

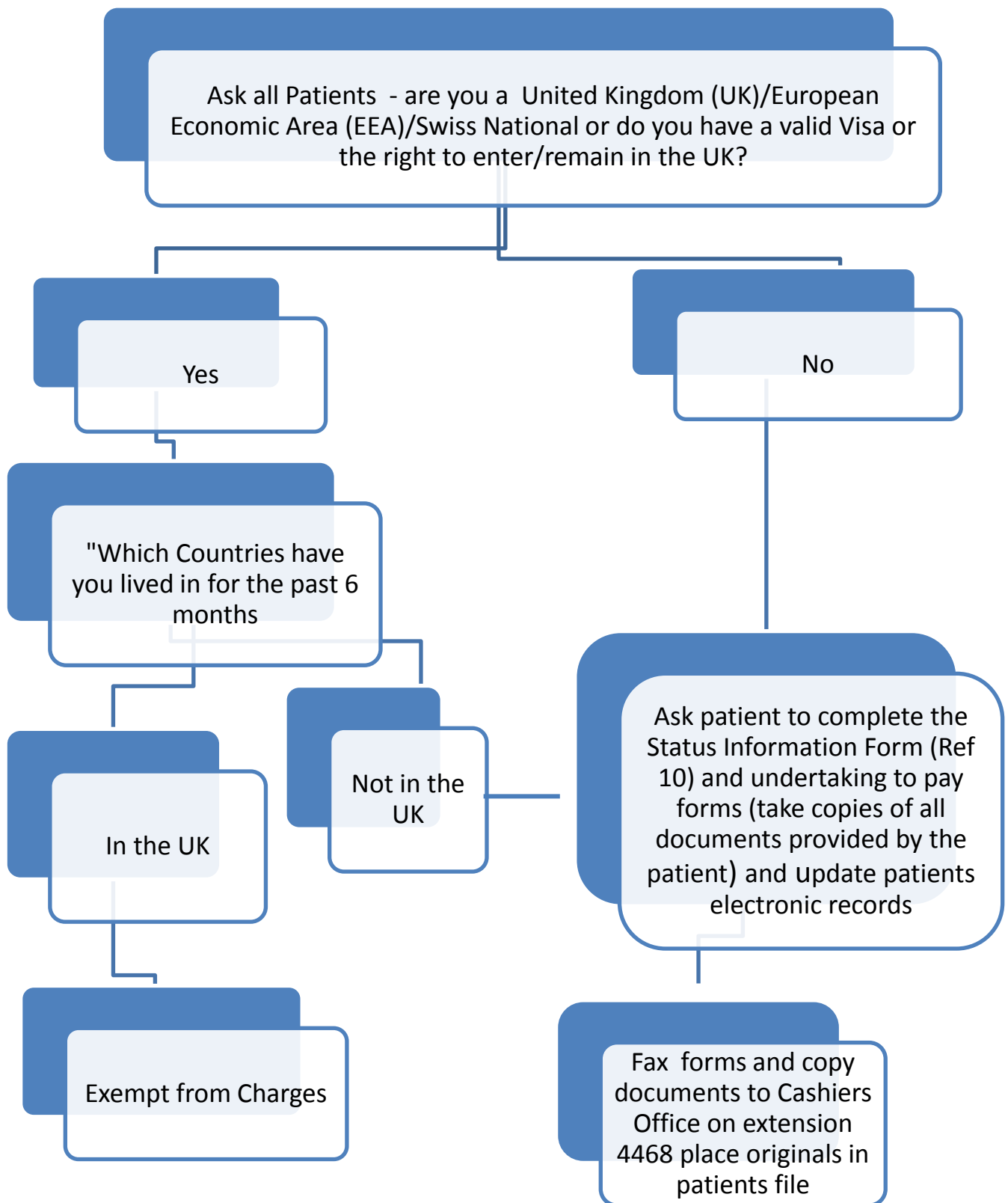
Charging of Overseas Visitors at the Great Western Hospital (GWH) Policy and Procedure

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Target Audience- who does the document apply to and <u>who should be using it.</u> - The target audience has the responsibility to ensure their compliance with this document by:	<ul style="list-style-type: none"> Ensuring any training required is attended and kept up to date. Ensuring any competencies required are maintained. Co-operating with the development and implementation of policies as part of their normal duties and responsibilities. 		
	All employees directly employed by the Trust whether permanent, part-time or temporary (including fixed-term contract). It applies equally to all others working for the Trust, including private-sector, voluntary-sector, bank, agency, locum, and secondees. For simplicity, they are referred to as 'employees' throughout this policy		
Special Cases	None		
Accountable Director	Director of Finance		
Author/originator – Any Comments on this document should be addressed to the author	Overseas Visitors Manager		
Division and Department	Corporate - Finance		
Implementation Lead	Overseas Visitors Manager		
If developed in partnership with another agency ratification details of the relevant agency	N/A		
Regulatory Position	<ul style="list-style-type: none"> The National Health Service (Charges to Overseas Visitors) Regulations 2017 (Ref 1) Human Rights Act (Ref 2) National Health Service Act 1977 (Ref 3) Health and Medicines Act 1988 (Ref 4) Equality Act 2010 (Ref 5) Personal Injuries (NHS Charges) Amendment Regulations 2009 (SI 2009/316) (Ref 6) Health and Social Care (Community Health and Standards) Act 2003 (Ref 7) NHS Act 2006 (Ref 9) 		
Review period. This document will be fully reviewed every three years in accordance with the Trust's agreed process for reviewing Trust -wide documents. Changes in practice, to statutory requirements, revised professional or clinical standards and/or local/national directives are to be made as and when the change is identified.			

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Instant Information – Assessment Flowchart



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1 Introduction & Purpose

1.1 Introduction & Purpose

This guidance identifies what should happen when a person who is not ordinarily a resident in the United Kingdom (UK) that/who needs National Health Service (NHS) treatment to be provided by Great Western Hospitals NHS Foundation Trust (the Trust). Such a person will be subject to the National Health Service (Charges to Overseas Visitors) Regulations 2017 (ref 10), (the “Charging Regulations”) (Ref 1). A person who is not ‘ordinarily resident’ in the UK falls within the definition of an overseas visitor and may incur a charge for treatment.

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.

A person does not become ordinarily resident in the UK simply by: having British nationality; holding a British passport; being registered with a General Practitioner (GP); having a NHS number; owning property in the UK, or having paid (or currently paying) National Insurance contributions and taxes in this country. To be eligible a person must be living in the UK on a lawful, voluntary and properly settled basis for the time being.

The Trust must ensure that treatment which is immediately necessary is provided to any patient, even if they have not paid in advance. Whilst treatment provided in Accident & Emergency is currently free to any person, further emergency treatment after admission as an inpatient is not. Failure to provide immediately necessary treatment may be unlawful under the Human Rights Act 1998 (Ref 2). Urgent treatment should also be provided to any patient, even if deposits have not been secured. Non-urgent treatment should not be provided unless the estimated full charge is received.

This policy describes the principles under which the Trust provides treatment to overseas visitors and how the Trust will identify and charge overseas visitors.

The objective of this policy is to define the administrative processes relating to overseas patients receiving treatment at this Trust.

This policy applies to all Trust employees, who must clearly identify overseas visitors on Trust premises as early as practicable in the course of their treatment.

Key employee groups are:

- All clinicians, who must decide whether the overseas visitor who is chargeable is in need of urgent treatment,
- All employees registering or checking in patient details, who must confirm patients currently reside in the UK and request the completion of the Status Information form (ref 10) if they do not,
- The Overseas Visitors Manager must interview patients whose case has been escalated and review relevant documentation to establish exemptions or invoice accordingly.

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1.2 Glossary/Definitions

The following terms and acronyms are used within the document:

%	Per centage
EIA	Equality Impact Assessment
NHS	National Health Service
A Child	(for the purposes of the Charging Regulation) is someone under the age of 16 (or under 19 if still at school or college and in respect of whom child benefit would be payable)
EEA	European Economic Area
GP	General Practitioner
Immediately Necessary Treatment	Is that which a patient needs: <ul style="list-style-type: none"> • To save their life, or • To prevent a condition from becoming immediately life-threatening, or • Promptly to prevent permanent serious damage from occurring.
NHS	National Health Service
Non-Urgent Treatment	This is routine elective treatment that could wait until the patient can return home. The Trust does not have to provide non-urgent treatment if the patient does not pay in advance and will not do so until the estimated full cost of treatment has been received, unless the patient (or their sponsor) has signed an undertaking to pay.
Ordinary Residence	Means broadly, living in the UK on a lawful, voluntary and properly settled basis for the time being. A person who is not ordinarily resident in this country at the time of treatment is not automatically entitled to NHS hospital treatment free of charge. A person who is ordinarily resident is not affected to this charging regime.
Overseas Visitor	Means any person of any nationality not ordinarily resident in the United Kingdom.
OVM	Overseas Visitors Manager
Relevant Services	Means, except in regulation 8(2)(c), accommodation, services or facilities provided under section 3(1) of the NHS Act 2006 (Ref 9) (Secretary of State's duty as to provision of certain services), other than primary dental services, primary medical services or primary ophthalmic services.
Treatment the need for which arose during the visit	This applies to treatment needed where the diagnosis of a condition is made when first symptoms arise during a visit to the UK. It also applies where, in the opinion of a doctor or dentist employed by the relevant NHS body, treatment is needed quickly to prevent a pre-existing condition increasing in severity, e.g. dialysis. It does not include routine monitoring of an existing condition such as diabetes. It should be noted that this is not the same definition for those covered by the European Union EU Regulations who are entitled to "all clinically necessary treatment".
UK	United Kingdom
Urgent Treatment	Is that which clinicians do not consider immediately necessary, but which nevertheless cannot wait until the person can be reasonably expected to return home. Clinicians may base their decision on a range of factors, including pain or disability a particular condition is causing, the risk that delay might mean a more involved or expensive medical intervention being required, or the likelihood of a substantial and potentially life-threatening deterioration occurring in the patient's condition if treatment is delayed until they return to their own country. For urgent treatment, the Trust will make every effort, given the individual's circumstances, to secure payment in the time before treatment is scheduled. However, if that proves unsuccessful, the treatment should not be delayed or withheld for the purposes of securing payment and an Undertaking to Pay Form should be completed and signed by the patient or their sponsor.

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1.3 Legal Framework

The statutory provisions which enable overseas visitors to be charged for NHS treatment are found in section 121 of the National Health Service Act 1977 (Ref 3) (as amended by sections 7(12) and (14) of the Health and Medicines Act 1988 (Ref 4)). These give authority to the Secretary of State for Health to make regulation concerning charging anyone who is not ordinarily resident in England for any NHS service provided.

The Charging Regulations place a legal obligation on the Trust to establish whether a person is an overseas visitor to whom charges apply or whether they are exempt from these charges. When charges apply, the Trust must charge the person liable (usually the patient) for the costs of its service and recover the cost from them.

The Trust has obligations under the Human Rights Act (Ref 2), meaning 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 in Accident and Emergency). 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 if possible in the period ahead of treatment, or an Undertaking to pay form (Ref11) should be completed and signed by the patient or their sponsor.

The Trust, as a public authority, must comply with general and single public sector equality duties under the Equality Act 2010 (Ref 5).

The Trust also needs to inform the Overseas Healthcare Team at the Department of Work and Pensions with details of the European Health Insurance Cards/E112/S2 documents held by visitors from one of our EEA partners or Switzerland whenever they provide services to such visitors. This information is necessary to allow the UK to recover the cost of treating EEA/Swiss residents.

This guidance does not concern treatment provided by a GP, dentist or optician, nor does it concern charging arrangements in Wales, Scotland and Northern Ireland as they are governed by separate regulations under the jurisdiction of their respective devolved administrations.

The Trust may seek help and advice from the Department of Health and Social Care, via the Overseas Visitors Team who will contact the Overseas Visitors Policy Team on 0113 254 5819 or by email to overseasvisitors@dh.gsi.gov.uk about any aspect of the Charging Regulations. Ultimately, however, the decision as to whether a particular patient is liable for charges legally rests with the Trust. In some cases, perhaps where a patient's circumstances are unclear or appear not to be provided for in the Charging Regulations or guidance, the Trust may need to take its own legal advice.

There are occasions where patients may be affected by other legal provisions:

- Injuries as a result of criminal actions: in these cases the patient may be eligible to claim compensation from the Criminal Injuries Compensation Authority. It will be for the patient to pursue such a claim and, although the Trust can advise the patient to contact the Authority, the possibility for compensation does not affect the patient's liability for charges as an overseas visitor. The recovery of NHS charges from the patient should not be suspended pending the outcome of the claim;
- Injuries as a result of road traffic accidents and personal injury: since 1 April 2009, the requirements on insurers to pay costs charged to overseas visitors are nil. This was amended by the Personal Injuries (NHS Charges) Amendment Regulations 2009 (SI 2009/316) (Ref 6) made under the Health and Social Care (Community Health and Standards) Act 2003 (Ref 7).

2 Main Document Requirements

2.1 Making and Recovery of Charges

The difficulties and costs involved in recovering payments after treatment has been provided are such that the Trust, where possible, will 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 additional costs or surplus paid will be invoiced/returned to the patient on completion of treatment.

The Trust will use the Department of Health and Social Care Guidance (Ref 8) 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.

The Trust will delegate responsibility for decisions on liability for charges to the Overseas Visitors Manager (OVM), who will be supported by the Director of Finance in complex cases.

Where a person is not ordinarily resident, the Trust will make reasonable enquiries into the circumstances of that person to determine if they meet one of the categories of exemption or are liable to pay charges. These enquiries must be reasonable with regard to all circumstances of the individual case, including the person's illness or injury. If the Trust determines that the patient is chargeable the Trust will make and recover a charge for any treatment provided. It is not optional, nor is there authority to waive the charge on behalf of the Trust.

Where a person is claiming exemption from charges, it is their responsibility to prove they are entitled to that treatment without charge. Therefore, when making enquiries, the Trust is entitled to ask for documented evidence to support a claim for free treatment. However, it will take into consideration the individual circumstances of each case, there is a recognition that it will be easier to provide evidence in some circumstances than others.

If, in the light of its enquiries, the Trust decides that the person is not eligible for treatment without charge or the person has not provided sufficient evidence to support their claim, then the Trust must levy a charge and take all reasonable measures to recover it from the patient.

Patients providing (or suspected of providing) incorrect or false documentation will be referred to the Local Counter Fraud Specialist by the Overseas Visitors Manager.

Any person making a payment directly to the Trust via the Cashiers office will be issued with a receipt for the amount paid.

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.

2.2 Liability for Charges

In the vast majority of cases, this will be the patient. There are only three exceptions:

- Seamen or women present in the UK in the course of employment on/for a ship/vessel. The liable person is the owner of that ship/vessel. (Those employed on UK registered ships are exempt from charges);
- Air crew present in the UK in the course of employment on/for an aircraft. The liable person is the employer of such a person;

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- A child to whom no exemption applies. The liable person is the parent or legal guardian of that child. “Legal guardian” means someone who is acting as parent to the child with a degree of permanence and is not just a person who is responsible for the child on a temporary basis, such as a teacher. This will be a matter of fact in each case.

2.3 Repayments

Should sufficient evidence relating to the eligibility to free treatment be provided, after payment for that treatment has been made, on provision of evidence of this payment i.e. a valid receipt, all charges will be repaid.

2.4 Recording and Reporting

When a patient indicates that they have not been in the UK for the past six months, employees must refer to and follow the Assessment Flowchart as shown in the Instant Information – Section 1 of this document.

Employees should be mindful that overseas visitors may not answer the question honestly and so, if there is any doubt, the patient should be asked to complete the Status Information form and the patient’s UK status should remain as unknown until this is clarified.

The Trust will inform the Department of Health when NHS treatment is given to patients either from the European Economic Area (EEA) and Switzerland or one of the non EEA countries with which a bilateral healthcare agreement (or reciprocal agreement) is held. This enables the Trust to re-claim the cost of treatment from the patient’s country of residence.

The OVM will be responsible for ensuring this information is recorded and kept up to date.

2.5 Training Requirements

The Trust will work towards all employees being appropriately trained in line with the Trust’s Mandatory Training Needs Analysis. All training documents relating to Overseas Visitors will be accessible through the overseas section of the Trust Intranet.

3 Monitoring Compliance and Effectiveness of Implementation

The arrangements for monitoring compliance are outlined in the table below: -

Measurable policy objectives	Monitoring or audit method	Monitoring responsibility (individual, group or committee)	Frequency of monitoring	Reporting arrangements (committee or group the monitoring results is presented to)	What action will be take if gaps are identified
85 per centage (%) of Overseas Patients Identified	Referrals received by department following training and implementation of this policy	OVM and Finance Team	Quarterly	Report to responsible Financial Accountant	Further training and consultation to identify barriers or concerns
Reduce the number of referrals of non-eligible patients from GPs by 50%	Informing GPs when they refer and monitoring the number of referrals received	OVM and Overseas Admin Team	Quarterly	Report to responsible Financial Accountant	Further communication with the GP practice to highlight Trust policy

4 Duties and Responsibilities of Individuals and Groups

4.1 Chief Executive

The Chief Executive is ultimately responsible for the implementation of this document.

4.2 Ward Managers, Matrons and Managers for Non Clinical Services

All Ward Managers, Matrons and Managers for Non Clinical Services must ensure that employees within their area are aware of this document; able to implement the document and that any superseded documents are destroyed.

4.3 Document Author and Document Implementation Lead

The document Author and the document Implementation Lead are responsible for identifying the need for a change in this document as a result of becoming aware of changes in practice, changes to statutory requirements, revised professional or clinical standards and local/national directives, and resubmitting the document for approval and republication if changes are required.

4.4 Divisional Directors

All Divisional Directors are to ensure that this policy is drawn to the attention of managers and general users. All Divisional Directors must ensure that employees within their area are aware of the document; able to implement the document and when/if amended any superseded documents are destroyed.

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4.5 Overseas Visitors Manager

The OVM role is to ensure that the Charging Regulations are applied in practice, so that those overseas visitors who are lawfully entitled to free treatment receive it without charge, and that those who are not exempt from charges are charged. Where a patient is identified as chargeable and claims s/he cannot pay, the OVM should then assess when the patient can be reasonably expected to return home and inform the clinician of this, so that the clinician can then consider if and what treatment can wait. The OVM should ensure:

- Payment is received, where possible, in advance of providing treatment or a signed undertaking to pay form is received; and
- Any debts incurred following the provision treatment (where advance payment was not obtained) is recovered, wherever possible.

4.6 Medical Employees

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. Medical employees 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 patient's status at all times, and that reverting from private to NHS status is not possible in these circumstances.

4.7 Clinicians

Clinicians should be aware any treatment of an overseas patient will 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 clinician 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. Before providing treatment for overseas visitors, clinicians will be required to notify the OVM to specify whether treatment is immediately necessary or urgent. If the treatment is deemed immediately necessary or urgent and the OVM is not available, this should proceed without delay and the OVM should be informed as soon as possible. Where a patient is transferred between clinicians during a stay in hospital, each clinician will be required to update the OVM, since the classification of the treatment could change.

4.8 Administration Employees

Administration employees with patient contact are responsible for asking the base line question at each patient contact "Have you lived permanently in the UK for the last six months?" and to request the patient to complete the Status Information Form available in the Overseas section of the Intranet where the answer is no or there is any doubt that the patient does not reside permanently in the UK. This is in-line with the Assessment Flowchart.

5 Further Reading, Consultation and Glossary

5.1 References, Further Reading and Links to Other Policies

The following is a list of other policies, procedural documents or guidance documents (internal or external) which employees should refer to for further details:

Ref. No.	Document Title	Document Location
1	The National Health Service (Charges to Overseas Visitors) Regulations 2017	http://www.legislation.gov.uk
2	Human Rights Act	http://www.legislation.gov.uk
3	National Health Service Act 1977	http://www.legislation.gov.uk
4	Health and Medicines Act 1988	http://www.legislation.gov.uk
5	Equality Act 2010	http://www.legislation.gov.uk
6	Personal Injuries (NHS Charges) Amendment Regulations 2009 (SI 2009/316)	http://www.legislation.gov.uk
7	Health and Social Care (Community Health and Standards) Act 2003	http://www.legislation.gov.uk
8	Department of Health and Social Care Guidance- Overseas NHS visitors: implementing the charging regulations	https://www.gov.uk
9	NHS Act 2006	http://www.legislation.gov.uk
10	Status Information Form	http://intranet/
11	Undertaking to Pay Form	http://gwh-intranet/media/850951/undertaking_to_pay_form.docx

5.2 Consultation Process

The following is a list of consultees in formulating this document and the date that they approved the document:

Job Title / Department	Date Consultee Agreed Document Contents
Financial Accountant	15/11/2018
Head of Financial Reporting & Accounting	17/01/2019
Members of the Financial Investment Committee	25/02/2019
Head of Financial Control & Strategic Planning	15/11/2018

6 Equality Impact Assessment

An Equality Impact Assessment (EIA) has been completed for this document and can be found at Appendix

Appendix A - STAGE 1: Initial Screening For Equality Impact Assessment

At this stage, the following questions need to be considered:			
1	What is the name of the policy, strategy or project? Charging of Overseas Visitors Policy & Procedures		
2.	Briefly describe the aim of the policy, strategy, and project. What needs or duty is it designed to meet? This policy describes the principles under which the Trust provides treatment to overseas visitors and how the Trust will identify and charge overseas visitors. The objective of this policy is to define the administrative processes relating to overseas patients receiving treatment at this Trust. This policy applies to all Trust employees, who must clearly identify overseas visitors on Trust premises as early as practicable in the course of their treatment.		
3.	Is there any evidence or reason to believe that the policy, strategy or project could have an adverse or negative impact on any of the nine protected characteristics (as per Appendix A)?		No
4.	Is there evidence or other reason to believe that anyone with one or more of the nine protected characteristics have different needs and experiences that this policy is likely to assist i.e. there might be a <i>relative</i> adverse effect on other groups?		No
5.	Has prior consultation taken place with organisations or groups of persons with one or more of the nine protected characteristics of which has indicated a pre-existing problem which this policy, strategy, service redesign or project is likely to address?		No

Signed by the manager undertaking the assessment	<i>D. Palmer</i>
Date completed	21/12/2018
Job Title	Overseas Visitors Manager

On completion of Stage 1 required if you have answered YES to one or more of questions 3, 4 and 5 above you need to complete a [STAGE 2 - Full Equality Impact Assessment](#)

Equality Impact Assessment

Are we Treating Everyone Equally?

Define the document. What is the document about? What outcomes are expected?

Consider if your document/proposal affects any persons (Patients, Employees, Carers, Visitors, Volunteers and Members) with protected characteristics? Back up your considerations by local or national data, service information, audits, complaints and compliments, Friends & Family Test results, Staff Survey, etc.

If an adverse impact is identified what can be done to change this? Are there any barriers? Focus on outcomes and improvements. Plan and create actions that will mitigate against any identified inequalities.

If the document upon assessment is identified as having a positive impact, how can this be shared to maximise the benefits universally?

Our Vision

Working together with our partners in health and social care, we will deliver accessible, personalised and integrated services for local people whether at home, in the community or in hospital empowering people to lead independent and healthier lives.



Trust Equality and Diversity Objectives			
Better health outcomes for all	Improved patient access & experience	Empowered engaged & included staff	Inclusive leadership at all levels

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