

Overseas Visitors Policy

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Overseas Visitor Policy

Document Control / History

Revision No	Reason for change
NEW	New Policy implemented
1	Additional information from NHS (Charging Overseas Patients) Regulations
2	New NHS (Charges to Overseas Visitors Regulations) into force 1 st August 2011
3	Changes to finance arrangements, information sharing with UK Border Agency and change to exemption for HIV
4	Version 3 expired & PAS system implemented; Also Update to Chapter 6 exemptions, Chapter 7 Finance issues, Chapter 8 Data sharing information, Chapter 9 Duties of OVM removed to separate AGN, Chapter 11 Monitoring amended to reflect change of division for OVM role and new Appendix E
5	Accounting for NHS (Charges to Overseas Visitors) Regulations 2015 effective from 6 th April 2015
6	Update policy and into new format for Trust policy – reflects changes made to NHS (Charges to Overseas Visitors Regulations) amended 1 February 2016 and again 6 th April 2016

Consultation

Medical Director; Director of Operations for Acute & Continuing Care, Co-ordinate Surgical Directorate and Women's & Children's Directorate; Head of Contracting, Income & Costing; Director of Finance; Interim Deputy Director of Finance; Financial Controller; KPMG, Local Counter Fraud Service; Director of Nursing; Head of Corporate Compliance & Resilience; John Sheath, Brachers Law, Head of Equality and Inclusion

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To be read in conjunction with any policies listed in Trust Associated Documents.

1 Introduction

- 1.1 The National Health Service (NHS) provides health care free of charge to people who are ordinarily resident in the United Kingdom (UK). People who do not normally live in the UK are not automatically entitled to free use of the NHS – 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.
- 1.2 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 NHS (Charges to Overseas Visitors) Regulations 2015 (DoH regulations) when they seek treatment from Medway NHS Foundation Trust.
- 1.3 This policy will ensure that all such individuals are identified and managed according to the DoH guidelines, thereby addressing the current moral and ethical dilemmas for clinicians and managers around treatment and charging guidelines.
- 1.4 The DoH regulations place a legal obligation on NHS Trusts in England to establish if people to whom they are providing NHS hospital services are not normally resident in the UK. If they are not, charges may be applicable for NHS services provided. When that is the case the Trust must charge the person liable (normally the patient) for the cost of the services. Medway NHS Foundation Trust reserves the right to “stabilise and discharge” for those not eligible for free treatment and unable to pay, in line with Human Rights legislation.
- 1.5 For Medway NHS Foundation Trust, these issues are primarily dealt with by the Overseas Visitor Manager (OVM) to whom any referrals should be made.

2 Purpose / Aim and Objective

- 2.1 This policy describes a standard Trust wide procedure for the management of patients who are not ordinarily resident in the UK.
- 2.2 This policy aims to eliminate unlawful discrimination and achieve equality for patients of Medway NHS Foundation Trust who are resident in the UK or are subject to the Department of Health Guidance because they are not.
- 2.3 This policy will provide guidance on the charging regulations to ensure correct implementation and recovery of Trust costs.
- 2.4 To ensure compliance with the legal obligations of the Trust with regard to Overseas Visitors and people who are not ordinarily resident in the UK.
- 2.5 To ensure fair and equitable management of all patients affected by the NHS (Charges to Overseas Visitors) Regulations 2015.
- 2.6 To promote awareness and understanding of the procedures relating to the management of both Overseas Visitors and people not usually resident in the UK and therefore their entitlement to free NHS hospital healthcare.

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- 2.7 To ensure Overseas Visitors awareness and understanding of the Trust's legal obligations around charging for NHS services.
- 2.8 To ensure Overseas Visitors understand their responsibilities to supply correct and accurate evidence before the provision of free NHS services can be agreed.

3 Definitions

3.1 Ordinarily Resident

A person will be "ordinarily resident" in the UK when that residence is lawful, adopted voluntarily, and for settled purposes as part of the regular order of their life for the time being, whether of short or long duration. There must be an identifiable purpose for their residence here and this purpose must have a sufficient degree of continuity to be properly described as "settled"

3.2 Indefinite Leave to Remain

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.

3.3 Entitlement to free NHS hospital services

Any person who is ordinarily resident in the UK is entitled to free NHS hospital healthcare.

- 3.4 **Exempt from charge (see section 6)** – 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.

3.5 Patients who are not ordinarily resident and not exempt from charges

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

- 3.6 **Reciprocal Health Agreements** – The UK has reciprocal health agreements with some non-European Economic Area (EEA) countries. Overseas Visitors who can present evidence that they are nationals, citizens or lawful residents (as appropriate) of one of these countries (Appendix A) 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.

3.7 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**

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4 (Duties) Roles & Responsibilities

Refer to SOP0280– Standard Operating Procedure for Overseas Visitors

4.1 Chief Executive

4.1.1 Overall responsibility lies with the Chief Executive for ensuring that our statutory duty to that all patients who receive NHS hospital treatment are ordinarily resident in the UK, and taking into account the exemptions in Section 6, those that are not, are identified and charged for the services that they receive at Medway NHS Foundation Trust.

4.1.2 This responsibility is devolved to the Overseas Visitors Manager.

4.2 Finance Director

4.2.1 Will support the role of the Overseas Visitor Manager to ensure that the Trust is maximising the income from Overseas Visitors

4.2.2 The responsibility for carrying out the processes is devolved to the Overseas Visitors Manager.

4.3 Overseas Visitor Manager (OVM)

4.3.1 The OVM will inform the ward manager / nurse in charge of the conclusion of an investigation for overseas residence, and if the patient is found to be a chargeable patient, will request further clinical details to support the patient

4.4 Local Counter Fraud Service (LCFS) / NHS Protect

4.4.1 The LCFS and the OVM will work together with regards to any cases identified where fraud is suspected of having occurred.

- This may include patients presenting fraudulent, false or misleading information in order to obtain free NHS hospital healthcare.
- It may also include patients failing to disclose that they are not entitled to receive free NHS hospital healthcare.

4.4.2 The LCFS will carry out such investigations as required, provide a report to the Trust and fraudulent activity may result in a criminal prosecution.

4.4.3 Should a suspicion arise that an offence has been committed under the Bribery Act 2010 the matter should be reported to the Local Counter Fraud Specialist and to the Director of Finance & Business Planning for further investigation.

4.5 Emergency Department (ED) Receptionists

4.5.1 Determine patient status by asking all patients what countries they have lived in over the last 6 months.

4.5.2 Ensure documentation from Symphony is placed in the OVM file in A&E office for any patients believed to require further investigation

4.5.3 Follow standard operating procedure

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- 4.6 Early Pregnancy Assessment Clinic (EPAC)
 - 4.6.1 To inform the Ward clerk if a patient is identified as not usually living in UK , and is being admitted for further review onto an inpatient ward
 - 4.6.2 Facilitate the patient being requested to complete a UK/Non UK residence information form **OTCF007**
- 4.7 Maternity Assessment Unit (MAU)
 - 4.7.1 To inform the OVM if a patient is identified as not usually living in UK.
 - 4.7.2 Facilitate the patient being requested to complete a UK/Non UK residence information form **OTCF007**, if they have not already been seen in community midwifery
- 4.8 Acute Medical Unit (AMU) / Surgical Assessment Unit (SAU) / All other Assessment Units
 - 4.8.1 To obtain a completed UK/Non UK residence information form **OTCF007** from the patient
 - 4.8.2 To inform the OVM if a patient is identified as not usually living in UK.
- 4.9 Consultants and their Clinical Teams
 - 4.9.1 To inform the OVM if a patient is identified as not usually living in UK.
 - 4.9.2 To respond to any queries by the OVM as to the level of care being provided to the patient in the event he / she is chargeable, and to advise whether the care is immediately necessary , urgent or routine in nature as applies to the individual case.
 - 4.9.3 In the event that clinical care is required to be given to a chargeable patient when it is known they are not able to pay, a **OTCF006 Overseas Visitor - Request Advice from Doctor** must be completed by the treating clinician
- 4.10 All other Inpatient Wards
 - 4.10.1 To inform the OVM if a patient is identified as not usually living in UK.
 - 4.10.2 To obtain a completed UK/Non UK residence information form **OTCF007** from the patient
- 4.11 Ward Manager / Nurse-In-Charge
 - 4.11.1 To ensure all ward staff are aware of the processes for informing the OVM if a patient is identified as not usually living in UK.
 - 4.11.2 To respond to any queries by the OVM as to the level and type of care being provided to the patient in the event they are chargeable
 - 4.11.3 To inform the OVM when a decision has been made regarding a discharge date for a patient known to be chargeable
- 4.12 Ward Clerks
 - 4.12.1 To obtain a completed UK/Non UK residence information form **OTCF007** from the patient

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- 4.12.2 To inform the OVM if a patient is identified as not usually living in UK.
- 4.12.3 To liaise with ward manager / nurse in charge regarding any update that can be provided to the OVM when advice has been provided that the individual is chargeable i.e. discharge date etc.
- 4.13 Community Midwives
 - 4.13.1 To ensure that every patient booking for a course of pregnancy completes a UK/Non UK residence form
 - 4.13.2 To ensure that any form where a further check is required in respect of lawful right to live in the UK, and / or settled UK residence is forwarded to the OVM
 - 4.13.3 To respond to any queries by the OVM as to the level of care being provided to the patient in the event she is chargeable
- 4.14 Antenatal Scan Department Administrative staff
 - 4.14.1 To ensure that the UK/Non UK residence form **OTCF007** received from the community midwifery team is reviewed against the criteria for checking lawful settled UK residence, and any applicable forms are copied to the OVM for further review
 - 4.14.2 To respond to any queries by the OVM as to the level of care being provided to the patient in the event she is chargeable
- 4.15 Finance Department
 - 4.15.1 Finance staff will advise the OVM on a monthly basis the details of money received in payment of invoices for chargeable overseas patients, so that outstanding amounts can be chased.
 - 4.15.2 Finance staff will ensure a robust process is followed in the pursuit of debts to overseas visitors and any issues relating to the reason the debt was raised are to be directed back to the Overseas Visitor Manager.
 - 4.15.3 Finance staff will liaise as required with the Overseas Visitor Manager to obtain whatever details are needed to actively chase the debt
- 4.16 General Managers / Service Managers
 - 4.16.1 To ensure that all their staff are aware of the policy in respect of overseas visitors, and the duties required to identify whether a patient is usually living in the UK lawfully, specifically what baseline questions they are required to ask of all patients.
 - 4.16.2 To ensure that all their staff know who the OVM is, and how they make contact in respect of patients identified as being affected by the Overseas Visitors regulations
- 4.17 Reception / Booking In Staff
 - 4.17.1 To ensure the baseline questions relating to nationality and residency in the UK is asked of every patient encountered
 - 4.17.2 Inform the OVM if a patient is identified as not usually living in UK.

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- 4.18 Appointments / Scheduling Staff (includes Choose & Book)
 - 4.18.1 To inform the OVM if a patient is identified as not usually living in UK.
 - 4.18.2 To follow the standard operating procedure when advised a patient is chargeable by the OVM
- 4.19 Central Registration Team
 - 4.19.1 To inform the OVM if a patient is identified as not usually living in UK.
- 4.20 All staff roles
 - 4.20.1 Must ensure accessibility of communication for patients who have little or no English and/or barriers/limitations to communication. This can easily be mitigated through the use of additional assistance – (e.g. an interpreter; a BSL translator, an advocate or support worker etc)

5 When to Charge

- 5.1 In the context of charging overseas visitors, when to charge can be considered in terms of the urgency of the treatment needed:
 - 5.1.1 Immediately necessary treatment

If the opinion of the clinicians treating the patient is that treatment is immediately necessary, then it must not be delayed or withheld while the patient's chargeable status is being established. The Trust will always provide immediately necessary treatment whether or not the patient has been informed of, or agreed to pay, charges. Immediately necessary treatment should not be confused with what is clinically appropriate, as there may be some room for discretion about the extent of treatment and the time at which it is given, in some cases allowing the visitor time to return home for treatment rather than incurring NHS charges. When providing immediately necessary treatment, clinicians will be asked to complete an advice from Doctors form [OTCF006] to be put into the patients' medical records
 - 5.1.2 Urgent Treatment

Where the treatment is, in a clinical opinion, not immediately necessary, but cannot wait until the patient returns home, patients should be booked in for treatment, but the Trust should use the intervening period to establish the patient's chargeable status. Wherever possible, if the patient is chargeable, trusts are strongly advised to seek deposits equivalent to the estimated full cost of treatment in advance of providing any treatment. When providing urgent treatment clinicians will be asked to complete an advice from Doctors form [OTCF006] to be put into the patients' medical records
 - 5.1.3 Non-urgent treatment

This relates to routine elective treatment which could in fact wait until the patient returned home. The patient's chargeable status will be established as soon as possible after first referral to the hospital and where the patient is chargeable they should not be put on a waiting list until a deposit equivalent to the estimated full cost of treatment has been obtained. This is not

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refusing to provide treatment, it is requiring payment conditions to be met in accordance with the charging regulations before treatment can commence.

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

5.2.1 They are a UK, EEA or Swiss National, or a Non EEA national with Indefinite Leave to Remain as their visa to be in the UK.

5.2.2 They have lived in the UK for the last 6 months or more – house bill, rental agreement, employment details are some of the ways this can be proven

5.3 Should the patient fail 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 basis.

6 EXEMPTION FROM CHARGES

6.1 Some Services are free to everyone regardless of the status of the patient

6.1.1 Accident & Emergency services – provided in an A&E department, a minor injuries unit, a walk in centre or elsewhere, up until the point the patient is accepted as an inpatient or given an outpatient appointment.

6.1.1.1 Any treatment provided in Assessment Units and at first points of contact will be treated as “elsewhere” as defined by point 6.1.1 above and therefore as continued Accident & Emergency Care, as long as no decision documented into the medical records that the patient was admitted. This will be verified by the Overseas Visitor Manager for any patient who advises they do not usually live in the UK.

6.1.2 Services provided other than in a hospital or by a person who is employed to work for or on behalf of a hospital (i.e. community services will only be chargeable where the staff providing those services are employed by or on behalf of an NHS hospital)

6.1.3 Family Planning Services

6.1.4 Certain Diseases – see Appendix B

6.1.5 Treatment for sexually transmitted diseases. Since 1st October 2012 this exemption covers all treatment within this area, including HIV / Aids

6.1.6 Exemption for victims of violence covers treatment of conditions directly attributable to certain types of violence e.g. torture; female genital mutilation; domestic violence and sexual violence. This will only apply where the person has not travelled to the UK to seek the treatment. Any treatment not attributable to the violence is not free unless another exemption applies.

6.2 Other reasons Individuals will be exempt from charge for NHS hospital treatment:

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6.2.1 Non EEA person who has paid the Health Surcharge to the Home Office, <https://www.gov.uk/healthcare-immigration-application/how-much-pay>

- This will apply to all Non EEA people applying to come to the UK for 6 months or more, and is what entitles these people to NHS hospital services when they have had their biometric residence permit (visa) granted.

6.2.2 EU Regulations – for countries see Appendix A

- Only “insured” residents of the EEA and Switzerland are covered by the EU Regulations when they are visiting the UK
- How a person qualifies as “insured” varies depending on the member state, however in every case where someone is insured they will hold, or have the right to hold a European Health Insurance Card(EHIC)
- If the patient cannot show an EHIC, then they may instead produce a Provisional Replacement Certificate (PRC) to prove entitlement under EU Regulations. The OVM holds details of the relevant health authorities in the EEA countries which if necessary can help the visiting patient obtain the correct documentation for charges to not apply for their healthcare
- Only a valid EHIC or PRC can demonstrate the visitor is exempt from charge under the NHS (Charges to Overseas Visitors) Regulations and EU regulations.
- Visitors from the EEA or Switzerland without an EHIC or PRC must be charged for their NHS hospital treatment.
- The UK can claim reimbursement for the cost of providing healthcare to visitors from other member states under the EU Regulations using the Overseas Treatment Portal when a valid European Health Insurance Card or equivalent is obtained.
- 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)

6.2.4 Reciprocal Healthcare Agreements (non EEA) – Appendix A

6.2.5 Refugees – people who have been granted refuge (asylum) in the UK as defined in the Immigration and Asylum Act 1999

6.2.6 Asylum Seekers – people who have sought refuge (asylum) in the UK as defined in the Immigration and Asylum Act 1999

6.2.7 Individuals receiving support under Section 95 of the Immigration and Asylum Act 1999 from the Home Office

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- 6.2.8 Failed Asylum seekers supported by UKBA under section 4 of the Immigration Acts, or S21 support from Local Authority (National Assistance Act 1948)
 - 6.2.9 Children in the care of any local authority
 - 6.2.10 Victims of Human Trafficking
 - 6.2.11 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
 - 6.2.12 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
 - 6.2.13 Regulation 21 – Prisoners and Immigration Detainees
 - 6.2.14 UK Armed Forces
 - 6.2.15 UK Crown Servants working abroad, person must have been ordinarily resident in the UK prior to posting overseas
 - 6.2.16 British Council or Commonwealth War Graves Commission Staff
 - 6.2.17 UK Government financed posts, person must have been ordinarily resident in the UK prior to posting overseas
 - 6.2.18 Those receiving War Pensions, war widows pensions or armed forces compensation scheme payments
 - 6.2.19 The UK's obligations under the European Convention on Social and medical Assistance 1954 and the European Social Charter 1961
 - 6.2.20 NATO Personnel
 - 6.2.21 Employees on Ships registered in the UK
- (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)

7 CALCULATION OF CHARGES AND OTHER FINANCE ISSUES

- 7.1 Within the English National Health Service (NHS), costs for NHS treatment are calculated on the basis of a HRG (Healthcare Resource Group) which is a grouping consisting of patient events that have been judged to consume a similar level of resource.
- 7.2 The calculated charges for each Overseas Visitor treatment is based upon the respective HRG costing together with a relevant uplift reflecting the Market Forces Factor and a provision for administrative and collection costs.
- 7.3 The decision that a patient is liable for charges legally rests with the relevant NHS body providing the treatment. In cases where a patient's circumstances are unclear,

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unusual or appear not to be provided for in this guidance, relevant NHS bodies should seek their own legal advice as to the application of the Charging Regulations to the patient.

- 7.4 For Urgent admitted Clinical care, an initial deposit of £2,000 will be requested from the patient on account, but treatment is not stopped if no payment is received, or the patient cannot pay. Once a discharge date is known for the episode of care, then an exact charge will be identified and invoiced to the patient.
- 7.5 If the patient requests to pay by instalments, then the instalment amount will be considered reasonable where the value of the monthly payment clears the charges in full within 12 months of the invoice being raised
- 7.6 For Routine planned care, deposits required in full in advance of treatment equivalent to the estimated cost of treatment. If no payment received, then treatment is withheld until payment made. This is not refusing treatment, but requiring payment conditions to be met in advance. If payment is received, then treatment goes ahead, but patient must be informed that the initial money is an estimate and may change dependent on what clinical care is received. Any additional charge following completion of treatment should be paid within 30 days of final invoice, but if instalments requested, the standard instalment should be requested to settle the charges in a maximum of 12 months, or for 10% per month until the account settled in full. The instalment amount will be considered reasonable where the value of the monthly payment clears the charges in full within 12 months of treatment being concluded.
- 7.7 For Maternity Treatment – Where the expectant mother contacts the Overseas Visitor Manager as a first point of contact, a deposit equivalent to the minimum expected charge will be requested in advance of booking the patient with midwives for her course of maternity care
- 7.7.1 The Overseas Visitor Manager will accept the deposit and assist in the organisation of the appointment with an appropriate community midwife by contacting midwifery liaison.
- 7.7.2 In the event that the expectant mother contacts the midwives first, then treatment continues, but a deposit equivalent to the minimum expected charge will be requested in advance of delivery, or further planned care being received – Maternity care will always be immediately necessary in nature (see 5.1.1) and must not be delayed
- 7.7.3 In the event the expectant mother has insufficient funds to pay the deposit in full, then as the treatment is classed as immediately necessary, it will not and must not be refused (see section 5.1.1). Payment terms and consequences of NHS debt (see next section 8) will be dealt with by the Overseas Visitor Manager, and communicated to the patient initially verbally then finalised in writing.
- 7.7.4 The same above process applies to Transgender men expecting a baby, as to women.

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8 SHARING INFORMATION WITH THE DEPARTMENT OF HEALTH FOR USE BY THE UK BORDER AGENCY

- 8.1 In order to allow better recovery of NHS debts, and following a public consultation in 2010, the UK Border Agency (UKBA) amended the immigration rules to allow an unpaid debt of £1,000 or more by a person subject to immigration control to be reason normally to refuse a new visa or extension of stay. This came into force on 31 October 2011 and applies to invoices raised for treatment provided from 1 November 2011.
- 8.2 If the debt is paid in full, or is being met by a reasonable instalment plan (refer to point 7.5 above), then this debt share will not happen.
- 8.3 The Immigration rules have since been amended, with changes coming into force on 6th April 2016. This amendment means:
- 8.3.1 in respect of relevant NHS services provided from 1 November 2011 up to, and including 5 April 2016, relevant NHS bodies must notify the Home Office of outstanding debts of £1000 or more that have been outstanding for 3 months or more*; and
 - 8.3.2 In respect of relevant NHS services provided on, or after, 6 April 2016, relevant NHS bodies must notify the Home Office of outstanding debts of £500 or more that have been outstanding for 2 months or more*.
 - 8.3.3 The time period starts from when the patient is formally charged, usually with an invoice, rather than from the date of treatment, which might be an earlier date
- 8.4 These new rules affect anyone who is either not lawfully settled in the UK or is in the UK with a visa that requires them to pay for NHS hospital care. It is the responsibility of the Trust, carried out by the Overseas Visitor Manager, to ensure that the patient is fully informed of consequences of non-payment.
- 8.5 The NHS is encouraged to support administration of these rules and thereby improve the recovery of their debts by providing relevant information to the UK Border Agency. Provision of this information must take full regard of data protection, information security and patient confidentiality duties. It is important that the guidance issued in Appendix 7 to the NHS (Charges to Overseas Visitors) Regulations 2015 is followed closely to ensure that these duties are met and that the immigration rules are applied fairly and lawfully.

9. Monitoring and Review

What will be monitored	How/Method	Frequency	Lead	Reporting to	Deficiencies / gaps recommendations and actions	Implementation of any required change.
Numbers of overseas visitors and the chargeable amounts	Audit to measure these against the charges recouped by Medway NHS Foundation Trust	Monthly	OVM	Director of Operational Finance	Information Team	Overseas Visitors Manager
Review of policy & procedures	By comparing our policy against Department of Health guidelines regarding Overseas visitors	Annually	OVM	Contracts Manager	Contracts Manager	Directors of Operations & Service Managers
Policy	Amend content as required from above step, instigate Trust policy agreement process	Every year	Author	Capital Finance Monitoring Group	Amend and ratify changes	Replace on intranet
Number of Overseas Visitors reported to OVM	% of Total Wards contacted to confirm if any Overseas Visitors present	Quarterly	OVM	Director of Finance / Contracts Manager	Directors of Operations / Director of Nursing and Service Managers by OVM	Directors of Operations / Director of Nursing and Service Managers by OVM
Review of UK / Non UK residents	Attendance to a ward (different each month) and confirm every inpatient is ordinarily resident in the UK	Monthly	OVM	Contracts Manager	Reported to Directors of Operations, Director of Nursing and Service Managers by OVM	Overseas Visitor Manager & Contracts Manager

10 Training and Implementation

- 10.1 Policy dissemination via the Trust Intranet
- 10.2 Overseas Visitors Training by the Overseas Visitor Manager on request, or via the integrating e-learning developed by the Department of Health, which is available via MOLLIE, by searching for “overseas admin”
- 10.3 Updated Internet and Intranet pages as and when the regulations are changed in future.
- 10.4 The Trust will aim to develop a culture of awareness of the employees’ responsibility in the identification of potential OVS by use of updates to the Trust Intranet, use of weekly communication.

11 Equality Impact Assessment Statement & Tool

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.

Equality Impact Assessment Screening Form

Name of service, function, policy or project: *Overseas Visitors Policy*

Name or Directorate / service area: Financial and Business Planning Directorate

Name and contact details of main individual / team completing assessment:

Vicki Horton, Overseas Visitor Manager 01634 835665

or medwayft.overseasvisitors@nhs.net

1) What is the main purpose of the service, function, policy, project (or the main purpose of the changes you want to make)? (e.g. a policy may ‘guide staff actions in the event of.....’)

Not everyone is entitled to free NHS hospital treatment in England.

The NHS is a residency-based healthcare system and eligibility for free NHS hospital care is based on the concept of “ordinary residence”. An overseas visitor is any person who is not “ordinarily resident” in the UK. A person will be “ordinarily resident” in the UK when that residence is lawful, adopted voluntary, and for settled purposes as part of the regular order of their life for the time being, whether of short or long duration. Nationals of countries outside the European Economic Area (EEA) must also have indefinite leave to remain in the UK in order to be ordinarily resident here. A person who is ordinarily resident in the UK must not be charged for NHS hospital services.

The role of the Overseas Visitor Service is to ensure that patients who are not ordinarily resident in the UK are identified, and where applicable are asked to pay for their NHS hospital care.

2) What are the main activities of the service, function, policy or project? (E.g. a policy might ‘set out core principles, ensure action is legal, give a simple checklist etc’?)

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Ensure adherence to the policy in respect of the management of overseas visitors within the Trust, requesting evidence of entitlement from affected patients to make sure they are able to be considered “ordinarily resident” in the UK, i.e. lawfully settled for permanent reasons in the UK, and when the patient is not entitled, then to ensure that correct charges are calculated and invoiced. To keep a record of all encounters to the Overseas Visitor Service in respect of basic demographics and investigation outcome for later review.

3) Who is intended to benefit from the service, function, policy or project changes, and how?

The patients who are affected by the Charging regulations will be the intended beneficiaries as they will be supported in respect of being asked to pay for their care. The Overseas Visitors service also aims to ensure the financial viability of services as the chargeable individuals will be asked to finance the care themselves.

4) Is the service, function, policy, or project consistent with the Trust equality policies? (if in doubt – note this and confirm advice has been sought)

YES

5) Is the service, function, policy or project consistent with Human Rights legislation? (if in doubt – note this and confirm advice has been sought)

YES

6) Is responsibility for the service, function, policy or project shared with another department, authority or organisation? If so, what responsibility and which bodies?

NOT SHARED

7) What impact is the service, function, policy or project, or change likely to have on different sections of the community (including staff)? You may wish to use the table below as a prompt it is not an exhaustive list.

Equality Strand	Negative impact (Y or N)	Reasoning / evidence
<ul style="list-style-type: none"> ▪ Race 	<p>YES</p>	<p>The policy does discriminate on the basis of national identity and residency – but the discrimination is legal and justifiable. The impact is also mitigated through the exemptions and provision at section 6.</p> <p>It is imperative to identify Overseas Visitors based only upon these parameters (in line with guidance provided by the Overseas Visitors Manager) to ensure UK equality and</p>

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		human rights legislation is not breached. Discrimination should not occur based upon the 'protected characteristics' i.e. the equality strands but is solely based upon the right to free NHS treatment which must be firmly established.
<ul style="list-style-type: none"> • People where English isn't their first language 	YES	Impact will be negative if there is a lack of adherence to the policy criteria for free NHS hospital treatment
<ul style="list-style-type: none"> ▪ Disability 	YES	There is potential discrimination on the grounds of learning disability, visual impairment or hearing impairment, if there are difficulties communicating or completing forms. This can easily be mitigated through the use of additional assistance – (e.g. a BSL translator, an advocate or support worker etc)
<ul style="list-style-type: none"> ▪ <u>Gender (Sex and Gender Recognition):</u> 	NO	
<ul style="list-style-type: none"> ▪ <u>Religion / Belief (including non-believers):</u> 	NO	
<ul style="list-style-type: none"> ▪ Sexual orientation including lesbian, gay and bisexual people 	NO	
<ul style="list-style-type: none"> ▪ Age 	NO	

8) If you have indicated there is a possible negative impact, would this difference be:

Legal? Yes No

Level of impact High Medium Low

9) Could you minimise or remove any negative impact identified (even if this is of low significance)? Explain how:

This policy has a necessary discriminatory impact which is valid, legal and justifiable in the context of the policy's aims and objectives. The policy includes measures designed to minimise any negative impacts'

10) Are there other ways you could adapt the service, function, policy or project or change so that it further promotes equality, equal opportunities or improved relations between communities? Explain how:

No, as our Trust Policy follows the guidance for the NHS (Charges to Overseas Visitors) Regulations and is a statutory duty within these rules to carry out this function

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12 References

Document	Ref No
References:	
Department of Health Overseas Visitors Hospital Charging Regulations 2015 amended February 2016 and again 6 th April 2016	
National Health Service Act 2006 Section 175/191	
CQC Outcome 3 - Fees	
Trust Associated Documents:	
Financial Standing Instructions	
Counter Fraud Policy	POLCF001
Diversity and Dignity within the Workplace Policy	POLCHR006
Elective Access Policy	POLCOM018
Administrative Guidance Note (AGN) – Process for Overseas Visitor Manager	AGN00068
AGN – Admin Process in respect of Overseas Visitors	AGN000132
Overseas Visitor - Undertaking to Pay Form	OTCF005
Overseas Visitor - Request Advice from Doctor	OTCF006
Overseas Visitor - UK - Non UK Resident Information Form	OTCF007
Overseas Visitor - Information Request Form	OTCF008

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13 Countries with Reciprocal Agreements - Appendix A

European Economic Area (EEA) and Switzerland

Visitors from these countries (with the exception of Republic of Ireland) must be asked for a European Health Insurance Card (EHIC) which entitles them to treatment that is “medically necessary” during their visit.

Austria	Ireland
Belgium	Italy
Bulgaria	Latvia
Croatia	Lithuania
Cyprus (Southern)	Luxembourg
Czech Republic	Malta
Denmark	Netherlands
Estonia	Poland
Finland	Portugal
France	Romania
Germany	Slovakia
Greece	Slovenia
Hungary	Spain
	Sweden

Plus, Iceland, Liechtenstein and Norway

Switzerland has a separate agreement with the EU. National Agreement 1408/71 and 574/72 apply.

Reciprocal Health Agreements – Non EEA countries

Anguilla	Macedonia
Australia	Montenegro
Bosnia and Herzegovina	Montserrat
British Virgin Islands	New Zealand
Falkland Islands	Serbia
Gibraltar	St Helena
Isle of Man	Turks and Caicos Islands
Kosovo	
Jersey - but not the rest of the Channel Islands.	

Different levels of care apply to each country, which can be checked with the Overseas Visitor Manager via medwayft.overseasvisitors@nhs.net

Or

Page 89 / 90 of the guidance to the Charging Regulations found

here: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/496951/Overseas_visitor_hospital_charging_accs.pdf provides more details.

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14 Diseases where treatment is necessary to protect the wider public health - Appendix B

Acute Encephalitis;	Malaria;
Acute Poliomyelitis;	Measles;
Anthrax;	Mumps;
Botulism;	Pandemic Influenza or influenza that may become pandemic "Alert Phase" in the World Health Organisation's Pandemic Influenza Risk management Interim Guidance
Brucellosis;	Plague;
Cholera;	Rabies;
Diphtheria;	Rubella;
Enteric Fever (Typhoid and Paratyphoid fever)	Severe Acute Respiratory Syndrome (SARS);
Food Poisoning	Smallpox;
Haemolytic Uraemic Syndrome (HUS);	Tetanus;
Human immunodeficiency virus	Tuberculosis;
Infectious bloody diarrhoea;	Typhus;
Invasive group A streptococcal disease and scarlet fever;	Viral Haemorrhagic Fever; Includes Ebola
Invasive meningococcal disease (meningococcal meningitis, meningococcal septicaemia and other forms of invasive disease);	Viral Hepatitis;
Legionnaires' Disease;	Whooping Cough;
Leprosy;	Yellow Fever
Leptospirosis;	

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