

**Reference Number:** FOI/2020/279  
**From:** Commercial  
**Date:** 06 October 2020  
**Subject:** NHS (Charges to Overseas Visitors) Regulations 2015 as amended by the NHS (Charges to Overseas Visitors) (Amendment) Regulations 2017.

The following requests relate to NHS (Charges to Overseas Visitors) Regulations 2015 as amended by the NHS (Charges to Overseas Visitors) (Amendment) Regulations 2017. Please consider the following three requests:

**Q1 This question relates to the Trust's implementation of the charging policies detailed above. Please provide:**

- A. Copies of any Equality Impact Assessments.
- B. Copies of any local policies and guidance on implementation of the charging regime. If the Trust does not have any local policy or guidance, please list the guidance used to implement the regulations.
- C. Copies of documents/guidance/forms explaining how charging exemption requests are assessed. In particular this should include the process by which individuals are identified as exempt from charging as they are in receipt of treatment required for a physical or mental condition caused by torture, domestic violence or sexual violence.
- D. Copies of any guidance/documents explaining the criteria by which an individual is categorised as destitute and therefore exempt from charging.

**A1** A. We have not undertaken separate Equality Impact Assessments to those undertaken by DHSC as we are implementing national guidance as mandated.

- B. Please see attached our draft local policy setting our implementation of national guidance. This is currently being finalised for formal adoption. However it is based upon the policy adopted by a number of our partner NHS Trusts locally.
- C. Please see Section 5.10 of the attached policy document and section 10.2. We would also work very closely with our safeguarding team.
- D. Please see attached policy, we apply the provisions regarding the exemption from charging under the domestic violence concessions policy in line with chapters 5.10 and 5.11. In terms of recovery of debt from individuals considered destitute and not otherwise exempt under any other provisions, we follow national guidance specifically paras 13.68, 13.69 and 13.74 of the DHSC national guidance on implementing the OSV charging regulations 2020 on a case by case basis.

**Q2 Please provide details on the training staff receive with regards to overseas visitor charging regulations. Specifically:**

- A. Are staff joining this Trust required to complete training relating to the overseas visitor charging policy?
  - I. If so is this training face-to-face or an online e-learning module?

- II. Please provide details of what specific training is provided to avoid discrimination when implementing the policy?
- III. Please provide copies of any training materials provided prior to or during these sessions.

- B. Are clinicians employed by this Trust required to complete any specific training to enable them in their role of assessing whether patient care is urgent/immediately necessary?
  - I. If so is this training face-to-face or an online e-learning module?
  - II. Please provide copies of any training materials provided prior to or during these sessions.
- C. Are overseas managers (OVMS) required to complete any specific training to enable them in their role implementing these regulations when joining the Trust?
  - I. If so is this training face-to-face or an online e-learning module?
  - II. Please provide copies of any assessments made with regards to whether OVMS employed by the Trust should be required to hold an Office of the Immigration Services Commissioner (OISC) registration?
  - III. Please confirm whether OVMS employed by the Trust have received any immigration advisory training enabling registration with the Office of Immigration Services Commissioner (OISC) commissioner. This could be OISC qualification levels 1-3, or the law society Immigration and Asylum Accreditation Scheme (IAAS) levels 1-2.

- A2
  - A. No specific training, although we have available the HEE online modules.
  - B. Urgent/immediate care assessment by clinicians would be covered in their comprehensive medical training.
  - C. No, but we are part of the NHS OSV network and work closely with the OSV NHSE collaborative.
    - III. No training received.

- Q3 **This question relates to how the Trust is monitoring the impact of the charging policies:**
  - A. Please provide copies of any audit reports monitoring the impact of the charging policy on service users following implementation.
  - B. In particular please provide any documents detailing how the Trust is monitoring for evidence of systematic discrimination as a result of these policies.

- A3
  - A. Information not held – the Trust does not routinely collate or hold this information centrally as part of its management or performance data.
  - B. Information not held – the Trust does not routinely collate or hold this information centrally as part of its management or performance data.

## OVERSEAS VISITOR POLICY

### Version: 0.1

Designation of Policy Author(s)	Private Patient and Overseas Visitor Manager
Policy Development Contributor(s)	Private Patient and Overseas Visitor Manager
Accountable Director(s)	Assistant Director of Strategy
Ratified By (Committee / Group)	
Date ratified	(Draft – not yet approved)
Date issued/published on Intranet	(To be updated once published)
Review date	(To be updated once published)
Target audience	Trust Wide

## CONTENTS

Content	Page
<b>1 Executive Summary.....</b>	<b>2</b>
1.1 Policy Scope .....	2
<b>2 Introduction .....</b>	<b>3</b>
<b>3 Policy Objectives .....</b>	<b>3</b>
<b>4 Duties / Responsibilities .....</b>	<b>3</b>
<b>5 Main Body of Policy.....</b>	<b>3</b>
5.1 Entitlement .....	3
5.2 General Principles.....	4
5.3 Identifying Overseas Visitors .....	4
5.4 Up front charging.....	5
5.5 Ward Admissions .....	5
5.6 Outpatient Appointments .....	5
5.7 Elective admissions clinicians consider non-urgent.....	5
5.8 Immediately necessary, urgent and non-urgent treatment .....	5
5.9 Assessment of Eligibility .....	6
5.10 Exempt Services .....	6
5.11 EEA Visitors .....	7
5.12 Reciprocal Agreements.....	8
5.13 Invoicing .....	8
5.14 Information .....	9
<b>6 Key Reference .....</b>	<b>9</b>
<b>7 Associated Documents .....</b>	<b>10</b>
<b>8 Training.....</b>	<b>10</b>
<b>9 Policy Administration .....</b>	<b>10</b>
9.1 Consultation, Communication and Implementation .....	10
9.2 Monitoring Compliance with the Policy .....	12
9.3 Performance Management of the Policy.....	12
<b>10 Appendices.....</b>	<b>13</b>
<b>11 Initial Equality Impact Assessment Screening Tool .....</b>	<b>23</b>

## 1 Executive Summary

### 1.1 Policy Scope

- i. This policy applies to all staff with patient contact in all areas of Liverpool Heart and Chest Hospital, including those based in areas outside of the main site.

## 2 Introduction

- i. This policy is concerned with the management of charges to individuals who do not normally live in the UK (overseas visitors) when they seek treatment from the Liverpool Heart and Chest Hospital
- ii. National guidance on the charging of overseas visitors for NHS treatment is in accordance with Section 175 of the [NHS Act 2006](#), National Health Service (Charges to Overseas Visitors) (Amendment) Regulations 2017 and related documents published alongside the Guidance.

## 3 Policy Objectives

- i. This policy seeks to provide clear guidelines to staff for the management of access by overseas visitors to Trust services

## 4 Duties / Responsibilities

- i. The Private Patient and Overseas Visitor Manager is responsible for ensuring that Trust policy is in line with statutory duties and national guidance and that charges are identified where applicable.
- ii. It is the responsibility of all front line staff to ensure that this policy is adhered to and that the Overseas Visitors Team are informed about any patient who may not be eligible to access free NHS care.

## 5 Main Body of Policy

### 5.1 Entitlement

- i. The National Health Service (NHS) provides healthcare free of charge to people, who are ordinarily resident ('OR') in the United Kingdom (UK). People who are not 'OR' in the UK are not automatically entitled to use the NHS free of charge. Residency is the main qualifying criterion, applicable regardless of nationality, ethnicity or whether the person holds a British passport, or has lived and paid taxes or National Insurance contributions in the UK in the past.
- ii. A person will be "ordinarily resident" (see Appendix 10.3) 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 short or long duration. Nationals of countries outside the European Economic Area (Non-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. European Economic Area (EEA) visitors may carry a European Health Insurance Card (EHIC) which would cover any medical treatment that becomes necessary during their visit; alternatively if a visitor does not possess an EHIC they can obtain a Provisional Replacement Certificate (PRC) from their country's health institution. The PRC entitles the holder to the same provision as the EHIC.
- iii. From April 2015 Non-EEA individuals applying for a visa to enter or remain in the UK for longer than six months must pay an immigration health surcharge. Payment of the immigration health surcharge entitles the payer to NHS funded healthcare on

the same basis as someone who is ordinarily resident. Individuals coming to the UK for six months or less as a visitor will be liable for charges under the charging regulations unless another exemption from charges applies.

- iv. The charging regulations place a legal obligation on NHS Trusts in England to establish if people to whom they are providing NHS hospital services are not OR in the UK. If they are found not to be ordinarily resident in the UK then charges may be applicable for the NHS services provided. In these cases the Trust must charge the person liable (usually the patient) for the cost of NHS services.

## **5.2 General Principles**

- i. Enquiries regarding overseas visitors should be made to the Overseas Visitors Team. If the issue is still unclear, advice will be sought from the Department of Health or the Trust's Legal Advisors.
- ii. The issue of eligibility is complex and is determined on the consideration of many factors. The decision about whether an individual patient is liable for charges rests with the Overseas Visitors Team.
- iii. Front line staff should not advise on an individual's eligibility for free treatment unless the Overseas Visitors Team has advised them accordingly.
- iv. 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 Visitors Team and recorded on the Trust Patient Administration System (PAS).
- v. The Overseas Visitors Team 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.
- vi. The Overseas Visitors Team will liaise with external bodies such as the Department of Health, Home Office, Universities and Local Counter Fraud Service as required.

## **5.3 Identifying Overseas Visitors**

- i. The Trust aim is to identify, without discrimination, all patients who may be liable for charges.

## **5.4 Accident & Emergency (A&E) Attenders**

- i. There is no exemption from charge for 'emergency' treatment (other than that given within A&E). 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. Charges still apply for immediately necessary treatment if the overseas visitor is not themselves exempt from charge.
- ii. Although no charges can be made to a patient for treatment carried out in A&E, 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 Visitor Team back into the NHS. The Trust then receives 25% of all successful EHIC claims, including A&E, Outpatient and Inpatient episodes.

## 5.5 Up front charging

- i. On 23 October 2017 the law has changed so it will be a legal requirement to recover in advance the estimated full cost of a course of treatment unless doing so would prevent or delay the provision of immediately necessary or urgent treatment. In practice this means that where a clinician has determined a patient's need for care to be non-urgent, payment from the person liable will be required upfront and in full, where no exemption category applies, before the treatment can be provided. Where services are immediately necessary or urgent, full upfront payment should be secured wherever possible, unless doing so would prevent or delay the treatment.

## 5.6 Ward Admissions

- i. If ward staff identify, after admission, that a patient may not be resident in the UK then they will ask the patient to complete an Establishing Entitlement to NHS Treatment Form (Appendix 10.1) and send it, along with any copies of documents, to the Overseas Visitors Team.

## 5.7 Outpatient Appointments

- i. If outpatient appointment staff identify that a patient may not be resident in the UK then they will ask the patient to complete an Establishing Entitlement to NHS Treatment Form (Appendix 10.1) and contact the Overseas Visitors Team urgently. This is so that the patient can be assessed for eligibility before the patient is given an appointment. If the referral is a two week rule, immediately necessary or urgent the appointment should be made immediately.

## 5.8 Elective admissions clinicians consider non-urgent

- i. For planned care, 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 then the Trust should **NOT** perform the procedure.
- ii. 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 (previously E112) form from their member state authorising payment for their treatment in the UK. The Overseas Visitors Team will submit the claim to the NHS Business Service Authority (BSA) overseas visitor treatment portal to ensure funding is returned centrally to the NHS.

## 5.9 Immediately necessary, urgent and non-urgent treatment

- i. Only clinicians can make an assessment as to whether a patient's need for treatment is immediately necessary, urgent or non-urgent (see Appendix 10.3). In order to do this they may first need to make initial assessments based on the

patient's symptoms and other factors, and conduct further investigations to make a diagnosis. These assessments and investigations will be included in any charges.

Immediately necessary treatment is that which a patient needs:

- to save their life; or
  - to prevent a condition from becoming immediately life-threatening; or
  - promptly, to prevent permanent serious damage from occurring.
- ii. Clinicians must sign the "Clinician Patient Assessment Form" (Appendix 10.4) to provide their considered clinical opinion and tick one of the declarations when determining the visitor's treatment type.

### **5.10 Assessment of Eligibility**

- i. All patients who provide information that suggests they may not be eligible to access free NHS treatment will be asked to complete an Establishing Entitlement to NHS Treatment Form (Appendix 10.1). These will then be sent to the Overseas Visitors Team for assessment.
- ii. The Overseas Visitors Team will conduct a patient interview using Appendix 10.2 with any patient where further information is required to establish their potential overseas status after completing an Establishing Entitlement to NHS Treatment Form (Appendix 10.1). Following the interview the Overseas Visitors Team will amend PAS as necessary and notify staff as appropriate.
- iii. In accordance with Department of Health 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.
- iv. 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.

### **5.11 Exempt Services**

- i. Treatment is chargeable to Overseas Visitors with the exception of:
- Treatment in Accident & Emergency
  - Family Planning Services
  - Diseases deemed exempt for Public Health reasons (Appendix 10.5)
  - Sexually transmitted diseases, including human immunodeficiency virus (HIV)
  - Treatment given to people detained, or liable to be detained, or subject to a community treatment order under the provisions of the [Mental Health Act 1983](#), or other legislation authorising detention in a hospital because of mental disorder
  - Treatment (other than that covered by the Mental health Act 1983 exemption above) which is imposed by, or included in, an order of the Court
  - Services provided other than in a hospital or by a person who is employed to work for, or on behalf of, a hospital. This means that services provided in the



community will be chargeable only where the staff providing them are employed by or on behalf of an NHS hospital

- People who have paid the health surcharge (or were exempt from paying it) whose visa is more than 6 months in length
- Refugees and asylum seekers, including failed asylum seekers supported by the Home Office under section 4 (2), of the [Immigration and Asylum Act 1999](#) or Local Authority under provisions in Part 1 of the Care Act 2014 (Failed asylum seekers not supported by the Home Office/LA are chargeable from the date their appeal is rejected but courses of treatment under way will remain free)
- Those supported under section 95 of the IAA 1999.
- Children in the care of the Local Authority
- Victims and suspected victims of human trafficking and their family members.
- Treatment required for a physical or mental condition caused by:
  - Torture; Female genital mutilation; domestic violence or sexual violence except where the visitor has travelled to the UK for the purpose of seeking that treatment.
- Exceptional humanitarian reasons as approved by the Secretary of State for Health
- NATO personnel and attached civilians and their family members
- People who receive UK war pensions and their family members
- Members of HM UK forces and their family members
- People working abroad as crown servants, or for the UK Government, or for the British Council or the Commonwealth War Graves Commission who were ordinarily resident in the UK prior to being posted overseas and their family members
- Prisoners and detainees
- People working on ships registered in the UK
- Any UK state pensioner resident in another EEA member state or Switzerland who has registered an S1 document in that state. The person's spouse/civil partner and children under 18 are also exempt when lawfully visiting the UK with them, unless they are entitled to hold a non-UK EHIC.

## 5.12 EEA Visitors

- i. Arrangements for European Union Overseas Visitors are governed by the European Union (EU) Social Security Regulations (Regulations (EC) 883/2004 and 987/2009 for EU member states, and Regulations (EEC) 1408/71 and 574/72 for Iceland, Liechtenstein, Norway and Switzerland).
- ii. In practice this applies to residents of other EEA states and Switzerland, including third country nationals, who are entitled to hold a European Health Insurance Card (EHIC) issued by their country of residence or, in some cases, the country which is the 'competent authority' for them.
- iii. For the purposes of the Overseas Visitors Charging Regulations, the EEA comprises all the EU member states (Austria, Belgium, Bulgaria, Croatia, Cyprus (Southern), Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Republic of Ireland, Romania, Slovakia, Slovenia, Spain, Sweden and the UK), plus Iceland, Liechtenstein, Norway and Switzerland.

- iv. The EHIC provides free NHS treatment that is medically necessary during their visit. Visitors from Switzerland or the EEA (except Republic of Ireland) that do not provide an EHIC/PRC must be charged for their NHS hospital treatment (except for treatment within the Emergency Room), unless a different exemption applies to them under the Charging Regulations. In order for the UK to make a claim to the relevant EEA state or Switzerland for treating their residents, it is imperative that the data from a valid EHIC/PRC (for unplanned treatment) or S2/or Maltese quota number (for planned treatment) is recorded and reported to the Overseas Healthcare team at the BSA.
- v. Visitors from the Republic of Ireland do not need to provide an EHIC but simply must provide evidence that they are resident in the Republic of Ireland in order to receive free NHS treatment that is medically necessary during their visit.

### **5.13 Reciprocal Agreements**

- i. Within the reciprocal agreements there are a number of variations in the level of free treatment afforded to visitors travelling to the UK (see Appendix 10.6). 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 – exceptions are listed fully in appendix 10.6, but include:
  - All treatment free on the same terms as for an eligible UK resident (an ordinary resident), including elective treatment.
  - For all levels of coverage, it will be for a doctor employed by the relevant NHS body to provide clinical input into whether required treatment meets a specific level of coverage.
  - Any patients coming to the UK from these countries for elective treatment need to be assessed by Overseas Visitors Team to ensure that the relevant authorisation is received from the reciprocal country.
  - All other overseas visitors will be deemed to be NHS Chargeable.

### **5.14 Invoicing**

- i. 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 an Establishing Entitlement to NHS Treatment Form (Appendix 10.1), or an interview form (Appendix 10.2) will be completed by a member of the Overseas Visitor Team.
- ii. Any patient not eligible for free NHS care is deemed to be NHS Chargeable. The Overseas Visitors Team will ensure an invoice pro-forma is raised from the information given and submitted to the Finance Accounts receivable team for processing.
- iii. The invoice raised will be based on the methodology used in the National Health Service (Charges to Overseas Visitors) (Amendment) Regulations 2017, which is

based on National Tariff plus the Trust Market Forces Factor (MFF) with a 50% mark up for patient's resident outside the EEA.

- iv. For any non-urgent elective Overseas Visitors who are not covered by an S2 form, an invoice will be raised by the Overseas Visitors Team as detailed above and payment must be received in advance of admission.
- v. Overseas Visitors Team will make the appropriate arrangements for any planned treatment charges under an S2 to be via the NHS BSA overseas visitor treatment portal.
- vi. The Finance Accounts Receivable team are responsible for the issuing of invoices from the notification of Finance Pro-Forms raised by the Overseas Visitor Team, processing payments and monitoring bad debt. They will also pursue the debt in accordance with the Trust's Standing Financial Instructions, appointing a debt collection agency if required.

The Accounts Receivable Team will follow due process to report any debts by non-EEA nationals that are over £500 and have been outstanding for 2 months to the Department of Health, in line with the National Health Service (Charges to Overseas Visitors) (Amendment) Regulations 2017. This results in that person potentially being refused entry to the UK in the future

### 5.15 Information

- i. Records will be maintained by the Overseas Visitors Team including the following information in accordance with Data Protection Act principles:
  - Patient's name, address and telephone number
  - Overseas Visitor Interview Form
  - Completed Patient Establishing Entitlement to Treatment Form
  - Copies of any Passports/Visas
  - Details of all treatment received, admission and discharge dates
  - Home Office Evidence and Enquiry responses
  - Correspondence sent to and received from patient
  - Invoice Pro-forma's raised

### 5.16 Safeguarding

## 6 Key Reference

1. [NHS Act 2006](#) National Health Service (Charges to Overseas Visitors) Regulations 2015
2. National Health Service (Charges to Overseas Visitors) (Amendment) Regulations 2017
3. [Mental Health Act 1983](#)
4. [Immigration and Asylum Act 1999](#)
5. [European Union \(EU\) Social Security Regulation \(EC\) 883/2004](#)

6. [European Union \(EU\) Social Security Regulation 987/2009](#)
7. [Regulation \(EEC\) 1408/71](#)
8. [Regulation \(EEC\) 574/72](#)

## 7 Associated Documents

1. Establishing Entitlement to NHS Treatment Form
2. Stage 2 Interview Form
3. Definitions
4. Clinical Patient Assessment Form
5. Exempt Diseases
6. Reciprocal Agreement

## 8 Training

- i. All staff that has contact with patients should attend training sessions provided by the Overseas Visitor Manager.

## 9 Policy Administration

### 9.1 Consultation, Communication and Implementation

Consultation Required	Authorised By	Date Authorised	Comments
Impact Assessment			
Have the relevant details of the 2010 Bribery Act been considered in the drafting of this policy to minimise as far as reasonably practicable the potential for bribery?	Yes (Tick)		No(Tick)
External Stakeholders			
Trust Consultation via Intranet	Staff	Start date:	End Date:

Describe the Implementation Plan for the Policy (and guideline if impacts upon policy) (Considerations include; launch event, awareness sessions, communication / training via CBU's and other management structures, etc)	By Whom will this be Delivered?

## Version History

Date	Version	Author Name and Designation	Summary of Main Changes
[Date]	1.0	[Overseas Visitor Manager]	New Policy

## 9.2 Monitoring Compliance with the Policy

Describe Key Performance Indicators (KPIs)	Target	How will the KPI be Monitored?	Which Committee will Monitor this KPI?	Frequency of Review	Lead
[Example Corporate Induction Overseas Visitor Training]	100%	Adhoc Audit	FBPD	Annual	Overseas Visitor Manager

## 9.3 Performance Management of the Policy

Who is Responsible for Producing Action Plans if KPIs are Not Met?	Which Committee Will Monitor These Action Plans?	Frequency of Review (To be agreed by Committee)
[Overseas Visitor Manager]	FBPD	

## 10 Appendices

Appendix 10.1 - Establishing Entitlement to NHS Treatment Form

Appendix 10.2 – Stage 2 Interview Form

Appendix 10.3 – Definitions

Appendix 10.4 – Clinical Patient Assessment Form

Appendix 10.5 – Exempt Diseases

Appendix 10.6 - Reciprocal Agreement

## Appendix 10.1

## Establishing Entitlement to NHS Treatment

**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**

<b>Family name/surname:</b>													
<b>First name/given name:</b>					<b>Date of birth:</b>	D	D	M	M	Y	Y	Y	Y

**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 for fraud / criminal investigation and recovering any monies due.

<b>Signed:</b>					<b>Date:</b>	D	D	M	M	Y	Y
<b>Print name:</b>					<b>Relationship to patient:</b>						
<b>On behalf of:</b>											

**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:	D	D	M	M	Y	Y		
Mobile number:			Dual Nationality:								
Email:			Date of entry into the UK:	D	D	M	M	Y	Y		
Will you return to <u>live</u> in your home country?	YES: <input type="checkbox"/>	NO: <input type="checkbox"/>	If yes, when?	D	D	M	M	Y	Y		
Address OUTSIDE the UK:			Name and address of Employer (UK or Overseas):								
Country:			Country:								
Contact telephone:			Employer telephone:								



## 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 type="text"/>
<input type="checkbox"/> Student Visa <span style="margin-left: 100px;">Visit visa <input type="checkbox"/></span>	Visa expiry date: <input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y
<input type="checkbox"/> Asylum Registration Card (ARC)	ARC No. <input type="text"/>
<input type="checkbox"/> Other – please state: <input type="text"/>	BRP No. <input 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 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
-------------------------------	---	-------------------------------------	--

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 type="text"/>		


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

GP/surgery name:	<input type="text"/>	Address of GP surgery:
GP telephone:	<input type="text"/>	
NHS number:	<input 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:
Membership number:	<input type="text"/>	
Insurance telephone:	<input type="text"/>	

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

Do you have a <b>non-UK</b> 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&amp;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 type="text"/>
		4	<input type="text"/>
		5	6 <input type="text"/>
		7	<input type="text"/>
		8	9 <input type="text"/>

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

Name of college/university:	<input type="text"/>	Telephone:	<input type="text"/>
Course dates	From: <input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y	To: <input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y	Number of hours/week: <input type="text"/>

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

## OSV Interview Stage 2

### Appendix 10.2

<b>Interview Date</b>		<b>Department</b>	
<b>Hospital Number</b>			
<b>Last Name</b>			
<b>First Name(s)</b>			
<b>Date of Birth</b>			
<b>Country of Origin</b>			
<b>Date of arrival in UK</b>			
<b>Reason for coming to the UK</b>			
<b>Expected date to leave the UK (if applicable)</b>			

**Comments:**

Photographic ID	Evidence of Address	Personal Documents
<input type="checkbox"/> Passport	<input type="checkbox"/> Council Tax Bill	<input type="checkbox"/> Wage Slips
<input type="checkbox"/> ID Card	<input type="checkbox"/> UK Mortgage Statements	<input type="checkbox"/> Letter from HMRC or DWP
<input type="checkbox"/> Visa	<input type="checkbox"/> Tenancy Agreement	<input type="checkbox"/> National Insurance/Benefits Letter
<input type="checkbox"/> Biometric Residency Permit (BRP)	<input type="checkbox"/> Bank Statements	<input type="checkbox"/> Marriage Certificate
<input type="checkbox"/> Driving Licence	<input type="checkbox"/> Utility Bills	<input type="checkbox"/> Employer Letter
	<input type="checkbox"/> TV Licence	<input type="checkbox"/> College or University Letter
		<input type="checkbox"/> ARC Card—Asylum Seekers
		<input type="checkbox"/> Other Home Office Documents
<b>Resettlement back to UK</b>		
<input type="checkbox"/> Evidence you have sold/cancelled your home/tenancy agreement	<input type="checkbox"/> Employer Resignation Letter	<input type="checkbox"/> Shipment of Goods back to UK Other:

Patient Status		
<input type="checkbox"/> Ordinarily Resident	<input type="checkbox"/> European Health Insurance Card (EHIC)	<input type="checkbox"/> Provisional Replacement Certificate
<input type="checkbox"/> Reciprocal Agreement	<input type="checkbox"/> Chargeable	<input type="checkbox"/> Surcharge Paid or Exempt

**UK address:**

<b>Tel/Mobile No:</b>	<b>Email:</b>

**Address outside of UK:**

<b>Tel/Mobile No:</b>	<b>Email:</b>

I undertake to pay Liverpool Heart and Chest Hospital in full, the cost of all treatment received in accordance with the National Health Service Act 2006 and the National Health Service (Charges to Overseas Visitors) Regulations 2015 which has been amended most recently by the National Health Service (Charges to Overseas Visitors) (Amendment) Regulations 2017 set out which visitors are required to pay for NHS treatment.

<b>Name:</b>	<b>Date:</b>
--------------	--------------

**Signature:**

**Interviewer:**

## Appendix 10.3 - Definitions

**Overseas Visitor** - Someone who is not ordinarily resident in the UK.

**Ordinarily Resident** - A person is **NOT** ordinarily resident in the UK simply because they have British Nationality, hold a British Passport, are registered with a GP, have an NHS number, own a property in the UK or have paid (or are currently paying) national insurance contributions and taxes in the UK. **OR** is defined; living in the United Kingdom voluntarily and for settled purposes as part of the regular order of their life for the time being. There must be an identifiable purpose for their residence here, there can be one purpose or several, and it may be for a limited period. The purpose of living in the UK must have a sufficient degree of continuity to be properly described as “settled”.

**EEA Visitors** - Visitors who are nationals of/or ordinarily resident in a European Economic Area (EEA).

### **European Health Insurance Card (EHIC) -**

The European Health Insurance Card entitles European visitors who are insured through their own State healthcare system to access emergency NHS treatment without charge. The card details must be provided to gain this entitlement.

### **Provisional Replacement Certificate (PRC) -**

Provisional Replacement Certificate, issued to eligible EEA residents in cases where an EHIC cannot be produced

**S2** - The S2 (formerly E112) route entitles visitors to state-funded elective treatment in another EEA country or Switzerland. This applies to visitors from the EEA or Switzerland who wish to have planned treatment in the UK.

**Non-EEA Visitors** - Refers to visitors and migrants who reside in any countries which are outside the European Economic Area

### **Immigration Health Surcharge -**

Payment of the health surcharge entitles the payer to NHS-funded healthcare on the same basis as someone who is ordinarily resident. They are entitled to free NHS services, including NHS hospital care, except for services for which a UK ordinary resident must also pay, such as dentistry and prescriptions in England

### **Immediately Necessary Treatment -**

If a clinician treating the patient decides 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.

### **Urgent Treatment**

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.

For urgent treatment, it is strongly advised to make every effort, taking account of 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.

### **Non-Urgent Treatment**

Routine elective treatment that can wait until the patient returns home should be delayed until the patient's chargeable status is established. The patient will not be treated until the situation is clear. The Overseas visitor team should be notified and they will coordinate further enquiries.

Draft

## Appendix 10.4

## Clinician Patient Assessment form

NAME OF PATIENT .....

Date of birth ...../...../..... Hospital number .....

You are asked to provide your considered clinical opinion and tick one of the below declarations:

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

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

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

☐ I must make further investigations before I can assess urgency.

Date...../...../..... Signed ..... (Doctor)

Date...../...../..... Signed ..... (Overseas Visitors Manager/Administrator)

## Appendix 10.5

### 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 exempt diseases are:

- Acute encephalitis
- Acute poliomyelitis
- Anthrax
- Botulism
- Bruscellosis
- Cholera
- Diphtheria
- Enteric fever (typhoid and paratyphoid fever)
- Food poisoning
- Haemolytic uraemic syndrome (HUS)
- Human Immunodeficiency Virus (HIV)
- Infectious bloody diarrhoea
- Invasive group A streptococcal disease and scarlet fever
- Invasive meningococcal disease (meningococcal meningitis, meningococcal septicaemia and other forms of invasive disease)
- Legionnaires' Disease
- Leprosy
- Leptospirosis
- Malaria
- Measles
- Middle Eastern Respiratory Syndrome (MERS)
- Mumps
- Pandemic influenza (defined as the 'Pandemic Phase'), or influenza that might become pandemic (defined as the 'Alert Phase') in the *World Health Organization's Pandemic Influenza Risk Management Interim Guidance*
- Plague
- Rabies
- Rubella
- Sexually transmitted infections
- Severe Acute Respiratory Syndrome (SARS)
- Smallpox
- Tetanus
- Tuberculosis
- Typhus
- Viral haemorrhagic fever (which includes Ebola)
- Viral hepatitis
- Whooping cough
- Yellow fever

## Appendix 10.6

### Patients covered by a Reciprocal Agreement are as follows:

Country	Level of cover provided (see key)	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	3	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 (see 10.4).
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.
Jersey <sup>16</sup>	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
Macedonia	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.
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.

### 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

<sup>16</sup> The UK has a reciprocal agreement with Jersey, but not with the other Channel Islands.

are not included and 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.

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. \*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.

## 11 Initial Equality Impact Assessment Screening Tool

<b>Name of policy/ business or strategic plans/CIP programme:</b> Overseas Visitors Policy	<b>Details of policy/service/business or strategic plan/CIP programme, etc:</b>  This policy is committed to the management of charges to individuals who do not normally live in the UK (overseas visitors) when they seek treatment from the [Trust Name]	
<b>Does the policy/service/CIP/strategic plan etc affect (please tick)</b> <div style="display: flex; justify-content: flex-end; align-items: center;"> <div style="margin-right: 10px;">Patients</div> <input type="checkbox"/> </div> <div style="display: flex; justify-content: flex-end; align-items: center;"> <div style="margin-right: 10px;">Staff</div> <input type="checkbox"/> </div> <div style="display: flex; justify-content: flex-end; align-items: center;"> <div style="margin-right: 10px;">Both</div> <input checked="" type="checkbox"/> </div>		
<b>Does the proposal, service or document affect one group more or less favourable than another on the basis of:</b>	<b>Yes/No</b>	<b>Justification/evidence and data source</b>
Age	No	NHS England have carried out an Equality Impact Assessment on recharging overseas visitors – see below  <a href="#">Equality Analysis charges to overseas visitors</a>
Disability: including learning disability, physical, sensory or mental impairment.	No	
Gender reassignment	No	
Marriage or civil partnership	No	
Pregnancy or maternity	No	
Race	No	
Religion or belief	No	
Sex	No	
Sexual orientation	No	
<b>Human Rights – are there any issues which might affect a person's human rights?</b>		<b>Justification/evidence and data source</b>
Right to life	No	
Right to freedom from degrading or humiliating treatment	No	
Right to privacy or family life	No	
Any other of the human rights?	No	
EIA carried out by: [Overseas Visitor Manager]  Quality assured by: [Equality & Diversity Manager]	[Date]	