Overseas Visitors Policy V1.0

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This is a joint policy between Cornwall Partnership NHS Foundation Trust and Royal Cornwall Hospitals NHS Trust.

This document replaces: New Joint Document

Purpose: This policy concerns the management of individuals who do not normally live in the UK (overseas visitors) when they seek treatment from the Royal Cornwall Hospitals NHS Trust (RCHT) and Cornwall Foundation Trust (CFT). It details how RCHT and CFT will fulfil the legal obligation to identify patients who are not eligible for free NHS treatment, and specifically to assess liability for charges in accordance with the National Health Service Act 2006 and its regulations, including the National Health Service (Charges to Overseas Visitors) Regulations 2015, together with 2020 and 2021 'EU Exit' amendments and the associated Department of Health and Social Care document 'Guidance for NHS service providers on charging overseas visitors in England', published 19 February 2024.

Target audience: Staff, including clinicians, senior managers, and administrative and clerical staff as well as staff with the specific responsibility to identify and charge overseas visitors.

Document author and role: RCHT Andria Dawson, Overseas Business and Performance Manager, CFT - Richard Lake, Deputy Director of Finance.
RCHT Jayne Martin, Head of Patient Services.

Document author contact details: 01872 252245.

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☒ Cornwall Partnership NHS Foundation Trust.

☒ Royal Cornwall Hospitals NHS Trust.

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V1.0	19/02/2024	Andria Dawson, Overseas Business and Performance Manager, RCHT	N/A.	N/A.

This document replaces: New Joint Document. Replaces RCHT only document for 'Overseas Patients Policy V1.0' and CFT only document for 'FN/008 Overseas Visitors Policy'.

Contents

Data Protection Act 2018 (UK General Data Protection Regulation Legislation)

The Trust(s) have a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out; it must be opted in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679, contact the Information Governance team.

- Cornwall Partnership NHS Foundation Trust: Email cpn-tr.infogov@nhs.net
- Royal Cornwall Hospitals NHS Trust: Email rch-tr.infogov@nhs.net

Summary

The aims of this policy are as follows:

To ensure both Trusts' approach regarding charging overseas visitors is up to date in line with Department of Health and Social Care guidance (NHS cost recovery – overseas visitors. Guidance for NHS service providers on charging overseas visitors in England).

To provide knowledge and guidance to how both Trusts manage overseas visitors to ensure charges are applied where applicable.

To ensure the staff roles within this policy are clear and in line with national guidance the National Overseas Visitors Manager Charter is held at Appendix 2.

To ensure delivery and implementation of national guidance in line with Trust values, by mitigating established risks to health inequalities and population health associated with a policy of NHS healthcare charging.

Who should read this document?

All staff are encouraged familiarise themselves with the principles set out in the guidance and seek advice from the Overseas Business and Performance Manager when necessary.

The success of the charging rules depends on staff being aware and supportive of the role of the Overseas Business and Performance Manager. The Overseas Business and Performance Manager should be given the authority to ensure that the charging rules can be properly implemented across all departments.

Key Standards/Messages - The key messages pertaining to this policy are:

Charging overseas visitors for some NHS services in England – also known as 'cost recovery' – is set out in law under the NHS (Charges to Overseas Visitors) Regulations

2015. The current “Charging Regulations” came into force on 6 April 2015 and apply to all “relevant bodies” (providers of NHS care) and all courses of relevant treatment commenced on or after that date.
Some relevant NHS services are free at the point of use for everyone, either because they are out of scope of the Charging Regulations (for example primary care), or because they are covered by a specific legal exemption in the Charging Regulations (for example treatment of certain infectious diseases).

Overseas visitors are required to pay for NHS services in scope of the Charging Regulations ('relevant services') unless they, or the services they receive are exempt.

Statutory provisions Section 175 of the National Health Service Act 2006 (the 2006 Act) allows the Secretary of State for Health to make regulations for the making and recovery of charges in relation to any person who is not ordinarily resident in Great Britain. It also gives the Secretary of State the power to calculate charges on any appropriate commercial basis.

Not everyone is entitled to 'relevant services' without charge in England. Relevant services are defined as accommodation, services or facilities which are provided.

For the purposes of cost recovery, an overseas visitor is defined as someone who is not 'ordinarily resident' in the UK. Being ordinarily resident broadly means living here on a lawful, voluntary, and settled basis for the time being. Anyone who is subject to immigration control (meaning they need permission to enter or remain in the UK, per section 115(9) of the Immigration and Asylum Act 1999), cannot be ordinarily resident in the UK unless they have Indefinite Leave to Remain, or pre-settled or settled status under the EU Settlement Scheme (EUSS).

Treatment must be paid for upfront unless doing so would delay urgent or immediately necessary care (as determined by a clinician). Urgent or immediately necessary care must never be withheld or delayed, even if the patient is unable or unwilling to pay, although they remain liable for the charges where they are not otherwise exempt. In this context, whether treatment is 'urgent' is directly dependent on how long a person is expected to remain in the UK, meaning that elective care can sometimes be considered urgent.

All maternity services are immediately necessary (regulation 3(7) of the Charging Regulations), and every effort should be made to avoid deterring patients from seeking maternity care.

Some overseas visitors are exempt from paying for relevant services, including asylum seekers, some types of detainee and victims of modern slavery. Each exemption is subject to its own legal criteria and scope. For example, some exemptions will allow an overseas visitor to access all relevant services for free, while other exemptions are more limited.

Organisations that are required to make and recover charges under the Charging Regulations are referred to as relevant bodies.

When charges apply, a relevant body must make and recover charges from the person liable to pay for the services provided to the overseas visitor. This policy and processes of implementation will balance legislation around charging for NHS services with Trust values, professional duties, and legislation pertaining to Human Rights, safeguarding, clinical negligence, and equalities, including the responsibility to have regard to the need to reduce inequalities relating to the health services, under the National Health Service Act 2006.

The latest version of the national guidance can always be found on the NHS visitor and migrant cost recovery programme pages on GOV.UK, alongside a toolbox of supporting resources.

The national guidance lists a number of services and categories of overseas visitor that are exempt from healthcare charging. The categories related to the key exemptions are:

- Exempt Services.
- Exempt Category of Person.
- Exempt Diseases.

1. Introduction

1.1. All trusts have an obligation to identify patients who are not eligible for free NHS treatment and specifically to assess liability for charges in accordance with Department of Health and Social Care guidance.

1.2. 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) Regulations (2015), Guidance for NHS Service providers on charging overseas visitors in England (February 2024), and related documents published alongside the Guidance.

1.3. 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 therefore 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.

1.4. 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. Some visitors from abroad who are not ordinarily resident may receive free healthcare, including those who have paid the immigration health surcharge, meet an exemption criterion, have been granted or made an application for asylum or citizens of the European Union who hold an EHIC (European Health Insurance Card). In all other cases, the Trust must charge the person liable (usually the patient) for the cost of NHS services and recover an estimate of the charges in advance of providing treatment (unless doing so would prevent or delay the provision of immediately necessary or urgent treatment).

1.5. All staff have a responsibility to ensure this policy and the national charging regulations work effectively. The roles and responsibilities vary across the staff groups and are not equally shared. The Overseas Visitor Team have the specific responsibility for overseeing the identification as well as assessing, evaluating, and charging patients who are who are not entitled to free NHS treatment. Both Trusts will manage overseas patients in line with Department of Health and Social Care guidance 'NHS cost recovery – overseas visitors. Guidance for NHS service providers on charging overseas visitors in England'.

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

Key Updates

1.6.1. Department of Health and Social Care (Cost Recovery Team) confirmed the UK Government had concluded a new reciprocal healthcare agreement with Norway, Iceland, and Liechtenstein, which came into force on 1 January 2024.

1.6.2. Guidance adds Ascension and Tristan da Cunha, Bermuda, Cayman Islands, and Pitcairn, Henderson, Ducie and Oeno Islands into the list of countries and territories in Schedule 2 June 2023.

1.6.3. Made clear EUSS applicants who are not granted status should not be charged for their application period and be refunded if already charged (February 2023).

1.6.4. A relevant body in England may seek help and advice about any aspect of the Charging Regulations and this guidance by using the OVM online forum.

1.6.5. The Department of Health and Social Care has also published a toolbox of supporting information. The aim of the toolbox is to help relevant bodies discharge their cost recovery duties more effectively https://www.gov.uk/government/collections/nhs-visitor-and-migrant-cost-recovery-programme.

2. Scope

2.1. This policy and related guidance apply to all employees across both Trusts.

2.2. This policy only covers charging for “relevant NHS services” that are within scope of the Charging Regulations. It does not cover other legislative charging regimes, such as those which govern prescriptions or social care.

2.3. This Policy only applies to 'relevant services' which means accommodation, services or facilities which are provided (or whose provision is arranged) under the National Health Service Act 2006, except for primary care (and any equivalent) services.

2.4. Some relevant services are specifically ‘exempt’ from charge, meaning that overseas visitors can access them for free. This includes sexual health services, treatment in emergency departments or urgent care centres and the diagnosis and treatment of some infectious diseases.

2.5. All RCHT and CFT staff (including permanent, locum, secondee, student, agency, bank and voluntary) must follow the policies agreed by the RCHT and CFT. Breaches of adherence to policy may have potential contractual consequences for the employee.

2.6. In the event of an infection outbreak, pandemic, or major incident, it is recognised that it may not be possible to adhere to all aspects of this document. In such circumstances, staff should take advice from their manager and all possible action must be taken to maintain ongoing patient and staff safety.

2.7. The purpose of this policy is to ensure RCHT and CFT have a process in place to meet their legal duty pursuant to the National Health Services (Charges to Overseas Visitors) Regulations 2015 (as amended) (‘Regulations’ or ‘Charging Regulations’), which came into force in April 2015, to recover charges from the person liable to pay for the services provided to the overseas visitor in line with these regulations.

2.8. The Regulations and guidance are updated regularly so this policy has been updated and developed in line with these changes. To the extent of any inconsistency the National Health Service Act 2006 and its Regulations as amended from time to time, shall apply.

2.9. Overseas visitors who are visiting the UK for six months or less, (including those on multiple entry visas), non-resident UK nationals, or those who are in the UK without immigration permission must be charged for services they receive at the point of accessing care, unless they are exempt from charges under other categories of the Charging Regulations.

2.10. EU and EFTA citizens lawfully residing in the UK on or before 31 December 2020 retain their entitlement to healthcare without charge as long as they continue to be ordinarily resident here. They will need to have applied to the EU Settlement Scheme by 30 June 2021 or submit a late application, if eligible, in order to secure these rights for the future. Their entitlements will be subject to any future domestic policy changes which apply to UK nationals. They can be joined in the UK by eligible family members who will also need to apply to the EUSS within three months of their arrival.

3. Definitions / Glossary

3.1. **Overseas Visitor:** Any person who is not ordinarily resident in the United Kingdom, including temporary migrants.

3.2. **Ordinary Resident (OR):** Refers to someone living lawfully in the United Kingdom voluntarily and for settled purposes as part of the regular order of their life for the time being, whether of short or long duration.

3.3. **Immediately necessary:** Any treatment which a patient needs i) to save their life; or ii) to prevent a condition from becoming immediately life-threatening; or iii) to prevent permanent serious damage from occurring.

3.4. **Urgent:** Treatment which clinicians do not consider to be immediately necessary, but

which nevertheless cannot wait until the person can be reasonably expected to leave the UK.

3.5. **Charging Regulations:** Refers to the National Health Service (Charges to Overseas Visitors) Regulations 2015, as amended.

3.6. **EEA:** The European Economic Area (EEA), which is comprised of the Member States of the EU, Norway, Iceland, and Liechtenstein.

3.7. **Non-EEA National:** Refers to nationals of countries which are outside the EEA.

3.8. **EHIC:** A European Health Insurance Card (EHIC), previously referred to as an E111. Anyone who holds an existing UK-issued EHIC will continue to be able to use their EHIC in the EU and Switzerland until its stated expiry date. Once it expires, it will need to be replaced with a Global Health Insurance Card (GHIC), or a new UK EHIC if they are covered by the Withdrawal Agreement. UK EHICs and GHICs can only be used abroad and cannot be used in the UK to access relevant NHS services for free.

3.9. **PRC:** A Provisional Replacement Certificate (PRC) is issued to qualifying EU or Swiss visitors in cases where an EHIC cannot be produced.

3.10. **S1:** Issued to pensioners, posted or frontier workers, and their family members, (previously E121, E109, E106). The term ‘pensioner’ includes those in receipt of a qualifying long-term benefit.

3.11. **S2:** Allows the UK to claim the some or all of the cost of the treatment back from the patient’s country of residence, where this is authorised by the patient's country of residence. Further information about is available on the S2 funding route pages on NHS.UK.

4. Ownership and responsibilities

4.1. Overseas Visitors Manager [OVM]

Responsible for ensuring that the Trust is fulfilling its legal obligations under the

Charging Regulations and implementing best practice.

4.2. Senior Managers

It is essential that OVMs are supported and enabled by senior leaders and clinicians to carry out their role effectively. This includes ensuring that they receive appropriate training and empowering them to seek relevant information from all departments.

Head of Patient Services is responsible for:

4.3. Clerical and Administration Staff

4.3.1. All administrative staff across both Trusts have an essential role to play in identifying people who may be liable for charges by asking about whether a patient has lived in the UK in the last six months. These staff will include, for example, reception staff, booking staff, secretaries, managers to name a few. Most people will not be liable for charges, nonetheless, the same question 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 referred to as the ‘baseline questions’.

4.3.2. Administration staff at all entry points to NHS care will have a role in providing overseas visitors with a Pre-Attendance Form.

4.3.3. All staff have a responsibility to identify and refer patients to the Overseas Visitors team and notify them of any exemptions they may have become aware of in the course of getting to know the patient.

4.4. The role of clinicians

4.4.1. The success of the charging rules depends on all staff, including clinicians, being aware and supportive of the role of the OVM.

4.4.2. It is the clinician’s role to provide appropriate healthcare for their patients and to make decisions on their treatment based on their clinical needs. As part of

their normal practice, for ordinarily resident people and chargeable overseas visitors alike, clinicians have an obligation to consider the costs associated with different treatment options and to balance these against the potential for a successful outcome. It is right that clinicians are aware of the cost implications of providing non-urgent treatment to chargeable overseas visitors, who cannot or will not pay, when that treatment could wait until they leave the UK.

4.4.3. Clinicians are not expected to make judgements regarding the eligibility of patients for free treatment (with the exception of confirming when a patient is receiving particular treatment that is exempt from charges), but if it is the clinician who first becomes aware that a person may not be ordinarily resident in the UK, they should notify the OVM and the Overseas Visitors team and, if appropriate, inform the patient that charges might apply. In doing so, clinicians should ensure that any action taken is in line with any relevant professional codes of conduct that govern their registration. Clinicians and other staff should not indicate to patients that treatment will be free, as a charge may have to be levied if the OVM subsequently assesses the patient as chargeable. Clinicians should never be involved with invoicing or debt collection.

4.4.4. Ultimately, it is always a clinician's decision on what treatment is needed. OVMs must not determine treatment urgency – this can only be done by a clinician (regulation 3(7) of the Charging Regulations). Where a clinician determines that care is urgent or immediately necessary (which includes all maternity services and any services needed to determine urgency) it must go ahead without delay. Whether the Trust then withholds or limits that treatment will depend on information received from OVMs on when the patient can leave the UK (so that the clinician can decide if the treatment is urgent or non-urgent) and on the patient's intentions on paying (so that non-urgent treatment does not commence without prior payment).

4.4.5. Clinicians have four key responsibilities under the Charging Regulations:

1) **To take the final decision as to whether treatment is immediately necessary, urgent, or non-urgent.** More information on when treatment is immediately necessary, urgent, or non-urgent can be found in Chapter 4 of the guidance.
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.

3) **To confirm that a patient is a victim of specified types of violence** (torture, female genital mutilation, sexual violence, or domestic abuse). 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 abuse or sexual violence where the cause of physical injuries and symptoms may not be immediately apparent. The Department of Health and Social Care strongly recommends that clinicians are advised of this important role and its implications.

4) **To confirm the patient is fit to travel to return home for further treatment**.

OVMs must ensure that clinicians are aware of the important role these decisions play in the implementation of the charging rules and ensure effective management and prioritisation of NHS resources.

4.5. The role of the finance team

4.5.1. The team need to be aware of their role in implementing the charging rules for overseas visitors. Chargeable overseas visitors are chargeable for relevant services. They should not be confused with private patients.

4.5.2. Make and recover charges for the provision of relevant services when Overseas Visitors Team determines that the patient is not entitled to receive those services free of charge (regulation 3(1) of the Charging Regulations).

4.5.3. Provide the Overseas Visitors Team the estimated cost of that service before it proceeds, unless doing so would prevent or delay the provision of an immediately necessary or urgent service (regulation 3(1A) of the Charging Regulations).

4.5.4. Staff need to ensure that they are able to issue invoices promptly, perhaps at very short notice, in order to ensure that the invoice can be presented, wherever possible, before the patient leaves the Trust.

5. Standards and practice

General Guidance

5.1. Staff must not judge a patient's chargeable status from their external appearance, name, accent, or language and should take care not to apply unconscious bias to a patient's circumstances. It is not discriminatory to ask someone if they are ordinarily resident in the UK as long as all patients are assessed equally.

5.2. The Trust(s) must also take care that, when questioning or engaging with patients with a protected characteristic, the conduct of staff does not create an intimidating, hostile, degrading, humiliating or offensive environment for that patient.

5.3. Both Trust(s), through the OVM, need to ensure that all staff involved with the identification and interviewing of potentially chargeable people are properly advised of their role and provided with adequate training on how to exercise the general equality duty and how to avoid discrimination. This is part of the mandatory eLearning available on the E-Learning for Health website.

5.4. Enquiries regarding overseas visitors should be made to the Overseas Visitors Office 01872 252245 during office hours, or by email to rcht.overseas@nhs.net out of hours.

5.5. An individual department or person cannot intervene in individual cases. The decision

about whether an individual patient is liable for charges rests with the Overseas Visitors Manager.

5.6. All clinicians can offer patients advice on the general rules regarding NHS charging, but all staff, including clinicians, must refrain from informing an individual identified as an overseas visitor of their eligibility for free treatment, unless the Overseas Visitors Team has advised them accordingly.

5.7. 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 Office and recorded on the appropriate Trust system.

5.8. The Overseas Visitors Office shall work closely with administration staff, bookings staff, ward staff and departmental clinical staff as required in order to ensure effective communication takes place in respect of overseas visitor activity.

5.9. The Overseas Visitors Office will liaise with external bodies such as the Department of Health, Home Office and Local Counter Fraud Service as required.

5.10. Overseas Visitors are covered by the NHS regulations for charging overseas visitors as detailed in this policy. If an Overseas Visitor chooses to be treated privately, then they will be classified as a private patient.

5.11. Treatment must be paid for upfront unless doing so would delay urgent or immediately necessary care (as determined by a clinician). Urgent or immediately necessary care must never be withheld or delayed, even if the patient is unable or unwilling to pay, although they remain liable for the charges where they are not otherwise exempt. In this context, whether treatment is 'urgent' is directly dependent on how long a person is expected to remain in the UK, meaning that elective care can sometimes be considered urgent.

5.12. All maternity services are immediately necessary (regulation 3(7) of the Charging Regulations), and every effort should be made to avoid deterring patients from seeking maternity care. Maternity services include all antenatal, intrapartum, and

postnatal services provided to pregnant women, a woman who has recently given birth, or a baby.

5.13. Maternity services are chargeable but must be treated as being immediately necessary, with no patient having them denied or delayed based on their status as an overseas visitor or due to charging-related issues (regulation 3(7) of the Charging Regulations). It is crucial that all reasonable steps are taken to encourage the patient to continue with their maternity care. If a maternity patient needs other treatment in addition to their maternity care, a separate assessment will need to be made as to whether it is immediately necessary, urgent, or non-urgent.

5.14. Maternity patients should also be made aware that accident and emergency services and primary medical services remain free to all.

5.15. Identifying Overseas Visitors

The Trust(s) can identify overseas visitors by:

- Using digital systems (includes both MESH and Radar).
- Establishing basic information about a patient's residency at the first point of contact (if there is no referral).
- Interviewing and collecting supporting documentation to prove residency or an exemption if required.
- Establishing whether they are ordinarily resident.
- Checking, recording, and updating chargeable status on the patient's records.

Throughout the process of identifying overseas visitors, it is important that patients are made aware as soon as possible that there may be a charge for treatment. Failure to inform patients as soon as possible about charges, may result in an invoice being presented to a person who was not aware that they were liable, and could result in accusations of maladministration. However, under the Charging Regulations, even if the Trust(s) have been unable to inform a patient of charges, but subsequently a patient is found chargeable, the patient is still liable for that charge.

5.16. Presentation of the Pre-Attendance Form

In some cases, it may not be possible to use digital systems to check a patient's immigration status or residency before their first contact. In such circumstances (which may include accident and emergency, diagnostic departments and MIU's), the Trust(s) should ask the same baseline questions of all patients to determine:

- Where the patient lives and if they have lived anywhere else in the last 12 months.
- Whether the patient has an EHIC, PRC, S2 or S1. If the patient holds a valid form, they will be eligible to receive some services for free and the relevant body may be able to claim back the cost of their treatment from the country responsible for the patient's healthcare.

Patients with an overseas address, adults with a new NHS number, any person with a missing NHS number, or a patient not registered with a GP will be asked to complete a Pre-Attendance form at the earliest opportunity in their care journey.
The purpose of identifying potential overseas visitors at entry to Emergency Department (ED) and Minor Injury Units (MIU) is for the Trust(s) to ensure patients are informed of the following:

a. All care and treatment in ED, or Urgent Care Services are free to all and they will not be charged.
b. If the patient requires healthcare beyond ED and a MIU, this may be chargeable if they do not have any valid exemptions.
c. Any 'immediately necessary' or 'urgent' outpatient or inpatient treatment will not be refused or delayed, whether or not they are able to pay for their care. All maternity services are classed as 'immediately necessary'.
d. Inform the patient that they may be interviewed by trained Overseas Visitors staff for further assessment of their status if they are admitted or seen in Outpatients beyond any urgent care setting.
e. In order for the patient to understand the details above, reasonable adjustments may need to be made in respect of language, disability etc. An interpreter may also be required.
f. Completed forms to be sent to the Overseas Visitors Team.

5.17. All administrative staff must avoid discrimination as outlined in section 5.1 and 5.2.

5.18. In some circumstances, completion of the pre-attendance form may be inappropriate or unworkable, for example in relation to mental capacity or the urgency of healthcare. In these cases, administrative staff should still be aware of the possibility of people being liable for charges and should notify the OVM of any patient whose chargeable status is unknown based on any non-discriminatory information they have regarding their residency status in the UK (i.e. not purely on the basis of appearance, language, accent etc.).

5.19. Where it is established that a person may not be ordinarily resident:

a. The person should be told immediately, where possible and appropriate, that they will need to be interviewed to establish their eligibility for relevant services without charge.

b. The person who identifies that person as potentially liable for charges should contact the OVM as soon as possible and arrange for an interview to take place. Wherever possible, that interview should take place before treatment begins but if, in the opinion of medical staff, the treatment is immediately necessary or needed urgently it should always go ahead without delay.

c. Where an OVM determines that a patient is subject to the Charging Regulations, or conversely receives evidence to indicate that the patient is no longer chargeable, they will update the patient's record via the relevant Trust systems and via the National Care Record Service. The 'flagging' of patients' records with their chargeable status is a statutory obligation.

5.20. OVMs and other frontline staff are strongly encouraged to speak to their safeguarding leads if, in the course of their work, they are concerned about the welfare of any patient. It can also be helpful for OVMs to build constructive relationships with local agencies which support people in various types of need, or to seek advice and information from relevant national agencies and organisations. This can help in understanding the needs and circumstances of patients, some of whom can be very

afraid of disclosing personal information. This can have a negative impact on their care. Working together with organisations and agencies supporting these patients helps to ensure that they receive the support they need and are fully informed about how to access support services, including any entitlement to relevant services without charge. It can also improve a person's understanding of the charges they face and the choices they have (including the consequences of incurring debts for treatment received) and facilitate discussions about the possibility of payment plans being agreed for those having difficulty paying for the cost of their treatment.

6. Avoiding discrimination in establishing if charges apply

6.1. The Trust(s) discriminates against a person if, because of a protected characteristic, it treats that person less favourably than it treats others. For example, the use of racial profiling (for example targeting a person for questioning as a potential overseas visitor on the basis of their race) is discriminatory and is prohibited by the Equality Act 2010 (also see 5.1 and 5.2).

6.2. Article 14 of the European Convention on Human Rights, which is incorporated into UK law in the Human Rights Act 1998, prohibits discrimination against a person in the exercise of their rights under the Convention, on any ground such as sex, race, colour, language, religion, political or other opinion, national or social origin, association with a national minority, property, birth, or other status. Article 14 is not free-standing and can only be invoked in relation to other convention rights (for example Article 8 – the right to private and family life which may be engaged when a person seeks healthcare). There may be a 'reasonable and objective justification' for any difference between patients receiving treatment which may mean that it is not discriminatory under law.

6.3. Under the Equality Act 2010, public authorities have a general equality duty in the exercise of their functions to have due regard of the need to: • eliminate discrimination, harassment and victimisation and other conduct prohibited by the Act • advance equality of opportunity and foster good relations between people who share a protected characteristic and those who do not • foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

6.4. The Equality Act 2010 prohibits:

- Direct discrimination.
- Indirect discrimination unless the discrimination is a proportionate means of achieving a legitimate aim.
- Harassment.
- Victimisation.

6.5. The Trust(s) need to ensure that all staff involved with the identification and interviewing of potentially chargeable Overseas Visitors are provided with adequate training on how to exercise the general equality duty and how to avoid discrimination.

7. Duty to record information on the summary care record application.

7.1. There is a legal obligation on NHS Trusts to record Overseas Visitor information on the Summary Care Record (SCR). (The SCR is currently in the process of migrating across to the National Care Records Service (NCRS)). Trusts must record where they have determined that a patient is subject to the Charging Regulations, the date of that decision and whether an exemption from charge applies.

7.2. It is important to note that a patient's chargeable or non-chargeable status can change at any point of any episode, or series of episodes, based on a number of variables. This status can only be confirmed by the Overseas Visitors Team. The patient's status will be recorded as an Overseas Visitors Charging Code and/or Overseas Visitor Alert Flag.

8. Interviewing patients who may be liable to charges

8.1. Where it is not possible to determine chargeable status from a person's documents, it is likely that the patient will need to be interviewed to establish if charges apply. Before approaching the patient to undertake an interview, the patient's records must be reviewed and adherence to the safeguarding policies applied. This may require liaison with clinical staff prior to approach if there are any safeguarding concerns.

8.2. The Trust(s) should ensure that all staff involved with the interviewing of a person who may have to pay a charge for treatment are properly advised of their role and provided with adequate training. Staff involved in interviewing people should have a thorough understanding of the Charging Regulations and guidance, together with training and techniques for handling difficult situations. Staff can sometimes be confronted with distressed, angry, or abusive patients and/or relatives. They should be fully trained on the Trust's policy for dealing with violence or potentially violent situations.

8.3. When operating the charging rules, it is essential to consider the position of

vulnerable overseas visitors and sensitively navigate the system with them, whether or not they are exempt from charge.

8.4. Not all people who are in vulnerable positions are exempt from charge, but they will all require support in navigating the charging system. Working together with clinicians and third parties helps to ensure that vulnerable patients are fully informed about how to access support services, including any entitlement to relevant services without charge.

8.5. Confirming that an exemption applies to a vulnerable individual can be difficult, particularly in cases involving violence or abuse. OVMs should involve their safeguarding lead as soon as possible and work together to determine the most appropriate course of action and collect relevant evidence. This is important, for example, to ensure that all risks are considered and managed, including the risk of sending letters which reference a violence and abuse-related exemption to a home address where it might be seen by an abuser.

9. Timeliness of interview

It is important that a person is aware as soon as possible that there may be a charge for treatment. While it may not always be practicable for interviews to happen immediately, OVMs should ensure that a member of their team sees potentially liable patients as soon as they possibly can. Failure to do so, resulting in a bill being presented to a person who was not aware that they were liable, could result in accusations of maladministration. However, the fact that a person was not informed that charges would apply does not alter the fact that, under the Charging Regulations, they are still liable for that charge.

10. The main interview

10.1. This should be undertaken discreetly and sensitively in private and, wherever possible, before treatment has started. The interviewer should begin by explaining that a person not ordinarily resident in the UK can, in some circumstances, be liable for the cost of their treatment. The interviewer should explain that the interview is

taking place because the patient indicated during the process of administration (or because admissions staff have indicated) that he or she may not normally live in the UK or has been unable to show that he or she has the right to live here. Some people will be clear that they are not normally resident here, but others may dispute the assessment. The first issue to explore during the interview, therefore, is whether the person may be ordinarily resident. A person cannot be charged if they are ordinarily resident in the UK.

10.2. If, after questioning, the interviewer decides that the person is not ordinarily resident here, then that person is an overseas visitor for the purpose of the Charging Regulations. The next stage of the interview therefore needs to establish if the person is exempt from charges by virtue of any of the exemptions listed in the Charging Regulations.

11. Assessment Of Eligibility

11.1. The Overseas Visitors team will carefully assess each patient's individual case in line with the national guidance to establish the eligibility of a patient to NHS treatment. The team will assess each patient on the basis of their immigration status and exemptions prior to approaching the patient or their family. They will also abide to Trust values whilst undertaking this assessment. The assessment may involve liaising with the clinical staff to ascertain any vulnerabilities.

11.2. 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 usually result in an overseas visitor being recorded as NHS Chargeable and charges will be incurred.

11.3. 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 Trust(s) system as the permanent address and the UK address as the temporary address.

11.4. Patients deemed to be chargeable must show medical travel insurance details and

acquire authorisation or provide payment equal to the value of the expected total cost of treatment to be received before treatment is commenced (unless the treatment is urgent or immediately necessary). If that is not possible, for example, due to their admission taking place at a weekend, then payment or authorisation must be provided on the next working day, or as soon as possible but should be prior to discharge.

11.5. If during the course of their stay or treatment, their immigration status or exemptions change from the original assessment, any change to their chargeable status will be immediately implemented and recorded as a result of this change.

12. Communication with Patients and the Public

12.1. Anyone presented with any information issued by the Trust(s) about charging for NHS care (including verbal advice, written information and all forms and invoices) should have access to adequate translated materials and/or interpretation as required. There may be a need for reasonable adjustment for other groups with protected characteristics, in line with equalities legislation e.g. an appropriate adult or intermediary may need to be present for those with mental health conditions or an auditory or sensory impairment.

12.2. Regular contact with organisations such as agricultural employers/organisations is valuable. These organisations can be of significant assistance in communicating information about rights to healthcare and potential liability for healthcare charging to members of their community.

13. Services that are within scope but exempt from charge.

Under Regulation 9 of the Charging Regulations, the following relevant services are ‘exempt’, which means that an overseas visitor must not be charged for using them (except where the overseas visitor travelled for the purpose of treatment):

13.1. Accident and emergency services providing the purpose of the visit was not for seeking treatment. This includes emergency ambulance services and all accident and

emergency services provided at an NHS hospital. For example, those provided at an accident and emergency department, walk-in centre, minor injuries unit or urgent care centre. It does not include those emergency services provided after the overseas visitor has been accepted as an inpatient (for example once a patient has been formally transferred from the care of accident and emergency and admitted to a hospital), or at a follow-up outpatient appointment, for which charges must be levied unless an exemption applies. Charges cannot be levied for any primary care services provided by walk-in centres, including minor injury units or urgent care centres as they are not within the scope of the Charging Regulations.

13.2. Services that are provided as part of the NHS 111 or telephone advice line commissioned by an integrated care board or NHS England.

13.3. Palliative care services provided by a registered palliative care charity or a community interest company.

13.4. Treatment required as a result of specified types of violence, provided the patient has not travelled to the UK for the purposes of seeking such treatment (see Chapter 8). The exemption covers care for any physical or mental condition (whether acute or chronic) that a clinician determines has been caused by torture, female genital mutilation (FGM), domestic abuse or sexual violence.

13.5. Family planning services, which means services that supply contraceptive products and devices to prevent pregnancy, provided that the patient has not travelled to the UK for the purpose of seeking such treatment. This does not include termination of an established pregnancy.

13.6. Diagnosis and treatment of sexually transmitted infections, including routine screening and vaccinations, provided that the patient has not travelled to the UK for the purpose of seeking such treatment.

13.7. The diagnosis and treatment of specified diseases set out in Schedule 1 of the Charging Regulations including: routine screening and vaccinations and any services

required in the opinion of a clinician for the diagnosis and treatment of a suspected specified condition, up until the point that it is negatively diagnosed. The exemption does not extend to any secondary illness that may be present even if treatment is necessary to successfully treat the condition.

14. Exempt Category of Person

14.1. The Immigration Health Surcharge (IHS)

Since introduction in 2015, the IHS has provided those who come to live, study and work in the UK on a temporary basis (more than 6 months) with comprehensive access to NHS services (except assisted conception services). This is regardless of the amount of care needed during a person's time in the UK and includes treatment for pre-existing conditions.

Overseas visitors who are subject to immigration control and intending to stay in the UK for more than 6 months, will usually need to pay the IHS as part of their visa application process.

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

Individuals living in England who have paid the IHS, or who are exempt from paying the IHS, will be pre-registered on the NHS Spine (provided they live in England) using information provided by the Home Office. This means that they should have a green banner on their SCRa (being replaced by the National Care Records Service (NCRS) from Autumn 2023), demonstrating that they are eligible to receive relevant services free of charge (except for assisted conception services). A child born in the UK to an above-mentioned exempt person is also exempt from charge up to the age of three months, provided that the child has not left the UK since birth.

14.2. Exemptions for specified groups

The Charging Regulations include legal exemptions for specified groups including:

- Some ‘vulnerable’ groups.
- Some specified personnel, including members of the UK armed forces.

The following groups are exempt from charge for all relevant services. Please refer to the DHSC guidance for full details:

- Asylum seekers and their dependents (Regulation 15 of Charging Regulations).
- Failed asylum seekers (regulation 15 of the Charging Regulations).
- Refugees and their dependents (regulation 15 of the Charging Regulations).
- Victims and suspected victims of modern slavery and family members (regulations 16 and 25 of the Charging Regulations).
- Children who are looked after by the local authority (regulation 15(e) of Charging Regulations).
- Prisoners and detainees (regulations 18 and 19 of the Charging Regulations).

Exemptions which cover some relevant services

- Anyone designated as exempt for exceptional humanitarian reasons (regulation 17 of the Charging Regulations).
- Residents of Ukraine (regulation 22A of the Charging Regulations).
- Anyone receiving compulsory treatment (regulation 18 of the Charging Regulations).
- Treatment for victims of torture (regulation 9(f)(i) of the Charging Regulations).
- Treatment for Victims of female genital mutilation (FGM) (regulation 9(f)(ii) of the Charging Regulations).
- Treatment for victims of domestic abuse (Regulation 9(f)(iii) of the Charging Regulations).
- Treatment for victims of sexual violence (Regulation 9(f)(iv) of the Charging Regulations).
- Palliative care services.
- Armed forces and qualifying employees.

14.3. International healthcare arrangements

14.3.1. The UK is party to several international agreements and arrangements which

have a bearing on NHS cost recovery. Broadly speaking, patients who are covered by an international agreement are likely to be entitled to some services free of charge.

14.3.2. Overseas visitors will need to provide valid documentation to demonstrate that they are covered by a healthcare agreement. For the arrangements with the EU and Switzerland, this will be an EHIC or PRC, S1, or S2. For countries outside of the EU, the usual documentation is a passport issued by the relevant country and, often, other documents which prove residence in that territory.

14.3.3. If the patient cannot provide valid documentation and is not covered under another exemption category under the Charging Regulations, they must be charged for relevant services at 150% of the NHS Payment Scheme (unless covered by the Withdrawal Agreement, or healthcare agreement, in which case charged at 100%), in the same way that other non-exempt overseas visitors are.

14.3.4. NATO personnel, when the services required cannot readily be provided by armed forces medical services, plus their spouse/civil partner and children under 18 provided they are lawfully present in the UK.

14.3.5. Since the UK's withdrawal from the EU, the rules governing access to healthcare for EU and EFTA citizens visiting the UK and UK nationals visiting or living in EU and EFTA states have changed. EU and EFTA citizens and their family members who were resident in the UK on or before 31 December 2020 can access all relevant services for free, providing they remain ordinarily resident here. Generally, this means they will need to have applied to the EU Settlement Scheme (EUSS) and have been granted settled or pre-settled status and meet the ordinary residence test.

14.3.6. Applicants to the EUSS are exempt from charge from the date of a valid application (as evidenced by a Certificate of Application (COA)) until the date of their final determination. EUSS applicants who are refused status become

chargeable for new courses of treatment which begin on or after the date of final determination unless another exemption applies. However, any course of treatment already being provided on an exempt from charge basis while a person's EUSS application is under consideration will remain free of charge even after the date of their final determination, unless they leave the UK. Please refer to DHSC guidance for further details.

14.3.7. Irish citizens have the right to enter and live in the UK, by virtue of the Common Travel Area arrangements. Visitors to the UK from the Republic of Ireland do not have to present an EHIC or PRC to obtain necessary healthcare without charge under the arrangements with the EU in the TCA. They only need to present evidence that they are resident in Ireland.

14.3.8. A child can use their parent's evidence of residence in Ireland to satisfy eligibility for treatment without charge. Visitors from the Republic of Ireland do however still need to be referred with an S2 for pre-planned treatment.

14.3.9. The DHSC guidance provides details of countries falling under each particular healthcare agreement.

15. Exempt Diseases

Some relevant services are specifically 'exempt' from charge, meaning that overseas visitors can access them for free. This includes sexual health services, treatment in emergency departments or urgent care centres and the diagnosis and treatment of some infectious diseases (Schedule 1 regulation 9 of the Charging Regulations).

16. Maternity Services

16.1. Maternity services are chargeable but must be treated as being immediately necessary, with no patient having them denied or delayed based on their status as an overseas visitor or due to charging-related issues (regulation 3(7) of the Charging Regulations). All information on charging for NHS maternity care (including information received prior to a booking appointment) should:

16.1.1. Clearly highlight that all maternity care is deemed immediately necessary and will never be denied or delayed based on ability to pay.

16.1.2. Signpost to sources of independent information and advice for pregnant women and birthing people.

16.1.3. Booking and subsequent appointments should not be refused or delayed for any reason relating to charging.

16.1.4. Where a pregnant woman is deemed chargeable, their principal care provider (midwife or obstetrician) should be asked if they fall within the exemptions for FGM, sexual violence, domestic abuse or torture and assessment for destitution. The care provider's advice should be treated as definitive and Overseas Visitor Team staff should not request further evidence unnecessarily.

16.1.5. If at any point a maternity patient ceases to attend planned appointments, safeguarding procedures should apply, with immediate action taken to locate and speak to the individual to discuss any concerns they may have and their options for provision of care. It is important that providers work with other stakeholders in their local communities to embed and enforce effective safeguarding procedures and communicate with potentially vulnerable patients.

16.1.6. If a patient indicates that they are unable to pay, providers should reassure the patient that maternity services will never be withheld, regardless of their ability to pay.

16.1.7. The Overseas Visitors Team staff should not, under any circumstances, attend antenatal or postnatal appointments or intrapartum care. Nor should they seek to speak with a woman directly before or after her appointments.

16.1.8. The termination of a pregnancy is not considered to be a maternity service. If

a person seeks to terminate a pregnancy, satisfies the grounds for termination under the Abortion Act 1967 and cannot reasonably be expected to leave the UK before the date at which an abortion may no longer be a viable option for them, then the treating clinician should determine whether the treatment should be regarded as urgent or immediately necessary. Where it is determined as urgent or immediately necessary then that service must not be delayed or withheld, due to establishment of chargeable status or seeking payment. It is important to note that charges may still apply and need to be sought after treatment - unless an exemption applies.

17. Overseas visitors claiming exemption – supporting documentary evidence.

17.1. Where a person claims to be covered by any of the exemptions, or indeed claims to be ordinarily resident, the Trust(s) are required, by provision of the Charging Regulations, to make “such enquiries as it is satisfied are reasonable in all the circumstances” to confirm that is the case. The OVM is entitled to ask for supporting documentary evidence, as long as they do not behave unreasonably. The Trust(s) will routinely ask for two forms of ID (one to prove identity, the other to prove UK residence) from all patients whose residence status is unknown that demonstrates lawful, settled residence in the UK.

17.2. Where the person cannot support their claim, the Trust may decide to charge for treatment. However, in making this decision it should take account of the individual circumstances and judge each case on its own merits. For example, in some cases it will be easier for the person to provide evidence than in others. Where sufficient evidence is not provided the Trust(s) should also take any reasonable steps it can to ascertain a patient's claim that an exemption applies before taking a view to charge. It is also important to remember, just because one of the exemption categories is found not to apply does not mean that others will not apply. Each should be considered. If charged, the person can claim reimbursement at a later date providing that sufficient evidence can be produced to show that he or she was entitled to free treatment at the time it was given.

17.3. It is in the individual's interests to provide whatever evidence he or she thinks is appropriate to support their claim. Examples of types of acceptable evidence are listed with each exemption from charge category in the guidance. These examples are only a guide and should not be taken as comprehensive lists. People may provide other evidence that is equally valid, and interviewers should be prepared to be flexible.

17.4. In general, people will be able to provide satisfactory documentary evidence to support their claim. Where, however, the person does not have the evidence to hand, an interviewer may be asked to either accept confirmation from a reputable third party or, in some cases, accept the word of the person without supporting evidence.

17.5. What level of evidence is acceptable is entirely a matter for the Trust(s) in the light of the individual person's circumstances. Providing the relevant body can demonstrate, if need be, that it has acted reasonably in all cases, it is unlikely to encounter criticism.

18. Invoicing

18.1. The Secretary of State for Health has, since April 2015, exercised the power under section 175(4) of the National Health Service Act 2006 to calculate charges for overseas visitors on a commercial basis, which may include a reasonable profit element. From 1 January 2021, commercial charging applies to all chargeable overseas visitors, irrespective of their country of residence. There is an exception for overseas visitors who ordinarily reside within EU or EFTA countries who have begun a course of treatment before 31 December 2020. The charges in this instance must not exceed the cost of providing that service to an ordinarily resident patient.

18.2. Several categories of charging rules operate in parallel. The Trust(s) may work with their commissioners to understand which charging categories should be applied to which cohort of chargeable patient referring to Annex C of the DHSC guidance.

18.3. **List of Charging Categories**

18.3.1. There are six charging categories:

- Category A: Standard NHS Patient.
- Category B: Surcharge Payee.
- Category C: Charge exempt overseas visitor or EEA (CEOV).
- Category D: Chargeable EEA patient.
- Category E: Charge exempt overseas visitor or non-EEA.
- Category F: Chargeable non-EEA patient.

18.4. **Charging**

18.4.1. The Trust will not accept chargeable Overseas Visitors who require routine, elective treatment if that treatment can reasonably wait until they return home. A clinical decision will be sought from the appropriate clinician to assess the urgency level of any elective treatment and the patient signposted to a private facility where appropriate and safe to do so.

18.4.2. If charges do apply, relevant bodies must make and recover 150% of the cost of treatment from the liable overseas visitor (unless the patient is covered by the Withdrawal Agreement, or certain healthcare agreements with other countries, in which case at 100% cost of treatment).

18.4.3. If the patient cannot provide valid documentation and is not covered under another exemption category under the Charging Regulations, they must be charged for relevant services at 150% of the NHS Payment Scheme (unless covered by the Withdrawal Agreement, or healthcare agreement, in which case charged at 100%), in the same way that other non-exempt overseas visitors are.

18.4.4. In line with the national tariff, calculate the HRG price then charge at 150% of that price.

18.5. **The difference between NHS Chargeable patients and private patients**

18.5.1. NHS chargeable patients should not be confused with private patients, and the cost of any services they are provided with will be different from the rates

charged to private patients.

18.5.2. The treatment of NHS chargeable patients is subject to the same clinical priority as Standard NHS Patients. The beds they occupy are not private beds and consultants cannot charge them for their services. NHS chargeable patients are not eligible to be “fast tracked” for services or provided with any supplementary service that they would not have access to as a Standard NHS Patient.

18.6. **Who to charge**

18.6.1. Where an overseas visitor is exempt from charge (i.e. they fall under Charging category C or Charging category E), then the NHS body should invoice the appropriate commissioner as set out in the Who Pays Guidance (www.england.nhs.uk/who-pays/). This is undertaken by the Trust(s)’ finance teams.

18.6.2. Where a patient is a qualifying EU or EFTA visitor (i.e., they fall under Charging category C), then the NHS body must take appropriate steps to ensure that the UK can recover the cost of treating that patient. This is carried out by the Overseas Visitor Team via the Overseas Healthcare Services at the NHS Business Services Authority web portal.

NHS bodies will need to record and report any EHIC or PRC details to the NHSBSA Overseas Healthcare Services Team via the Overseas Visitors Treatment web portal. Without this information, the UK is unable to make a claim for reimbursement for treating these visitors.

18.7. NHS chargeable patients are liable to pay for their treatment even where an agreement to pay by a third party or sponsor has been received (e.g., the patient has travel insurance, or the patient is sponsored by an employer or government). The Trust(s) must decide whether or not to accept the risk of seeking payment from a third party rather than directly from the patient.

18.8. The Overseas Visitors Team will ensure an invoice is raised from the information given on the Pre-Attendance Form, (Appendix 4) and the patient's clinical record. However, all chargeable overseas visitors are liable to pay the debt irrespective of whether a Pre-Attendance form or any other form has been completed.

18.9. The finance team will be responsible for collecting payments in line with Trust guidelines. Chargeable patients will be offered realistic repayment plans where requested, which can be revisited if/when their circumstances change. They will liaise with the Finance Office regarding any outstanding accounts. During the initial assessment and subsequent discussions, the patient's ability to pay will be considered.

18.10. All financial information will be stored securely and deleted once treatment is paid for.

19. Managing Debt and Home Office Reporting

19.1. Some chargeable overseas visitors may be unable to pay debts incurred by receiving relevant services. The Trust(s) must not delay or prevent immediately necessary or urgent treatment because an overseas visitor is unable or unwilling to pay for the treatment in advance. If any member of staff is concerned about the welfare of any patient, they should speak to their safeguarding team. The Finance Team will follow an agreed process with regards to debt collection. Any action regarding debt collection will be avoided if possible and will consider the safeguarding concerns of each case prior to submission to a debt collection agency.

19.2. To support better recovery of NHS debts, the Immigration Rules allow discretion to refuse immigration applications from people with outstanding NHS debt above a certain level. 'Qualifying debts' are debts relating to single or multiple invoices of £500 or more that have been outstanding for 2 months or more (from date of invoice), if invoiced on or after 6 April 2016. Or, £1,000 or more (if invoiced between 1 November 2011 and 5 April 2016).

19.3. Debts must only be reported for persons subject to immigration control. While the Home Office can choose to take a qualifying debt into account, they are not

compelled to refuse an immigration application based on an outstanding debt. A person with an agreed repayment plan will not be notified to the Home Office unless they do not keep up payments as part of the agreed plan.

19.4. Where Trust(s) have contracted commercial debt recovery company or agency to recover applicable outstanding debts on their behalf, the debt recovery company or agency can only be responsible for pursuing the debt and should not provide any information directly to DHSC or the Home Office.

19.5. Debt collection agencies should not be employed in relation to persons who are either destitute or at risk of imminent destitution.

19.6. Where any charge has been made in respect of relevant services, the Trust(s) must invoice for that treatment. It is extremely important that all invoices, together with recognised cash receipts, provisions made, and amounts written off, are accurately recorded in the accounts.

19.7. Neither the Secretary of State for Health and Social Care, nor relevant bodies have the power to cancel or waive debts, unless the charges are found to have been incorrectly applied. However, if a person is destitute, or is at risk of imminent destitution, and that debt collection if therefore unlikely to be cost effective, the Trust(s) can choose not to pursue the debt for the time being.

19.8. A debt that has been 'written off' is not cancelled and should not be treated as permanently irrecoverable.

19.9. Circumstances in which the Trust(s) can 'write off' a debt in its accounts are:

19.9.1. The NHS chargeable patient has subsequently died and recovery from their estate is impossible; or

19.9.2. All reasonable steps have failed to recover the debt (e.g., the NHS chargeable patient is untraceable or there are no further practical means of pursuing debt recovery).

20. General Data Protection Regulation (GDPR) and the Data Protection Act

The UK General Data Protection Regulation (GDPR) requires that the Trust(s) provide certain information to people whose personal data they hold and use. Privacy notices, which explain the purposes for which personal data is collected and used, how data is used and disclosed – including under what circumstances it might be shared without a patient's consent, how long it is kept, and the legal basis for processing that may be used. In the context of cost recovery, the legal basis for processing data will primarily be for the purposes of fulfilling the Trust(s)' legal obligation for making and recovering charges from overseas visitors or, in the case of debt reporting, for the purposes of implementing the immigration rules.

21. Claims Forms

Patients can request a copy of the relevant medical document to assist with their insurance claim. The Overseas Visitors Team does not routinely complete insurance claims forms, nor deal with insurance companies directly. Medical documents can be sent by secure email upon receipt of the patient's request, consent, and identification.

22. Complaints or challenges

22.1. Overseas visitors should be given information on how to raise any complaints or concerns they may have about decisions made regarding their chargeable status or care. If a patient considers that they have been charged incorrectly, they should collaborate with the OVM to discuss on what basis they have been found to be chargeable, and whether the provision of further documentary evidence is required. In some cases, they may be entitled to a reimbursement.

22.2. Where there continues to be a disagreement about how the Charging Regulations have been applied to a particular patient, the patient may want to seek the services of the Trust(s) Patient Experience Team or follow the NHS complaints procedure.

22.3. OVMs should ensure that they, and chargeable patients, are aware of the complaints procedure and that there are effective operational links with the Trust(s) Head of Patient Experience.

23. Related legislation, national and local guidance

- Department of Health and Social Care: NHS Cost Recovery – overseas visitors Guidance for NHS service providers on charging overseas visitors in England.
- The NHS (Charges to Overseas Visitors) Regulations (2015).
- NHS England Who Pays Guidance www.england.nhs.uk/who-pays.

24. Training Requirements

24.1. The intention is that this policy gives all staff the necessary information to adhere to the national overseas visitor's guidance.

24.2. National training resources are available for all staff at the following link: https://www.e-lfh.org.uk/programmes/overseas-visitors-cost-recovery/. This e-learning package is intended for Trust staff directly involved in the process of recovering treatment costs from overseas visitors and migrants (Overseas Visitor Managers and frontline administrative staff) and staff who want to learn more about the charging rules and their role in supporting their Trust to implement them. There are sessions that are targeted for specific audiences, including OVMs, frontline staff and clinicians.

24.3. All Overseas Visitors Team staff will undertake Level 2 Safeguarding Training. This should ensure sufficient understanding of issues that specifically affect vulnerable migrant groups, such as modern-day slavery, trafficking, and other exemption categories.

24.4. All other Trust staff should have basic awareness of the Overseas Visitor Policy, including implications for vulnerable migrant groups, and relevant mitigation strategies by embedding messages in existing mandatory training. This may include rights to NHS care; different responsibilities in implementing charging policy; exemption categories; recording on relevant systems, assessment for destitution; how to access support and advice.

25. Implementation

This policy will be cascaded by each relevant organisation's reporting structure.

26. Document Monitoring Arrangements

An implementation plan will be agreed following agreement of this policy. Actions within

this plan will include:

a. Ensuring sufficient resource is allocated to the Overseas Visitor Team to enable the delivery of the policy.
b. Development of a monitoring and evaluation framework including audits of the policy at a frequency agreed by the Chief Finance Officer.

Information category	**Detail of process and methodology for monitoring compliance**
Element to be monitored	Compliance with contents of the policy together with financial performance.
Lead	Overseas Business and Performance Manager.
Tool	Radar, Financial reports, and MESH.
Frequency	Bi-annually.
Reporting arrangements	Clinical Support Business and Governance Board.
Acting on recommendations and lead(s)	Overseas Business and Performance Manager. Head of Patient Services. Finance Manager.
Change in practice and lessons to be shared	Via safety briefings and governance leads.

27. Updating and review

27.1. This policy will be reviewed every 3 years, as set out in the Policy for the Development and Implementation of Procedural Documents.

27.2. This policy may need to be revised before this date, particularly if national guidance or local arrangements change, where implementation is unsuccessful

or where audits necessitate a policy review.

27.3. **Archiving Arrangements**

The original of this policy will remain with the Head of Patent Services. An electronic copy will be maintained on the Trust intranet.

28. Equality and diversity

28.1. This document complies with the Cornwall Partnership NHS Foundation Trust and Royal Cornwall Hospitals NHS Trust equality and diversity statements. The statements can be found in the RCHT Equality Diversity And Inclusion Policy and CFT Equality, Diversity and Inclusion Statement.

28.2. The initial equality impact assessment screening form is at appendix 1.

Appendix 1: Equality Impact assessment Form

Title of policy or document for assessment: Overseas Visitors Policy V1.0

Document library section: Patient Administration.

Is this a new or existing document? New.

Date of assessment: 14.02.2024.

Person responsible for the assessment: Jayne Martin, Head of Patient Services.

What is the main purpose of the document?

This policy concerns the management of individuals who do not normally live in the UK (overseas visitors) when they seek treatment from the Royal Cornwall Hospitals NHS Trust (RCHT) and Cornwall Foundation Trust (CFT). It details how RCHT and CFT will fulfil the legal obligation to identify patients who are not eligible for free NHS treatment and specifically to assess liability for charges in accordance with the National Health Service Act 2006 and its regulations including the National Health Service (Charges to Overseas Visitors) Regulations 2015, together with 2020 and 2021 'EU Exit' amendments and the associated DHSC document NHS cost recovery – overseas visitors. Guidance for NHS service providers on charging overseas visitors in England (September 2023).

Who is affected by the document?

☐ Staff ☐ Patients ☐ Visitors ☐ Carers ☐ Other ☒ All

The document aims to improve access, experience and outcomes for all groups protected by the Equality Act 2010.

Concerns

Are there concerns that the procedural document could have a differential impact on the following areas?

If a negative impact has been identified, please complete a full EIA by contacting the Equality, Diversity, and Inclusion Team. For RCHT please contact rcht.inclusion@nhs.net and for CFT please contact cft.inclusion@nhs.net

Concern area	Response	If yes, what existing evidence (either presumed or otherwise) do you have for this?
Age	☐ Yes ☒ No	
Disability	☐ Yes ☒ No	
Sex	☐ Yes ☒ No	
Gender reassignment	☐ Yes ☒ No	
Pregnancy and maternity	☐ Yes ☒ No	
Race	☐ Yes ☒ No	
Religion and belief	☐ Yes ☒ No	
Sexual orientation	☐ Yes ☒ No	
Marriage and civil partnership	☐ Yes ☒ No	
Groups at risk of stigma or social exclusion such as offenders or homeless people	☐ Yes ☒ No	
Human rights	☐ Yes ☒ No	

Are there any associated objectives of the document? If yes, what existing evidence (either presumed or otherwise) do you have for this?

None.

Signature of person completing the equality impact assessment:

Name: Jayne Martin, Head of Patient Services

Date: 14.02.2024

Appendix 2. National Overseas Visitors Manager Charter

Overseas Visitor Managers (OVMs) perform a vital role in maintaining the sustainability and fairness of the NHS. Our work aims to ensure that those patients who are not exempt from charge make fair contribution for the care they receive. We support a national standard of care, fairness, and professionalism within the NHS.

As OVMs and NHS employees we commit to:

1. Uphold the standards of the NHS by treating our patients, the public and staff with respect and fairness, and to be frank and honest in their engagement with all parties.
2. Treat individuals fairly and without discrimination or prejudice and seek to prevent and challenge these behaviours.
3. Respect and protect confidentiality and data security and treat each person and case with sensitivity, discretion, and integrity in others.
4. Remain objective in the application of legislation and regulations, considering the circumstances of each case in full, without making assumptions or judgements.
5. Be fully aware of the regulations and guidance material, keeping up to date with any changes in policy and process and seeking to be an expert in the field.
6. Work collaboratively with and support clinical staff by remaining professional and providing clear and concise guidance on charging matters, working as a team to deliver regulatory requirements and ensure a fair outcome for the patient and the NHS.

In return we expect patients to:

1. Be open and honest when engaging with us, helping us to make accurate assessments by providing clear and honest information.
2. Treat all NHS staff with respect, fairness and without discrimination.
3. Understand that the NHS expects a fair contribution for healthcare and seek to understand their rights and obligations in the UK.

In return we expect NHS staff to:

1. Work with us to support the continued sustainable delivery of the NHS by providing accurate and honest information.
2. Be proactive in helping us to identify patients who should be charged under the regulations.
3. Engage with the objectives of the Cost Recovery programme by understanding your obligations in respect of charging to ensure fairness and integrity in NHS healthcare.

Appendix 3. Glossary

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

Ordinary Resident (OR): A person will be “ordinary resident” in the UK when that resident is lawful. Adopted voluntary, and for settled purposed as part of the regular order of their life for the time being, whether of short or long duration. Nationals of countries outside of the European Economic Area (EEA) must also have indefinite leave to remain in the UK in order to be “ordinarily resident” here. A person who is “ordinary resident” in the UK must not be charged for NHS services.

Immediately necessary: Immediately necessary treatment is that which a patient needs promptly to save their life, prevent a condition from becoming immediately life-threatening or to prevent permanent serious damage from occurring”. The guidance goes onto confirm that **“all maternity services must be treated as being immediately necessary”**. This includes all antenatal, intrapartum, and post-natal services provided to a pregnant person, a person who has recently given birth or to a baby”.

Urgent: “Urgent treatment is defined as treatment which clinicians do not consider to be immediately necessary, but which nevertheless cannot wait until the person can be reasonably expected to leave the UK. This means that the longer a patient is expected to remain in the UK, the greater the range of their treatment needs that are likely be to be regarded as urgent. If the person is unlikely to leave the UK for some time [which will be the case for some undocumented migrants], treatment which clinicians might otherwise consider non-urgent is more likely to be considered by them as urgent”.

Charging Regulations: The National Health Service (Charges to Overseas Visitors) Regulations 2015. The National Health Services (Charges to Overseas Visitors) (Amendment) Regulations 2015 and the National Health Services (Charges to Overseas Visitors) Regulation 2023.

EEA: The European Economic Area. A reference to EEA states or EEA national or residents and should be understood to include a reference to Switzerland or Swiss

residents as appropriate, except in relation to the operation of the Cross-border Healthcare Directive which does not apply to Switzerland.

EEA Visitors: Visitors who are nationals of, or ordinarily resident in an EEA country. The charging regulations are different for EEA visitors and those visitors who are nationals or residents of Non-EEA countries.

Non-EEA Visitors: A non-EEA national without Indefinite Leave to Remain can only pass the OR test if they are not subject to immigration control e.g. they are a diplomat posted to the UK or have a right of residence here by virtue of their relationship with an EEA national who is resident here.

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.

PRC: Provisional Replacement Certificate, issued to eligible EEA residents in cases where an EHIC cannot be produced. It must be requested by the patient from their Social Security office.

S1: Issued to pensioners, posted or frontier workers, and their family members, (previously E121, E109, E106). The term ‘pensioner’ includes those in receipt of a qualifying long-term benefit.

S2: The S2 (formally 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.

Appendix 4. Pre-Attendance Form

Treatment must be paid for upfront unless doing so would delay urgent or immediately necessary care (as determined by a clinician). Urgent or immediately necessary care must never be withheld or delayed, even if the patient is unable or unwilling to pay, although they remain liable for the charges where they're not otherwise exempt. In this context, whether treatment is 'urgent' is directly dependent on how long a person is expected to remain in the UK, meaning that elective care can sometimes be considered urgent.

All maternity services are immediately necessary (regulation 3(7) of the Charging Regulations), and every effort should be made to avoid deterring patients from seeking maternity care.

Accident and emergency services, providing the purpose of the visit was not for seeking treatment are exempt. This includes emergency ambulance services and all accident and emergency services provided at an NHS hospital. For example, those provided at an accident and emergency department, walk-in centre, minor injuries unit or urgent care centre. It does not include those emergency services provided after the overseas visitor has been accepted as an inpatient (for example once a patient has been formally transferred from the care of accident and emergency and admitted to a hospital), or at a follow-up outpatient appointment, for which charges must be levied unless an exemption applies. Charges cannot be levied for any primary care services provided by walk-in centres, including minor injury units or urgent care centres as they are not within the scope of the Charging Regulations

Pre-Attendance Form English

This is a joint policy between Cornwall Partnership NHS Foundation Trust and Royal Cornwall Hospitals NHS Trust.

[Attach patient ID sticker here]

Royal Cornwall Hospitals NHS
NHS Trust

Pre-Attendance Form

Why have I been asked to complete this form?

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

Please complete this form in BLOCK CAPITALS			
Family name/surname:			
First name/given name:		**Date of birth:**	

DECLARATION: TO BE COMPLETED BY ALL

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

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

DECLARATION:

- I have read and understood the reasons I have been asked to complete this form
- I agree to be contacted by the trust to confirm any details I have provided.
- I understand that the relevant official bodies may be contacted to verify any statement I have made.
- The information I have given on this form is correct to the best of my knowledge.
- I understand that if I knowingly give false information then action may be taken against me. This may include referring the matter to the hospital's local counter fraud specialist and recovering any monies due.

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

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

Do you usually live in the UK?	YES: ☐ NO: ☐	Nationality:	
Address in the UK:		Passport number:	
		Country of issue:	
Telephone number:		Passport expiry date:	
Mobile number:		Dual Nationality:	
Email:		Date of entry into the UK:	
Will you return to live in your home country?	YES: ☐ NO: ☐	If yes, when?	
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):

☐ Current United Kingdom passport	☐ Current European Union passport		
☐ Current non-EU passport with valid entry visa		Visa No.	
☐ Student visa ☐ Visit visa		Visa expiry date:	
☐ Asylum Registration Card (ARC)		ARC No.	
☐ Other – please state:		BRP No.	

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):

☐ Holiday/visit friends or family	☐ On business	☐ To live here permanently
☐ To work	☐ To study	☐ To seek asylum
☐ Other – please state:		

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

☐ None ☐ Up to 3 months ☐ 3-6 months ☐ Over 6 months

Please indicate the reason for any absence from the UK in the last 12 months (check all that apply)

☐ I live in another country	☐ A holiday/to visit friends	☐ To work
☐ I frequently commute (business/second home overseas)		☐ To study
☐ Other – please state:		

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

GP/surgery name:		Address of GP surgery:	
GP telephone:			
NHS number:			

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

Do you have insurance?	YES: ☐ NO: ☐	Name and address of insurance provider:	
Membership number:			
Insurance telephone:			

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

Do you have a non-UK EHIC? YES: ☐ NO: ☐

If you are visiting from another EEA country and do not hold a current EHIC, you may be billed for the cost of any treatment received outside the Accident and Emergency (A&E) dept. Charges will apply if you are admitted to a ward or need to return to the hospital as an outpatient.

If yes, please enter the data from your EHIC below:

3					
4					
5		6			
7					
8			9		

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

Name of college/university:				Telephone:	
Course dates	From:		To:		Number of hours/week:

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

Appendix 5. Exempt Diseases

Some relevant NHS services are free at the point of use for everyone**,** either because they are out of scope of the Charging Regulations (for example primary care), or because they are covered by a specific legal exemption in the Charging Regulations (for example treatment of certain infectious diseases.

The list of exempt diseases can be found in Schedule 1 of the Charging Regulations.

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.
- Brucellosis.
- 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.

This is a joint policy between Cornwall Partnership NHS Foundation Trust and Royal Cornwall Hospitals NHS Trust.

- Invasive meningococcal disease (meningococcal meningitis, meningococcal septicaemia, and other forms of invasive disease).
- Legionnaires' Disease.
- Leprosy.
- Leptospirosis.
- Malaria.
- Measles.
- Middles Eastern Respiratory Syndrome (MERS).
- Mumps.
- Pandemic Influenza (define as the *'pandemic phase')*, or influenza that might become pandemic (defined as the *'alert phase')* in the World Health Organisation's pandemic influenza Risk Management Interim Guidance.
- Plague.
- Rabies.
- Rubella.
- Sexually Transmitted Infections.
- Smallpox.
- Tuberculosis.
- Typhus.
- Viral haemorrhagic fever (which includes Ebola).
- Viral hepatitis.
- Whooping cough.
- Wuhan novel coronavirus (2019-nCoV).
- Yellow fever.

Sources of information

List any sources of information used:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachmentdata/file/735360/EqualityAnalysis-OverseasVisitorsChargingRegulationsandGuidance.pdf

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/735353/equalityanalysischargesovsvisitorsacc.pdf
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachmentdata/file/735355/EqualityAnalysisImmigrationSanctionsforthosewithunpaiddebtsarisingfromtheNHSChargestoOverseasVisitorsRegulations2011.pdf

Consultation with protected groups

List any protected groups you will target during the consultation process and give a summary of those consultations.

Group	Summary of consultation
None	

Consultation with others:

Clinical Support Business and Governance Committee.
RCHT and CFT Finance Departments.
Head of Information Governance.
Head of Patient Experience.
NHS Cost Recovery Team NHS England.

1. Summary stage

Outcome Measures

List the key benefits that are intended to be achieved through implementation of this policy, service or function and state whether or not you are assured that these will be equitably and fairly achieved for all protected groups. If not, state actions that will be taken to ensure this.

Key Benefits

Equity and uniformity of guidance and practice across the trust
Education of all members of the Overseas Visitors Team
Policy will inform all trust staff about the updated regulations and guidance for applying charges where appropriate but also to ensure all exempt patients are considered within all groups.

Supporting education of trust staff through training sessions based on the policy guidance.

Positive Impact

List any positive impacts that this policy, service, or function may have on protected groups as well as any actions to be taken that would increase positive impact.

Unjustifiable Adverse Effects

List any identified unjustifiable adverse effects on protected groups along with actions that will be taken to rectify or mitigate them.

There is an acknowledgement of the national anecdotal evidence that non-white people or people for whom English is not their first language are, on some occasions, targeted in the application of the Charging Regulations due to speculation or assumption that they are not resident here. This is clearly unacceptable and longstanding guidance to the NHS has advised that each patient must be treated the same in assessing for charges. In order to tackle this discrimination, the updated Guidance has been reiterated and strengthened in a section titled Avoiding discrimination in establishing if charges apply. It now points out NHS bodies' legal equality duties and advises that staff involved in assessing for charges are trained in how to exercise those duties. There is no evidence of this discrimination at OUH as our systems and processes enable all patients to be reviewed on a daily basis. However, it doesn't account for any individuals behaviour but through this policy and training, these issues will be addressed.

There is also an acknowledgement of the national anecdotal evidence that people whose religion can be assumed by their appearance are, on some occasions, targeted in the application of the Charging Regulations due to speculation or assumption that they are not resident here. Again, this is unacceptable. See race. As above, there is no evidence of this discrimination at OUH as our systems and processes enable all patients to be reviewed on a daily basis. However, it doesn't account for any individuals behaviour but through this policy and training, these issues will be addressed.

Justifiable Adverse Effects

List any identified justifiable adverse effects on protected groups along with justifications and any actions that will be taken to mitigate them.

The Guidance advises that for maternity care, which obviously only women receive, it should be treated without exception as immediately necessary, meaning that it must always be provided regardless of if charges have been paid or are likely to be recovered. The Guidance does not advise that any other services, that men could benefit from, should similarly be considered automatically as immediately necessary. This is justified by the significant risks to both mother and baby if health goes unchecked, and the fact that, at least for delivery, it inevitably cannot be delayed.

Some of the exemption from charge categories are dependent on a person's age. The children of exempt overseas visitors are also exempt in certain circumstances, since it would be unreasonable to expect them be apart from their parent, whilst children in the care of the Local Authority are also exempt since they are clearly vulnerable.
Resident status is relevant when establishing if a person is entitled to free treatment by being ordinarily resident here, or by being exempt from charge under some of the exemption categories within the Charging Regulations, e.g. twelve months lawful residence. Migrants will be ordinarily resident in the UK if they are here on a lawful, voluntary, and settled basis for the time being. However, those who are not lawfully here or those who do not live on a settled basis here will be chargeable for their treatment. The NHS is only automatically free to the people of England.

Income: Only one exemption differentiates between those with and without resources – Regulation 23(c) exempts those people from certain countries that are without resources, based on a historical international treaty.

Those who are chargeable, but are on a low income, might find it more difficult than those on a higher income to pay their bill. The Guidance advises the NHS to consider accepting payment by instalments where possible, and in cases when the patient is without resources, the NHS body reserves the right to write off the debt. No one will be refused urgent or immediately necessary treatment because they cannot pay.