHS & Local Government

1. Telephone call.
2. Add diary note to follow up.
3. Continue chasing until collection of debt (disputes or concerns to be highlighted to the Deputy Treasury Accountant).

Refer to the requestor for further information.

b) Private Patient's Insured

1. Telephone Insurance company, you can access the Insurance Portal for Specialised debt reports provided by the insurer.
2. Add to diary follow up chase.
3. Continue to chase debt highlighting any concerns to the Deputy Treasury Accountant to advise.
4. The final step would be to contact the Patient as they remain liable if the Insurer doesn't pay.

06 – Recovery of debt by Third Party Debt Collection Agency (ICON)

ICON Process

1. ICON referrals approved by Senior Finance Manager.
2. Approved referrals sent to ICON.
3. ICON follow their own independent process.

c) Other Non NHS Debtors

1. Telephone call

2. Take payment, if possible, resolve issues, provide requested information.
3. Add diary note to follow up.
4. If no response from follow-up chase, send 10 day letter by post and email if the email address is available on the account or within the diary notes.
5. After the 10 day period, add to the Icon list awaiting approval.
6. Payment is either collected or next steps are taken.
7. Depending on the circumstances the debt maybe proposed to be written off, deemed uneconomical to pursue or debtor untraceable.
8. ICON referrals to 2nd / 3rd stage are discussed in a monthly meeting.

07 – ICON Referral

Please see the file path for the Icon referral sheet:-

S:\FinanceXSite\Technical Accounts\Credit Control\23.24 CREDIT CONTROL\3. Sales Ledger\ICON

1. If debt is £50.00 or under, it is deemed uneconomical to collect due to the minimum ICON charge of £15.00. These debts are added straight to the Bad Debt Write off sheet.
2. Create the backup for the ICON referral in the same way as the Write off Backup shown on page 13 of this procedure. ICON also have a backup file. Steps are shown on page 13 of this procedure (Write off Back Up (a-h)).
3. Open “ICON – 1st Stage” Chose either “1st ICON Referral” or “1st Overseas Referral” dependant on the type of debt.
4. Enter the month number i.e., for April – M1 this identifies the month you are referring the case for approval. Fill in all the tabs. DO NOT overtype any formulas.
5. Ensure you add in the link to the ICON back up file.
6. Details will populate the front approval sheet ready for review by the Senior Finance Manager.
7. Change the invoice category on Centros to show the debt is with ICON. There should be a type for each category set up with the original category plus I (ICON). Contact the Deputy Treasury Accountant for any missing categories.
8. ICON approvals are subject to high level discussions, monthly.
9. Approved cases are copied into an excel file and saved into an approved file to be forwarded to ICON for their action.
10. ICON communicate to ESHT if the debt is collected/next stage or to confirm ICON are unable to pursue.

11. Next stage, go to the “ICON – 2nd Stage” or “ICON – 3rd Stage” and repeat steps (1-7).

08 – Write off Process.

Debts can only be written off if the debt is uncollectable and agreed by the Audit Committee. If a service is billed incorrectly, it is a credit. Equally if the service/goods have been delivered it would only be written off if uncollectable and not as a gesture of goodwill.

Types of Write off Identified as follows:

1. Debts identified by ICON as Untraceable, or we deem uneconomical to pursue.
2. Debts not collected under £50, not referred to Icon as uneconomical.
3. Deceased Patients – Overseas or Private Patients.

Write offs are prepared and authorised in Month 9 only to be written off prior to yearend.

Once collated all proposed write offs are discussed with the Senior team, where agreement is reached on which debts can be proposed for write off. The proposed write offs are added to the Losses & Special Payments Audit Committee working paper in M10 for approval.

Only debts agreed by the Audit Committee are written off.

Adding to the Write off Schedule for Approval

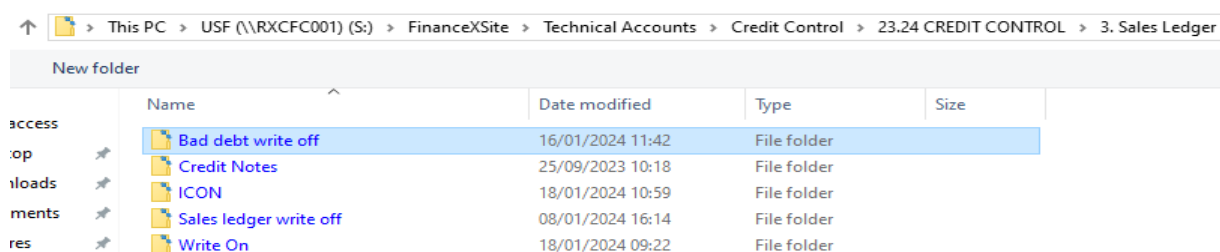
See file path to the Bad Debt Write off Schedules:

S:\FinanceXSite\Technical Accounts\Credit Control\23.24 CREDIT CONTROL\3. Sales Ledger\Bad debt write off

See file path to the Sales Ledger Write-off Schedules:-

“S:\FinanceXSite\Technical Accounts\Credit Control\23.24 CREDIT CONTROL\3. Sales Ledger\Sales ledger write off”.

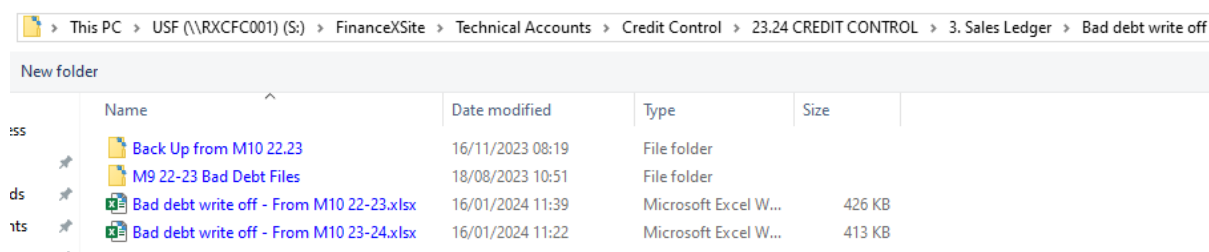
Example of the Write off file:



Name	Date modified	Type	Size
Bad debt write off	16/01/2024 11:42	File folder	
Credit Notes	25/09/2023 10:18	File folder	
ICON	18/01/2024 10:59	File folder	
Sales ledger write off	08/01/2024 16:14	File folder	
Write On	18/01/2024 09:22	File folder	

Back Up

Example of the Schedule and Back-up file:



Name	Date modified	Type	Size
Back Up from M10 22.23	16/11/2023 08:19	File folder	
M9 22-23 Bad Debt Files	18/08/2023 10:51	File folder	
Bad debt write off - From M10 22-23.xlsx	16/01/2024 11:39	Microsoft Excel W...	426 KB
Bad debt write off - From M10 23-24.xlsx	16/01/2024 11:22	Microsoft Excel W...	413 KB

Creating Write off file & Backup:

1. Sales ledger Bad Debt write off coded to provision 9999/146001 or a Sales Ledger low value Write-off, debts for very small values £1, are not part of the provision.
2. Go to the correct file path as shown above.
3. Click into the Backup folder, for Bad Debt write offs, go to the less than or more than 3 years old folder.
4. Copy the last case.
5. Rename it with the debtor you are writing off.
6. Take out the information from the last case.
7. Do a web capture from Centros of the front screen of the account which shows the Name, Invoices date, amounts and total outstanding. Paste into the tab.
8. Create a text box, you need to add a comment explaining the reason for the write off Fill the cell dark blue and text white, for clarity.
9. Open the Write off schedule you need and add in the details. Note there are two tabs on the Bad Debt Write off's <3Years and >3Years. Use the correct tab. After adding the information, add the link to the back up.
10. The file is now ready for review by Senior Finance Manager.
11. Write off files are discussed in a monthly meeting with the Senior Finance Manager.

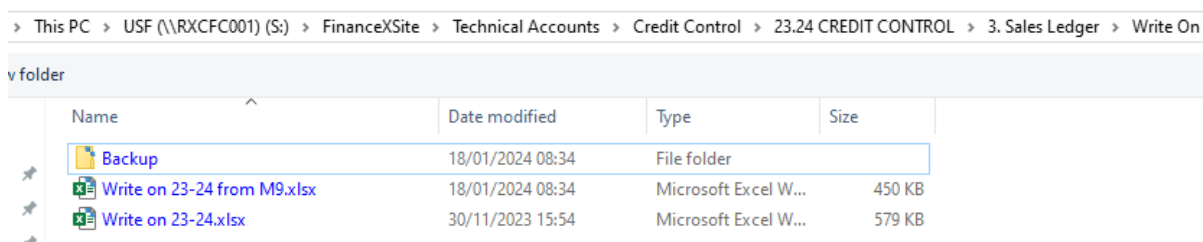
Write On's and write backs.

A write on is a payment received from a debtor following a write off to the bad debt provision. The write on must be coded back to bad debt provision (9999/146001) and not to the sales ledger, this debt has been cleared down by the provision.

Write back is used to clear down any small credit balances where the refund is not possible because the debtor is untraceable, or it would not be economical to do so. This may occur if an overseas patient has paid the invoice and there is a small overpayment due to the currency exchange.

1. The following path for Write on/Write back:
S:\FinanceXSite\Technical Accounts\Credit Control\23.24 CREDIT CONTROL\3. Sales Ledger\Write On

Example of the Write on file:-

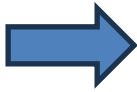


Name	Date modified	Type	Size
Backup	18/01/2024 08:34	File folder	
Write on 23-24 from M9.xlsx	18/01/2024 08:34	Microsoft Excel W...	450 KB
Write on 23-24.xlsx	30/11/2023 15:54	Microsoft Excel W...	579 KB

2. To set up the supporting documentation, back up file, follow the same process as explained in creating a Write off file & back up. The back up will be in Sales Ledger Write-on for the period.

09 – Audit Committee Paper

1. The Write off schedule is finalised.
2. Check to make sure payments have not been received. If paid the invoice should be removed from the schedule.
3. If one debtor has multiple invoices ensure the debtor is only counted as 1 case. This is done by adding a 1 next to the first invoice and zeros against all the others in the cases tab.

- 
4. Ensure there are no duplicates.
 5. Ensure that the table at the top has the correct count against the right type and the amounts are correct.

Count	Debtor Type	Amount	Risk Shared with CCG	Summary	Count
4	Overseas Visitor	4,459.01	4,459.06	Untraceable	18
1	Overpayment of Salary	470.11	0.00	Deceased	1
5	Private Patient	1,067.00	0.00	Insolvency	0
8	Other	5,334.57	0.00	Purchase ledger credits	0
0	Dental	0.00	0.00		
1	Creche	1,001.15	0.00		
0	SPH	0.00	0.00		
0	Sundry Non NHS	0.00	0.00		
0	PRL - status Credit posted to ledger	0.00	0.00		
19	TOTAL	12,331.84	4,459.06	TOTAL	19
	TOTAL	12,331.84	0.00		

6. On completion the file is added to the losses and special payments register in FinanceXsite/technical accounts.
7. The proposed sales ledger write offs are not included in the Losses and Special payments register at Month 9. The debts will only be added when approved by the Audit Committee.
8. When preparing the Audit Committee paper, the value of write offs are required to be added.

From the Audit Committee Paper produced M9 23/24:-

Table 7:

Count	Debtor Type	Amount £
9	Overseas Visitor	91,920
7	Debtor Insolvency	58,122
13	Private Patient	7,126
8	Other	5,335
3	Overpayment of Salary	4,586
1	Creche	1,001
3	SPH	245
7	Dental	170
51	TOTAL	168,504

Write offs are processed in M9 - December.

Once collated all proposed write offs are discussed with the Senior team, where agreement is reached on which debts can be proposed for write off. All the information is then put forward to the Audit Committee in M10 for agreement.

Once agreed the write offs are processed. Low value sales ledger write offs which are approved and written off monthly.

10 – Accounts in Credit

Payments made that result in an overpayment Received into NatWest.

1. Accounts in credit must be identified daily when cash is input. The Credit Controller will check allocations and refund if an overpayment has been received and the debtor has no outstanding invoices.
2. The Credit Controller will contact the account holder after full investigation, to ensure the funds are correctly refunded. For Overseas overpayments see below.
3. The Account Holder should be telephoned, and an email sent confirming the details of the refund, the account holder must email back their account details. Once received the refund will be sent to the Senior Finance Manager for approval. Once approved payment can be made via NatWest (faster payment).
4. A message can be left for the debtor to call you. A letter/email should be sent.
5. Add a diary note on to the account.
6. Add the email to the front screen on the customer account in Centros.
7. If the refund has not been completed one month after the letter/email has been sent this balance should be added to the Write back schedule (**see process 8**).
8. At the end of each month the credit balances should be reviewed.

Overpayments made Received into Lloyds Bank.

9. The Credit Controller must be advised when the cash is input. A refund will be arranged where possible.
10. Credit Controller to contact the account holder once the payment has been checked to ensure that the refund details are correct, the account must be checked for any incorrect allocations and any other invoices due.
11. If paid into Lloyds we should telephone the account holder confirming the refund due. The refund is then sent to the Senior Finance Manager for approval, once approved the account holder will need to be contacted by telephone for a refund via debit/credit card as the same method of payment.
12. If when you have tried to contact the account holder there is no answer leave a message for them to call you. A letter/email should be sent.
13. Add a diary note on to the account.
14. Add the email to the front screen on the customer account in Centros.
15. If the refund has not been completed one month after the letter/email has been sent then the balance should be added to the Write back schedule (**see process 8**).
16. At the end of each month the credit balances should be reviewed.

Overpayments of Overseas Invoices:-

1. In the case of an overpayment from an Overseas patient this is usually a few pounds due to exchange differences and if low value added to the write back schedule as stated above.

Sales ledger credit balances must be checked daily and allocated where correct to do so.

Clearing credit balances against outstanding invoices.

When a Sales ledger account has a credit balance it is important to clear these down. This usually happens when credit notes have been raised but invoices have been paid in full.

- 1) Investigate the account to understand why the balance is outstanding.
- 2) Check allocations. A payment may have been allocated to the incorrect account. You need to be confident you are trying to get the money back to the right Account Holder.

- 3) Once the balance has been verified, contact the Account Holder and advise them there is a credit balance.
- 4) If there is an invoice on their account the balance can be allocated to, download the account as it stands. Take a copy of it and add it to an email.
- 5) Allocate the credit to the oldest invoice redo the statement and copy and paste into the same email.
- 6) Add a diary note to the account this should be on the invoices you have fully/partially cleared to state what has happened.

9e) Clearing Credit Balances.

If there is nothing to allocate the payment to contact the Account Holder to confirm any refund due. Ensuring you follow the correct process as stated above.

The above ONLY applies to non NHS debtors. Before seeking approval for any NHS refunds ensure no future invoices will be raised.