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

VERSION CONTROL

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1. DUTIES AND RESPONSIBILITIES OF STAFF

- 1.1 The Overseas Visitor Office is responsible for ensuring that Trust policy is in line with national guidance and that charges are made where appropriate.
- 1.2 It is the responsibility of all staff to ensure that this procedure is adhered to and that the Overseas Visitor Office is informed about any patient who may not be eligible to access free NHS care.

2. GENERAL GUIDANCE

- 2.1 Enquiries regarding overseas visitors should be made to the Overseas Visitor Office. Contact can be made via email or via 01942 822240 (Extension 2240). 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. If a patient's status remains unclear, advice will be sought from the Legal Team or externally from the Department of Health and Social Care.
- 2.2 An individual department or person cannot intervene in individual cases. The decision about whether an individual patient is liable for charges rests with the Overseas Visitor Office.
- 2.3 All staff must refrain from giving advice on eligibility for NHS funded treatment unless the Overseas Visitor Office has advised them accordingly.
- 2.4 In order for the Trust to recover all income in respect of the treatment of overseas visitors, all activity must be notified to the Overseas Visitor Office and recorded on the Trust Patient Administration System (PAS).
- 2.5 The Overseas Visitor Office shall work closely with administration staff, bookings staff, ward staff and departmental clinical staff as required in order to ensure that effective communication takes place in respect of overseas visitor activity.
- 2.6 The Overseas Visitor Office will liaise with external bodies such as the Department of Health and Social Care, Home Office, Department of Work and Pensions and Local Counter Fraud Service as required.

3. IDENTIFICATION

Emergency Department (A&E) Attenders

- 3.1 There is no exemption from charge for 'emergency' treatment (other than that given in ED). The Trust will always provide immediately necessary treatment if it is to save the patient's life. In this instance treatment 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.
- 3.2 Although no charges can be made to a patient for treatment carried out in ED, if the patient has a European Health Insurance Card (EHIC) the cost of treatment can be recovered centrally from the European Economic Area (EEA) member state by the Overseas Visitors Team.
- 3.3 All patients attending hospital departments, where their chargeable status is not known, must be asked the following baseline question:

'Where have you lived in the last 6 months?'

If the United Kingdom (UK) only	No further action required
If outside the UK, or UK plus other country	To ask, 'Do you have an EHIC or other document to show you are entitled to free NHS care?'
If a non-UK issued EHIC is provided	Take the details from the card

3.4 Regardless of the answer or documents provided in answer to the second question:

Inform the Overseas Visitor team that the patient may be an overseas visitor
Inform the patient they may be interviewed to check entitlement

3.5 Anyone whose answers indicate that they have not been resident in the UK for the last 6 months must be asked to complete a Patient Status Questionnaire (Appendix 1)

3.6 A&E staff will ask to see any supporting documents and then photocopy any visas or EHIC's that the patient presents. They will send the questionnaire and any photocopied documents to the Overseas Visitor Office.

4 WARD ADMISSIONS

4.1 If ward staff identify after admission that a patient may not be resident in the UK they will ask the patient to complete a Patient Status Questionnaire and send it, along with any copies of documents, to the Overseas Visitor Office.

5. OUTPATIENT APPOINTMENTS

5.1 Outpatient staff will ask all patients where they have lived for the last 6 months as part of the checking in process.

5.2 If they identify that a patient may not be resident in the UK they will ask the patient to complete a Patient Status Questionnaire and contact the Overseas Visitor Office to advise them.

6 GP REFERRALS

6.1 In cases where the GP referral letter indicates that the patient has recently arrived in the UK or is a resident abroad, the booking team will either contact the Overseas Visitor Office or send them a copy of the letter.

6.2 If in the opinion of the medical staff the appointment is not classed as immediately necessary, treatment eligibility must be established before any appointments are made or any treatment is given.

7 ELECTIVE ADMISSION

7.1 Where the patient is chargeable, the Trust should NOT initiate any treatment process, e.g. by putting the patient on a waiting list, until a deposit equivalent to the estimated full cost of treatment is obtained. If no deposit is obtained the Trust should NOT perform the procedure.

7.2 A patient from an EEA member state can be added to a waiting list in the same way as an NHS patient, as long as they have an S2 form from their member state authorising payment for their treatment in the UK. The DWP will submit the claim to the EEA member state to ensure funding is returned centrally to the NHS.

7.3 UK State Pensioners who have activated their S1 in another member state with the Department of Work and Pensions will be entitled to all NHS hospital care without charges

in the UK. There will no longer be the distinction between care required during a visit to the UK as an emergency or things that they seek during a visit that is elective / planned in nature – all care will be free of charge as long as they demonstrate the active S1 for residence overseas.

8. ASSESSMENT OF ELIGIBILITY

- 8.1 All patients who provide information that suggests they may not be eligible to access free NHS treatment will be asked to complete a Patient Status Questionnaire (Appendix 1). These will then be sent to the Overseas Visitor Office for assessment.
- 8.2 The Overseas Visitor Office will conduct a patient interview with any patient where further information is required to establish their potential overseas status after completing a Patient Status Questionnaire. Following the interview, the Overseas Visitor Office will amend PAS as necessary and notify staff as appropriate.
- 8.3 In accordance with Department of Health and Social Care Regulations and Guidance, it is the responsibility of the patient to prove their entitlement to access NHS care. Failure to provide sufficient evidence to prove eligibility will result in an overseas visitor being recorded as NHS Chargeable and charges will be incurred.

9 DETERMINING WHETHER THE PATIENT IS ORDINARILY RESIDENT IN THE UK

- 9.1 When determining whether a patient is ordinarily resident the following 4 tests will apply:
 - 9.1.1 Is the person lawfully in the UK
 - 9.1.2 Is the person here voluntarily
 - 9.1.3 Is the person properly settled here for the time being (the person must have a sufficient degree of continuity and must provide evidence of this – rental agreement, payslips)
 - 9.1.4 In the case of persons subject to immigration control has indefinite leave to remain in the UK
 - 9.1.5 In the case of an EU or EFTA citizen living in the UK on or before 31 December 2020, has by 30 June 2021 applied for/been granted status under the EUSS
- 9.2 The person will be required to provide documentary evidence of their residency which may include (but not be limited to) the following, valid visa, utility bills, proof of a qualifying course of study, contract of employment, rent agreements.
- 9.3 See Document Forgery advice at gov.uk/publications/recognising-fraudulent-identity-documents or email EvidenceandEnquiry@homeoffice.gsi.gov.uk
- 9.4 If a patient has indicated that they are a visitor to the UK or that they are on holiday, the overseas address must be entered onto the PAS system as the permanent address and the UK address as the temporary address.
- 9.5 Once the status of the patient has been established the Overseas Visitor Office will request a signed Overseas Agreement to Pay Form from the patient. See Appendix 2.
- 9.6 Patients deemed to be chargeable must show insurance details and acquire authorisation or provide payment equal to the value of the expected total cost of treatment to be received before treatment is commenced. If that is unfeasible due to their admission taking place at a

weekend, payment or authorisation must be provided on the next working day or as soon as possible but must be prior to discharge.

10. EXEMPTIONS

10.1 The following services are free at the point of use for all patients. A charge cannot be made or recovered from any overseas visitor for:

10.1.1 Accident and emergency (A&E) services, this includes all A&E services provided at an NHS hospital, e.g. those provided at an accident & emergency department, walk-in centre, minor injuries unit or urgent care centre. This does not include those emergency services provided after the overseas visitor has been accepted as an inpatient, or at a follow-up outpatient appointment, for which charges must be levied unless the overseas visitor is exempt from charge in their own right;

10.1.2 Family planning services (does not include termination of pregnancy);

10.1.3 Diagnosis and treatment of specified infectious diseases (listed at Chapter 4 of the DHSC guidance);

10.1.4 Diagnosis and treatment of sexually transmitted infections;

10.1.5 Palliative care services provided by a registered palliative care charity or a community interest company;

10.1.6 Services that are provided as part of the NHS111 telephone advice line;

10.1.7 Treatment required for a physical or mental condition caused by the below, except where the overseas visitor has travelled to the UK for the purpose of seeking that treatment.

Torture
female genital mutilation
domestic violence
sexual violence

11. NHS HEALTH SURCHARGE NON-EEA NATIONALS

11.1 An immigration health charge (referred to in this guidance as the 'health surcharge') is payable by persons subject to immigration control who apply for a visa to enter the UK for more than six months or who apply to remain in a temporary capacity. People with indefinite leave to remain in the UK as well as those not subject to immigration control (e.g. diplomats posted to the UK) are not liable to pay the health surcharge, but may be ordinarily resident and entitled to receive relevant services free of charge on that basis.

11.2 Payment of the health surcharge entitles the payer to relevant services on a similar basis as someone who is ordinarily resident. They are entitled to relevant services free at the point of use, including hospital care, with, from 21 August 2017, the exception of assisted conception services (e.g. IVF) . They must also pay for services for which a UK ordinary resident must also pay, such as dentistry and prescriptions in England, unless they also meet the particular exemption criteria of those services.

11.3 Payment of the health surcharge is mandatory when making an immigration application, subject to exemptions for certain categories of people and the discretion of the Home Secretary to reduce, waive or refund all or part of the health surcharge payment. Most of

these groups also receive relevant services on a similar basis as an ordinarily resident person, again with the exception of assisted conception services from 21 August 2017.

- 11.4 The exemptions to paying the health surcharge include the following:
- 11.4.1 Persons who apply for entry clearance where the leave to enter is for six months or less.
 - 11.4.2 Persons who apply for entry clearance or leave to remain under the Immigration Rules as visitors.
 - 11.4.3 Persons who apply for leave to enter or remain where the fee is exempt for that entry route (eg Health and Care Worker visa)
 - 11.4.4 A child who applies for leave to remain and is looked after by a local authority (or equivalent in other devolved administrations)
 - 11.4.5 A person, and their dependants, who makes an application for leave to remain which relates to a claim:
 - 11.4.5.1 For asylum or humanitarian protection; or
 - 11.4.5.2 That their removal from the UK would be contrary to Article 3 of the European Convention on Human Rights
 - 11.4.6 Victims of modern slavery (which includes victims of trafficking or slavery, servitude and forced or compulsory labour) with a positive conclusive grounds decision who apply for discretionary leave to remain (for personal circumstances, to help police with their enquiries or to pursue a compensation claim against their trafficker) or under paragraph 159I of the Immigration Rules (a provision for victims who are overseas domestic workers) and their dependants.
 - 11.4.7 A person who applies for leave to remain under the Home Office “Destitution Domestic Violence Concession” policy and their dependants.
 - 11.4.8 A dependant of a member of HM forces, or of a member of a force who is exempt from immigration control under section 8(4)(b) and (c) of the Immigration Act 1971, when applying for entry clearance or leave to remain as a dependant under the immigration rules.
 - 11.4.9 A British Overseas Territories citizen who is resident in the Falklands Islands.
- 11.5 As of 27 October 2020, the health surcharge is £624 per annum per applicant, with a discounted rate of £470 per annum for students and their dependents, Youth Mobility Scheme visa holders and those under the age of 18 at the time of application. The health surcharge is collected by the Home Office alongside the immigration application fee unless an exemption applies. The health surcharge must be paid for each applicant and for each dependant included in a visa application. This ensures that long-term visitors make a financial contribution to the NHS. Health surcharge income is delivered back to the NHS to be invested in frontline services.

- 11.6 The health surcharge must be paid in full for each year, or part of a year, that the applicant is applying to stay for. Failure to pay a health surcharge (except when an exemption from paying it applies, or when the Home Secretary waives, refunds or reduces the health surcharge) will result in an immigration application being refused or considered invalid, or, if leave has been granted, that leave will be cancelled.

12 EXEMPTION FROM CHARGES

- 12.1 The Charging Regulations provide for an exemption from charges (except, from 21 August 2017, for assisted conception services) for persons who:

12.1.1 Have paid the health surcharge

12.1.2 Are exempt from paying the health surcharge, except where they are exempt by virtue of being a visitor to the UK, as a result of applying for leave to enter for six months or less or they have been granted leave under Appendix S2 Healthcare Visitor Visa to the immigration rules; these persons are still liable for charges

12.1.3 The Home Secretary has exercised his or her discretion to:

waive the health surcharge
reduce the health surcharge
refund part, but not all, of the health surcharge

- 12.2 An individual who pays the health surcharge is only entitled to free treatment on the same basis as an ordinary resident (but excluding assisted conception services) once their application for a visa has been granted, and not from the date when the health surcharge is paid.
- 12.3 The exemption from charges for relevant services applies to the period of leave to enter or remain in the UK granted to the person.
- 12.4 Once that leave expires or is curtailed, the person becomes liable for charges from then on, including where the person is part-way through a course of treatment unless an exemption in the charging regulations applies.
- 12.5 Individuals coming to the UK for six months or less, or as a visitor will be liable for charges under the Charging Regulations unless another exemption from charges applies.
- 12.6 Where a person was refunded their Immigration Health Surcharge under the relevant arrangements in the UK-EU SSC Protocol or UK-Switzerland SSC Convention, they will be insured for healthcare by an EU Member State or Switzerland. They will need to hold an S1 form or EHIC (or PRC) to access to access free necessary treatment.
- 12.7 In other cases where individuals receive a full surcharge refund not through the UK-EU SSC Protocol or UK-Switzerland SSC Convention, they are chargeable for relevant services at the point of delivery unless another exemption in the Charging Regulations applies or where the refund was made because they work in the field of health and social care (including where they are dependents of such workers).
- 12.8 Where the health surcharge has been refunded because the person did not initially claim an exemption from paying the health surcharge, to which they were entitled, the person will be exempt from charges for relevant services in the same way as others

who are exempt from paying the health surcharge, as listed in section 5.4 of the DHSC guidance (except for visitors who are usually chargeable for relevant services).

- 12.9 Where a person has been refunded all or part of the health surcharge under the UK-EU SSC Protocol or UK-Switzerland SSC Convention they will be chargeable for healthcare which is not covered by their S1, or in the case of students by their EHIC/PRC.
- 12.10 Those who applied for leave to enter or remain in the UK prior to the implementation of the health surcharge (6 April 2015) will not be retrospectively required to pay the health surcharge.
- 12.10.1 As they will not have an opportunity to pay the health surcharge until they next make an immigration application, Regulation 11 operates as a transitional arrangement and exempts them from charges for relevant services until their existing leave (visa) expires.
- 12.10.2 They will be liable to pay the health surcharge if they make a further application for leave to remain in the UK after 6 April 2015, subject to being eligible for exemption or waiver from paying the health surcharge.
- 12.11 Where a person who is exempt from charges under Regulation 10 or 11 makes an in-time application (before expiry of their existing leave) for further leave to remain in the UK, and their existing leave is extended pending the outcome of that application, they will continue to be exempt from charges for relevant services until any extended period of their existing leave expires.
- 12.12 Where a person who is exempt from charges under Regulation 10 or 11 stops being exempt from charges because their leave expires, they overstay their visa or have their visa curtailed or rescinded by the Home Office, they become chargeable for treatment from that point onwards, including for the continuation of courses of treatment that are already under way. The 'easement clause' under Regulation 3 (5) does not apply to those under health surcharge or transitional arrangements.
- 12.13 A child born to a person who is exempt from charges under Regulation 10 or 11 will also be exempt from charges while they are aged three months or younger provided that the child has not left the UK since birth.
- 12.13.1 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.
- 12.13.2 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.

13 ASSISTED CONCEPTION SERVICES

- 13.1 Since 21 August 2017, those exempt from charge under Regulation 10 (health surcharge arrangements) or Regulation 11 (transitional arrangements) are not exempt from charge in relation to assisted conception services.
- 13.2 Under the UK-EU SSC Protocol and UK-Switzerland SSC Convention, individuals insured by the EU and Switzerland who are exempt from charge under Regulation 12A and Regulation 14 respectively are not exempt from charge in relation to assisted conception

services. Therefore, they will need to be charged for any assisted conception services that they use.

13.3 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.

13.4 It is important to understand a number of points in relation to this exclusion.

13.4.1 The above exception to charging exemptions for EU citizens in relation to assisted conception services does not apply to British and Irish citizens who are frontier workers employed in the UK and resident in Ireland.

13.4.1.1 Assisted conception services are available to this group on the NHS without overseas visitor charges, to the extent that such services are available to a local resident in the UK health commissioning area where they are employed and on the same basis as a local resident in that area.

13.4.1.2 These bespoke arrangements in relation to frontier workers resident in Ireland and employed in the UK were agreed with Ireland and are set out in the 2021 Exchange of Letters between the UK and Ireland which clarify the interaction between the SSC Protocol and the 2020 Memorandum of Understanding on Common Travel Area healthcare arrangements between the United Kingdom and Ireland.

13.4.2 Assisted conception services do not include services that are commissioned by NHS England as below therefore, dependants of a member of HM forces, or of a member of a force who is exempt from immigration control, will still be able to receive assisted conception services free of charge due to the above exclusion within the definition.

services for serving members of the armed forces and their families
infertility treatment for seriously injured serving members and veterans
infertility treatment: further provisions.

13.4.3 There are some groups who, whilst they may choose to make an application for leave to remain in the UK (under a category that means they are exempt from paying the health surcharge, thereby entitling them to relevant services without charge, except for assisted conception services), may be exempt from charge for assisted conception services under some overlapping exemptions within the Charging Regulations, which need to be considered. These groups are:

People, and their dependants, who make an application for asylum, temporary protection or humanitarian protection
Children who are looked after by a Local Authority
Victims of modern slavery (which includes victims of trafficking or slavery, servitude and forced or compulsory labour) with a positive conclusive grounds decision
People who make applications for leave to remain under the Home Office Destitution Domestic Violence Concession (would only be entitled to free assisted conception services on the same basis as a resident, if the need to the services was as a result of domestic violence and the person had not travelled to the UK to receive treatment)

13.4.4 When assessing if charges will apply for assisted conception services, relevant bodies must consider whether Regulations 15(b), 16 or 9(f), or any other exemption, also apply to the patient.

13.4.4.1 If Regulations 15(b), 16 or 9(f) do apply, no charge can be made to that person for assisted conception services, despite the exclusion of those services from the ones that those covered by health surcharge arrangements alone can receive without further charge.

13.4.5 Those applying for limited leave as a British Overseas Territories citizen who is resident in the Falklands Islands, remain entitled to assisted conception services without further charge if they are covered for those services under the exemption for people with rights under the terms of a reciprocal agreement.

13.4.6 A person who is exempt under Regulation 10 or 11 and who has begun a course of assisted conception treatment before 21 August 2017 will be entitled to the remainder of that course of treatment free of charge.

13.4.6.1 New courses of assisted conception treatment begun on or after 21 August 2017 will not be free of charge and the overseas visitor will be required to pay for that service, unless exempt under another category, as described above. It is a clinical decision as to what constitutes a particular course of treatment.

13.4.7 Where two people are seeking assisted conception services with NHS funding, and one of the two people is covered by health surcharge arrangements and the other is ordinarily resident in the UK and therefore not subject to charge, the services required by the health surcharge payer will be chargeable. Any services required by the ordinarily resident person will continue to be freely available, subject to the established local or national commissioning arrangements.

14. EU AND EFTA CITIZENS

14.1 Regulation 12 of the Charging Regulations concerns entitlements to free treatment for EU and EFTA citizens under the terms of the Withdrawal Agreement.

14.2 The Withdrawal Agreement set out the terms of the UK's departure from the EU and includes provisions on citizens' rights. It protects the rights of EU citizens and their family members who live in the UK and UK nationals and their family members who live in EU countries. The EEA EFTA Separation Agreement and the Swiss Citizens' Rights Agreement extend the citizens' rights provisions of the Withdrawal Agreement to nationals of these states, and UK nationals who have moved between the UK and these states before the end of the transition period. This includes Norway, whereby UK nationals settled in Norway with rights under the UK-EEA EFTA Separation Agreement, can use their Norwegian EHICs when visiting the UK.

14.3 More information on the citizens' rights provisions can be found in Withdrawal Agreement explainer for part 2: citizens' rights published by the Foreign, Commonwealth and Development Office (FCDO).

14.4 Family members (for example, spouses and civil partners, children under 18 and children over 18 who are dependent) and survivors of these individuals' resident in the host state by 31 December 2020 will retain healthcare cover on the same terms as before the end of the transition period.

- 14.5 UK nationals who were living lawfully in an EU or EFTA country on or before 31 December 2020 will be entitled to healthcare without charge in the UK if they are a pensioner with a valid UK S1 or Member State EHIC.
- 14.6 Visitors from EU and EFTA countries whose visit to the UK began on or before 31 December 2020 and continues uninterrupted thereafter may continue to use their EHIC for needs-arising healthcare. For tourists, this is until the end of their temporary stay; for students, this is usually until the end of the course of study. They may also complete planned treatment in the UK, where authorisation for this was sought from the relevant health authority in their home country on or before 31 December 2020 and subsequently granted.
- 14.7 Detached workers (those sent to work in the UK from an EU or EFTA country) whose posting began before 31 December 2020 will be covered for healthcare for the duration of their posting. For more information, please see para 9.61.
- 14.8 EU and EFTA citizens lawfully residing in the UK by 31 December 2020 will retain their entitlement to healthcare where they meet the ordinarily resident test. From 1 July 2021, they must meet the ordinarily resident test and hold either settled or pre-settled status under the EUSS (late applications will be accepted in certain circumstances).
- 14.8.1 Those who are awaiting the outcome of an application submitted on or before 30 June 2021 will remain entitled to free healthcare, subject to the ordinarily resident test, until a final decision on their application is made.
- 14.9 EU and EFTA citizens with settled or pre-settled status can be joined in the UK by joining family members. Children born or adopted after 31 December 2020 are also able to join eligible family members in the UK.

15. RECIPROCAL AGREEMENTS

- 15.1 The UK has reciprocal healthcare agreements with some non-EU countries. Overseas visitors who can present evidence that they are nationals, citizens or lawful residents (as appropriate) of one of these countries should be treated as exempt from charges in respect of treatment that the relevant agreement entitles them to.
- 15.2 Within the reciprocal agreements there are a number of variations in the level of free treatment afforded to visitors travelling to the UK. Generally, only immediate medical treatment is to be provided free of charge, to allow the overseas visitor to return home for other needs. Also, the agreements do not usually apply when the person has travelled to the UK for the purpose of obtaining healthcare, however, this is not always the case. See the table below for the level of free treatment by country, and other conditions that apply.

Country	Level of cover provided (see key 15.3)	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.

15.3 Key

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. 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.

15.3 For all levels of coverage, it will be for a doctor or dentist employed by the relevant body to provide clinical input into whether required treatment meets a specific level of coverage.

15.4 Any patients coming to the UK from these countries for elective treatment need to be assessed by the Overseas Visitor Office to ensure that the relevant authorisation is received from the reciprocal country.

15.5 All other overseas visitors will be deemed to be NHS Chargeable.

16. INVOICING

16.1 Patients who are identified as potentially not fitting the criteria for free access to NHS care, i.e. not ordinarily resident in the UK, will be asked to complete the Patient Status Questionnaire (Appendix 1), as detailed in section 3.

16.2 Any patient not eligible for free NHS care is deemed to be NHS Chargeable. The Overseas Visitor Office will ensure an invoice is raised from the information given on the Overseas Patient Agreement to Pay Form, Appendix 2.

16.3 If treatment has begun on or after 6th April 2015, for non EEA nationals identified as Overseas Visitors, commissioners will pay the costs of healthcare provided to this category of patients at 75% of tariff (or whatever the cost of the treatment determined in accordance with the national tariff and rules). This new risk sharing arrangement between providers and commissioners applies to patients who are deemed chargeable. If the chargeable patient is resident in a non-EEA country, the Trust will charge the debtor 150% of tariff (which will include all ancillary services provided to the Non EEA patient to include interpreting).

16.4 For any elective Overseas Visitors who are not covered by an S2 form, an invoice will be raised by the Overseas Visitor Office and a deposit in line with the Upfront Tariff or full payment must be received in advance of the admission.

- 16.5 SBS or Accounts Receivable will contact the Income Team of any treatment that is planned under a S2 form so that the appropriate arrangements can be made to charge the activity to the correct EEA member state.
- 16.6 NHS SBS will be responsible for collecting all outstanding amounts due in accordance with the Trust's debt collection processes and liaising where appropriate with the Finance department.
- 16.7 The Accounts Payable/ Receivable manager will be responsible for notifying the Department of Health of any debts that are over £1,000 and have been outstanding for 3 months in line with the Charging Guidelines 2015.
- 16.8 Accounts Receivable will provide information to the Income Team of all invoices raised to chargeable patients on a monthly basis. The Income Team will liaise with the ICB to ensure that charges are made to them in accordance with the Charging Guidelines 2015 to safeguard the risk of non-payment to the Trust. Subsequent payments from patients will be notified to the Income Team, so that refunds can be made accordingly to the ICB.

17. INFORMATION

- 17.1 Records will be maintained by the Overseas Visitor Office including the following information:

Patient's name, address and telephone number
Completed Patient Status Questionnaire
Completed Agreement to Pay Form
Health Insurance details for insured patients
Details of all treatment received, admission and discharge dates
Home Office Evidence and Enquiry responses
Correspondence sent to and received from patient
Invoices raised

- 17.2 No copies of this information are to be kept in the patient notes.

18. CLAIM FORMS

Patients may submit insurance claim forms to the Overseas Visitor Office who will complete relevant sections and then ensure other relevant sections are completed by the Consultant.

19. ARCHIVING ARRANGEMENTS

The original of this procedure will remain with the Overseas Visitor Office. An electronic copy will be maintained on the Trust intranet, – O – Overseas Visitors. Archived copies will be stored on the Trust's shared drive and will be held for 10 years.

20. COMPLAINTS

Patients or staff 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.

21 HUMAN RIGHTS ACT

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

22 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

PATIENT STATUS QUESTIONNAIRE

Surname First Names

Title Date of Birth Nationality.....

UK Address

.....Telephone No.

Are you legally entitled to be in the UK? Yes/No

What documents do you have that can provide proof of your entitlement to remain in the UK?

.....

Which countries have you lived in during the past 12 months?

.....

Previous Overseas Address

.....

Tel No.:Passport No. **(required)**

Have you come to the UK to take up permanent residence? Yes/No

Primary reason for being in the UK.....

Date of arrival in the UK Departure date

Next of Kin: NameRelationship

Address

.....Tel No

Medical Insurance details (if insurance policy held) – photocopy insurance policy

Policy No.: Date valid from / to

Insurance company name and address:

.....Tel No.:

If non UK resident or resident for less than 12 months from within the EEA (European Economic Area)

Do you hold a European Health Insurance card (EHIC) : Yes / No
(Please provide this to enable us to assess your entitlement to NHS care)

IF EHIC HELD, PHOTOCOPY BOTH SIDES AND FILL IN DETAILS BELOW (COMPULSORY)

ENTITLEMENT TYPE: (EHIC, PRC, E112)..... Country issuing

Card Issue number (EHIC/PRC)

PIN (EHIC/PRC)

Institution code: (EHIC/PRC)

Start date: End date:

If relevant please complete as fully as possible

IF WORKING IN THE UK

Occupation: Employers name:

Address:

Contact Name/Supervisor: Tel. No.:

Dates of employment: Start date End date

Is your stay in the UK work related: Yes / No

If in UK on a Visa, specify type (i.e. visitors, working etc.)

Start date: End date:

Do you receive a UK State Pension: Yes / No (if yes please give details)

.....

If yes, please enclose copies of correspondence from the Home Office confirming permission to remain in the UK

Any further information:

.....

I understand that the Overseas Office will contact the relevant official bodies to verify any statement I have made, and I give consent to this. I confirm, to the best of my knowledge, that the information supplied is a true and accurate record.

Signed : Date :

APPENDIX 2:

AGREEMENT TO PAY FORM

NHS Chargeable Overseas Visitor

To be completed by the Patient or their representative, in block capitals:

Name of Patient: Date of Birth:.....

UK Address:

Home Address:

Name of person giving undertaking:

UK Address:

Home Address:

Relationship to Patient:

I accept liability for payment of the charges determined by Wrightington Wigan and Leigh NHS Foundation Trust for accommodation, treatment, investigations and all other services provided to me as a private patient, including all diagnostic tests, procedures, treatment and appliances carried out resulting from this hospital course of treatment.

I accept that the Trust reserves the right to require payment of its charges in advance and terms and conditions as enclosed.

Signed: Date:

Witnessed: Status:

Do you have Private Health Insurance? Yes No

If YES please fill in the details below:

Policy No: Authorisation Code:

Insurance Company:

Address:

..... Telephone:

In the event of non-payment or a payment shortfall, under the terms of the patient's medical insurance agreement, I undertake to settle the outstanding balance upon request.

Please return to the Overseas Visitor Office at RAEI (ext 2240) If you do have any queries please contact the Overseas Visitor Office

APPENDIX 2 (Cont)**TERMS OF BUSINESS FOR NHS CHARGEABLE OVERSEAS VISITOR****Introduction**

Following an Overseas Questionnaire (Appendix A) the patient has been deemed to be chargeable and the Trust is required under the provisions of section 175 of the National Health Service Act 2006 and other statutes and NHS regulations to make charges in respect of Overseas Visitors.

General Information

A written undertaking to pay the charges must be given before a patient can be treated as an Overseas Visitor. The hospital charges used are the nationally agreed NHS tariff.

Insured Patients

If you are insured you must indicate your insurance details on your Agreement to Pay Form, retaining one copy only for your records.

You should note that being insured does not mitigate your liability as an individual to pay for any and all treatment given by the Trust should your insurer, for whatever reason, not agree to reimburse the Trust in respect of any and all charges levied by the Trust for your care.

You should check with your insurer that the policy you hold with your insurer covers you for the treatment that you require. Some insurance companies will provide you with an authorisation number for each episode of treatment, which you should indicate on the Agreement to Pay Form.

Where you are covered by an insurer, the Trust will expect that you pay any and all charges not covered by your policy and/or which your insurer refuses to pay for within 14 days of the date of the Trust's invoice.

Non-insured Patients

If you have elected to pay for the treatment yourself then you must indicate this on the Agreement to Pay Form.

Methods of Payment

Paying by cheque: Cheques should be made payable to 'Wrightington Wigan and Leigh NHS Foundation Trust' and crossed account payee only. You should send your cheque in the envelope with your Agreement to Pay Form.

Paying by debit/credit card: Debit/credit card payments should be made to the cashier by phone or through personal visit. Please ensure that you have your card details available including the card company, card number, card expiry date and the full name of the person listed on the card. Please telephone the Trust General Office.

Paying by cash: Cash payments should be made to General Office by personal visit within normal working hours of 8:30 am to 4:30 pm, Monday to Friday, to the offices based at Leigh and RAEI.

EXEMPT DISEASES

Certain diseases are exempt for Overseas Visitors where treatment is necessary to protect the wider public health. This exemption from charge will apply to the diagnosis even if the outcome is a negative result. It will also apply to the treatment necessary for the suspected disease 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 exempted disease. These diseases are defined in the Department of Health Guidance on Implementing the Overseas Visitors Hospital Charging Regulations (April 2015).

The current list can be found via:

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

Appendix 4

REFERENCES

NHS Act 2006

National Health Service (Charges to Overseas Visitors) Regulations 2011

Guidance on Implementing the Overseas Visitors Hospital Charging Regulations 2015

Mental Health Act 1983

Immigration and Asylum Act 1999

European Union (EU) Social Security Regulation (EC) 883/2004

European Union (EU) Social Security Regulation 987/2009

Regulation (EEC) 1408/71

Regulation (EEC) 574/72

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