

STANDARD OPERATING PROCEDURE:	Overseas Visitors Procedure
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**AT ALL TIMES, STAFF MUST TREAT EVERY INDIVIDUAL WITH RESPECT
AND UPHOLD THEIR RIGHT TO PRIVACY AND DIGNITY**

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1 TERMS AND CONDITIONS OF SERVICE FOR STAFF

1.1 Medical Staff

- 1.1.1 Overseas Visitors are not private patients, but NHS charged patients; the cost of treating these patients is recovered from the Department of Health via reciprocal arrangements or via the patient/patients directly or their own medical insurance arrangements. 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. Overseas visitors do, however, have the option of choosing to be treated privately. In such cases, both consultant and patient should be very clear about the patients status at all times.
- 1.1.2 The treating consultant should be aware that any treatment of an overseas patient may bear a cost and that the patient must be able to make an informed choice as to whether they wish to proceed. If in the opinion of the treating consultant the treatment can be postponed until the patient returns home, the patient has the right to be informed of this so that they can make their decision knowing all their options.
- 1.1.3 Before providing treatment for overseas visitors, clinicians will be required to notify the Overseas Team/Designated Officer to specify whether treatment is immediately necessary or urgent by completing the Advice from Doctors or Dentists form at Appendix B. Where a patient is transferred between consultants during a stay in the hospital, each consultant will be required to sign an Advice form, since the classification of the treatment could change.

2. ASSESSMENT OF URGENCY OF TREATMENT

- 2.1 The Overseas Team/Designated Officer will seek to obtain an undertaking to pay form from all OSVs, but the liability to pay does not depend on such a form being signed by the patient.
- 2.2 The Trust will consider when to charge Overseas Visitors in terms of the urgency of the treatment needed. This requires the Consultant body to understand the rationale for OSV charging and to co-operate with the OSV Team by completing the form at Appendix B.
 - 2.2.1 Immediately necessary treatment
If clinical opinion is that treatment is immediately necessary, it will 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.
 - 2.2.2 Urgent treatment
If clinical opinion is that the treatment is not immediately necessary, but cannot wait until the patient returns home, the patient will be booked in for treatment, but the Trust will use the intervening period to establish the patient's chargeable status.
 - 2.2.3 Non-urgent treatment

If the treatment is routine or elective which could in fact wait until the patient returns home, the patients chargeable status will be established as soon as possible after first referral to the hospital, and the patient will not be treated until the situation is clear.

- 2.3 Maternity services are not exempt from charges. However, due to the severe health risks associated with conditions such as eclampsia and pre-eclampsia, maternity services will not be withheld if the woman is unable to pay in advance, and pregnant women must always be treated as requiring immediate necessary treatment.
- 2.4 However, if a woman comes to the UK or remains in the UK to obtain routine Antenatal care or deliver her baby, charges will apply, unless she has been specifically referred to the UK under the agreement because of complications. The patient will have documentation confirming this, which must be provided to the Clinician/Overseas Team/Designated Officer.
- 2.5 Extra care needs to be exercised to ensure that pursuing payment in these cases does not go beyond what is reasonable.
- 2.6 Asylum seekers who enter into maternity care free of charge will continue to receive it on that basis, even if their residence status changes before the baby is born. Only maternity services that began after an application for asylum has finally been rejected are subject to charge (unless supported by the United Kingdom Border Agency (UKBA) under 'section 4' or 'section 95' – see Regulation 11 (c) of the DoH guidelines).

3. CHARGING FOR OVERSEAS VISITORS

- 3.1 The difficulties and costs involved in recovering payments after treatment has been given are such that the Trust will henceforth not commence any non-urgent treatment for a chargeable overseas visitor until it has sought a deposit equivalent to the estimated full cost of treatment in advance of providing treatment. Any surplus which is paid will be returned to the patient on completion of treatment.
- 3.2 The Trust will use the Department of Health guidance to assist in making a decision as to whether the patient is liable for charges, but retains the right to make the ultimate decision based on individual circumstances.
- 3.3 The Trust will delegate the responsibility for decisions on liability for charges to the Overseas Team/Designated Officer, who will be supported by the Director of Finance and Medical Director in complex cases.
- 3.4 Asylum Seekers with a VALID ARC card are exempt from overseas visitor charges, and must be treated as residents. However, the Overseas Team/Designated Officer will undertake liaison within and outside the Trust to monitor the current status of refugees and asylum seekers, who will be required to produce a current Application Registration Card (ARC). Where an ARC card is presented a check will be made that the card is still valid, via the UKBA secure e-mail account. The asylum seekers permission to contact the UKBA must be obtained (Pre Assessment Form or Appendix D - Immigration Information Consent Form).
- 3.5 The current status of any overseas patient unable to provide documentation to support their status can also be obtained via the UKBA secure e-mail account. The patient must sign a Pre Assessment Form (Appendix C) or Immigration Information Consent Form - see Appendix D to allow the Trust to obtain this information.

- 3.6 In the event the patient refuses to co-operate or refuses to sign the pre-assessment form or provide documentation to support their UK residency status the referral may be forwarded to the Trust Local Anti-Fraud Specialist for the status check to be verified by requesting information under section 29(3) of the Data Protection Act 1998 via a secure e-mail account.
- 3.7 New immigration regulations that came into force on the 31October 2011 are such that the Trust can now provide information to the UKBA in relation to outstanding debts of over 3 months that exceed £1000.
- 3.8 The UKBA may use this information in their decision regarding entry to the country or extension of a visa application.
- 3.9 A Pre Assessment Form will be completed by the Overseas Team/Designated Officer at the “interview stage” to support the Finance Department with the implementation of the new regulations.
- 3.10 Overseas Visitors who have previously attended the hospital and defaulted on payment should not be provided with treatment until the outstanding account is settled, unless the treatment is deemed immediately necessary or urgent.

4. RECORDING AND REPORTING

- 4.1 The Overseas Team/Designated Officer will record the overseas visitor status for each episode on the PAS system, **Patients from the European Economic Area and Switzerland**
- 4.2 The Trust will inform the Department of Health (via the NHS Overseas Visitor Portal) when NHS treatment is given to patients either from the European Economic Area and Switzerland or one of the non-EEA countries with which a bilateral healthcare agreement (or reciprocal agreement) is held.
- 4.3 The Overseas Team/Designated Officer/Team will be responsible for recording this information, and keeping it up to date.

5. PROCEDURES

- 5.1 Detailed procedures, including forms (see Appendices to this Policy),for the identification and recording of overseas visitors by the Overseas Team/Designated Officer are attached as Appendix F.
- 5.2 Publicity and staff training required to maintain and improve the identification and administration of Overseas Visitors will be provided by the Overseas Team/Designated Officer.
- 5.3 The Finance Department has established procedures to identify unpaid invoices of over 3 months of age and over £1000 to notify details of the patient involved to the UKBA.

6. INFORMATION FOR PATIENTS

www.dh.gov.uk/overseasvisitors

- *European visitors to show EHIC to access NHS hospital treatment*
- *Healthcare entitlement to Non-EEA Nationals*
- *Healthcare Entitlement for European Economic Area*

7. COMPLAINTS

- 7.1 Patients who are unhappy with the administration of Overseas Visitor charges or arrangements have a right to complain through the normal NHS complaints process and should contact the Trust's 01942 822376. The Patient Relations/PALS Department is open Monday to Friday; 9am to 4pm. Outside of these hours there is an answer-phone service.

8 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.

9 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

SERVICES FREE TO ALL PATIENTS REGARDLESS OF THE STATUS

Some NHS services are free to everyone regardless of the status of the patient. This regulation says what these services are:

- a. **Accident & Emergency Services –**
Whether provided at a hospital Accident & Emergency Department, a Minor Injuries Unit, a Walk-in Centre, or elsewhere up until the point an overseas visitor is accepted as an inpatient or given an 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. Non accident and emergency services provided in a Walk-In Centre are not part of this exemption.
- b. **Family Planning Services**
Which means services that supply contraceptive products and devices to prevent establishment of pregnancy. Termination of an established pregnancy is not a method of contraception or family planning (contact the Overseas Team/Designated Officer for further guidance re Terminations);
- c. Certain diseases where treatment is necessary to protect the wider public health (contact the Overseas Manager for advice);
- d. **Treatment for sexually transmitted diseases**
HIV/AIDS from 1 October 2012, an amendment to the Charging Regulations means that HIV treatment is no longer chargeable to any overseas visitors and is provided in the same way as treatment for other sexually transmitted infections for which NHS treatment is free to all. This amendment responds to the significant evidence on the benefits to public health of providing HIV treatment to all in clinical need. Left untreated, HIV presents a significant risk of transmission to people in the UK. The availability of treatment should increase the acceptance of confidential HIV testing in people from abroad living in the UK and hence contribute to reducing undiagnosed HIV.
- e. Treatment given to people detained, or liable to be detained, or subject to a community treatment order under the provisions of the Mental Health Act 1983 or other legislation ordering authorizing detention in a hospital because of mental disorder;
- f. Treatment (other than that describe in (e), above) which is impose by, or included in, **an order of the court**;
- g. Services provided other than in the hospital or by persons employed to work for, or on behalf of, the hospital.

This means that some services provided in the community will be chargeable only where the staff are employed by a Trust (for example District Nurses employed by the local community) but not where they are employed by a General Practitioner (for example Practice Nurses).

APPENDIX B

Request for advice from doctor re urgency of treatment – Overseas

Dear Doctor _____

NAME OF PATIENT _____

Date of Birth / ____ / ____ Hospital Number _____

This patient is an overseas visitor as defined in the National Health Services (Charges to Overseas Visitors) Regulations 2011. Having interviewed the patient, we found him/her to be liable for charges as an overseas visitor.

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

However, relevant NHS bodies¹ must also ensure that treatment which clinicians consider to be immediately necessary is provided to any patient, even if they have not paid in advance. **Failure to do so may be unlawful under the Human Rights Act 1998.** Urgent treatment which clinicians do not consider immediately necessary, but which nevertheless cannot wait until the person can be reasonably expected to return home, should also be provided to any patient, even if deposits have not been secured.

The patient is likely to return home on or around ____ / ____ /20

Therefore, would you please tick one of the declarations below?

Having made the appropriate diagnostic investigations, I intend to give treatment which is **immediately necessary** to save the patient's life/prevent a condition from becoming immediately life-threatening or needed promptly to prevent permanent serious damage occurring. All maternity treatment is considered immediately necessary.

Having made the appropriate diagnostic investigations, I intend to give **urgent** treatment which is not immediately necessary to save the patient's life but cannot wait until the patient returns home. If the patient's ability to return changes I will reconsider my opinion.

Having made the appropriate diagnostic investigations, I do not intend to provide treatment unless payment is made in advance, since the patient's need is **non-urgent** and it can wait until they return home. If the patient's ability to return changes I will reconsider my opinion.

I must make further investigations before I can assess urgency.

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

Date _____ Signed _____
(Doctor)
Date _____ Signed _____ (Overseas Visitors
Manager)

¹ Relevant NHS bodies are NHS trusts, NHS foundation trusts, primary care trusts, strategic health authorities and special health authorities.

Pre-Attendance Form

This NHS body requires patient to complete this form to help to establish residence, and for finance, health and safety and data quality purposes. Please follow the instructions on the form. A parent or guardian should complete on behalf of children. **On completing the form, you must read all of section 5 and sign the declaration.**

(Insert Trust Name)
Family Name:
Given Name:
Patient No:
Date of Birth DD/MM/YY

Please complete this form in BLOCK CAPITALS

Section 1

1a) Please indicate if you have, or are entitled to hold, any of the following documents. Please check all the boxes that apply to you.

A current United Kingdom passport A non-UK European Health Insurance Card (EHIC)

A current European Union passport

UK Border Agency letter/endorsement/vignette allowing **residency** in the UK. Provide any UKBA reference number:

Please enter the data from your EHIC below	
3)	
4)	
5)	6)
7)	
8)	9)

1b) Do you have a second/dual passport other than British? If so, please state nationality:

If you have any of these documents please be prepared to show them. Now go to Section 2.

If you do not have any of these documents, you may have to show us other documents that show why you are in the United Kingdom. **Now go to Section 3**

Section 2

2a) How many months have you spent OUTSIDE the UK in the last year?

None up to 3 3-6 over 6

2b) Please indicate the reason for any absence. Please check all that apply.

I live in another country A holiday or to visit relatives To work

I frequently commute/2nd home) Other (please give details)

2c) Please give your temporary/permanent UK address plus your overseas Address (if applicable)

UK address	Overseas Address:
.....
.....
Tel (home):.....	Tel(home):
Tel (work):.....	Tel(work):.....
Email (personal):.....	Email (work):.....

2d) If you recently returned to the UK to resume permanent residency, what was your date of entry to the UK?

Now go to Section 4/5

Section 3 Only complete this if you are NOT a UK/EEA national or do NOT have right of residence in the UK

3) What was your date of entry to the UK? / /

3b) What is your reason for being in the UK? **Please note that you may be asked to provide copies of documents, including visas/permits etc, confirming the purpose of your visit.**

- To holiday/visit friends or family On business To live here permanently To work To study
- To seek asylum. ARC Number: Other (please give details below):

3c) What is your nationality?

3d) Do you intend to return to live in your home country? No Yes (please give date) / /

3e) Please give your temporary/permanent UK address plus your permanent overseas details (if applicable).

UK address	Overseas Address:
.....
.....
Tel (home):.....	Tel(home):
Tel (work):	Tel(work):
Email (personal):	Email (work):

3f) Please give your passport number, visa/permit number, social security number and other ID number, if applicable

Passport Number:	Visa/Permit Number:	Social Security Number:	ID Number:
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Section 4 Only complete this section if you are a student

Name of College/University Telephone:

Date course starts / / and ends / / Number of Hours attended Per week

Section 5 This section must be completed by ALL

NHS hospital treatment is not free to all and all Trusts have a legal duty to establish entitlement. If it is deemed necessary by the Trust, the information you provide will be passed to the UK Border Agency for ascertaining your immigration status, which may affect your eligibility for free NHS hospital treatment. The UKBA is responsible for securing the UK border and controlling migration for the benefit of the UK. The information provided will be used and retained by the UKBA for its functions, which include enforcing immigration control overseas, at the ports of entry and within the UK. The UKBA may also share this information with other law enforcement organisations and authorised debt recovery agents for purposes including national security, investigation and prosecution of crime, and collection of fines and civil penalties. **If you fail to pay for NHS treatment for which charges have been levied, it may result in future immigration application to enter to remain in the UK to be denied. Necessary (non-medical) personal information may be passed via the Department of Health to the UKBA for this purpose.**

DECLARATION: I have read and understood the reasons I have been asked to complete this form, and agree to be contacted by the Trust to confirm any details give above. I agree that the relevant official bodies can be contacted to verify any statement I have made, should this be necessary. 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 Trust's local counter fraud specialist and recovering any monies due to the NHS.

Signed Date / /

IMMIGRATION INFORMATION CONSENT FORM

Only to be emailed from a secure nhs.net account

Essential – Ensure patient understands the following: - The information you provide will be passed to the UK Border Agency for ascertaining your immigration status and therefore your eligibility for NHS hospital treatment. The UKBA is responsible for securing the UK border and controlling migration for the benefit of the UK. The information provided will be used and retained by the UKBA for its functions, which include enforcing immigration controls overseas, at the ports of entry and within the UK. The information may also be passed to other law enforcement organisations for purposes including national security, the investigation and prosecution of crime, and the collection of fines and civil penalties.

TO: EVIDENCE & ENQUIRY UNIT, UKBA – email: nhs@ukba.gsi.gov.uk

Patient Name

Patients signature.....

Patient Address.....

Date of Birth

Country of Origin.....

Date of Arrival in Country

Purpose for Being in UK

Home Office Reference or ARC Number (if applicable).....

FROM:

Name of Hospital Trust
.....

Name & Job Title
.....

..... Contact

Details.....

Please advise what this person's immigration status is.....
.....

Or please advise whether this person's ARC is still valid.....

If no longer valid, has asylum claim been grantedor refused
.....

Details.....

APPENDIX 5

Procedure for identifying and charging Overseas Patients

1. Guidance on implementing the Overseas Visitors Hospital Charging Regulations will be referred to, and adhered to, at all times when assessing patients eligibility to charge free or chargeable NHS treatment.
2. On attendance patients are asked a baseline question - **“How long have you lived in the UK”?**
3. If patient responds the UK, and there is no indication to the contrary, (additional trigger factors may be as follows).

- It is their first visit to the hospital (no previous history) Reluctance to answer the “lived in UK 12 months” question No GP details can be provided
- Language Barrier
- No NHS number

This applies equally to patients who have registered with local GPs as temporary residents and been referred to the hospital for treatment, as to those without a GP. Note: Overseas patients can and will often have an NHS number. The existence of an NHS number is not an exemption from charge.

4. If patient responds NO – the Overseas Team/Designated Officer/Manager should be contacted immediately – **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@wvl.nhs.uk A member of the team will duly respond.
5. The Overseas Team/Designated Officer will interview the patient as soon as practicably possible (ideally before any treatment is provided, however realistically this is not always possible).
6. The Overseas Team/Designated Officer will interview the patient (ensuring patient confidentiality) and complete the Pre Assessment Form. The content of the form will be explained to the patient and the patient will be asked to sign the form. The Overseas Team/Designated Officer will commence with base line questions and proceed to more detailed questioning should the patient responses indicate more detail is required to ascertain status (as per Guidance on implementing the Overseas Visitors Hospital Charging Regulations).
7. The Overseas Team/Designated Officer will request sight of documentation (passport/visa/EHIC etc) to support the information provided by the patient. Originals must be seen and copies can be taken to retain as supporting evidence of the patients current status in the UK.
8. Patients providing evidence of their eligibility to charge free treatment will be advised that they can proceed to be treated and PAS system will be updated with the Overseas Status. An Overseas Data Sheet Clinical Pro forma) will be completed to reflect the detail of the interview.
9. Patients found to be chargeable will be advised of the charges that will be raised to them for the treatment they will/have receive. The patient will be asked to sign an Undertaking to Pay Form (if the patient refuses to sign they will be advised that they are still liable for the charges raised for any treatment given). An

Overseas Data Sheet (Clinical Pro forma) will be completed to reflect the detail of the interview.

10. The Overseas Team/Designated Officer will make every effort to collect payment in advance of treatment (a deposit equivalent to the estimated cost of all expected treatment) however this is not always practicably possible.
11. If a patients states that they are unable or unwilling to pay, the Overseas Team will liaise with the treating Consultant using the Form at Appendix B.
12. The Overseas Manager will complete an Undertaking to Pay Form for each stage of the patient's treatment and submit to the Finance Department to ensure the charges are raised against the patient.
13. If monies are collected in advance of treatment these will be taken to the Finance Department along with the UTP to allow the monies to be allocated against the same.
14. The Finance Department will raise an invoice to the patient for unpaid treatment and the Finance Department will co ordinate the collection of the debt.
15. Patients identified as insured EEA nationals – a copy of the EHIC (European Health Insurance Card) or PRC (provisional Replacement Certificate) must be provided as supporting evidence are exempt from charges. The NHS Overseas Visitors Portal must be updated with the patients demographic and treatment information to allow the DOH to recover charges (on a national level).

Overseas Visitor - Baseline Question (BLQ)

