



Policy No. (F11) Trust Policy for the Management of Overseas Visitors

The following personnel have direct roles and responsibilities in the implementation of this policy:

- All Trust Staff

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Executive Lead:	Chief Financial Officer

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Statement on Trust Policies

Staff Side and Trade Unions

The University Hospitals of North Midlands NHS Trust is committed to ensuring that, as far as is reasonably practicable, the way in which we provide services to the public and the way in which we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds.

Equality and Diversity

The University Hospitals of North Midlands aims to promote equality and diversity and value the benefits this brings. It is our aim to ensure that all staff feel valued and have a fair and equitable quality of working life.

Equality Impact Assessment

The organisation aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. The Equality Impact Assessment tool is designed to help you consider the needs and assess the impact of your policy.

Information Governance

Any Trust policy which impacts on or involves the use and disclosure of personal information (patient or employee) must make reference to and ensure that the content of the policy is comparable with the relevant statutory or legal requirement and ethical standards

Data Protection Act, General Data Protection Regulations (GDPR) and the NHS Code of Confidentiality

GDPR replaces the EU Data Protection Directive of 1995 and supersedes the law of member states that were developed in compliance with the Data Protection Directive 95/45/EC. Its purpose is to protect the “right and freedom” of natural persons (i.e. living individuals) and to ensure that personal data is not processed without their knowledge, and, wherever possible, that it is processed with their consent.

Processing includes holding, obtaining, recording, using and disclosing of information and applies to all forms of media, including paper and images. It applies to confidential patient information but is far wider in its scope, e.g. it also covers personal records

While GDPR applies to both patient and employee information, the Confidentiality Code of Practice (COP) applies only to patient information. The COP incorporates, the requirements of GDPR and other relevant legislations together with the recommendations of the Caldicott report and medical ethics considerations, in some cases extending statutory requirements and provides detailed specific guidance.

Freedom of Information Act 2000

The Freedom of Information Act 2000 (FOIA) is an Act which makes legal provision and creates a legal gateway and timetable for the disclosure, to the public, of the **majority** of corporate information held (but not necessarily created) by this Trust. The Trust has a legal responsibility to proactively provide a large amount of information to the public and to pro-actively respond to specific requests for information. Information will not be disclosed when the Trust can claim legal exemption. Any non-disclosure must be conveyed in writing; quoting the relevant exemption together with signposting to internal and external methods of complaint. Locally, guidance on the DPA, FOIA and COP can be obtained from the Information Governance Manager or the Caldicott Guardian.

Mental Capacity Act

Any Trust policy which may affect a person who may lack capacity should comply with the requirements of the Mental Capacity Act 2005 (MCA)

The MCA and its associated Code of Practice provides the framework for making decisions on behalf of individuals who lack the mental capacity to do these acts or make these decisions for themselves. Everyone working with and/or caring for adults who lack capacity, whether they are dealing with everyday matters or life-changing events in the lives of people who lack capacity must comply with the Act.

In a day to day context mental capacity includes making decisions or taking actions affecting daily life – when to get up, what to wear, what to eat etc. In a legal context it refers to a person’s ability to do something, including making a decision, which may have legal consequences for the person lacking capacity, or for other people.

The Code provides guidance to all those working with and/or caring for adults who lack capacity, including family

members, professionals and carers. It describes their responsibilities when acting or making decisions with, or on behalf of, individuals who lack the capacity to do this for themselves. In particular, it focuses on those who will have a duty of care to a person lacking capacity and explains how the legal rules set out in the Act will work in practice.

The Health Act: Code of Practice for the Prevention and Control of Health Care Associated Infections

The purpose of the Code is to help NHS bodies plan and implement how they can prevent and control HCAI. It sets out criteria by which managers of NHS organisations are to ensure that patients are cared for in a clean, safe environment, where the risk of HCAI is kept as low as possible. Failure to observe the Code may either result in an Improvement Notice being issued by the Care Quality Commission, or in the Trust being reported for significant failings and placed on 'Special Measures'.

The Code relates to healthcare provided by all NHS bodies. Each NHS body is expected to have systems in place sufficient to comply with the relevant provisions of the Code, so as to minimise the risk of HCAI to patients, staff and visitors.

The Trust Board must have an agreement outlining its collective responsibility for minimising the risks of infection and the general means by which it prevents and controls such risks.

Effective prevention and control of HCAI must be embedded into everyday practice and applied consistently by all staff.

Human Rights

The Trust is committed to the principles contained in the Human Rights Act. We aim to ensure that our employment policies protect the rights and interests of our staff and ensure that they are treated in a fair, dignified and equitable way when employed at the Trust.

Sustainable Development

The University Hospitals of North Midlands NHS Trust (UJNM) is committed to demonstrating leadership in sustainability and has a Trust Board approved Sustainable Development Management Plan (SDMP): Our 2020 Vision: Our Sustainable Future which sets out the route to developing a world-class healthcare system that is financially, socially and environmentally sustainable.

There are three 'Key Priorities' to aim for by 2020. With the help of employees, key partners and other stakeholders the trust will embed opportunities to:

1. Reduce our environmental impact, associated carbon emissions and benefit from a healthier environment;
2. Improve the resilience of our services and built environment as a result of severe environmental and climatic changes;
3. Embed sustainable models of care and support our local community to be well-connected, healthy, resilient, independent and managing their lives in a positive way.

The SWITCH campaign is designed to achieve these priorities. It is relevant to all departments and all members of staff. The focus is on using resources sustainably in order to provide better patient care, improve health and our working environment.

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1. CONTACT DETAILS

Overseas and Private Patients Team – Monday to Friday 0800-1700

Extensions 79017 and 79640

Email: Private.Patients@uhnm.nhs.uk

Finance Department,
Trust Head Quarters,
3rd Floor Springfield Unit,
Royal Stoke University Hospital,
Newcastle Road,
Stoke on Trent,
Staffordshire,
ST4 6QG

If query is outside of the hours Monday - Friday 0800-1700 please call 79017 and leave a voicemail or email Private.Patients@uhnm.nhs.uk with patients Unit Number, Name and Date of Birth.

2. INTRODUCTION

- 2.1 The National Health Service provides healthcare for people who live in the United Kingdom. People who do not normally live in this country are not automatically entitled to use the NHS free of charge, regardless of their nationality or whether they hold a British passport or have lived and paid National Insurance contributions and taxes in this country in the past. Entitlement to free NHS treatment is based on residence status alone. This includes British Citizens who are no longer resident in the UK
- 2.2 There are exemptions to charges, which are outlined further in the document Guidance on when to charge, including upfront charging, which can be found on the Department of Health website. Follow this link; <https://www.gov.uk/government/publications/guidance-on-overseas-visitors-hospital-charging-regulations>
- 2.3 The objective of this document is to define the administrative process, which relates to overseas patients receiving treatment via University Hospital of North Midlands (hereafter known as trust). It will give clear guidance to staff for the management of access by overseas visitors to Trust services.
- 2.4 Department of Health (DOH) Charging Regulations (amended August 2004), Best Practise Guidance on Implementing Charging Regulations (August 2011), the NHS charges to Overseas Visitors (Amendment) Regulations 2015 and the NHS charges to Overseas Visitors (Amendment) Regulations 2017 place a legal obligation on National Health Services (NHS) to provide treatment to residents, and to those who are not normally residents within the United Kingdom. If non-residents (i.e. overseas patients) are admitted, the Trust must establish if they are exempt from charges by virtue of the Regulations, and if they are not exempt, to recover the full cost of their treatment.
- 2.5 It is commonly accepted that the Trust fails to identify all such patients and manage them accordingly. This not only represents lost revenue to the organisation, but moral and ethical dilemmas for clinicians and managers alike.

- 2.6 All NHS Trusts have an obligation to:
- ensure that patients who are not ordinarily resident in the United Kingdom are identified;
 - assess liability for charges in accordance with the charging regulations
 - charge those liable to pay in accordance with the Regulations; and
 - recover the charge from those liable to pay.
- 2.7 The requirement to identify overseas visitors should **never** delay the provision of immediately necessary medical treatment, which will always be provided regardless of whether the patient has been informed of, or has agreed, to pay charges.
- 2.8 The aim of this policy is to ensure that:
- To avoid discrimination, all patients are asked where they have been living the past 12 months
 - Non-ordinarily resident patients are interviewed to establish whether they are exempt from charges or liable for charges
 - Appropriate charges are set for treatment
 - Charges owed are recovered
 - The same degree of respect, care and confidentiality as any patient.
- 2.9 Income Generation Audit (IGA) forms detailing treatments given to European Economic Areas (EEA) and bilateral agreement country patients are sent to the Department of Health in line with National Policy.

3. STATEMENT

- 3.1 The University Hospital of North Midlands recognises that the NHS is intended for the use of people living in the United Kingdom. The Trust recognises its obligation to provide emergency care to all patients regardless of their overseas status. The Trust welcomes overseas patients and understands the need to identify such patients to enable the appropriate payment for services provided. Income generated as a result of overseas patients will be used for the benefit of all patients attending the University Hospital of North Midlands.
- 3.2 The Trust will raise awareness amongst staff that come into contact with overseas patients and provide clear policy and procedures on how to identify overseas visitors, and assess the patient's liability for charges.

4. PURPOSE / SCOPE

- 4.1 This policy has been produced to provide clear guidelines to staff for the management of access by overseas visitors to University Hospital of North Midlands.
- 4.2 It is important that overseas visitors, who are liable to charges, are identified as early as possible in order to reduce the incidence of failure to pay, and to protect NHS resources.
- 4.3 It is a legal requirement from 23 October 2017 to recover in advance, the estimated full cost of a course of treatment unless doing so would prevent or delay the provision of immediately necessary or urgent treatment. In practice this will mean that where a clinician has determined a patient's need for care to be non-urgent/elective, payment from the person liable will be required upfront and in full, where no exemption category applies, before the treatment can then be provided. Where services are immediately necessary or urgent, full upfront payment should be secured wherever possible, unless doing so would prevent or delay treatment.
- 4.4 Any patient attending for non-necessary treatment must be assessed in accordance with the Regulations to ascertain if they are liable to be charged for their treatment.

- 4.5 Being registered with a GP, having an NHS number, British Passport/Citizenship, being issued with a HC2 certificate (to provide assistance with prescription charges), or being issued with a MAT B1 form, (also known as the Maternity Certificate, is a form from the government providing medical evidence of pregnancy and the baby's due date) does not give a person entitlement to hospital services free of charge.
- 4.6 Staff are not expected to establish whether or not a person is entitled to NHS treatment free at source. This function will be carried out by the Overseas Visitors Team
- 4.7 The aim of this policy is to:
- Operates an efficient and effective system for the identification of overseas visitors and ensure that the subsequent income is recovered
 - Complies with Government Legislation concerning overseas patient care
 - Provides the same standards of clinical care and services for all patients whether NHS or paying uniformly across UHNM
 - Improves efficiency in recognising and notifying all potential overseas patients
 - Make staff aware of their responsibilities with regards to identifying overseas patients and ensuring that relevant colleagues are made aware of their status so that the patient's status is correctly recorded in all of the UHNM systems.
- 4.7 The scope of this policy is to:
- Identify anyone who has not lived in the United Kingdom for a period of 12 months preceding treatment
 - Ensure anyone who has lived lawfully in the UK for at least 12 months immediately preceding treatment is excluded from the policy
 - Ensure income generated from paying overseas visitors within the trust is collected in line with Trust Financials Standards and legislation

5. DEFINITIONS

- 5.1 **Overseas Visitor** - someone who is not ordinarily resident in the UK
- 5.2 **Ordinarily Resident (OR)** –OR is defined as living in the United Kingdom voluntarily and for settled purposes as part of the regular order of their life. There must be identifiable purpose for their residency in the UK. The purpose of living in the UK must have a sufficient degree of continuity to be properly described as 'settled'.
A person is NOT ordinarily resident in the UK simply because they have British Nationality, hold a British passport, are registered with a GP, have an NHS number, own a property in the UK, have paid (or are currently paying) National Insurance contributions and taxes in the UK.
- 5.3 **EEA Visitors** – visitors who are nationals of or ordinarily resident in a European Economic Area (EEA) country
- 5.4 **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 by the patient and be valid to gain this entitlement.



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

- 5.6 **Immediately necessary/Urgent treatment** – is that which a patient needs promptly to save their life or; to prevent a condition from becoming immediately life-threatening; or prevent permanent serious damage occurring
- 5.7 **Payment by Results Tariff (PBR)** – The national tariff schedule that the NHS uses for charging for treatment
- 5.8 **Market Forces Factor (MFF)** – the centrally calculated and nationally published percentage that is added to the NHS tariff to reflect the cost of living for different locations

6. THE LAW IN ENGLAND AND WALES

- 6.1 All NHS Trusts have a statutory obligation to establish whether people using their services are normally resident in the UK. The Trust's statutory duty extends to charging those who are found not to be eligible for free treatment, and who are not otherwise exempt or covered by a Reciprocal Healthcare Agreement or European Economic Area arrangements (EEA). If the Trust is satisfied that the patient is liable to pay, the law requires the Trust to calculate and recover the charges for any treatment given.
- 6.2 The law is not optional and nor do the Trust or the Chief Executive have the authority to waive the charges. Only the Secretary of State can, in special cases agree to waive charges.
- 6.3 The Trust is also required to inform the Department of Health if it provides services to a patient from one of the countries with which the UK holds a Reciprocal Healthcare Agreement or from one of our EEA partner States. This information is needed at a national level to maintain those agreements and to ensure that they remain fair to the UK and other partners.
- 6.4 The statutory provisions which enable overseas visitors to be charged for NHS treatment are found in section 121 of the National Health Service Act 1977 (as amended by sections 7(12) and (14) of the Health and Medicines Act 1988). These give authority to the Secretary of State for Health to make regulations concerning charging anyone who is not ordinarily resident in Great Britain for any NHS services provided. They also give him powers to calculate such charges on any appropriate commercial basis. These powers are devolved to Health Authorities and NHS Trusts.
- 6.5 Using the powers in section 121 Parliament has approved regulations exempting some people and some services from charges. These exemptions (diseases and EU countries) are listed in 11.1.5 and 11.2.4.
- 6.6 The Trust may from time to time seek help and advice from the Department of Health about any aspect of the charging regulations. The Department cannot intervene in individual cases. The decision about whether an individual patient is liable for charges rests with the UHNM. In some cases, perhaps where a patient's circumstances are unclear or do not appear to be provided for in the regulations, the UHNM may need to seek its own legal advice.
- 6.7 However, if there is any doubt then UHNM will make the patient liable for charges and they can then make a claim to be exempted and refunded by providing the necessary information.
- 6.8 It is a legal requirement from 23 October 2017 to recover in advance, the estimated full cost of a course of treatment unless doing so would prevent or delay the provision of immediately necessary or urgent treatment. In practice this will mean that where a clinician has determined a patient's need for care to be non-urgent/elective, payment from the person liable will be required upfront and in full, where no exemption category applies, before the treatment can then be provided. Where services are immediately necessary or urgent, full upfront payment should be secured wherever possible, unless doing so would prevent or delay treatment.

7. ROLES AND RESPONSIBILITIES

7.1 It is the responsibility of all staff to ensure that this policy is adhered to and that the OSV Team are informed about any patient who may not be eligible to access free NHS care.

7.2 Overseas Visitor Team (OVS Team):

7.2.1 The OVS Team are responsible for investigating and processing of patients who are identified as possible chargeable patients.

7.2.2 The OVS Team must ensure that the Trust policy is updated in accordance with the guidance set by the Department of Health and that it is cascaded to General Managers and Heads of Departments to ensure that all staff on all levels are aware and follow the correct procedures in place to ensure that the Trust identifies and charges those patients that are chargeable.

7.3 Clinicians:

7.3.1 Clinicians will work collaboratively with the OVS Team to decide whether the patients need for treatment is immediately necessary, urgent or non-urgent. Clinicians may be asked to complete an Advice from Doctors or Dentists Form (Appendix 4), which should then be documented in the patient's notes, a copy sent to the relevant business/service delivery manager and a copy to be retained by the OSV Team.

7.3.2 However, in determining whether or not a required course of treatment should proceed even if payment is not obtained in advance, or if it can safely wait until the patient can return home (i.e. whether it is urgent or non-urgent), clinicians will need to know the patients estimated return date.

7.3.3 It is the responsibility of the OVS Team to gather information on when the patient can return home in such cases, based on the patient's ability to do so. It is also the responsibility of the OVS Team to establish whether or not the patient is entitled to free NHS treatment in the first place.

7.4 General Manager:

7.4.1 It is the responsibility of the General Managers to implement the Overseas Visitors/Patients Policy along with local processes and codes of practice. The policy must be communicated to all staff within their Care Groups, particularly ward clerks, reception staff and clinical staff.

8. EDUCATION/TRAINING AND PLAN FOR IMPLEMENTATION

8.1 Once the Overseas Policy has been agreed, the policy will be cascaded to Directors, who will then cascade to all relevant heads of department who can then distribute across all staff members to raise awareness of amended policy.

8.2 Advice and support is provided by the Overseas Team:
Overseas and Private Patients Team – Monday to Friday 0800-1700

Extensions 79017 and 79640
Email: Private.Patients@uhn.nhs.uk

Finance Department, Trust Head Quarters, 3rd Floor Springfield Unit, Royal Stoke University Hospital, Newcastle Road, Stoke on Trent, Staffordshire, ST4 6QG.

9. MONITORING AND REVIEW ARRANGEMENTS

What is being Monitored	Who will carry out the Monitoring	How often	How reviewed / Where reported to
Impact and implementation of new Regulations	Overseas Team	Ongoing	Report any regulation changes to Head of Income and Contracting
Assurance on compliance to this policy	Overseas Team	Annually	Annual audit of 10% of investigated patients retrospectively after year end and reported to the Finance and Performance Committee

10. REFERENCES

10.1 The policy is based upon:

- The National Health Service Act 1977 and section 121 (as amended)
- The NHS (Charges to Overseas Visitors) Regulations 1989
- The NHS (Charges to Overseas Visitors) (Amendment) Regulations 1991
- The NHS (Charges to Overseas Visitors) (Amendment) Regulations 1994
- The NHS (Charges to Overseas Visitors) (Amendment) Regulations 2004
- The Department of Health documents; 'Implementing the Overseas Visitors Hospital Charging Regulations: Guidance for NHS Trust Hospitals in England' (2007)
- The NHS Charges to Overseas Visitors Regulations 2011
- The NHS Charges to Overseas Visitors Regulations 2015
- The NHS Charges to Overseas Visitors Regulations 2017
- The Immigration and Asylum Act 1999
- The Care Act 2014 or section 35 or 36 of the Social Services and Well-being (Wales) Act 2014
- The National Assistance Act 1948

APPENDIX 1 - OUTLINE OF PROCESS

1. STAGE 1 – IDENTIFICATION OF POTENTIAL OVERSEAS PATIENTS

- 1.1 Stage 1 officers are generally front line staff who are the first point of contact for the patients. The baseline question to be asked is;

“Where have you lived in the past 12 months?”

- 1.2 A leaflet (Appendix 5) is available to give to potential overseas patients.

2. STAGE 2 – OVERSEAS PATIENTS STAGE 2 QUESTIONNAIRE

- 2.1 Stage 2 officers are those who are responsible for the investigating and processing all patients who are identified as possible chargeable patients. i.e. the OVS Team

3. ASSESSMENT OF ELIGIBILITY BY THE OVERSEAS TEAM

- 3.1 For all patients that are identified as being a potential overseas patient to the Overseas Team via email or telephone:

Overseas and Private Patients Team – Monday to Friday 0800-1700

Extensions 79017 and 79640

Email: Private.Patients@uhnm.nhs.uk

Finance Department,
Trust Head Quarters,
3rd Floor Springfield Unit,
Royal Stoke University Hospital,
Newcastle Road,
Stoke on Trent,
Staffordshire,
ST4 6QG

If query is outside of the hours Monday - Friday 0800-1700 please call 79017 and leave a voicemail or email Private.Patients@uhnm.nhs.uk with patients Unit Number, Name and Date of Birth.

- 3.2 The OVS Team will aim to conduct an interview with any patient to establish their potential overseas status. Following the interview the OVS Team will notify staff as appropriate (Appendix 2 and 3).

- 3.3 If an interview is not able to be conducted the OVS Team will write to a patient to request documentation of eligibility (Appendix 1 and 2).

3.4 **Maternity Care:**

- 3.4.1 Maternity services are not exempt from charges, however because of the severe health risks associated with conditions such as eclampsia and pre-eclampsia, maternity services should not be withheld if the woman is unable to pay in advance.

3.4.2 The patient remains liable for charges and the debt should be pursued in the normal way. Where a patient seeks termination of pregnancy and is liable for charges but unable to pay in advance, the hospital may decline to provide the service and should advise the patient to seek termination in her own country. The only exception to this is where the patient's life is at risk. In these circumstances, the termination should take place. The patient remains liable for charges and the debt will be pursued in the normal way.

3.5 NHS Screening:

3.5.1 If a chargeable patient presents in relation to a standard invitation to take part in an NHS Screening Programme for a non-exempt condition, this is likely to be considered non-urgent and therefore require full upfront payment before going ahead, page 66, reference 8.21 of the guidance. <https://www.gov.uk/government/publications/guidance-on-overseas-visitors-hospital-charging-regulations>

4. EXEMPT SERVICES

4.1.1 Some NHS services are free to everyone regardless of the status of the patient. This regulation says what these services are. The current list comprises:

4.1.2 Accident and emergency services, whether provided at a hospital accident and emergency department, a minor injuries unit, a walk-in centre, or elsewhere, up until the point an overseas visitor is accepted as an inpatient or given an out-patient appointment. So, where emergency treatment is given after admission to the hospital e.g. intensive care or coronary care, it is chargeable to a non-exempt overseas visitor. Non accident and emergency services provided in a walk-in centre are not part of this exemption;

4.1.3 Family planning services, which means services that supply contraceptive products and devices to prevent establishment of pregnancy. Termination of an established pregnancy is not a method of contraception or family planning;

4.1.4 From 23 October 2017, palliative care services provided by a registered palliative care charity or a community interest company

4.1.5 Certain diseases 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. For example, if a patient has TB and HIV only the treatment of TB is without charge, the treatment of HIV is chargeable.

Exempt Diseases are:	
Acute encephalitis	Malaria
Acute poliomyelitis	Measles
Anthrax	Mumps
Botulism	Pandemic influenza (defined as "phase 6" in the World Health Organisation's (WHO) influenza pandemic phases, or influenza that might become pandemic – defined as "phase 4" or "phase 5")
Brucellosis	Plague
Cholera	Rabies
Diphtheria	Rubella
Enteric fever (typhoid and paratyphoid fever)	Severe Acute Respiratory Syndrome (SARS)

Food poisoning	Smallpox
Haemolytic uraemic syndrome (HUS)	Tetanus
Infectious bloody diarrhoea	Tuberculosis
Invasive group A streptococcal disease and scarlet fever	Typhus
Invasive meningococcal disease (meningococcal meningitis, meningococcal septicaemia and other forms of invasive disease)	Viral haemorrhagic fever
Legionnaires' Disease	Viral hepatitis
Leprosy	Whooping cough
Leptospirosis	Yellow fever

- 4.1.6 Treatment for sexually transmitted diseases. For HIV treatment is free to all overseas visitors in the same way as treatment for other sexually transmitted diseases is. No one will be charged for HIV treatment provided at an NHS hospital (or staff employed by an NHS hospital) in England. Although no charges can be made to a patient for treatment carried out in any Sexual Health Clinics, if the patient has a non-UK EHIC, the cost of the treatment can be recovered centrally from the issuing European Economic Area member state via the OVS Team.
- 4.1.7 Treatment required for a physical or mental condition caused by: Torture, Female genital mutilation, Domestic violence or Sexual violence. Except where the overseas visitor has travelled to the UK for the purpose of seeking that treatment.
- 4.1.8 Services provided other than in a hospital or by a person who is employed to work for, or on behalf of, a hospital. This means that services provided in the community will be chargeable only where the staff providing them are employed by or on behalf of an NHS hospital.
- 4.1.9 Please note that despite these services being free to the patient, in the case of insured visitors from the EEA, the UK can still be reimbursed by the relevant EEA country for having provided these individuals with medically necessary treatment, if the patient has a non-UK EHIC, Provisional Replacement Certificate (PRC) or S2. Relevant NHS bodies are encouraged to record and report EHICs/PRCs whenever possible for such patients accessing 'exempt' services.
- 4.2 Non-EEA countries with a Reciprocal agreement with UK:**
- 4.2.1 The UK has reciprocal healthcare agreements with some non-European Economic Area (EEA) countries. Overseas visitors who can present evidence that they are nationals, citizens or lawful residents (as appropriate) of one of these countries should be treated as exempt from charges in respect of treatment that the relevant agreement entitles them to.
- 4.2.2 Pre-existing conditions that acutely exacerbate in the UK, or in the opinion of a clinician need prompt treatment to prevent them from exacerbating, e.g. dialysis, is also included.
- 4.2.3 Within the reciprocal agreements there are a number of variations in the level of free treatment afforded to visitors travelling to the UK. Generally, only immediate medical treatment is to be provided free of charge, to allow the overseas visitor to return home for other needs. Also, the agreements do not usually apply when the person has travelled to the UK for the purpose of obtaining healthcare. However, this is not always the case. See the table below for the level of free treatment by country, and other conditions that apply.

4.2.4 List of countries with reciprocal agreement with UK;

Country	Level of cover provided (see key)	Further information
Anguilla	1*	Applies to all residents of that country. Can also refer four patients to the UK for free NHS hospital treatment (persons hoping to be referred should contact authorities in Anguilla in the first instance).
Australia	1*	Applies to all residents of that country.
Bosnia and Herzegovina	3	Applies to all insured persons of that country.
British Virgin Islands	1*	Applies to all residents of that country. Can also refer four patients to the UK for free NHS hospital treatment (persons hoping to be referred should contact authorities in the British Virgin Islands in the first instance).
Falkland Islands	4	Applies to all residents of that country. Can refer an unlimited number of patients to the UK for free elective treatment (patient should arrange this with the Falkland Islands')
Gibraltar	3	Applies only to citizens resident in that country when that citizen is not expected to stay in the UK for more than 30 days. Can also refer an unlimited number of patients to the UK for free elective treatment. Patient should arrange this with the Gibraltar authorities.
Isle of Man	2	Applies to all residents of the Isle of Man for a period of stay in the UK that has not exceeded, nor is expected to exceed, three months.
Jersey ¹	2	Applies to all residents of Jersey for a period of stay in the UK that has not exceeded, nor is expected to exceed, three months.
Kosovo	3	Applies to all insured persons of that country.
Macedonia	3	Applies to all insured persons of that country.
Montenegro	3	Applies to all insured persons of that country.
Montserrat	1*	Applies to all residents of that country. Can also refer four patients per year for free NHS hospital treatment (persons hoping to be referred should contact authorities in Montserrat in the first instance).
New Zealand	2	Applies only to citizens resident in that country.
Serbia	3	Applies to all insured persons of that country.

¹ The UK has a reciprocal agreement with Jersey, but not with the other Channel Islands.

Key:	
1	Immediate medical treatment only.
2	Only treatment required promptly for a condition which arose after arrival into the UK or became, or but for treatment would have become, acutely exacerbated after such arrival. Services such as the routine monitoring of chronic/pre-existing conditions are not included and free treatment should be limited to that which is urgent in that it cannot wait until the patient can reasonably return home.
3	All treatment on the same basis as for a person insured in the other country, including services such as routine monitoring of pre-existing conditions, but not including circumstances where a person has travelled to the other country for the purpose of obtaining healthcare.

4	All treatment free on the same terms as for an eligible UK resident (an 'ordinary resident'), including elective treatment.
*	For these countries, the agreement will also apply to those persons requiring treatment if they are a member of the crew, or a passenger, on any ship, vessel or aircraft travelling to, leaving from or diverted to the UK and the need for urgent treatment has arisen during the voyage or flight.

For all levels of coverage, it will be for a doctor or dentist employed by the relevant NHS body to provide clinical input into whether required treatment meets a specific level of coverage.

- 4.2.5 The UK has a reciprocal agreement with Jersey but not the other Channel Islands.
- 4.2.6 The reciprocal healthcare agreements with the countries listed below were **terminated** in 2016. If patients are visiting from either of these countries and access NHS treatment they may be charged for it. Therefore, please ensure they are notified to OVS team, who can assess eligibility or charge treatment via insurance.
- Armenia
 - Azerbaijan
 - Barbados
 - Belarus
 - Georgia
 - Kazakhstan
 - Kyrgyzstan
 - Moldova
 - Russia
 - Tajikistan
 - Turkmenistan
 - Ukraine
 - Uzbekistan

This means, any citizen of the above listed countries who visits the UK will be charged for accessing NHS care unless it is a service that would be free of charge to all.

4.3 Vulnerable patients and those detained

- 4.3.1 Refugees (those granted asylum, humanitarian protection or temporary protection under the immigration rules) and their dependents).
- 4.3.2 Asylum seekers (those applying for asylum, humanitarian protection or temporary protection whose claims, including appeals, have not yet been determined), and their dependents
- 4.3.3 Individuals receiving support under section 95 of the Immigration and Asylum Act 1999 (the 1999 Act) from the Home Office
- 4.3.4 Failed asylum seekers, and their dependents, receiving support under section 4(2) of the 1999 Act from the Home Office or those receiving support from a local authority under Part 1 (care and support) of the Care Act 2014 or section 35 or 36 of the Social Services and Well-being (Wales) Act 2014, by the provision of accommodation
- 4.3.5 Children who are looked after by a local authority
- 4.3.6 Victims, and suspected victims, of modern slavery as determined by a designated competent authority, such as the UK Human Trafficking Centre or the Home Office. This includes their spouse/civil partner and any children under 18, provided they are lawfully present in the UK

- 4.3.7 An overseas visitor who has been granted leave to enter the UK outside the immigration rules, in whose case, the Secretary of State for Health has determined there to be exceptional humanitarian reasons to provide a free course of treatment. This exemption will also apply to their child and/or companion who is authorised to travel with them, for whom the exemption is limited to treatment, the need for which arose during the visit, and cannot await their return home.
- 4.3.8 Anyone receiving compulsory treatment under a court order or who is detained in an NHS hospital or deprived of their liberty (e.g. under the Mental Health Act 1983 or the Mental Capacity Act 2005) is exempt from charge for all treatment provided, in accordance with the court order, or for the duration of the detention
- 4.3.9 Prisoners and immigration detainees
- 4.4 **UK Government employees and war pensioners:**
- 4.4.1 UK armed forces members, plus their spouse/civil partner and children under 18 provided they are lawfully present in the UK (even if they are on a visit visa).
- 4.4.2 UK Crown servants who are in the UK in the course of their employment, or who were ordinarily resident prior to being posted overseas, plus their spouse/civil partner and children under 18 provided they are lawfully present in the UK.
- 4.4.3 Employees of the British Council or Commonwealth War Graves Commission who are in the UK in the course of their employment, or who were ordinarily resident in the UK prior to being posted overseas, plus their spouse/civil partner and children under 18 provided they are lawfully present in the UK.
- 4.4.4 Those working or volunteering in employment overseas that is financed in part by the UK Government who are in the UK in the course of their employment, or who were ordinarily resident in the UK prior to being posted overseas, plus their spouse/civil partner and children under 18 provided they are lawfully present in the UK.
- 4.4.5 Those receiving war/combat pensions, war widows' pensions or armed forces compensation scheme payments, plus their spouse/civil partner and children
- 4.5 **Dialysis patients**
- 4.5.1 The regulations and therefore charges apply where visitors to the U.K. require haemodialysis or peritoneal dialysis for the treatment of kidney failure.
- 4.5.2 Temporary visitors from the EEA countries do not need an E112 form, treatment will be provided under the bilateral healthcare arrangement for immediately necessary treatment, and this is subject to the patient making an advanced booking and facilities being available at the time of treatment through an S2 form.
- 4.5.3 For visitors outside of the EEA, the provision of dialysis treatment is not the responsibility of the NHS and patients are liable for all charges incurred.
- 4.5.4 For more information please refer to the NHS England Commissioning Policy; <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/02/a06-p-a-renal-dafb-policy.pdf>

5. WHEN TO CHARGE, INCLUDING UPFRONT CHARGING

- 5.1 Any patient not eligible for free NHS care is deemed to be NHS Chargeable. The Overseas Visitors Team will ensure an invoice is raised for all associated activity.
- 5.2 The invoice raised will be based on the methodology used in the Charging Regulations 2015, which is based on Payment by Results (PBR) Tariff plus the Trust Market Forces Factor (MFF) with a 50% mark up for all patients resident outside the EEA which is in line with 2017 charging regulations.
- 5.3 Where a PbR Tariff is not available for the activity a locally agreed price will be charged.
- 5.4 If not locally agreed price is available for the activity then a suitable price will be determined using the latest available Patient Level Costing (PLICs) information.
- 5.5 For non-urgent elective Overseas Visitors who are not covered by an S1/S2 form, an invoice will be raised by the Overseas Visitors Team as detailed above and payment must be received in advance of the admission.
- 5.6 The Overseas Visitor Team will take an upfront payment based on an estimated bill using established average prices; this can be paid using methods shown on invoice.
- 5.7 Following full clinical coding a subsequent invoice/credit note will be raised to ensure the charge is reflective of the treatment undertaken.
- 5.8 Overseas Visitors Team will make the appropriate arrangements for any planned treatment charges under an S1/S2 to be made to the correct EEA member state through the lead Commissioner (Stoke on Trent CCG).
- 5.9 The Overseas Visitors Team will follow due process to report any debts by non-EEA nationals that are over £500 and have been outstanding for 2 months to the Department of Health, in line with the Charging Guidelines 2017. This results in that person being normally refused entry to the UK and encourages payment of debt.
- 5.10 **Payments:**
- 5.10.1 Payment of invoices is due immediately after invoice is raised
- 5.10.2 Payment plans may be available, they are reviewed on a case by case basis with East Lancashire Financial Services (ELFS) 01254 734006 or 01254 734286
- 5.10.3 Invoices will be chased by East Lancashire Financial Services (ELFS), they will issue the invoice, 3 reminder letters will be sent chasing the payment and if invoice remains unpaid, it may be handed over to a debt collection organisation
- 5.10.4 Notification of all unpaid debts over 2 months old and above £500 may be made to Department of Health and the UK Border Agents
- 5.11 **Method of payments**
- 5.11.1 Bank Transfer:
Sort Code: 60-70-80
Account No: 10007849
Account Name: University Hospital of North Midlands NHS Trust
IBAN: GB75NWBK60708010007849
SWIFT: NWBKGB2L

- 5.11.2 Cheque – will need to be made payable and sent to:
University Hospital of North Midlands NHS Trust
ELFS Shared Services
Viscount House,
Arkwright Court,
Commercial Road,
Darwen,
BB3 0FG
- 5.11.3 Debit/ Credit card – Can be made by calling 01782 676310
- 5.11.4 Cash Payments – Can ONLY be made by visiting the Cashiers office at University Hospital of North Midlands NHS Trust in the main building, follow signs for Cashiers office, it is adjacent to the restaurant.
- 5.12 **Insured patients**
 - 5.12.1 If the patient is insured they must indicate there insurance details
 - 5.12.2 If patients insurance does not pay for treatment, the patient themselves is liable for any shortfall.

APPENDIX 2 – LETTER TO PATIENT RE CHARGES

University Hospitals of North Midlands 
NHS Trust

Royal Stoke University Hospital
Trust Headquarters
3rd Floor, Springfield Unit
Newcastle Road
Stoke on Trent ST4 6QG

Date

Name
Address
Address
Address
Address

Dear Name

Your NHS treatment costs – please supply evidence to avoid payment

If you are a visitor to the United Kingdom, you may need to pay for your NHS treatment. The NHS is not free to everyone and overseas visitors must be charged for specified services, including NHS hospital services, under the National Health Service (Charges to Overseas Visitors) Regulations 2011. Payment goes towards the NHS doctors and nurses who provide your care.

The hospital requires evidence to determine if you need to pay for your treatment. Visitors who are ordinary resident² in the UK or who fall within certain exemption categories will not need to pay.

It is **your responsibility** to prove that you are entitled to free NHS treatment.

To avoid payment, you need to:-

1. Provide evidence that you are either ordinarily resident in the UK, have paid the Health Surcharge and hold a valid visa covering the duration of treatment, or fall within an exemption category. The documents you need to provide are listed below. These documents will be used to determine your status (all original documents will be returned).
2. Send your documents to
Private Patient / Overseas Co-Ordinator
Royal Stoke University Hospital
Trust HQ, 3rd Floor Springfield Unit
Newcastle Road, Stoke on Trent, ST4 6QG
We also accept documents digitally by e-mail to:- private.patients@uhnm.nhs.uk
3. We need to receive this by **Deadline Date**

IMPORTANT INFORMATION

If you do not provide satisfactory evidence to support your claim, you will be liable for the cost of any treatment provided to you. **You will be issued with an invoice** for the costs of any treatment already provided to you and you will be required to pay the full cost of any future NHS hospital treatment.

If you would like to discuss your claim please contact me by calling 01782 679640 between 09:00 and 16:00.

Yours sincerely

[Name of overseas officer]

Overseas Visitor Co-Ordinator

In order to establish your eligibility for free NHS treatment, please send copies of any of the relevant documents listed below. If more than one document is relevant to you then send all the relevant documents.

A) At least one item with your photo:

<input type="checkbox"/> Passport & VISA	<input type="checkbox"/> UK Biometric Residence Permit (BRP)
<input type="checkbox"/> National ID card	

B) At least one item to prove where you live:

(The proof you use must be less than 3 months old. Your name and address needs to be on the letter.)

<input type="checkbox"/> Water, gas, electric or Council Tax bill	<input type="checkbox"/> Bank or building society statement
<input type="checkbox"/> Phone bill	<input type="checkbox"/> Rent/Mortgage/Tenancy Agreement

C) Any other personal documents that can help establish your eligibility:

<input type="checkbox"/> European Health Insurance Card (EHIC)	<input type="checkbox"/> Provisional Replacement Certificate (PRC)
<input type="checkbox"/> Wage slip or a P60	<input type="checkbox"/> Letter or statement from HMRC or DWP
<input type="checkbox"/> National Insurance or benefits letter	<input type="checkbox"/> Evidence of sickness insurance
<input type="checkbox"/> A letter from your college confirming you are attending a full-time or part-time course of study (including course duration and number of hours per week of attendance)	<input type="checkbox"/> Copy of any birth/marriage certificates
	<input type="checkbox"/> An IND and ARC (for patients claiming asylum)
	<input type="checkbox"/> Any other Home Office issued documents which are relevant to your application.

Please note that having an NHS number does not automatically make you eligible for free NHS treatment.

APPENDIX 3 – PRE-ATTENDANCE FORM

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:	D	D	M	M	Y	Y	Y	Y

DECLARATION: TO BE COMPLETED BY ALL

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

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

DECLARATION:

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

Signed:						Date:	D	D	M	M	Y	Y
Print name:						Relationship to patient:						
On behalf of:												

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

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

2. ALL: OFFICIAL DOCUMENTATION

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

University Hospitals of North Midlands NHS Trust
Trust Policy for the Management of Overseas Visitors

<input type="checkbox"/> Current United Kingdom passport	<input type="checkbox"/> Current European Union passport
<input type="checkbox"/> Current non-EU passport with valid entry visa	Visa No. _____
<input type="checkbox"/> Student visa <input type="checkbox"/> Visit visa	Visa expiry date: D D M M Y Y
<input type="checkbox"/> Asylum Registration Card (ARC)	ARC No. _____
<input type="checkbox"/> 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):

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

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

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

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

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: <input type="checkbox"/> NO: <input type="checkbox"/>	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 <u>non-UK</u> EHIC? YES: <input type="checkbox"/> NO: <input type="checkbox"/>	If yes, please enter the data from your EHIC below:												
 <p><i>If you are visiting from another EEA country and do not hold a current EHIC, you may be billed for the cost of any treatment received outside the Accident and Emergency (A&E) dept. Charges will apply if you are admitted to a ward or need to return to the hospital as an outpatient.</i></p>	3	_____	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: D D M M Y Y To: D D M M Y Y	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 4 - STAGE 2 INTERVIEW QUESTIONNAIRE

Person undertaking Stage 2 interview: _____ Position: _____

Contact Telephone Number: _____ Date of Interview: _____

SURNAME :		FIRST NAME :	
PATIENT NUMBER :		DOB :	
OVERSEAS ADDRESS:		UK TELEPHONE NO :	
		REASON FOR VISIT :	
UK ADDRESS:			
DATE ARRIVED IN UK:		VISA TYPE:	
DATE LEAVING UK:			

Points to Note:

- Check that if the parents (under 18's) or spouse have lived in UK for more than 12 months (if so, exempt)
- Overseas visitors should be admitted and discharged as category 29 (Temporary place of residence) Check the OSV category and overseas address is recorded accurately on iPM
- Source of admission should be 29 (temporary place of residence)
- Overseas status should be recorded as one of the following: use the DOH guidance to assist in making assessment of status.

Code	Description	Comments	Please tick appropriate box
1	Exempt from charges – subject to reciprocal agreement		
2	Exempt from charges – other reasons Please give details in comments field		
4	To Pay All Fees – private patient, insurance or own resources		
8	Not Applicable – not an overseas visitor		

Additional Notes (including HO comments) :

Notified by:- Contact details:-		Date	
Country of Origin			
GP details			
Letter sent-		Reply by:-	
Home Office Comments			

APPENDIX 5 – FORM TO GO TO DOCTOR

Dear Doctor

NAME OF PATIENT

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

We have determined that this patient is an overseas visitor as defined in the National Health Services (Charges to Overseas Visitors) Regulations 2015. As such, the patient is liable for charges as an overseas visitor unless and until there are any applicable changes in their situation.

Government advice to safeguard NHS resources is to obtain payment where possible before treatment is given. In this case, the patient has declared that he/she will not be able to pay prior to receipt of the treatment.

However, relevant NHS bodies¹ must also ensure that treatment which clinicians consider to be immediately necessary is provided to any patient, even if they have not paid in advance. **Failure to do so may be unlawful under the Human Rights Act 1998.** Urgent treatment which clinicians do not consider immediately necessary, but which nevertheless cannot wait until the person can be reasonably expected to return home, should also be provided to any patient, even if deposits have not been secured.

The patient is likely to return home on or around/...../.....

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

- Having made the appropriate diagnostic investigations, I intend to give treatment which is **immediately necessary** to save the patient's life/prevent a condition from becoming immediately life-threatening or needed promptly to prevent permanent serious damage occurring. All maternity treatment is considered immediately necessary.
- Having made the appropriate diagnostic investigations, I intend to give **urgent** treatment which is not immediately necessary to save the patient's life but cannot wait until the patient returns home. If the patient's ability to return changes I will reconsider my opinion.
- Having made the appropriate diagnostic investigations, I do not intend to provide treatment unless payment is made in advance, since the patient's need is **non-urgent** and it can wait until they return home. If the patient's ability to return changes I will reconsider my opinion.
- I must make further investigations before I can assess urgency.

Where treatment is given (or has been given already), the relevant NHS body is obliged to raise an invoice for the cost of such treatment, and to recover the cost of treatment where possible. Debts are written off by this hospital as losses where unrecoverable.

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

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

¹ Relevant NHS bodies are NHS trusts, NHS foundation trusts, special health authorities (SpHAs) and local authorities in the exercise of public health functions.

Overseas Visitors Team
Finance Department,
Trust Head Quarters,
3rd Floor Springfield Unit,
Royal Stoke University Hospital,
Newcastle Road,
Stoke on Trent,
Staffordshire, ST4 6QG
Tel: 01782 679017 Or 679640
Email: Private.Patients@uhnms.nhs.uk

The National Health Service Act 2006 and the National Health Service (Charges to Overseas Visitors) Regulations 2017 set which visitors are required to pay for NHS treatment.

Please note that the Trust may share non-clinical information with The Home Office as part of its process to establish your entitlement to free NHS services.

Any invoices not paid within 2 months of the issued date will be referred to a debt collection agency for recovery, and may be reported to the Home Office and could affect future applications to enter or remain in the UK.

If you have a compliment or complaint about any element of the service you have received during your time with us, or just want to provide some feedback on our service, then please write to the Senior Clinical Manager, Overseas Services or the Patient Advice & Liaison Service (PALS) at our address above.



Your Visit to Our Hospital

We understand that your visit to our hospital could be very stressful for you and we would like to make it as easy as possible when it comes to some of the paperwork that needs to be completed so that we can make sure all your details are properly recorded.

The NHS is not free to everyone, and overseas visitors must be charged for specified services, including NHS services, so we will be asking you to provide us with information, and certain documents, to support your claim for free treatment.

Department of Health charging regulations place a legal obligation on the Trust to recover the costs of NHS services where an individual is not entitled to free treatment.

It is estimated that, as a whole, the NHS can recover some £500 million a year from Overseas Visitors treated by the NHS. This money is invested back into NHS Services

If you are at all worried about charging after your visit to us, or have any questions about this please do not hesitate to contact our team. Further information is also available at www.nhs.uk/NHSEngland/AboutNHSservices/uk-visitors

Hospital treatment is free to people classed as ordinarily resident in the UK which means that 'you must be living lawfully, and voluntarily, in the UK for settled purposes as part of the regular order of your life, for the time being'. This is not dependent on nationality, payment of UK taxes, National Insurance contributions, being registered with a GP, having an NHS Number, or owning property in the UK.

On arrival at the hospital you may be asked to fill in a Pre-Attendance Form, this is used by us to find out some basic information about you and we would ask that you complete both sides of the form with as much information as possible. This will help us to decide whether you're entitled to free NHS treatment.

If you are a visitor from inside the European Economic Area (EEA) we would ask that you bring your European Health Insurance Card (EHIC), or proof of travel insurance, along with proof of your nationality with you.

Hopefully you will have obtained an EHIC before you left your country of residence. If you haven't we can help you apply for one as this will help us ensure that you receive the appropriate level of free care.

To find out how to apply for a card from your country of residence please go to www.ehic.europa.eu

If you are from outside the EEA and are on holiday, or working, in the UK then we will ask you to provide us proof of your nationality, usually this will be your passport including the visa, and Biometric Residents Permit (if appropriate) as well as details of your travel insurance policy.

If you have been living or working in the UK for over 6 months, or have been granted 'Leave to Remain', then it is possible that you will be classed as an 'Ordinary Resident' but we will need you to provide us with documents to prove your identity, where you live and work, and when you entered the UK. We may also ask you to provide an EHIC card issued by your country of origin (if appropriate).

The documents that you could use are:

For Identity—Your passport and visa, National ID Card, or a UK Biometric Residence Permit (BRP).

For Proof of where you currently live— A water, gas, electricity or phone bill, a tenancy agreement (if you rent), a Council Tax Bill or a bank or building society statement. Please make sure that these documents are less than 3 months old.

To prove the minimum 6 month stay in the UK we will also require proof of how long you have been here, and the documents that could be used to do this are a pay slip or P60, a dated letter or statement from HMRC or DWP, or a tenancy agreement (if you rent).



STUDENTS

If you are a student you will require an EHIC card (EEA students only), a copy of your Passport and Visa, Biometric Residents Permit (BRP), or proof of travel insurance to cover your whole stay in the UK. We will also require a letter from the UK school, college or university you are studying at confirming that you are on a course there, and whether it is a full or part-time course, how long it's for and also confirmation of your attendance rate.

Should you be unable to provide the information we require you may be liable to pay all appropriate charges.

CHARGEABLE PATIENTS

If we are unable to ascertain your entitlement to free NHS treatment, or find that you are a chargeable patient, you will be asked to make payment for your treatment costs. This payment will be based on your initial clinical diagnosis and we will try to provide you with an idea of the cost in advance, please be aware that this can vary as the treatment progresses.

Immediately necessary or urgent services, including maternity services – Clinically assessed immediate, urgent and maternity care will not be withheld on the basis of cost but you will be asked to make a payment based on the anticipated treatment pathway. If you're insured please see below

Non-urgent or elective treatment – We are required by law to withhold treatment from chargeable overseas visitors until the estimated full cost of the service has been paid. This decision will be based on clinical opinion.

Insured Patients - Should your medical expenses be covered by travel or health insurance you may not need to pay at the time of your treatment but we will need to assess this based on the information available to us at the time of your attendance and after consultation with your insurance company.

Whilst we will provide you with an estimation of your treatment costs, we will assess the actual costs once you are discharged from our care and issue a final invoice as soon as possible after this. Please note that this may differ from the estimate provided as it will depend on your diagnosis and your treatment pathway. Any overpayment will be refunded once the final invoice has been issued.

We would ask that you settle your invoice as soon as possible after receiving it.

RECIPROCAL HEALTHCARE AGREEMENTS

The UK has reciprocal healthcare agreements with some non-European Economic Area (EEA) countries.

Within the reciprocal agreements there are a number of variations in the level of free treatment provided to visitors travelling to the UK. Generally, only immediate medical treatment* is to be provided free of charge, to allow the overseas visitor to return home for other needs i.e. follow up treatment or outpatient appointments.

Please ensure you check with the Overseas Visitors Team to ensure your financial responsibilities are clear and DO NOT ASSUME all your treatment will be covered.

**Immediate treatment is defined as to save the patient's life/prevent a condition from becoming immediately life-threatening or needed promptly to prevent permanent serious damage occurring*