

POLICY NAME:	OVERSEAS VISITORS POLICY
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APPROVING COMMITTEE:	Finance Committee
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RATIFYING COMMITTEE:	PARC (Policy Approval and Ratification Committee)
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AUTHOR(S) (JOB TITLE)	Local Anti-Fraud Specialist
DIVISION/DIRECTORATE:	Finance
TRUST WIDE POLICY (YES/NO)	Yes
Links to other Strategies, Policies, SOP's, etc.	Overseas Visitor Policy

Date(s) previous version(s) approved: (if known)	Version:	Date :
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Manager responsible for review: <i>N.B. This should be the Author's line manager</i>	Director of Finance	

CONTENTS		PAGE NO.
1	INTRODUCTION	3
2	POLICY STATEMENT	3
3	PURPOSE	4
4	SCOPE	4
5	PRINCIPLES OF OVERSEAS VISITORS	4
6	RESPONSIBILITIES:	5
7	HUMAN RIGHTS ACT	6
8	EQUALITY & DIVERSITY	6
9	AUDIT MONITORING AND REVIEW	6
10	ACCESSIBILITY STATEMENT	6

APPENDICES		
1	References	7
2	Equality Impact Assessment Form	8
3	Monitoring and review arrangements	11

**AT ALL TIMES, STAFF MUST TREAT PATIENTS WITH RESPECT
AND UPHOLD THEIR RIGHT TO PRIVACY AND DIGNITY.**

1. INTRODUCTION

- 1.1 Department of Health guidance the Overseas Visitors Hospital Charging Regulations 2011 place a legal obligation on NHS Trusts, NHS Foundation Trusts, Strategic health authorities (SHA's), special authorities (SpHAs) and Primary Care Trust (providing secondary care services) in England to establish whether a person is an overseas visitor to whom charges apply or whether they are exempt from charges by virtue of the Charging Regulations for the NHS Services provided. When charges apply, a relevant NHS body must charge the person liable (usually the patient) for the costs of the NHS Services and recover the cost from them.
- 1.2 If the patient is not normally resident in the UK, the Trust needs to determine whether they are exempt from charges by virtue of any existing regulations and if they are not exempt, make and recover a charge from them to cover the full cost of their treatment. A relevant NHS body also has human rights obligations, meaning that treatment which is considered by clinicians to be 'immediately necessary' must never be withheld from chargeable overseas visitors pending payment, although charges will still apply (unless the service provided is exempt from charges, e.g. treatment at Accident and Emergency Department). Treatment which is not immediately necessary, but is nevertheless classed as 'urgent' by clinicians, since it cannot wait until the overseas visitor can return home, should also be provided, although deposits should be sought in the period ahead of treatment.
- 1.3 The 2011 regulations are the Government's response to close any loopholes that have allowed overseas visitors with no substantive connection with the UK to receive free NHS hospital treatment.

2. POLICY STATEMENT

- 2.1 Wrightington, Wigan and Leigh NHS Foundation Trust recognises that the National Health Service is primarily for the benefit of people living in the United Kingdom and is therefore committed to implementing the hospital charging regulations fully across sites and specialties, raising awareness amongst staff and providing information and training on how to interpret and apply the regulations and ensure that the baseline question is asked every time a patient begins a new course of treatment at the hospital and is entered onto the relevant in-patient or out-patient care computer in order to comply with the Charging Regulations.
- 2.2 With systems in place to support the identification and charging regulations the Trust can ensure that, as far as possible, NHS resources are being used to meet the health care needs of people who are normally resident in the UK.

3. PURPOSE

- 3.1 The policy describes the principles under which the Trust provides the facilities for the treatment of overseas visitors (OSV) and how the Trust will identify and charge overseas visitors.
- 3.2 The objective of this policy is to define the administrative process that relates to overseas patients receiving treatment at Wrightington Wigan and Leigh NHS Foundation Trust.

4. SCOPE

- 4.1 This policy applies to:

4.1.1 All Trust employees, who must clearly identify overseas visitors on Trust premises as early as practicable in the course of treatment.
Key staff groups are:

- 4.1.1.1 All Consultants, who must decide whether a charge-liable overseas visitor is in need of urgent treatment and immediate necessary treatment
- 4.1.1.2 **All Staff** registering or checking patient details, who must confirm patients currently residing in the UK
- 4.1.1.3 The Overseas Team/Designated Officer who must interview patients and review relevant documentation to establish exemptions or invoice accordingly.

5. PRINCIPLES OF OVERSEAS VISITORS

- 5.1 The Trust has a legal obligation to: -
Ensure that patients who are not ordinarily resident in the United Kingdom are identified, Assess liability for charges in accordance with the Charging Regulations,
- 5.2 Certain services are free regardless of the status of the patient. These are described at Appendix A to this policy.
- 5.3 **All Staff**, including Consultants, should identify to the Trust Overseas Team/Designated Officer, patients who are chargeable as early as possible in their dealings with the hospital in order to: -
Reduce the incidence of failure to pay and to protect resources,
- 5.4 To enable the Trust to fully inform the patients of their liability to pay charges.
- 5.5 The Overseas Team/Designated Officer should be contacted on 01942 264800 (Ext 4800) if any member of staff identifies any potential

overseas visitor. Outside office hours a message should be left to include the patient's hospital number or alternatively email overseasvisitorsenquiries@wwl.nhs.uk A member of the team will duly respond.

- 5.6 A member of the Overseas Team/Designated Officer will interview each identified patient to assess chargeable status. A Pre Assessment Form (Appendix C) will be completed for each interviewed patient and supporting documentation will be copied and retained as evidence of the patients UK status.
- 5.7 An Undertaking to Pay Form (UTP)(Appendix F) will be completed for patients identified as chargeable. The patient will be advised of the estimated potential charges, and a deposit equivalent to the estimate will be collected in advance of treatment (wherever practically possible). The UTP Form is actioned by the Overseas Team/Designated Officer to raise the charges (an invoice) against the patient.
- 5.8 Patients charged under the Regulations are NHS Overseas Charged Patients, and as such are liable to pay for their treatment even where an undertaking to pay has not been obtained. **They are not private patients**, Consultants may not charge for their professional services to Overseas Visitors, as these are included in the overall cost to the Trust of the treatment.
- 5.9 Where the patient does not speak or understand English then the patient's spoken language must be established. The use of the **Trust translator service** must be invoked to support the patient's ability to understand and answer the questions appropriately. The use of a **family member or staff** to translate information to and from the patient is not appropriate.

6. RESPONSIBILITIES

6.1 Chief Executive

The Chief Executive is accountable for ensuring the policy exists for Overseas Patients whilst under the care of the hospital.

6.2 Director of Finance

The Director of Finance is responsible for the Overseas Patient function.

6.3 Trust Executive Group / Finance Committee

Responsible for approving the Overseas Visitors Policy

6.4 Trust Managers/ Training and Development Team

Responsible for ensuring the Overseas Visitors Policy and procedures are adhered to by **All Staff**.

6.5 Overseas Team/Designated Officer

The Overseas Team/Designated Officer's role is to see that:

- 6.5.1 The Charging Regulations are applied in practice, so that overseas visitors who are lawfully entitled to free treatment receive it without charge, and that those **not** exempt are charged.
- 6.5.2 Determine if they are exempt from charges, or not, under the Charging

Regulations.

6.5.3 Where the patient is identified as chargeable and claims they cannot pay, it is ultimately the clinician decision to assess if the patient can reasonably be expected to return home and inform the Overseas Team/Designated officer of this, so that the clinician can then consider if and what treatment can wait.

6.7 Admin Staff

Admin staff with patient contact (i.e. Ward Clerks, A&E and General Reception Staff) are responsible for asking the base line question at each patient contact **“How long have you lived in the UK?”** and to notify the Overseas Team/Designated Officer where there is any doubt that the patient does not residing permanently in the UK. (Appendix G)

6.8 All Staff

Must adhere to the Overseas Visitors Policy & Procedures where applicable.

7 HUMAN RIGHTS ACT

Implications of the Human Rights Act have been taken into account in the formulation of this policy and they have, where appropriate, been fully reflected in its wording.

8. EQUALITY & DIVERSITY

The Policy has been assessed against the Equality Impact Assessment Form from the Trust's Equality Impact Assessment Guidance and, as far as we are aware, there is no impact on any Equality Target Group.

9. AUDIT / MONITORING COMPLIANCE

9.1 Audit

The effective implementation of this policy and compliance with both statutory requirements and mandatory guidelines will be subject to an independent audit. An annual audit shall be carried out by Finance to assess the Trust's compliance with this policy, relevant statutory requirements and the relevant mandatory guidelines

9.2 Monitoring

The audit report will be presented to the Finance Committee. The Finance Committee will be responsible for addressing any issues / or developing action plan(s) to correct any deficiencies.

9.3 Review

This policy will be reviewed in 3 years or as and when changes which affect the process are introduced.

10 ACCESSIBILITY STATEMENT

This document can be made available in a range of alternative formats e.g. large print, Braille and audio cd. For more details, please contact the HR Department on 01942 77(3766) or email:equalityanddiversity@wvl.nhs.uk

Appendix 1

REFERENCES AND FURTHER INFORMATION:

Implementing the Overseas Visitors Hospital Charging Regulations (October 2012)

Overseas Visitors Hospital Charging Regulations, Best Practice Guidance Department of Health 2012

The National Health Service Act 2006 (Section 175)

APPENDIX 2

EQUALITY IMPACT ASSESSMENT FORM – STAGE 1
INITIAL ASSESSMENT (PART 1)

FOR USE WITH POLICY'S AND SOP'S

Division:	FINANCE	Department	Fraud
Title of Person(s) Completing Form	LOCAL ANTI-FRAUD SPECIALIST	New or Existing Policy?	New
Title of Policy being assessed:	OVERSEAS VISITOR POLICY	Implementation Date	October 2013
What is the main purpose (aims / objectives) of this policy?	A policy describing the principles under which the Trust provides the facilities for the treatment of and how the Trust will identify and charge and identify EEA and Non/EEA Overseas Visitors		
Will patients, carers, the public or staff be affected by this policy? Please delete as appropriate.	Patients	<input type="checkbox"/>	ALL
	Carers	<input type="checkbox"/>	
	Public	<input type="checkbox"/>	
	Staff	<input type="checkbox"/>	
If staff, how many individuals / Which Groups of Staff are likely to be affected? All Trust staff will be affected			
Have patients, carers, the public or staff been involved in the development of this policy? Please delete as appropriate.	Patients	<input type="checkbox"/>	
	Carers	<input type="checkbox"/>	
	Public	<input type="checkbox"/>	
	Staff	X	
If yes, who have you involved and how have they been involved: Overseas Visitor Trust working group established since 2010 in the compiling of the Policy inc Estates and Facilities, Private Patients Officer, General Office Cashier, Director of Finance, Data Governance Officer, Clinical Management			
What consultation method(s) did you use?	Meeting groups (Minutes taken) on regular basis.		
How are any changes / amendments to the policy communicated?	Email or face to face consultations meetings		

QUESTIONS YOU MUST CONSIDER when completing the following Equality Impact Assessment Table:

- Are there any barriers which could impact on how different groups might benefit from this policy?
- Does this policy promote the same choices for different groups as everybody else?
- Could any of the following group's experience of this policy be different?
- Does this policy address the needs and potential barriers of these groups?

EQUALITY IMPACT ASSESSMENT TABLE – POLICIES (PART 2)

Equality Group	Positive Impact High Low None	Negative Impact High Low None	Reason/Comments for Positive Impact <u>(Why it could benefit any / all of the Equality Groups)</u>	Reason/Comments for Negative Impact <u>(Why it could disadvantage any / all of the Equality Groups)</u>	Resource Implication Yes / No
Men	n				
Women	n				
Younger People (17-25) and Children	n				
Older People (60+)	n				
Race or Ethnicity	n				
Learning Difficulties	n				
Hearing Impairment	n				
Visual Impairment	n				
Physical Disability	n				
Mental Health Need	n				
Gay/Lesbian/Bisexual	n				
Transgender	n				
Faith Groups (specify)	n				
Marriage & Civil Partnership	n				
Pregnancy & Maternity	n				
Carers	n				
Other Group (specify)					
Applies to ALL Groups	n				

High: There is significant evidence of a negative impact or potential for a negative impact.

Low: Likely to have a minimal impact / There is little evidence to suggest a negative impact.

None: A Policy with neither a positive nor a negative impact on any group or groups of people, compared to others.

INITIAL ASSESSMENT (PART 3)

- (a) In relation to each group, are there any areas where you are unsure about the impact and more information is needed?

no

- (b) How are you going to gather this information?

--

- (c) Following completion of the Stage 1 Assessment, is Stage 2 (a Full Assessment) necessary?

Have you identified any issues that you consider could have an adverse (negative) impact on people from the following Equality Groups?

(Please **delete YES/NO** as appropriate)

Age (Younger People (17-25) and Children / Older People (60+))	no	
Gender (Men / Women)	no	
Race	no	
Disability (Learning Difficulties / Hearing Impairment / Visual Impairment / Physical Disability / Mental Illness)	no	
Religion / Belief	no	
Sexual Orientation (Gay / Lesbian / Bisexual)	no	
Gender Re-assignment	no	
Marriage & Civil Partnership	no	
Pregnancy & Maternity	no	
Carer	no	
Other	n/a	

Any other comments

N/A

Assessment completed by (Job Title) : Local Anti-Fraud Specialist/Overseas Visitor Co-ordinator

Date Completed : October 2013

If 'NO IMPACT' is identified **Action: No further documentation is required.**

If 'YES IMPACT' is identified **Action: Full Equality Impact Assessment Stage 2 form must be completed. Refer to link below:**

<http://intranet/Departments/Equality Diversity/Equality Impact Assessment Guidance.asp>

PLEASE RETURN A COPY OF THE COMPLETED ASSESSMENT FORM (STAGES 1, 2 & 3) VIA E-MAIL TO:

DEBBIE JONES, EQUALITY AND DIVERSITY PROJECT LEAD (for Service related policies)

debbie.jones@wwl.nhs.uk

Lyndsay Wallwork, EQUALITY AND DIVERSITY PROJECT LEAD (for HR / Staffing related policies)

lyndsay.wallwork@wwl.nhs.uk

POLICY MONITORING AND REVIEW ARRANGEMENTS
NAME OF POLICY/SOP or CLINICAL GUIDELINE: Overseas Visitors

Para	Audit / Monitoring requirement	Method of Audit / Monitoring	Responsible person	Frequency of Audit	Monitoring committee	Type of Evidence	Location where evidence is held
	Internal monitoring will be carried out by the Overseas Visitor Team/Local Anti-fraud specialist	Authorised persons	AP's	As issued	Audit Committee	LAFS Progress Report /Annual Report	Finance Department
	Internal Audit exercise to be carried out by the Trust 'internal Auditors (ANW) (Q4 – 2013/2014)	Audit North West – Internal Auditors (Trust)	Trust Internal Auditors	Outlined in Internal Audit Workplan for 2013/2014	Audit Committee	Internal Audit Report	Finance Department
	Overseas Visitors Hospital Charging Regulations 2011 place a <u>legal obligation</u> on Foundation Trusts to establish whether a person is an overseas visitor to whom charges apply or whether they are exempt from charges , The NHS body <u>must</u> charge the person liable (usually the patient) for the costs of the NHS Services and recover the cost from them.	Authorised persons	AP's	Annually	Finance and Investment Committee	LAFS Progress report	Finance Department