

**EAST KENT HOSPITALS UNIVERSITY
FOUNDATION NHS TRUST
FINANCIAL
POLICIES
&
PROCEDURES**

**POLICY RELATING TO
OVERSEAS PATIENTS**

FPP/OP1.3

REVISION HISTORY:

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1.0	18-06-04	First Issue
1.1	27-10-04	Appendix A-Reciprocal & Bilateral agreements
1.2	04.07.14	Updated version for European Health Insurance Card (EHIC) regulations.
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GLOSSARY

Abbreviations

EKHUFT – EAST KENT HOSPITALS UNIVERSITY FOUNDATION TRUST

EHIC – EUROPEAN HEALTH INSURANCE CARD

PRC – PROVISIONAL REPLACEMENT CERTIFICATE

OVA – OVERSEAS VISITORS ADVISER

HRG – HEALTHCARE RESOURCE GROUP

EEA – EUROPEAN ECONOMIC AREA

PAS – PATIENT ADMINISTRATION SYSTEM

OVT – OVERSEAS TREATMENT PORTAL

OVERSEAS VISITORS POLICY

1 INTRODUCTION

- 1.1 The National Health Service (NHS) provides health care free of charge to people who are ordinarily resident in the United Kingdom (UK). People who do not normally live in the UK are not automatically entitled to free use of the NHS – residency is the main qualifying criterion regardless of nationality or any other equalities characteristic, and regardless of whether the person holds a British passport or has lived and paid taxes or National Insurance contributions in the UK in the past.
- 1.2 This policy relates to the management of individuals who are not usually resident in the UK and who are therefore subject to the guidance within the Department of Health's 'Guidance on implementing the overseas hospital charging regulations 2015' when they seek treatment from East Kent Hospitals University NHS Foundation Trust (EKHUFT).
- 1.3 This policy will ensure that all such individuals are identified and managed according to Department of Health regulations, thereby addressing the current moral and ethical dilemmas for clinicians and managers around treatment and charging guidelines.
- 1.4 The charging regulations from the Department of Health place a legal obligation on NHS Trusts in England to establish if people to whom they are providing NHS hospital services are not normally resident in the UK. If they are not, charges may be applicable for NHS services provided. **When that is the case the Trust must charge the person liable (normally the patient) for the cost of the services.** EKHUFT reserves the right to "stabilise and discharge" for those not eligible for free treatment and unable to pay, in line with Human Rights legislation.
- 1.5 **Overseas Visitors Officer Contact Details as at 01/06/2015**
Mrs Pamela Woodger
extension: 722 - 3107 phone: 01227 783 070 fax: 01227 866 307
email: pamela.woodger@nhs.net

2 AIM

- 2.1 This policy describes a standard Trust wide procedure for the management of patients who are not ordinarily resident in the UK.
- 2.2 This policy will eliminate discrimination and achieve equality for patients of East Kent Hospitals University NHS Foundation Trust who are resident in the UK or are subject to the Department of Health Guidance because they are not ordinarily resident in the UK.
- 2.3 This policy will provide guidance for front line operational staff in the administrative management of patients who are not usually resident in the UK and therefore maybe Overseas Visitors.
- 2.4 This policy will provide guidance on the charging regulations to ensure correct implementation and recovery of Trust costs.

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3 OBJECTIVE

- 3.1 To ensure compliance with the legal obligations of the Trust with regard to Overseas Visitors and people who are not ordinarily resident in the UK.
- 3.2 To ensure fair and equitable management of all patients affected by the Department of Health's 'Guidance on implementing the overseas charging regulations 2015'.
- 3.3 To promote awareness and understanding of the procedures relating to the management of both Overseas Visitors and people not usually resident in the UK and therefore their entitlement to free NHS hospital healthcare.
- 3.4 To ensure Overseas Visitors awareness and understanding of the Trust's legal obligations around charging for NHS services and that they will have to pay if they are not entitled to free treatment.
- 3.5 To ensure Overseas Visitors understand their responsibilities to supply correct and accurate evidence.

4 DEFINITIONS

- 4.1 Any person who is ordinarily and lawfully resident in the UK is entitled to free NHS hospital healthcare.
 - 4.1.1 Any person who is not ordinarily and lawfully resident in the UK will have to pay if they:
 - 4.1.1.1 Do not ordinarily live in the UK or have not paid a visa surcharge, or
 - 4.1.1.2 Do not have the lawful right to live in the UK on a permanent settled basis. (i.e. may be in the UK as a result of a visit visa)
 - 4.1.2 This does not mean that a person who isn't ordinarily resident in the UK will definitely have to pay for their NHS hospital healthcare, as they may be exempt from charges (see section 6)
- 4.2 Ordinary residence requires a relevant NHS body to consider whether the patient is: living lawfully in the UK, voluntarily and for settled purposes, as a part of the regular order of their life, for the time being, whether they have an identifiable purpose for their residence here and whether that purpose has a sufficient degree of continuity to be properly described as settled.
- 4.3 Exempt from charge (see section 6) – patients not ordinarily resident may be entitled to all or some NHS hospital care as a result of one of the exemptions within the regulations.
- 4.4 Patients who are not ordinarily resident and not exempt from charges will be required to pay for all NHS hospital services, except A&E and a few other exceptions.
- 4.5 Reciprocal Health Agreements – agreements the United Kingdom has with a number of countries (Appendix A) allowing visitors to the UK to be entitled to certain types of free NHS hospital care (see as a result of being an EU national), with provision of a European Health Insurance Card or a resident in / or a national of a country that has a Bilateral Health Agreement with the UK.

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5 WHEN TO CHARGE

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

5.1.1 Immediately necessary treatment

If the opinion of the clinicians treating the patient is that treatment is immediately necessary, then it must not be delayed or withheld while the patient's chargeable status is being established. The Trust will always provide immediately necessary treatment whether or not the patient has been informed of, or agreed to pay, charges. Immediately necessary treatment should not be confused with what is clinically appropriate, as there may be some room for discretion about the extent of treatment and the time at which it is given, in some cases allowing the visitor time to return home for treatment rather than incurring NHS charges.

5.1.2 Urgent Treatment

Where the treatment is, in a clinical opinion, not immediately necessary, but cannot wait until the patient returns home, patients should be booked in for treatment, but the Trust should use the intervening period to establish the patient's chargeable status. Wherever possible, if the patient is chargeable, trusts are strongly advised to seek deposits equivalent to the estimated full cost of treatment in advance of providing any treatment.

5.1.3 Non-urgent treatment

This relates to routine elective treatment which could in fact wait until the patient returned home. The patient's chargeable status will be established as soon as possible after first referral to the hospital and where the patient is chargeable they should not be put on a waiting list until a deposit equivalent to the estimated full cost of treatment has been obtained. This is not refusing to provide treatment, it is requiring payment conditions to be met in accordance with the charging regulations before treatment can commence.

6 EXEMPTION FROM CHARGES

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

- 6.1.1 Accident & Emergency services – provided in an A&E department, a minor injuries unit, a walk in centre or elsewhere, up until the point the patient is accepted as an inpatient or given an outpatient appointment.
- 6.1.2 Family Planning Services
- 6.1.3 Certain Diseases – see Appendix B
- 6.1.4 Diagnosis and treatment for sexually transmitted diseases.
- 6.1.5 Treatment given to people detained or liable to be detained, or subject to a community order under the provisions of the Mental Health Acts 1983 or other legislation authorising detention in hospital because of mental disorder

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- 6.1.6 Treatment (other than that at 6.1.5 above) which is imposed by, or included in, an order of the court.
- 6.1.7 Services provided other than in a hospital or by a person who is employed to work for or on behalf of a hospital (i.e. community services will only be chargeable where the staff providing those services are employed by or on behalf of an NHS hospital)
- 6.2 Other reasons Individuals may be exempt from charge:
 - 6.2.1 Regulation 9(f) – specified types of violence
 - 6.2.1.1 Torture
 - 6.2.1.2 Female genital mutilation (FGM)
 - 6.2.1.3 Domestic violence
 - 6.2.1.4 Sexual violence
 - 6.2.2 Regulation 12 – EU rights
 - 6.2.3 Regulation 13 – Exceptional humanitarian reasons as designated by the Secretary of State for Health
 - 6.2.4 Regulation 14 – reciprocal healthcare agreements
 - 6.2.5 Regulation 15(a) – Refugees
 - 6.2.6 Regulation 15(b) – Asylum seekers and others seeking refuge
 - 6.2.7 Regulation 15(c) and (d) – Asylum seekers supported by the Home Office under section 95; failed asylum seekers supported by the Home Office under section 4(2) or by a Local Authority under section 21
 - 6.2.8 Regulation 16 – Victims and suspected victims of human trafficking
 - 6.2.9 Regulation 18 – Persons detained in an NHS hospital or subject to court ordered treatment
 - 6.2.10 Regulation 19 – Prisoners and detainees
 - 6.2.11 Regulation 20 – Armed forces, Crown servants and UK Government funded employment
 - 6.2.12 Regulation 21 – North Atlantic Treaty Organisation (NATO)
 - 6.2.13 Regulation 22 – War pensioners and armed forces compensation recipients
 - 6.2.14 Regulation 23 – Employees on ships
 - 6.2.15 Regulation 24(a) – The UK's obligations under the European Convention on Social and Medical Assistance 1954 and the European Social Charter 1961

7 CALCULATION OF CHARGES AND OTHER FINANCE ISSUES

- 7.1 Within the NHS, costs for treatment are calculated on the basis of a HRG (Healthcare Resource Group), a grouping consisting of patient events that have been judged to consume a similar level of resource.

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- 7.2 The calculated charges for each EEA Overseas Visitor treatment is based upon the respective HRG costing together with a relevant uplift reflecting the Market Forces Factor. Charges for non-EEA as EEA plus 50%.
- 7.3 For Urgent Clinical care, deposits equivalent to the estimated cost of treatment should be requested in full in advance of treatment, but treatment is not to be stopped if no payment is received. If the patient cannot pay in full, then instalments can be arranged.
- 7.4 For routine planned care, deposits may be required in advance of treatment equivalent to the estimated cost of treatment. The patient must be informed that the initial money is an estimate and may change dependent on what clinical care is received. Any additional charge following completion of treatment should be paid within 30 days of final invoice unless instalments have been requested.
 - 7.4.1 For Maternity Treatment – a minimum of £2,000 deposit will be requested for the course of maternity care (£2,000 to cover the birth and additional amount for planned antenatal and postnatal charges). Treatment will never be refused if patient has insufficient funds and terms of payment can be agreed if required.

8 SHARING INFORMATION WITH THE DEPARTMENT OF HEALTH FOR USE BY THE HOME OFFICE.

- 8.1 In order to allow better recovery of NHS debts, and following a public consultation in 2010, the then UK Border Agency (now Home Office) amended the immigration rules to allow an unpaid debt of £1,000 or more by a person subject to immigration control to be reason normally to refuse a new visa or extension of stay. This came into force on 31 October 2011 and will apply to invoices raised for treatment provided from 1 November 2011. These new rules affect anyone who is in the UK with a visa. The Trust currently reports this to the Home Office on a monthly basis.
- 8.2 The NHS is encouraged to support administration of these rules and thereby improve the recovery of their debts by providing relevant information to the Home Office. Provision of this information must take full regard of data protection, information security and patient confidentiality duties. It is important that the guidance issued in Chapter 12 of the Department of Health Regulations 2015 are followed closely to ensure that these duties are met and that the immigration rules are applied fairly and lawfully.

9. DUTIES, ROLES AND RESPONSIBILITIES

9.1 Chief Executive

- 9.1.1 Overall responsibility lies with the Chief Executive for ensuring that our legal obligation to ensure that patients who are not normally resident in the UK, taking into account the exemptions in Section 6, are identified and charged for the services that they receive at East Kent Hospitals University NHS Foundation Trust.
- 9.1.2 This responsibility is devolved to the Senior Income & Contracting Accountant.

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9.2 Director of Finance / Finance Staff

- 9.2.1** Finance staff will ensure that once the invoice requisition is received from the Overseas Visitors Adviser (OVA), an invoice will be raised.
- 9.2.2** Finance staff in the Sales Ledger will advise the OVA on a monthly basis, of money received in payment of these invoices, so that outstanding amounts can be chased.
- 9.2.3** Sales Ledger will also provide the OVA with a report for any invoice in respect of an overseas visitor, where no payment has been received within 90 days from the invoice date.
- 9.2.4** Sales Ledger Staff will arrange for 2 reminder letters to be sent for outstanding invoices for overseas visitor's treatment and thereafter to be sent to the Trusts approved Debt Collectors, CCI Legal on a regular basis, as directed by the OVA.

9.3 Overseas Visitor Adviser (OVA)

- 9.3.1** The OVA will determine, based upon the exemption criteria outlined in section 6 above, which overseas visitors qualify for free treatment, and which are to be invoiced.
- 9.3.2** The OVA will make provision where the visitor's first language is not English or where there may be the requirement to provide the information in accessible formats.
- 9.3.3** Where a patient is to be charged, the OVA will liaise with the Information Department and Clinical Coding Department (when necessary) to identify amount to be charged.
- 9.3.4** The OVA will keep records of patients that we invoice, so that money will not be sought from the CCG for these patients.
- 9.3.5** The OVA will liaise with Consortium finance staff as to progress on the pursuit of non-paid invoices via the Trust's approved Debt Collectors, CCI Legal on a regular basis.
- 9.3.6** The OVA will ensure that the Department of Health are advised via use of the Overseas Treatment Portal (OVT) web portal of any patients treated at EKHUFT that are visiting the UK from any of the countries within the Economic European Area (EEA) and have provided an European Health Insurance Card (EHIC) or Provisional Replacement Certificate (PRC).
- 9.3.7** The OVA will be responsible for ensuring that the Pre-Attendance Form is completed by patients identified as possibly not being entitled to free NHS care and that invoices are raised if required.
- 9.3.8** The OVA will record details of payments patients have made on a spreadsheet.
- 9.3.9** The OVA will arrange to report necessary personal details via the provided template to the Home Office, for any invoice that meets the criteria described within Chapter 12 of the Department of Health Regulations 2015. See Section 8 for more details.
- 9.3.10** This will mean that:
 - 9.3.10.1** The OVA will try to ensure that all patients are aware of the Home Office rules and how it will affect them if they either do not pay, or decide to pay by instalments when the bill exceeds £1000.

The Trust report to the Home Office details of monetary amounts, if over £1000 relating to a debts owed by Overseas Visitors on a monthly basis.

For debts that are over 90 days old, for which a reasonable payment plan has either not been arranged or not been kept to, and for which there is no genuine outstanding challenges relating to the legitimacy of the charge, necessary personal information will be shared by EKHUFT with the Home Office. Reasonable is considered an amount which settles the debt in a maximum period of 3 months from the date of invoice. In exceptional circumstance an extended payment plan may be arranged however the debt will still be registered with the Home Office if £1000 or over.
 - 9.3.10.2** The information should be updated and any changes in the debt status (payment, agreed payment plan, cancellation etc.) re-sent at the end of every month.
 - 9.3.10.3** Updates should also include any newly triggered cases.

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9.3.10.4 It is particularly important that any change in the status of a debt be notified so that appropriate immigration decisions can be made. The Trust may be liable for the consequences of any failure to inform such change.

9.3.10.5 The OVA will:

- Identify cases where patient debts trigger the criteria for potential immigration sanctions
- Ensure that the handling process conforms to all relevant aspects of the guidance within Chapter 12 to the Department of Health Regulations 2015.
- Remain responsible for the maintained accuracy of information provided, in particular ensuring that any debt payment is accounted for
- Be the point of contact for the Home Office to facilitate information checks and/or debt payment.
- Provide relevant case history to assist the Home Office with handling any disputed claims

9.4 General Managers / Service Managers

9.4.1 Must ensure that all their staff adhere to the policies and procedures around notification to the OVA of any patients that are identified as not being ordinarily resident in the UK and therefore possible Overseas Visitors, in line with the criteria outlined above in Section 1 and the exemptions outlined in Section 6, as directed by the OVA.

See Contact Details for the Overseas Visitors Adviser in Paragraph 1.5

9.5 Other Staff Groups

9.5.1 A&E Staff

Staff will ensure that patients are asked for their usual residential address.

9.5.1.1 If this is an address in one of the countries within the European Economic Area (EEA) staff will ask the patient to complete a Pre-Attendance Form and ask if they have a European Health Insurance Card (EHIC) or Provisional Replacement Certificate (PRC). A&E will then photocopy / scan the card or certificate and send to the OVA with the completed Pre-Attendance Form.

9.5.1.2 If this is an address in one of the countries within the European Economic Area (EEA) and a decision to admit the patient is made, staff must advise the patient that a European Health Insurance Card (EHIC) or Provisional Replacement Certificate will be needed for them to qualify for free hospital treatment.

9.5.1.3 If this is an address that is not in the EU the patient should still complete a Pre-Attendance Form and if a decision is made to admit the patient, staff must advise the patient that depending on where they are usually resident they may be required to pay; or to provide documents to confirm entitlement to free NHS hospital treatment or Medical Insurance details.

9.5.2 Consultants and Clinical Staff

On receipt of referrals, either direct from GPs or from the Trust's Outpatients Department, identify as much information as possible in relation to the patients Nationality and right to access free NHS care. Any patient identified as an overseas visitor should be referred to the OVA, and should not initially be added to a Waiting List, or offered an outpatient appointment.

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If a patient is seen in clinic and is potentially an overseas visitor they should be given a Pre-Attendance Form to complete and the OVA advised as soon as possible. Consultants should consider what treatment the patient requires, and whether it is to be considered as urgent, and needing to be done before the patient returns home, before they are added to a waiting list, or provided with a further appointment. All completed Pre-Attendance Forms being sent either by email or internal post to the OVA.

9.5.3 Ward Manager / Nurse-In-Charge

To ensure that all ward staff within their clinical areas are made aware of the policy with regard to overseas visitors, and their responsibility relating to it, as part of induction. Should they become aware, or be made aware of a patient in their ward area that should be treated as an Overseas Visitor, or someone who does not usually live in the UK, they are to ensure that the OVA is advised as soon as possible by telephone and follow-up by email and that a Pre-Attendance Form is complete and sent to the OVA. If the patient is admitted over a weekend, then advise as soon as practicable the following Monday morning. The information to be provided to the OVA should include the expected date of discharge if known, and the consultant in charge of the patients' care.

9.5.4 Ward Staff including Ward Clerks

Ward Staff should make enquiries of any patient admitted to their ward area as to

- a) What country or countries has the patient lived in during the last 12 months?
- b) Are they an EEA, UK or Swiss National?

If an overseas address is identified at time of patient registration, this should be added to the PAS system as the usual residential address on the main PMI details screen and a referral should be made to the OVA.

Every effort should be made to obtain the UK address and contact numbers for next of kin / family. Any UK address should be added into the mailing address field for the patient in these circumstances.

9.5.5 Appointments / Scheduling Staff (includes Choose & Book)

Staff should advise the OVA if they become aware of any patient who is not usually resident in the UK, as the patient may not be entitled to free healthcare. The staff member should ask the patient to complete a Pre-Attendance Form.

If an overseas address is identified at time of patient registration, this should be added to the PAS system as the usual residential address on the main PMI details screen and a referral should be made to the OVA.

See Section 5 of this policy because overseas patients should not be added to a waiting list or offered an appointment if the care they are referred for is routine planned care.

Every effort should be made to obtain the UK address and contact numbers for next of kin / family. Any UK address should be added into the mailing address field for the patient in these circumstances.

9.5.6 Reception / Booking In Staff

If a patient is identified as not usually being resident in the UK, staff should advise the OVA as soon as possible and ask the patient to complete a Pre-Attendance Form (Appendix C)

Staff should ask all patients for their usual residential address. If the patient lives overseas, this address should be recorded as their permanent address, with any UK address being noted as the mailing address.

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9.5.7 Other administrative staff

Should notify the OVA of any patients they identify as not usually being resident in the UK and may therefore not be entitled to free healthcare. Where patients are added to the Trust's Patient Administration System (PAS) staff must ensure that the overseas address is recorded if known and that any UK address is recorded as the patients mailing address.

For any referral received, requiring review / grading by a consultant / clinical colleague, identify as much information as possible relating to the patient's nationality and right to access free health care, and for any referrals relating to overseas visitors, contact the OVA as soon as possible.

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10 EQUALITY IMPACT ASSESSMENT STATEMENT

- 10.1** All public bodies have a statutory duty under the Equality Act 2010. To have due regard to the elimination of discrimination, harassment, victimisation and any other conduct prohibited by the Act
- 10.2** The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none is placed at a disadvantage over others. This document was found to be compliant with this philosophy.
- 10.3** Equality Impact Assessments will ensure discrimination does not occur also on the grounds of any of the protected characteristics covered by the Equality Act 2010.
- 10.4** Refer to **Chapter 13**.

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11 PROCEDURE

11.1	Accident & Emergency
11.1.1	All patients (regardless of their country of residence) are entitled to a 'free' assessment in the Emergency Department.
11.1.2	If they advise that they usually live outside of the UK, their home address (overseas) will be entered onto PAS in order for it to transfer over to the patient registration system if the patient is given follow up treatment or admitted to a ward
11.1.3	If a patient is from outside the EEA, and the UK does not have a reciprocal agreement with that country, charges are only applicable from the time of admission to a ward or out-patient treatment area. Ideally if patient is to be admitted, they should be advised they may have to pay for all care they receive
11.1.4	If a patient is from a country in the EEA (Appendix A), they should be asked to supply a European Health Insurance Card (EHIC) or Provision Replacement Certificate (PRC). This should be copied and sent to the OVA with a record of the patients' PAS reference. The Government will then be able to claim the money back from the patients' Country of residence. From Autumn 2014 the UK Government will pay Trusts an additional 25% of the amounts invoiced.
11.1.5	If a patient advises that they usually live in an EEA country and they are to be admitted, they will be expected to provide further details to the OVA – do not communicate to the patient that seeing passport or European Health Insurance Card within A&E is sufficient documentation to entitle them to all NHS hospital treatment free of charge, as they may not be fully exempt.
11.2	Inpatient Wards
11.2.1	A member of the ward staff should make enquiries of any patient admitted directly to the ward as to their lawful settled residence in the UK.
11.2.2	If the patient is someone who is not an EEA / UK or Swiss National then a referral should be made to the OVA.
11.2.3	If the patient advises they need a visa to live in the UK, then a referral should be made to the OVA
11.2.4	If the patient advises they have not lived in the UK for the previous 12 months, then a referral should be made to the OVA
11.2.5	Any referral must be made to the OVA as soon as practically possible (within normal working hours) by the Ward Manager or Nurse in Charge. If the patient is admitted out of normal hours then the OVA must be informed as soon as possible thereafter by the Ward Manager or Nurse in Charge.
11.2.6	The patient may be interviewed by the OVA (or other designated officer of the Trust) and will be asked to sign the 'Pre-attendance' Form (Appendix C) if they are a patient that will be expected pay for their care.
11.2.7	Provision should be made to provide appropriate support and interpreting services in the event the patient is not proficient in English.

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11.2.8	Provision should also be made according to any other equality requirements has e.g. appropriate sign language interpreters etc.
11.2.9	If they advise they are visiting the UK, their home (overseas) address will be entered onto the patient registration system and any UK address will be entered as a mailing address.
11.2.10	If a patient is from a country in the EEA (Appendix A), they must be asked to supply a European Health Insurance Card (EHIC). If they cannot then they will need to contact their home country and obtain a Provisional Replacement Certificate (details of this are with the OVA). If they don't have either then they will be expected to pay. It is not good enough to just be resident in an EU country to be entitled to free NHS hospital care, plus with an EHIC or PRC we will be able to claim money from their EEA country to reimburse the UK NHS.
11.2.11	If a patient is from outside the EEA, and the UK does not have a reciprocal agreement with that country, charges are only applicable from the time of admission to a ward or out-patient treatment area.
11.2.12	A member of the ward staff will advise the OVA of the planned discharge date of the patient and the OVA will attempt to recover payment of the invoice amount on completion of the patient's stay and before discharge. Where this is not possible an invoice will be sent to the patient's home address following treatment.
11.3	Outpatients
11.3.1	If an overseas out-patient visitor attends the hospital for a consultation the administrative staff must immediately inform the OVA. If it is apparent that the patient should pay for NHS hospital services a Pre-attendance Form (Appendix C) should be completed.
11.3.2	Administrative staff must also ensure that the patient's home (overseas) address is correct on the PAS system as the main address and that any UK address is added to the system as a mailing address. Checks should also be made by administrative staff to ensure all names are accurately recorded along with next of kin details and contact telephone numbers. Where there is a concern that any details provided may not be correct / valid, administrative staff will contact the OVA to seek corroboration of the address / patient details.
11.4	Responsibilities of OVA
11.4.1	Liaise with Information Department to ensure that notification is being received regarding all overseas patients receiving treatment.
11.4.2	The OVA (or other designated Trust officer) will determine which overseas patients qualify for 'free' treatment and which are to be invoiced.
11.4.3	Where an overseas patient is exempt from charges the OVA will determine whether the patient is a resident of a country within the EEA, or is a resident of a country that has a bilateral health agreement with the UK. For patients found to be residents with the EEA, the OVA will endeavour to obtain details of the patients EHIC (European Health Insurance Card) and will inform the Department of Health via use of the OVT Web Portal when possible. The OVA will also liaise with the Information team, Clinical Coding Department and Finance Department as appropriate. Records of submission via the OVT Portal will be kept by the OVA.
11.4.4	Prices change annually and the OVA will liaise with the Financial Planning team to ensure accuracy of current costs.

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11.4.5	The OVA will be responsible for ensuring that Pre-Attendance Forms (Appendix C) are completed and that invoices are raised at the completion of treatment. Where possible they should be handed to patients prior to discharge and payment taken. Wherever possible payment should be obtained by credit card. Failing this, invoices will be sent to the patient's home address. A receipt will be given by the OVA (or designated officer) for all transactions. Copies of the Pre-attendance Forms must be sent to the OVA.
11.5	General
11.5.1	Patients from the EEA without an EHIC or PRC, outside the EEA (who have not paid a surcharge which the UK does not have a reciprocal arrangement for the treatment provided are liable to be charged from the time of admittance to a ward or out-patient area.
11.5.2	Administrative, ward and out-patient staff must inform the OVA of any patients they identify who may not be entitled to free NHS hospital services.
11.5.3	If there is any doubt about a patient's eligibility for non-chargeable treatment, refer to the OVA immediately for clarification.

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12 Appendix A – Countries with Reciprocal Agreements

European Economic Area (EEA) and Switzerland

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

Austria	Italy
Belgium	Latvia
Bulgaria	Lithuania
Croatia	Luxembourg
Cyprus (Southern)	Malta
Czech Republic	Netherlands
Denmark	Poland
Estonia	Portugal
Finland	Romania
France	Slovakia
Germany	Slovenia
Greece	Spain
Hungary	Sweden
Ireland	
Plus, Iceland, Liechtenstein and Norway	
Switzerland has a separate agreement with the EU.	

Bilateral Health Agreements

The UK has bilateral health care arrangements with the following countries allowing the patient to be entitled to free NHS treatment (dependant on the level of treatment and the individual countries agreement) that happened after arrival in the UK

Anguilla	Kyrgyzstan*
Armenia*	Macedonia* (EHIC)
Australia	Moldova*
Azerbaijan*	Montenegro* (EHIC)
Barbados	Montserrat
Belarus*	New Zealand*
Bosnia and Herzegovina* (EHIC)	Russia*
British Virgin Islands	Serbia* (EHIC)
Falkland Islands (all treatment including elective)	St Helena
Georgia*	Tajikistan*
Gibraltar* (for UK stays of less than 30 days)	Turkmenistan*
Isle of Man (for UK stays of less than 3 months)	Turks and Caicos Islands
Jersey ♦ (for UK stays of less than 3 months)	Ukraine*
Kazakhstan*	Uzbekistan*
Kosovo *(EHIC)	

Countries with an asterisk (*) have agreements covering their nationals and UK nationals only. The others cover all residents irrespective of nationality. It is for non-nationals resident in an “all residents” country to produce evidence of their residential status. The UK has a Reciprocal Agreement with Jersey but not with the rest of the Channel Islands

OVERSEAS VISITORS POLICY

13 Appendix B – Diseases where treatment is necessary to protect the wider public health

Acute Encephalitis;	Malaria;
Acute Poliomyelitis;	Measles;
Anthrax;	Mumps;
Botulism;	Pandemic Influenza (Defined as Phase 6 by the World Health Organisation (WHO) or influenza that might become pandemic, defined as phase 4 or phase 5);
Brucellosis;	Plague;
Cholera;	Rabies;
Diphtheria;	Rubella;
Enteric Fever (Typhoid and Paratyphoid fever)	Severe Acute Respiratory Syndrome (SARS);
Food Poisoning	Smallpox;
Haemolytic Uraemic Syndrome (HUS);	Tetanus;
Infectious bloody diarrhoea;	Tuberculosis;
Invasive group A streptococcal disease and scarlet fever;	Typhus;
Invasive meningococcal disease (meningococcal meningitis, meningococcal septicaemia and other forms of invasive disease);	Viral haemorrhagic fever (which includes Ebola);
Legionnaires' Disease;	Viral Hepatitis;
Leprosy;	Whooping Cough;
Leptospirosis;	Yellow Fever

OVERSEAS VISITORS POLICY

14 Appendix C – Pre-Attendance Form

[Attach patient ID sticker here]

East Kent Hospitals University 
NHS Foundation Trust

Pre-Attendance Form

Why have I been asked to complete this form?

NHS hospital treatment is not free to all. All hospitals have a legal duty to establish if patients are entitled to free treatment. Please complete this form to help us with this duty. A parent/guardian should complete the form on behalf of a child. **On completing the form, you must read and sign the declaration below.**

Please complete this form in BLOCK CAPITALS

Family name/surname:	
First name/given name:	Date of birth:

DECLARATION: TO BE COMPLETED BY ALL

This hospital may need to ask the Home Office to confirm your immigration status to help us decide if you are eligible for free NHS hospital treatment. In this case, your personal, non-clinical information will be sent to the Home Office. The information provided may be used and retained by the Home Office for its functions, which include enforcing immigration controls overseas, at the ports of entry and within the UK. The Home Office may also share this information with other law enforcement and authorised debt recovery agencies for purposes including national security, investigation and prosecution of crime, and collection of fines and civil penalties.

If you are chargeable but fail to pay for NHS treatment for which you have been billed, it may result in a future immigration application to enter or remain in the UK being denied. Necessary (non-clinical) personal information may be passed via the Department of Health to the Home Office for this purpose.

DECLARATION:

- I have read and understood the reasons I have been asked to complete this form
- I agree to be contacted by the trust to confirm any details I have provided.
- I understand that the relevant official bodies may be contacted to verify any statement I have made.
- 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 hospital's local counter fraud specialist and recovering any monies due.

Signed:	Date:
Print name:	Relationship to patient:
On behalf of:	

1. ALL: PERSONAL DETAILS – Please answer all questions that apply to you

Do you usually live in the UK?	YES: <input type="checkbox"/> NO: <input type="checkbox"/>	Nationality:	
Address in the UK:		Passport number:	
		Country of issue:	
Telephone number:		Passport expiry date:	
Mobile number:		Dual Nationality:	
Email:		Date of entry into the UK:	
Will you return to live in your home country?	YES: <input type="checkbox"/> NO: <input type="checkbox"/>	If yes, when?	
Address OUTSIDE the UK:		Name and address of Employer (UK or overseas):	
Country:		Country:	
Contact telephone:		Employer telephone:	

OVERSEAS VISITORS POLICY

2. ALL: OFFICIAL DOCUMENTATION

Please tell us which of the following documents you currently hold (check all that apply):

<input type="checkbox"/> Current United Kingdom passport	<input type="checkbox"/> Current European Union passport
<input type="checkbox"/> Current non-EU passport with valid entry visa	Visa No. <input style="width: 100px;" type="text"/>
<input type="checkbox"/> Student visa <input type="checkbox"/> Visit visa	Visa expiry date: <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
<input type="checkbox"/> Asylum Registration Card (ARC)	ARC No. <input style="width: 100px;" type="text"/>
<input type="checkbox"/> Other – please state: <input style="width: 100px;" type="text"/>	BRP No. <input style="width: 100px;" type="text"/>

3. ALL: YOUR STAY IN THE UK – *You may be required to provide documentation*

Please tell us about the purpose of your stay in the UK (check all that apply):

<input type="checkbox"/> Holiday/visit friends or family	<input type="checkbox"/> On business	<input type="checkbox"/> To live here permanently
<input type="checkbox"/> To work	<input type="checkbox"/> To study	<input type="checkbox"/> To seek asylum
<input type="checkbox"/> Other – please state: <input style="width: 100px;" type="text"/>		

How many months have you spent OUTSIDE the UK in the last 12 months?

<input type="checkbox"/> None	<input type="checkbox"/> Up to 3 months	<input type="checkbox"/> 3-6 months	<input type="checkbox"/> Over 6 months
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Please indicate the reason for any absence from the UK in the last 12 months (check all that apply)

<input type="checkbox"/> I live in another country	<input type="checkbox"/> A holiday/to visit friends	<input type="checkbox"/> To work
<input type="checkbox"/> I frequently commute (business/second home overseas)	<input type="checkbox"/> To study	
<input type="checkbox"/> Other – please state: <input style="width: 100px;" type="text"/>		


4. ALL: GP DETAILS – *If you are registered with a GP in the UK*

GP/surgery name: <input style="width: 100px;" type="text"/>	Address of GP surgery: <input style="width: 100px;" type="text"/>
GP telephone: <input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
NHS number: <input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>

5. HEALTH OR TRAVEL INSURANCE DETAILS – *If the UK is not your permanent place of residency*

Do you have insurance?	YES: <input type="checkbox"/> NO: <input type="checkbox"/>	Name and address of insurance provider: <input style="width: 100px;" type="text"/>
Membership number: <input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	
Insurance telephone: <input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	

6. EUROPEAN HEALTH INSURANCE CARD (EHIC) DETAILS – *If you live in another EEA country*

Do you have a <u>non-UK</u> EHIC?	YES: <input type="checkbox"/> NO: <input type="checkbox"/>	If yes, please enter the data from your EHIC below:
 <p><i>If you are visiting from another EEA country and do not hold a current EHIC, you may be billed for the cost of any treatment received outside the Accident and Emergency (A&E) dept. Charges will apply if you are admitted to a ward or need to return to the hospital as an outpatient.</i></p>		3 <input style="width: 100px;" type="text"/>
		4 <input style="width: 100px;" type="text"/>
		5 <input style="width: 100px;" type="text"/> 6 <input style="width: 100px;" type="text"/>
		7 <input style="width: 100px;" type="text"/>
		8 <input style="width: 100px;" type="text"/> 9 <input style="width: 100px;" type="text"/>

7. STUDENT DETAILS – *If you have come to the UK to study*

Name of college/university: <input style="width: 100px;" type="text"/>	Telephone: <input style="width: 100px;" type="text"/>
Course dates From: <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> To: <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	Number of hours/week: <input style="width: 100px;" type="text"/>

If you have completed this form in the A&E department, please give it to a receptionist or nurse before leaving. If you are admitted to any ward or referred for further treatment outside the A&E department, charges may apply. Please expect to be interviewed by a member of our Overseas Visitors Team.