

Overseas Patients Policy

V1.0

December 2018

Summary.

Not everyone is entitled to free NHS Treatment in England. The NHS is a residency based healthcare system and eligibility for free NHS care (apart from primary medical, dental or ophthalmic treatment) is based on the concept of “ordinary residence”.

The National Health Service (Charges to Overseas Visitors) Regulations 2015 (the Charging Regulations) came into force on 6th April 2015 and apply to all courses of treatment commenced on or after that date.

The Regulations have subsequently been amended most recently on 23rd October 2017 by the NHS (Charges to Overseas Visitors) (Amendment) Regulations (“the 2017 Amendment Regulations”).

The Royal Cornwall Hospitals NHS Trust follows the “Guidance on Implementing the Overseas Visitor Charging Regulations” published by the Department of Health and Social Care.

This Policy sets out the Royal Cornwall Hospitals NHS Trust’s approach to following the Charging Regulations and staff responsibilities in implementing those Regulations.

This Policy does not replace the prevailing Department of Health and Social Care’s Regulations or changes the existing legal framework that allows the Secretary of State to recover NHS charges from any person who is not ordinarily resident in Great Britain.

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1. Introduction

1.1. The National Health Service provides healthcare for people who live in the United Kingdom. People who do not normally live in this country are not automatically entitled to use the NHS free of charge – regardless of their nationality or whether they hold a British passport or have lived and paid National Insurance contributions and taxes in this country in the past.

1.2. This policy supports the Department of Health Regulations. It outlines the arrangements for identifying and managing people who do not normally live in the UK and who need treatment by the NHS in England.

1.3. The charging regulations place a legal obligation on the Trust to recover costs of NHS Services where an individual is not entitled.

1.4. The Trust must also inform the Department of Health and Social Care if they provide services to a person from one of our European Economic Area (EEA) partners and Switzerland or one of the non EEA countries which has a reciprocal agreement with the United Kingdom.

1.5. The Guide to the General Data Protection Regulations together with the new Data Protection Act 2018 (DPA 2018) sets out that the Trust has a duty under the this Act to ensure there is a valid legal basis to process personal and sensitive data.

Section 175 of the National Health Service Act 2006 (the 2006 Act) allows the Secretary of State to make regulations for the recovery of charges to any person who is not ordinarily resident in Great Britain.

Personal information relating to Overseas Patients will be recorded by the Trust and stored either electronically or on paper and held securely and in a confidential manner and used for the purpose of raising invoices for NHS charges.

The Guide to the General Data Protection Regulations and the Data Protection Act 2018 (DPA 2018) cover all staff including those working as contractors and providers of services.

1.6. This version supersedes any previous versions of this document.

1.7. Data Protection Act 2018 (General Data Protection Regulation – GDPR) Legislation

1.7.1 As far as compliance with the GDPR goes the Trust must prove that we have a lawful basis for processing data under Article 6, which applies to personal data of all kinds. Where the data are special category (sensitive) we must also find a lawful basis under Article 9. Special category data are personal data revealing racial or ethnic origin, political opinions, religious or philosophical beliefs, trade union membership, genetic data, biometric data, data concerning health and data concerning a natural person's sex life or sexual orientation.

1.7.2. Patients who are entitled to free health care within the NHS will have their personal and special category data processed under the

following Legal basis.

6(1)(e) ‘...necessary for the performance of a task carried out in the public interest or in the exercise of official authority...’. And

9(2)(h) ‘...medical diagnosis, the provision of health or social care or treatment or the management of health or social care systems...’

1.7.3 Patients who are considered ineligible for free healthcare within the NHS will have their personal and special category data processed under the following Legal basis.

6(1)(b) ‘...processing is necessary for the performance of a contract to which the data subject is party or in order to take steps at the request of the data subject prior to entering into a contract; or

6(1) (f): processing is necessary for the purposes of the legitimate interests pursued by the controller or a third party. AND

9(2)(h) ‘...medical diagnosis, the provision of health or social care or treatment or the management of health or social care systems...’

1.7.4. The DPA18 covers how the Trust obtains, hold, record, use and store all personal and special category (e.g. Health) information in a secure and confidential manner. This Act covers all data and information whether held electronically or on paper and extends to databases, videos and other automated media about living individuals including but not limited to Human Resources and payroll records, medical records, other manual files, microfilm/fiche, pathology results, images and other sensitive data.

For more information about your obligations under the DPA18 please see the ‘information use framework policy’, or contact the Information Governance Team rch-tr.infogov@nhs.net

2. Purpose of this Policy/Procedure

The purpose of this policy is to ensure that the Trust complies with the legal requirements of the Overseas Visitor Charging regulations in the following ways:-

- ensure that patients who are not ordinarily resident in the UK are identified
- assess patients liability for charges in accordance with the Charging Regulations
- charge and collect funds due from those liable to pay in accordance with the Charging Regulations

3. Scope

3.1. This Policy applies to all members of staff, including full and part-time; clinical and non-clinical; as well as staff employed through Kernoflex or an Agency.

3.2. This policy applies to all areas of the Royal Cornwall Hospitals Trust in which NHS care is provided, and to all clinical settings managed by the Trust.

3.3. This Policy provides help and advice on the 2017 Amendment Regulations in respect of overseas visitors. However, it cannot cover all circumstances and it is not intended to be a substitute for the Regulations themselves which contain the legal provisions.

3.4. This Policy applies to all overseas visitors who receive NHS treatment at the Royal Cornwall Hospitals NHS Trust.

4. Definitions / Glossary

4.1. **EHIC** – the European Health Insurance Card (previously E111).

4.2. **PRC** – Provisional Replacement Certificate, issued to eligible citizens in cases where an EHIC cannot be produced.

4.3. **S1** – issued to pensioners, posted or frontier workers. The term “pensioner” includes those in receipt of a qualifying long –term benefit. If an original form is presented to an OVM, this should be sent to the Overseas Healthcare Team in Newcastle for registration (the holder may also have a copy for personal use).

4.4. **A1** – the portable form issued to a posted worker confirming cover by the issuing state. The A1 accompanies a valid EHIC for qualifying posted workers.

4.5. **S2** – payment guarantee from the issuing country for planned treatment (previously E112).

4.6. **OVM** – Overseas Visitors Manager.

4.7. **EEA** – refers to visitors and migrants from inside the European Economic Area countries.

4.8. **Non-EEA** – refers to visitors and migrants from any countries which are outside the European Economic Area.

5. Ownership and Responsibilities

5.1. Chief Executive

The Chief Executive has overall accountability for ensuring that the Trust meets its statutory obligations in respect of identifying patients who are not ordinarily resident in the United Kingdom; assessing the liability for charges in accordance with the charging regulations; charge those liable to pay in accordance with the regulations. The Chief Executive devolves the responsibility for monitoring and compliance to the Director of Finance.

5.2. Director of Finance

The Director of Finance is responsible for ensuring that Trust staff, uphold the principles of correct overseas patient management and that appropriate policies

and procedures are developed and maintained and communicated throughout the organisation.

5.3. Medical Director

Clinical decision making will be generally devolved to individual clinicians allowing them to determine the treatment categorisation. However, in some instances the Medical Director may need to provide advice and guidance when discretion is required about the extent of treatment and the time at which it is given as in some instances it would be appropriate for the visitor to return home for treatment rather than incurring NHS charges.

5.4. The role of Clinicians

It is always a clinician's decision on what treatment is provided to an overseas visitor. However, Senior Clinicians have a responsibility for the supervision and training of junior colleagues and must ensure they are aware of their overseas responsibilities particularly timely referral to the overseas visitor team.

Clinicians have four key responsibilities under the Charging regulations:-

5.4.1. To take the final decision as to whether treatment is immediately necessary, urgent or non-urgent as defined in the Charging Regulations

5.4.2. To confirm that a patient is receiving exempt services. For example confirmation that a patient is undergoing diagnosis and/or treatment for a condition listed in Schedule 1 to the Charging Regulations or undergoing diagnosis or receiving treatment for a sexually transmitted infection.

5.4.3. To confirm that a patient is a victim of specified types of violence (torture, female genital mutilation, sexual or domestic violence). It is not expected that the clinician will be able to provide confirmation in all cases, in particular in respect of victims of torture, domestic or sexual violence where the cause of physical injuries and symptoms may not be immediately apparent.

5.4.4. To confirm the patient is fit to return home for further treatment.

5.5. Associate Directors/Deputy Associate Directors/ Matrons/Directorate Managers/Service Leads

These members of staff must ensure that all staff adheres to the Overseas Visitors Policy and are aware of their individual responsibilities. They are required to support the Overseas Visitor Team in introducing systems and processes in their areas that meet the requirements of the Department of Health and Social Care Charging Regulations.

5.6. Ward/Department Managers

It is the responsibility of the Ward/Department Manager to ensure systems aligned to overseas cost recovery are followed and implemented and that individual staff fulfils the essential role they have in identifying people who should be referred to the Overseas Visitor Team. Ward/Department managers will need to reinforce responsibilities during the induction period for new staff so that they are familiar with the question(s) that need to be asked every time a patient begins a new course of treatment as an inpatient or an outpatient.

5.7. Income and Costing Team (Finance Department)

The Income and Costing Team within the Finance Department are responsible for the provision of costs relating to the treatment of overseas visitors on a monthly basis. The treatment costs will either be recovered through the European Health Insurance Costs (EHIC) scheme for European Union residents or by directly billing to other patients.

5.8. Accounts Receivable Team (Finance Department)

The Accounts Receivable Team within the Finance Department is responsible for raising invoices to patients identified by the Overseas Visitors Team. The Team is also responsible for ensuring cost recovery measures are in place at the appropriate intervals prescribed by internal financial procedures, including debt collection measures.

5.9. Local Counter Fraud Specialist (LCFS)

The Counter Fraud Specialist has a responsibility for investigating instances of fraud in the Trust. When there is a suspicion that an overseas visitor is attempting to access or has accessed, free NHS treatment by fraud or deception, this will be reported to the Local Counter Fraud Specialist through the Overseas Visitor Manager.

5.10. All Staff

It is the responsibility of each employee to ensure systems and processes aligned to overseas cost recovery are followed and that individuals fulfil the essential role in identifying people who should be referred to the overseas team.

5.11. Roles and Responsibilities within Clinical Support and Cancer Services Division

5.11.1. Associate Director

The Associate Director is responsible for supporting the work of the Overseas Visitor Manager and the Paying Patient and Overseas Visitor Team. They will ensure the management structure throughout the Trust recognises responsibility for cost recovery requirements. The Associate Director is also responsible for ensuring that there is a sufficiently resourced overseas visitor team and that the Trust is able to carry out its legal responsibilities set out in the Department of Health and Social Care Guidance in respect of the overseas visitor Charging Regulations.

5.11.2. Head of Patient Services

The Head of Patient Services will ensure that in accordance with current regulation that the nominated Overseas Visitor Manager is of sufficient seniority within the organisation to effectively resolve complex and sensitive situations and to be able to communicate across the Trust so that all groups of staff understand their responsibilities under the overseas visitor Charging Regulations. They are responsible for providing line management support to the Overseas Visitor Manager.

5.11.3. Payments and Contracts Manager

The Payments and Contracts Manager is the designated Overseas Visitor Manager. The Overseas Visitor Manager is responsible for ensuring that

the Charging Regulations are properly implemented and applied to all affected patients concerned. The Overseas Visitor Manager has the authority to ensure that the charging rules in respect of overseas visitors can be properly implemented in all Departments across the Trust. The Overseas Visitor Manager is responsible for the day to day management and supervision of the Paying Patient and Overseas Visitors Team.

5.11.4. **Paying Patient and Overseas Visitors Officers**

The Paying Patient and Overseas Visitors Officers are responsible for the follow up of all patients referred to them and assist Wards and Departments in ensuring that systems and administrative processes are aligned to the Department of Health and Social Care Guidance to ensure recovery of NHS charges from non-exempt patients either through the Department for Work and Pensions portal for recovery of income through the European Health Insurance Card, or direct billing to other patients in line with the Charging Regulations.

6. **Definitions of Treatment Categories**

The charging of patients is considered in terms of urgency of treatment needed.

6.1. **Immediately Necessary Treatment**

Immediately Necessary Treatment must not be delayed or withheld while the patient's chargeable status is being established. Treatment given in the Emergency Department (ED), or Urgent Care Centre is exempt from charges. **Immediate Treatment** is defined as necessary to save a patient's life/prevent a condition from becoming immediately life-threatening or needed promptly to prevent permanent serious damage occurring.

6.2. **Urgent Treatment**

Urgent Treatment is treatment, which is not immediately necessary to save a patient's life or prevent a condition from becoming life threatening, but cannot wait until the patient returns home.

6.3. **Stabilise and Discharge**

While urgency of treatment is a matter of clinical judgement, this does not mean that treatment should be unlimited; there may be some room for discretion about the extent of treatment and the time at which it is given. In many cases, a patient undergoing immediately necessary treatment may be able to be stabilised allowing them to be safely discharged and giving them time to return home for further treatment rather than incurring further avoidable NHS charges. This should be done wherever possible, unless ceasing or limiting treatment would precipitate deterioration in the patient's condition.

6.4. **Maternity Treatment**

No pregnant person must ever be denied, or have delayed, maternity services due to charging issues. Due to the severe health risks associated with conditions such as eclampsia and pre-eclampsia, and in order to protect the lives of both pregnant person and unborn baby, all maternity services, including routine ante-natal treatment must be treated as **being immediately necessary**.

6.5. National Health Services which are exempt from Charging Under Regulation

Some NHS Services are free to everyone, even if the patient would be liable to pay for other services the list of exemptions are as follows:

- Accident and Emergency Services
- Family Planning Services (excluding termination of pregnancy)
- Diagnosis and treatment, including routine screening and routine vaccinations of certain infectious diseases to protect the wider public health
- Diagnosis and treatment, including routine screening and routine vaccinations, of sexually transmitted infections
- Palliative care services provided by a registered palliative care charity or a community interest company
- Services provided as part of the “NHS 111” telephone advice line commissioned by a Clinical Commissioning Group or the NHS England
- Services provided for the treatment of a condition caused by torture, female genital mutilation, domestic violence, sexual violence, including treatment of both physical and mental illness, or an acute or chronic condition, including violence that occurred abroad provide the patient has not travelled to the UK for the purpose of seeking treatment.

Whilst these services are provided free to the patient, in the case of visitors from the European Economic Area (EEA), the UK can still be reimbursed by the relevant EEA if the patient has a non-UK European Health Insurance Card (EHIC), Provisional Replacement Certificate (PRC) or S2.

6.6. Identification of Overseas Visitors

6.6.1. Ordinary Residence

The United Kingdom’s healthcare system is a residence based one, which means that entitlement to healthcare in the UK is based on living lawfully in the UK. The test of residence used to determine entitlement to receive free NHS healthcare is known as ordinary residence. An overseas visitor is defined in the Charging Regulations as anyone who is ordinarily resident in the UK.

A person is not ordinarily resident in the UK simply because they have a British Nationality; hold a British passport; or are registered with the GP in the UK; have an NHS number, own property in the UK or have paid (or are currently paying) National Insurance contributions and taxes in the UK.

6.6.2. Determining Ordinary Residence

Whether a person is ordinarily resident in the UK is essentially a three-fold test (four fold for non-EEA nationals), assessing whether that individual:

- is lawfully in the UK;
- is here voluntarily – it will be rare for a person not to be in the UK voluntarily; and
- is properly settled here for the time being; and
- in the case of non-EEA nationals subject to immigration control, has Indefinite Leave to Remain (ILR in the UK).

There is no minimum period that confers ordinarily resident status, although the Department of Health has suggested in the past, that someone who has been here for less than six months is less likely to meet the “settled” criterion of the ordinary residence description, but this is only a guideline.

6.6.3. **Baseline Questions to Establish Ordinary Residency**

All staff have an essential role to play in identifying people who may be liable for Trust charges. The vast majority of people will not be liable for charges, nonetheless, **the same questions must be asked of every single patient in every single** department, whose chargeable status is not known, in order to identify potentially chargeable patients. These are known as the ‘baseline questions’.

The baseline questions are set out in the “Guidance on implementing the overseas visitor charging regulations” Chapter 11, Paragraph 11.15:

“Where have you lived in the last 6 months?”

- If the UK only, no further action
- If outside the UK, or UK plus other country then ask:

“Do you have a European Health Insurance Card (EHIC), or other document to show you’re entitled to free NHS care?”

- If a non-UK issued EHIC is provided, photocopy the front and back of the card being careful to ensure all the numbers are visible on the copied documents and sent them, via courier, or by email to the overseas visitor team.

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

- Inform the Overseas Visitor Team that the patient may be an overseas visitor
- Inform the patient they may need to be interviewed to check entitlement.

An overseas visitor must never be told by Trust staff that their NHS treatment is free of charge, unless their ordinary residence status has been verified with the Overseas Visitor Team. The patient should be asked to complete a pre-attendance form with their residency information. The completed form should be sent to the Overseas Visitor Team to assist with determining the patient’s chargeable status or exemption under the regulations.

6.6.4. **Interpretation Services**

The Royal Cornwall Hospitals Trust provides a range of interpretation services to those patients who have an identified need to communicate in a language other than English. The three main interpreting services are;

- Jobline Staffing – face to face language interpreting
- thebigword – telephone interpreting and translations including braille
- Hearing Loss Cornwall – face to face British Sign Language (BSL)

Further information about these services is available on the Trust's intranet site

<http://intranet.cornwall.nhs.uk/Intranet/AZServices/InterpretingServices/IntroductionToInterpretationAndTranslati.aspx>

6.6.5. Patient Residency Toolkit – General Guidance

The Overseas Visitor Team will have an understanding of the full scope of the Charging Regulations when making and recovering charges from overseas visitors. A patient's residency is assessed using guidance provided in the Department of Health and Social Care toolkit.

6.6.5.1. The general position for non-EEA and Swiss nationals is that those who have indefinite leave to remain in the UK and are ordinarily resident here, and those who have paid or exempt or waived from paying the health surcharge are entitled to NHS services on the same basis. This means that while their visa remains valid, they must not be charged

6.6.5.2. Non-EEA/Swiss nationals visiting the UK for six months or less, including a multiple entry VISA, or who are in the UK without permission, must be charged for service they receive at the point of accessing care, unless exempt from charges under other categories of the charging regulations.

6.6.5.3. The general position for British citizens, /EEA/Swiss nationals is that those who are ordinarily resident here must not be charged.

6.6.5.4. British citizens living in another EEA country/Swiss nationals living in another EEA country here on a temporary visit or course of study, and who are insured by their resident state, should present a valid European health Insurance Card (EHIC) from that member state to access free medically necessary treatment. The UK will recover the cost of that healthcare from the other member state.

6.6.5.5. The insurance company of any overseas visitor admitted as an emergency must be informed as soon as possible for authorisation to be given and a guarantee of payment obtained; if no authorisation is given the patient must be informed, and a discussion must take place with the patient and a member of the Overseas Visitor Team, so that the patient is made aware their treatment is chargeable.

6.6.5.6. Where an address for an overseas visitor is added to a Trust Information Technology System eg the Trust Patient Administration system, this needs to be recorded accurately and in line with the address format set out for that Country. Examples address formats are contained in the Overseas Visitors Information Pack held on Wards, and are available from the Overseas Visitors Team.

6.7. Collection of Payments

6.7.1. Immigration Health Surcharge (HIS)

The Immigration Health Surcharge was introduced on 6th April 2015. The payment is collected by the Home Office and goes directly into the National Health Service and gives a migrant's access to the NHS on the same terms as a permanent UK resident (with some exceptions including access to Assisted Conception Services). The HIS ensures that temporary, non-EEA migrants coming to the UK for more than six months contribute to the NHS in a manner in line with their immigration status.

The HIS is paid by non-EEA nationals who apply to come to the UK to work, study, or join family for a time limited period of more than six months. It is also paid by non-EEA nationals who are already in the UK and apply to extend their stay.

6.7.2. European Economic Area (EEA) Residents without a European Health Insurance Card (EHIC)

Where a patient is from the EEA who does not qualify for NHS funded care and is unable to present a European Health Insurance Card (EHIC), they must be charged by the Trust at the normal tariff price (ie 100% tariff).

6.7.3. European Economic Area (EEA) Residents with a European Health Insurance Card (EHIC)

The Overseas Visitor Team will register all patients with a European health Insurance Card on to the Overseas Visitor Treatment Portal provided by the Overseas Healthcare Team at the Department of Health and Social Care. For every valid entry the Trust will receive a payment worth 25% of the current tariff rates as an incentive payment for recovering the cost of the care provided. This is in addition to the payment received from the Commissioner for the cost of treatment.

6.7.4. Patients from Countries with a Reciprocal Healthcare Agreement with the United Kingdom

Patients identified as overseas visitors who are resident in countries which the UK has a Reciprocal Agreement (Appendix 1) should be charged in accordance with the level of treatment provided.

6.7.5. Patients from Countries with No Reciprocal Healthcare Agreement with the United Kingdom

Patients who reside in a Country that does not have a reciprocal healthcare agreement to its residents whilst they are visiting the United Kingdom will be billed at 150% of the national tariff price, subject to national variations for their treatment. Patients with medical insurance from non-reciprocal Countries, or their relative must contact their insurance company as soon as possible to obtain an authorisation or a guarantee of payment for their treatment at the Royal Cornwall Hospital. Patients may choose to give permission for the Overseas Visitors Officers to contact the insurance company if necessary.

6.7.6. Recovery of Estimated Treatment Costs

From 23rd October 2017, the Trust is obliged to recover in advance the estimated full cost of treatment from the person liable, unless doing so would prevent or delay the provision of immediately necessary or urgent treatment. In practice this will always apply where a clinician has assessed the patient's need as non-urgent.

6.7.7. Securing Deposits

At an early opportunity, and when the patient is clinically well enough to be interviewed, the Overseas Visitor Officer, will meet with a chargeable overseas patient to discuss taking a deposit from them for the estimated full cost of treatment. Even though treatment provided may have been classed as "immediate" or "urgent", there is a legal obligation on the Trust to raise an invoice to a patient who does not have exemption under the Charging Regulations. The amount of deposit taken will be recorded by the Overseas Visitor Team, and credited against the final invoice raised to the patient for their treatment. Patients should always be fully informed about the charges they might face for the treatment they have received from the NHS.

6.7.8. Invoicing Process

In circumstances where an overseas visitor has been identified as chargeable for their NHS treatment, the Overseas Visitor Team will ask the Income and Costing Team, to provide the NHS tariff for the patient's treatment. Costs of treatment are requested on a monthly basis, and are used to send the patient an invoice for payment.

The Accounts Receivable Team will raise an invoice within 24 hours to the patient following a billing instruction received from the Overseas Visitor Team. This will help ensure prompt recovery of debt incurred by the chargeable patient.

The Trust will send three reminder letters to patients with an overdue invoice for NHS Treatment Charges the intervals are:

- seven days
- fourteen days
- twenty one days (final reminder)

The Trust sends statement of accounts out to patients on the 1st working day of each month.

6.7.9. Payment Plans

A chargeable patient, who receives an invoice from the Trust, will have 14 days in which to pay the invoice. In circumstances where a patient is unable to pay the whole amount of the invoice, and to maximise the opportunity to recover the debt, the Trust may offer a payment plan, dependent on individual circumstances, but usually not exceeding a 12 month period.

6.7.10. Refusal to Pay for NHS Treatment Charges

A patient who is in need of immediate treatment must never be refused NHS care because on their inability to pay NHS treatment charges, although in such cases the Trust is legally required to raise an invoice to the patient or their representative following treatment.

In circumstances where a patient is advised that their treatment is immediately necessary and subsequently decides to leave the hospital because of an inability to pay for their treatment, this should be clearly documented in the patient's medical records by the treating clinician.

In all other circumstances where there is an inability to pay for treatment, the provisions set out in paragraph 10.9 and 10.11 of this policy will apply.

6.7.11. Risk Share with the Clinical Commissioning Group

Where there is a risk that the health debt may not be recovered from the chargeable patient, the Overseas Visitor Manager will flag the patient to the Associate Director of Finance, so that the financial risk is shared with the Clinical Commissioning Group in regard to the recovery of invoiced charges in accordance with the Charging Regulations.

6.7.12. Debt Information Provided by the Trust to the UK Border Agency

A chargeable patient who accrues a health debt of £500 or more will be reported by the Trust to the UK Border Agency by the Accounts Receivable Team. This information is provided to the UK Border Agency on a monthly basis.

6.8. Safeguarding

In keeping with the Trust's Safeguarding Policies and Procedures, the Overseas Visitor Manager, Overseas Visitor Officers, patient facing administrative and frontline staff are strongly encouraged to speak to designated Trust Safeguarding Leads, if in the course of their work, they are concerned about the welfare of any patient and where appropriate to seek further advice or information from relevant national agencies and organisations on the best means of support to individual patients.

6.9. Complaints

Informal complaints regarding payment or billing concerns will be managed in the first instance by the Overseas Visitor Manager, who will review and respond to the person raising concerns, including providing relevant information on the Overseas Visitor Charging Regulations. In situations where the patient remains unhappy with the informal response or where concerns about clinical treatment are identified, the Overseas Visitor Manager will encourage the patient to contact the Patient and Family Experience Team in the Trust to raise their concerns on a more formal basis.

All complaints will be managed in accordance with the Trust Complaints and Concerns Policy.

7. Dissemination and Implementation

7.1. A copy of this policy will be stored electronically in the Clinical Policy Section of the Trust's document library on the intranet/internet.

7.2. A copy of this policy will be circulated to all staff to enable them to participate in and support the implementation of this policy

7.3. The policy will be sent to Clinical Directors, Associate Directors and Associate Directors of Nursing in each Division to make them aware of the policy and to ensure that the importance of adhering to the policy is made clear to all staff working in their respective Divisions.

8. Monitoring compliance and effectiveness

Element to be monitored	Patients Notified to the Overseas Office by Wards/Department and Services. Reporting of European Health Insurance Claims via the Overseas Visitors Treatment Portal Deposits secured from chargeable overseas patients Accuracy of demographic information recorded on Trust Information Systems.
Lead	Overseas Visitor Manager
Tool	Overseas Visitors Billing Register ZZ99 Report held in the Overseas Visitor Team RADAR – Trust System Correspondence from the Department for Work and Pensions Information held in Trust Financial Information Systems
Frequency	All elements will be monitored on a quarterly basis
Reporting arrangements	Performance against this Policy and the Overseas Charging Regulations will be reported to the Head of Patient Services for wider sharing at the Clinical Support and Cancer Governance Management Board
Acting on recommendations and Lead(s)	The Overseas Visitor Manager is responsible for the regular review of this policy and will be responsible for implementing the Department of Health and Social Care Overseas Visitor Charging Regulations.
Change in practice and lessons to be shared	Required changes to practice will be determined within the Overseas Visitor Charging Regulations published by the Department of Health and Social Care. The Overseas Visitor Manager will be responsible for ensuring compliance with regulatory changes within the timescales prescribed within any new Guidance received by Statutory Bodies.

9. Updating and Review

9.1. This policy will be reviewed and updated on each occasion the Department of Health and Social Care Charging Regulations in respect of overseas visitors are amended or no less than every three years.

9.2. Revisions can be made ahead of the review date when the procedural document requires updating. Where the revisions are significant and the overall policy is changed, the author should ensure the revised document is taken through the standard consultation, approval and dissemination processes.

9.3. Where the revisions are minor, e.g. amended job titles or changes in the organisational structure, approval can be sought from the Executive Director responsible for signatory approval, and can be re-published accordingly without having gone through the full consultation and ratification process.

9.4. Any revision activity is to be recorded in the Version Control Table as part of the document control process.

10. Equality and Diversity

10.1. Equality and Diversity Statement

This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the ['Equality, Diversity & Human Rights Policy'](#) or the Equality and Diversity website [EqualityAndDiversity/HumanRightsEqualityAndInclusion.aspx](#)

10.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 3.

Appendix 1. Governance Information

Document Title	Overseas Patients Policy V1.0		
Date Issued/Approved:	18 th September 2018		
Date Valid From:	December 2018		
Date Valid To:	December 2021		
Directorate / Department responsible (author/owner):	Kevin Bolt, Payments and Contracts Manager, Patient Services, Clinical Support and Cancer Services Division		
Contact details:	01872 252247		
Brief summary of contents	Policy on Overseas Patients		
Suggested Keywords:	Overseas Visitors		
Target Audience	RCHT	CFT	KCCG
	✓		
Executive Director responsible for Policy:	Director of Finance		
Date revised:	18 th September 2018		
This document replaces (exact title of previous version):	Initial version		
Approval route (names of committees)/consultation:	Divisional Management Board, Clinical Support and Cancer Services Division		
Divisional Manager confirming approval processes	Associate Director, Clinical Support and Cancer		
Name and Post Title of additional signatories	Director of Finance		
Name and Signature of Divisional/Directorate Governance Lead confirming approval by specialty and divisional management meetings	{Original Copy Signed}		
	Name: Karen Jarvill		
Signature of Executive Director giving approval	{Original Copy Signed}		
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet & Intranet	✓	Intranet Only
Document Library Folder/Sub Folder	Clinical/Patient Administration		

Links to key external standards	Department of Health & Social Care “Guidance on Implementing the Overseas Visitor Charging Regulations”
Related Documents:	Interpreting and Translation Policy Safeguarding Adults Policy and Procedure Safeguarding Children and Young People Policy and Procedure
Training Need Identified?	No

Version Control Table

Date	Version No	Summary of Changes	Changes Made by (Name and Job Title)
13 Sept 18	V1.0	Initial Issue	Kevin Bolt, Payments and Contracts Manager

All or part of this document can be released under the Freedom of Information Act 2000

This document is to be retained for 10 years from the date of expiry.
This document is only valid on the day of printing

Controlled Document

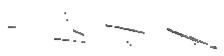
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Appendix 2. Initial Equality Impact Assessment Form

This assessment will need to be completed in stages to allow for adequate consultation with the relevant groups.

Overseas Patients Policy V1.0						
Directorate and service area: Trust Wide			Is this a new or existing <i>Policy</i>? New			
Name of individual completing assessment: Kevin Bolt			Telephone: 01872 252247			
1. <i>Policy Aim*</i> <i>Who is the strategy / policy / proposal / service function aimed at?</i>		The aim of this policy is to ensure that all Trust staff are aware of and follow the Department of Health & Social Care "Guidance on Implementing the Overseas Visitors Charging Regulations" which includes the identification of patients who must be charged for their NHS care who are not ordinarily resident in the United Kingdom.				
2. <i>Policy Objectives*</i>		The objective of this policy is to ensure that the Trust meets its legal responsibilities of identifying and charging patients who must be charged for their care at the Royal Cornwall Hospitals NHS Trust.				
3. <i>Policy – intended Outcomes*</i>		The principle intended outcomes are to ensure that all overseas visitors receiving treatment at the Royal Cornwall Hospitals NHS Trust are identified to the Overseas Visitor Team, and that opportunities for recovering income from chargeable patients is maximised in line the Overseas Charging Regulations.				
4. *How will you measure the outcome?		The policy outcome will be measured by the amount of income recovered by the Trust, through direct billing to chargeable overseas patients, as well as reporting information received from the Department of Work and Pensions and the recovery of income from the European Economic Area member states through the Overseas Visitor on-line treatment portal.				
5. Who is intended to benefit from the <i>policy</i> ?		Royal Cornwall Hospitals NHS Trust Department of Health & Social Care Clinical Commissioning Group				
6a Who did you consult with		Workforce	Patients	Local groups	External organisations	Other
						X
b). Please identify the groups who have been consulted about this procedure.		This policy does not require wider consultation with groups of staff or the general public, as the contents reflect information contained in the Department of Health & Social Care "Guidance on Implementing the Overseas Visitors Charging Regulations".				
What was the outcome of the consultation?		Not required.				

7. The Impact						
Please complete the following table. If you are unsure/don't know if there is a negative impact you need to repeat the consultation step.						
Are there concerns that the policy could have differential impact on:						
Equality Strands:	Yes	No	Unsure	Rationale for Assessment / Existing Evidence		
Age		✓				
Sex (male, female, trans-gender / gender reassignment)		✓				
Race / Ethnic communities /groups		✓				
Disability - Learning disability, physical impairment, sensory impairment, mental health conditions and some long term health conditions.		✓				
Religion / other beliefs		✓				
Marriage and Civil partnership		✓				
Pregnancy and maternity		✓		Pregnant Women will not be refused treatment		
Sexual Orientation, Bisexual, Gay, heterosexual, Lesbian		✓				
<p>You will need to continue to a full Equality Impact Assessment if the following have been highlighted:</p> <ul style="list-style-type: none"> You have ticked "Yes" in any column above and No consultation or evidence of there being consultation- this <u>excludes</u> any <i>policies</i> which have been identified as not requiring consultation. or Major this relates to service redesign or development 						
8. Please indicate if a full equality analysis is recommended.				Yes	No	✓
9. If you are not recommending a Full Impact assessment please explain why.						
Not required.						

Signature of policy developer / lead manager / director Kevin Bolt		Date of completion and submission 18 th September 2018
Names and signatures of members carrying out the Screening Assessment	1. Kevin Bolt 2. Human Rights, Equality & Inclusion Lead	

Keep one copy and send a copy to the Human Rights, Equality and Inclusion Lead
c/o Royal Cornwall Hospitals NHS Trust, Human Resources Department, Knowledge Spa,
Truro, Cornwall, TR1 3HD

This EIA will not be uploaded to the Trust website without the signature of the Human Rights, Equality & Inclusion Lead.

A summary of the results will be published on the Trust's web site.

Signed __Kevin Bolt _____

Date ____18th September 2018_____