

Audit Committee

19th December 2016

Subject	Overseas Visitor Update
Prepared by	Deputy Director of Finance
Approved by	Director of Finance
Presented by	Director of Finance

Purpose

The Audit Committee has requested an update on the progress being made by the Trust to enhance the systems and processes relating to overseas visitors. Previously the Committee has received the report undertaken by the Department of Health's cost recovery team and an update confirming the action plan the Trust has put in place following this and progress made to date.

Decision
Approval
Information ●
Assurance ●

Corporate Objectives

Improve Quality	Develop our Workforce	Improve Financial Position	Create Sustainable Future
●	●	●	●

Executive Summary

The Trust has continued to make progress in ensuring that all overseas visitors are identified, appropriately recorded and billed when required. The volume of patients identified and the value of income recovered has increased from the previous year.

The Trust has continued to make progress against the action plan to maximise its income but acknowledges that this has still been slower than planned. It is recognised that this area will benefit from more formal governance structures to ensure that actions are progressed through the organisation and a stronger culture of awareness and proactivity is built.

The Action Plan has been developed with this in mind to ensure that there is a strong platform on which to push on with the remaining actions.

Progress against the action plan includes:

- Confirming the Director of Finance as the responsible executive for Overseas Visitors.
- The Trust is also establishing an Overseas Visitors Governance Group to oversee the development and implementation of the action plan.
- The new Administrative Procedure Note has now been finalised.
- The Trust has reviewed patient access points to the Trust and has started to increase the system controls to capture the status of patients, to increase guidance for staff at these points and implement new processes to increase the identification of Overseas Visitors involving intelligent data matches on patient records.
- The Trust has identified Overseas Visitor Champions in a number of Service Lines.

Other developments include the Carter Model Hospital Dashboard that now also included Overseas Visitors information. This development will continue to apply pressure to the Trust to ensure that the outcome of its arrangements are in line with, or in excess of, the good practice in other Trusts.

The Trust is also ensuring that it keeps up to date with the latest developments in the identification and charging of Overseas patients.

Quality Impact Assessment

The increased identification of overseas visitors and improved procedures in this area are not expected to have a direct impact on quality but will ensure that data quality in the Trust is improved,

knowledge of Trust staff is enhanced and also the information and experience provided to these patients is improved.

Financial Impact Assessment

Improved processes and increased resource in this area will ensure that the Trust maximises overseas visitor income both for the Trust and the wider NHS.

Regulatory Impact Assessment

Improved processes and increased resource in this area will ensure that the Trust is fully compliant with legislation to identify and charge overseas visitors correctly.

Equality and Diversity Impact Assessment

It is essential that the policies and procedures around the identification of overseas patients and the direction given to staff must ensure that all patients are treated equally. The review carried out indicated that some staff were not always applying this principle. The review of all policies and procedures will ensure that awareness and guidance on this issue will be given.

Environment & Sustainability Impact Assessment

Summarise any environmental, sustainability, or carbon impacts and provide details of consultation with stakeholder groups as appropriate (e.g. the Trust Environment Group).

Key Recommendations

The Trust continues to increase the number of Overseas Visitors identified and the income earned. It acknowledges that there is still scope to do more. Increased resources to the Overseas Visitor team and increased Executive oversight will be implemented to ensure that this is achieved. The Committee is asked to note these enhanced arrangements and progress with the action plan to date.

Next Steps

Continue to implement the enhanced action plan as per the proposed timescale.

Audit Committee

19th December 2016

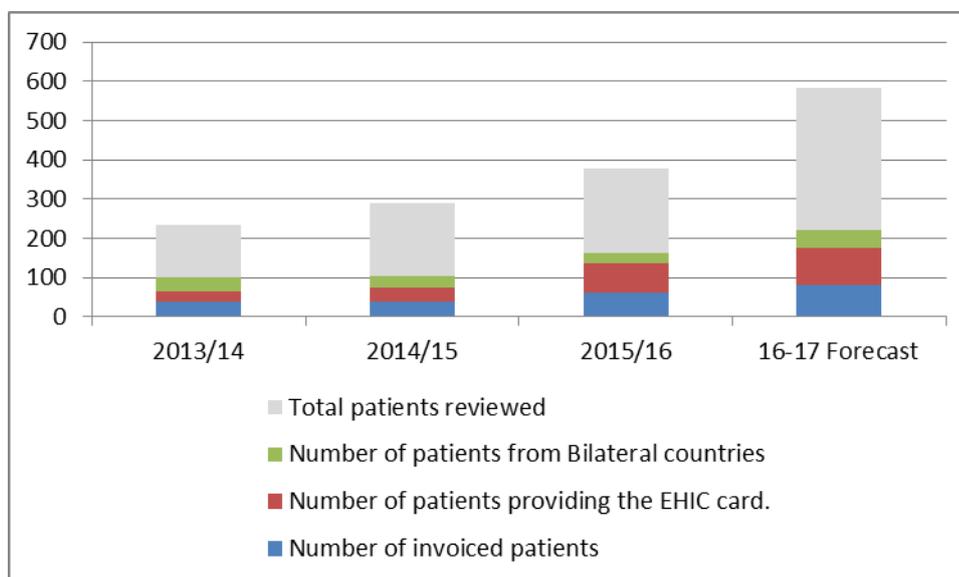
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Prepared by	Deputy Director of Finance
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Purpose and Background

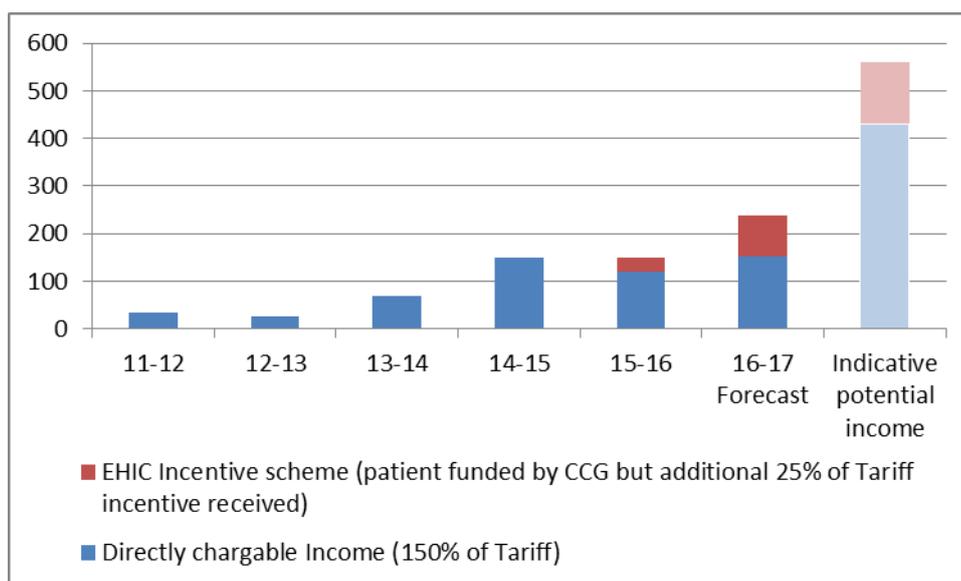
- The Audit Committee has requested an update on the progress being made by the Trust to enhance the systems and processes relating to Overseas Visitors. Previously the Committee has received the report undertaken by the Department of Health's cost recovery team, an update confirming the action plan the Trust has put in place following this and progress made to date.

Current Performance

- The Trust has continued to make progress in ensuring that all overseas visitors are identified, appropriately recorded and billed when required. The volume of patients identified and the value of income recovered has increased from the previous year. The table below shows the increase in the number of patients referred to the Overseas Visitors Officer and those identified as Overseas visitors.



3 The table below shows value of income recovered in the last 5 years.



4 The table shows that, although increasing, the income is below that indicated by the DoH's high level assessment of what potential income the Trust could achieve. Data reviews with other local Trusts actually show that the Trust has the highest Directly Chargeable income in the local area but that the number of EHCs (European Health Insurance Cards) identified is lower.

Action Plan

5 The Trust has continued to make progress against the action plan to maximise its income but acknowledges that this has been slower than planned. It is recognised that further progress can be achieved through enhanced Executive Leadership and formal governance structures to ensure that actions are progressed through the organisation and there is a stronger culture of awareness and proactivity to ensure overseas patients are identified.

6 The Action plan has been developed with this in mind to ensure that there is a strong platform on which to push on with the remaining actions.

7 Progress against the action plan includes:

- Confirming the Director of Finance as the responsible executive for Overseas visitors.
- The Trust is also establishing an Overseas Visitors Governance Group to oversee the development and implementation of the action plan. The Overseas Visitors Governance Group will be led by the Director of Finance and include senior representatives from the operational/administrative side of the Trust as well as the Overseas Visitors Officer. Importantly it will also identify some clinical leads to help ensure that awareness and processes of the programme can be implemented within these staff group.
- The new Administrative Procedure Note has now been finalised.
- The Trust has reviewed patient administration entry points to the Trust. The review identified areas where controls to capture the patients status can be enhanced and also confirmed where information on the patients status was available but was not being used as it should. This has led to three further actions:
 1. That controls are in place to ensure questions on a patient's status is added as a required field on all the Trust's admin systems.
 2. Increased training for staff at entry points to ensure this information is acted on appropriately including guidance on eligibility and processes to take copies of EHC cards.

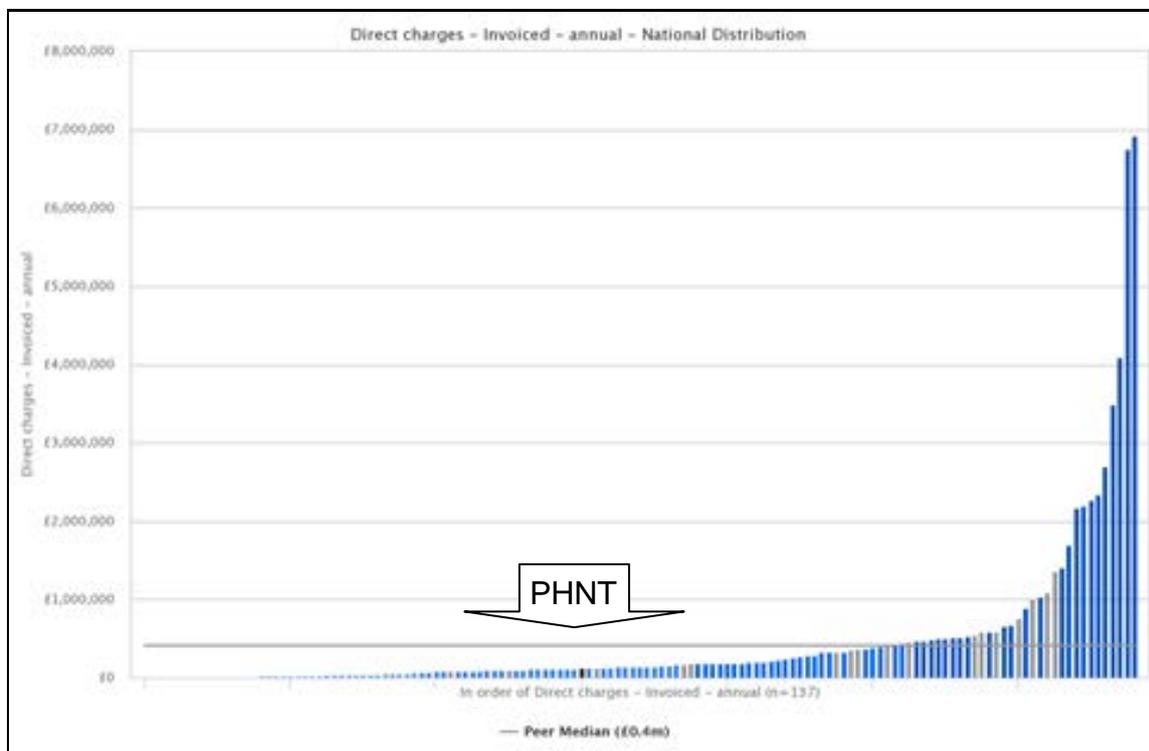
3. The Trust has also started to implement new processes to increase the identification of Overseas Visitors involving intelligent data matches on patient records.

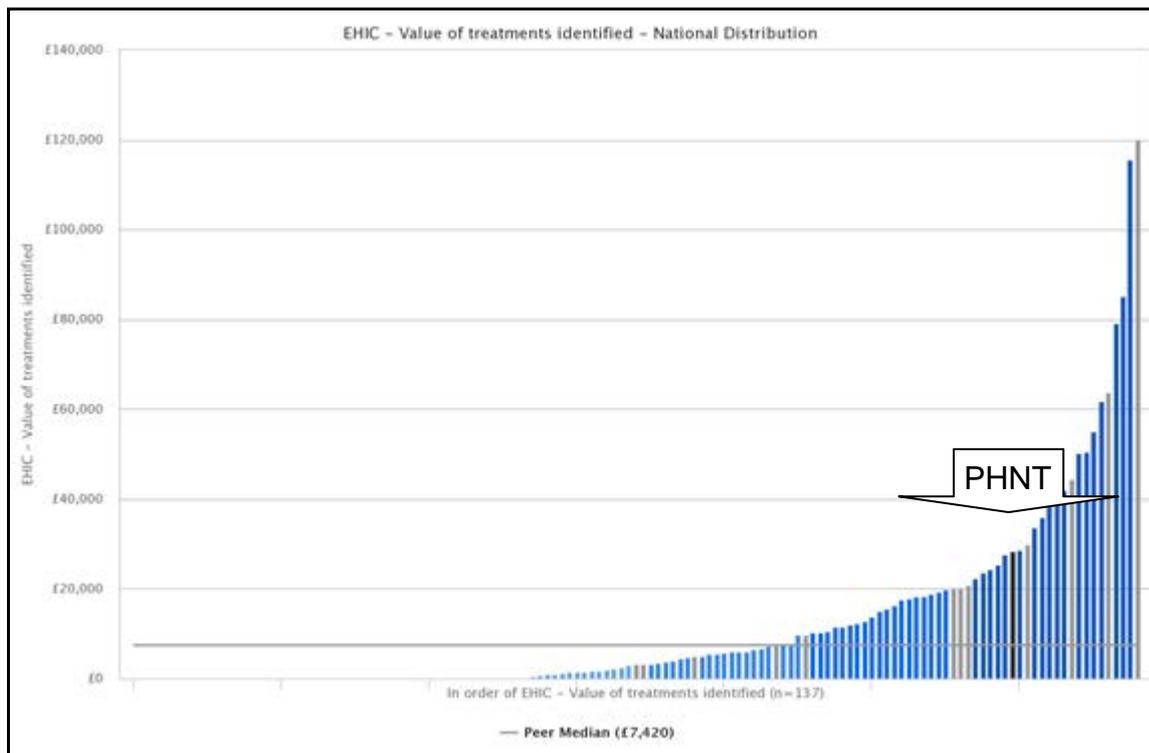
- The Trust has identified Overseas Champions in a number of Service Lines.
- The Trust is increasing the support provided to the Overseas Visitors Officer.

8 The updated action plan and progress to date is shown in Annex 1.

9 Other developments include the Carter Model Hospital Dashboard that now also includes Overseas Visitors information. This development will continue to apply pressure to the Trust to ensure that the outcome of its arrangements are in line with, or in excess of, other Trusts. It should be noted however that although very useful comparison of Trusts using the data available is difficult because of the wide variety in size, services and demographic population of Trusts. Some data concerns have also been raised by some Trusts.

10 A snapshot of the performance reflected in the dashboards is given below and demonstrates the significant variance across the country.





- 11 The Trust is also ensuring that it keeps up to date with the latest developments in the identification and charging of Overseas patients. As previously mentioned the Trust is a member of the Overseas Visitors Advisory Group (OVAG). This group continues to offer support to Trusts and highlights good practice from others and offers advice on specific issues.
- 12 Further guidance will be important over the coming months as the Queen's speech in May 2016 outlined plans to extend overseas visitor charges to cover some A&E and emergency care areas This has still to be confirmed and once this new legislation and requirements are confirmed the Trust will review the work required to adhere and administrate them.
- 13 There has recently been media coverage around proposals for expanding more rigorous patient identification checks to be carried out. At the current time the Trust is not planning to implement further patient identification checks but will consider this as the review of entry points is completed and as national guidance evolves.
- 14 Also, as previously mentioned, in the longer term the Trust will also ensure that it keeps abreast of any changes resulting from the Brexit decision as this is likely to impact on the rules and regulations of overseas visitor charging.

Conclusion and recommendations

- 15 The Trust continues to increase the number of Overseas Visitors identified and the income earned. It acknowledges that there is still scope to do more and increased resources to the Overseas Visitor team and increased Executive oversight will be implemented to ensure that this is achieved.

Objective	Actions	By whom	By when	Update
Leadership & Governance	Review Overseas Team Structure	(DDOF)	April 16	Completed (although recruitment to new support post is not yet complete)
	Appoint an SRO	Executive Team	Sept 16	Completed – Director of Finance
	NEW ACTION - Overseas Visitors Governance Group to be established	(DDOF)	Jan 17	First meeting set up for January 2017
	Update the Overseas Visitor Policy	(OVM)	Aug 16	Drafted
	New Clinical Governance Policy to be designed by Care Groups	(Clinical Commercial Manager)	Oct 16	Outstanding
Identification & Awareness	Trust to develop work identifying and mapping entry points to the Hospital and patient communication exchange	(OVM)	Oct 16	Completed
	NEW ACTION – That controls are in place to ensure questions on a patient's status is added as a required field on all the Trust's admin systems.	(Financial Controller)	Feb 17	Underway – Identified where control questions can be added.
	NEW ACTION – Increased training for staff at entry points to ensure this information is acted on appropriately including guidance on eligibility and processes to take copies of EHIC cards.	(OVM)	Feb 17	Underway – Guidance and Training issues to ED department.
	NEW ACTION – Develop processes for intelligent data matching reports of new patients for the Overseas team to specifically review	Controller)	Feb 17	Underway – Reports currently being written and developed
	Basic summary of guidance and checklist for observations to be completed and distributed	(OVM)	Sep 16	Completed- Administrative Procedure note finalised and further guidance provided to ED department.
	Specific Overseas Training to be provided to on-call managers	(OVM)	Oct 16	Outstanding
	Care Group/Service Line Manager Champions to be identified and increased training delivered	(OVM)	Dec 16	Underway – Service Line Champions identified in majority of Service Lines.
	Communications plan for new Overseas guidance to be completed	(OVM) with support from Communications team	Oct 16	Underway – Various Communications made to staff in recent months. Further awareness programme is required still.
	Face to face engagement sessions at ward/service level	(OVM)	On going	Sessions continue to take place
	Investigate additional module on staff mandatory training	(DDOF)	Oct 16	Scope limited due to redesign of training. Alternative communications planned.

Processes & IT	Review of local admin support to undertake basic processes	(DDOF)		Completed (although recruitment to new support post is not yet complete)
	Administrative Procedure Note to be updated for all staff	(OVM)	Sep 16	Completed
	Improve and develop management information including service line report of overseas activity, income and debt	(Financial Controller)	Oct 16	Completed
Local Health Economy	Increased GP engagement	(Head of Business Advice)		Underway – CCG contacted options to increase engagement discussed
	Increased links with University International Offices and with commercial port/Brittany Ferries & Falmouth	(OVM)		Completed – links established and best practice shared including communication to be sent by University to students



Department
of Health



Visitor and Migrant Cost Recovery Diagnostic Pathway

PLYMOUTH HOSPITALS NHS TRUST

December 2015

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Purpose of Report

This report was produced by the NHS Cost Recovery Support Team (CRST) following a two-day engagement with Plymouth Hospitals NHS Trust. The findings, recommendations and action plans were developed to improve identification of and cost recovery from chargeable overseas patients.

Executive Summary

The Cost Recovery Diagnostic Pathway has been developed to support Trusts to identify their cost recovery potential and create action plans to help them to achieve it. The two-day diagnostic pathway includes one day of meetings, interviews and observations with key Trust staff who are/could be involved in identification and/or cost recovery from chargeable overseas patients. On the second day, the CRST feeds back its observations and leads an action-planning workshop with participants to agree the way forward.

This report is the output from the two-day engagement at Plymouth Hospitals NHS Trust on 14th and 15th October 2015 involving representatives including:

- **Deputy Chief Executive, Director of Operational Finance, Head of Finance, Deputy Head of Procurement and Medical Director**
- **Overseas Patients, Counter Fraud, Clinical Systems**
- **Front-desk staff at A&E and clinics**
- **Finance & CCG staff**
- **Clinicians and Clinical Leads**

Full details of participants are included in the Appendix.

The findings of the engagement were:

- Good engagement throughout the Trust
- Good awareness of who ****OVM**** (OVM) is and lots of support for her
- Potential to improve systems and processes to standardise across the Trust
- Little structure in place at the moment but ideal time to review and strengthen
- Currently very reactive service with no forward planning
- There is no Trust policy in place
- Comparison with neighbouring Trusts shows that there is potential to increase income
- There is significant potential to increase reporting of S2's as the Trust currently reports none
- There is good engagement with the CCG
- Focus is needed on structure and processes, which will support the development of the service and underpin their ability to increase identification and income capture.

1. Current and Potential Cost Recovery Activity

How the Trust is performing regionally – EEA Activity Reporting

a. EHIC

Trust	April 2013 to March 2014		April 2014 to March 2015	
	Number of EHICs reported	EHIC Income Recognised	Number of EHICs reported	EHIC Income Recognised
Royal Cornwall NHS Trust	192	£77,132	205	£86,877
South Devon Healthcare NHS Foundation Trust	117	£40,228	115	£62,918
Royal Devon & Exeter NHS Foundation Trust	2	£2,841	106	£98,249
Northern Devon Healthcare NHS Trust	17	£13,298	53	£110,534
Plymouth Hospitals NHS Trust	24	£55,469	34	£63,595
Taunton & Somerset NHS Foundation Trust	0	£0	3	£5,150
Yeovil District Hospital NHS Foundation Trust	0	£0	0	£0

b. S2

Trust	April 2013 to March 2014		April 2014 to March 2015	
	Number of S2s reported	Income Recognised from S2s	Number of S2s reported	Income Recognised from S2s
Northern Devon Healthcare NHS Trust	0	£0	0	£0
Plymouth Hospitals NHS Trust	0	£0	0	£0
Royal Devon & Exeter NHS Foundation Trust	1	£3,567	0	£0
Royal Cornwall Hospitals NHS Trust	0	£0	0	£0
South Devon Healthcare NHS Foundation Trust	0	£0	0	£0
Taunton & Somerset NHS Foundation Trust	0	£0	0	£0
Yeovil District Hospital NHS Foundation Trust	0	£0	0	£0

How the Trust is performing regionally – Non-EEA Activity

Trust	April 2013 to March 2014			April 2014 to March 2015		
	Income Recognised	Income Received*	Amount Written Off	Income Recognised	Income Received*	Amount Written Off
Plymouth Hospitals NHS Trust	£70,000	£58,000	£7,000	£151,000	£95,000	£8,000
Royal Devon & Exeter NHS Foundation Trust	£120,000	£114,000	£0	£96,000	£50,000	£0
Royal Cornwall NHS Trust	£120,000	£99,000	£22,000	£73,000	£93,000	£4,000
South Devon Healthcare NHS Foundation Trust	£68,000	£49,000	£6,000	£58,000	£58,000	£2,000
Northern Devon Healthcare NHS Trust	£10,000	£1,000	£1,000	£15,000	£3,000	£0
Taunton & Somerset NHS Foundation Trust	£0	£15,000	£0	£1,000	£1,000	£0
Yeovil District Hospital NHS Foundation Trust	£13,000	£23,000	£3,000	£0	£0	£0

* Income received includes income from previous years, not just from 2013-14 or 2014-15

Estimated Potential Cost Recovery

The Gap Analysis Tool estimates a Trust's expenditure on patients who are visitors or short-term migrants from EEA and non-EEA countries. In the absence of data at the local level, it uses national averages adjusted for the Trust's own catchment area. It is only a guide to the scale of what is potentially chargeable but *provides a fair estimate of the local figures based on the data available*.

Data utilised:

- Quantitative assessment of visitor and migrant use of the NHS in England (Prederi, 2013): includes data from the UK Census (2011) and International Passenger Survey (2012)
- EEA Trust Income Data 2014-15 (Provided by Overseas Healthcare Team)
- Plymouth's service expenditure data 2014-15 (Provided by Plymouth)
- Plymouth's patient population by local authority (Provided by Plymouth)

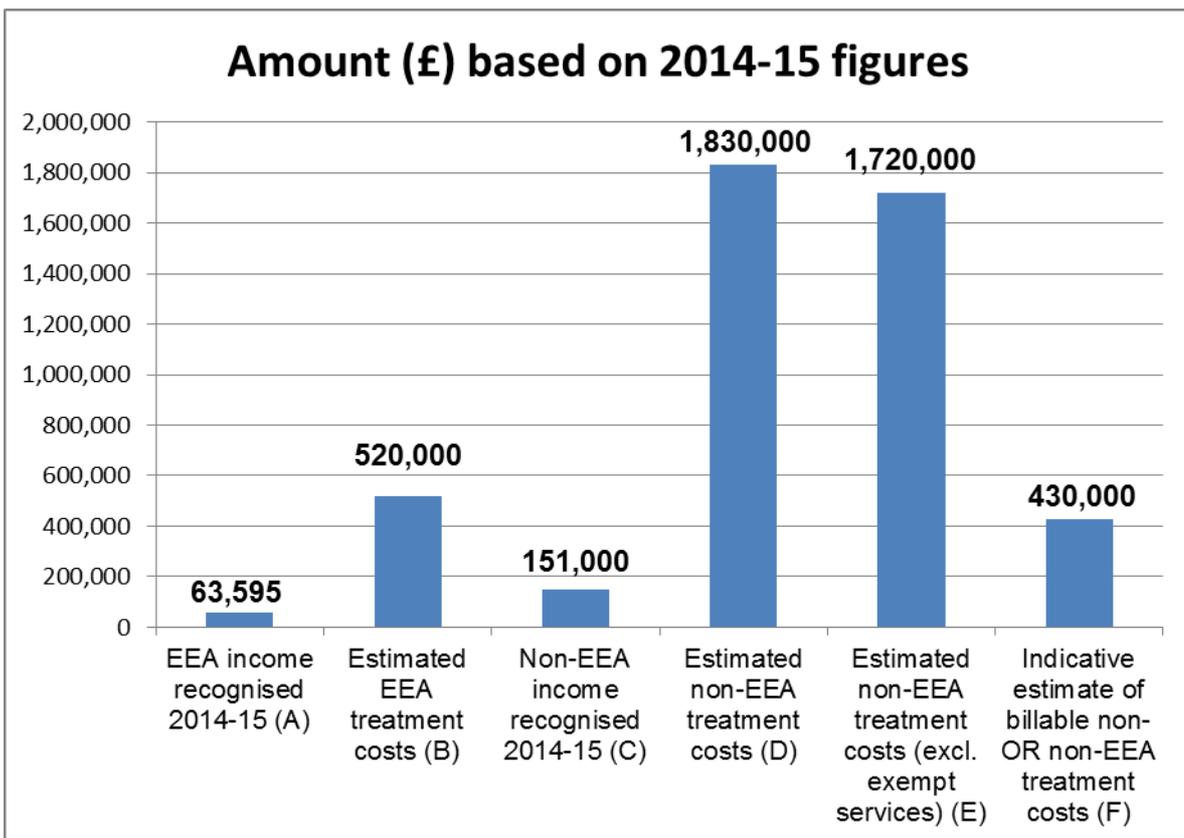
Methodology:

- The Tool uses the estimated national averages of the costs of the use of NHS services by visitors and short-term migrants from EEA and non-EEA countries
- Taking into account the catchment area data provided by the Trust, the Tool uses Census data to see how many people in each individual local authority have EEA and non-EEA passports. It then creates a multiplier for the Trust's catchment area against the national average. Multiplier scores less than 1 show catchment areas where there are fewer EEA/non-EEA passport holders than the national average. Scores higher than 1 indicate greater numbers than the national average.
- The multiplier is applied to the national averages of expenditure on EEA and non-EEA patients in different hospital services (e.g. General & Acute, Maternity, A&E)
- By applying the result of this calculation to the Trust's own service expenditure data for 2014-15, the Tool estimates the Trust's expenditure on visitors and short-term migrants from EEA and non-EEA countries in different services.

Key information to note:

- The gap analysis tool does not take into account British expatriates, irregular migrants and health tourists due to the lack of reliable data
- The Census data are reliable nationally, but have greater margins of error when broken down to different groups (e.g. non-UK passport holders) and to smaller areas. The Passenger Survey data is not available at the local level
- There is no fixed relationship between having a non-UK passport and not being OR, although those who are not OR are less likely to have a UK passport
- The detail in the Census is not available by CCG, therefore if CCGs do not have a common boundary with a local authority the catchment has to be estimated
- The usage of some national/regional services may vary from the national average
- OR/exemptions are decided case by case, thus not able to be modelled locally
- Returns to DH are on different years from other data, and depend on Trusts for completeness and accuracy.
- In Trusts where there are relatively low numbers of non-OR EEA and non-EEA patients, there may be single cases that can distort the comparison in any one year. This is just part of the natural random variation in activity.

Gap Analysis Tool Multiplier: [Trust Initials]	EEA	Non-EEA
	0.43	0.33



A	EEA Income recognised 2014-15: Includes income recognised from EHIC and S2 reporting in 2014-15 (Source: Overseas Visitor Treatment Portal)
B	Estimated EEA treatment costs: The Tool's estimate of what the Trust spends on treating EEA patients who are visitors or short-term migrants in all hospital services
C	Non-EEA income recognised 2014-15: Income recognised from non-EEA chargeable patients in 2014-15 (Source: Monitor)
D	Estimated non-EEA treatment costs: The Tool's estimate of what the Trust spends on treating non-EEA patients who are visitors or short-term migrants in all services
E	Estimated non-EEA treatment costs (excl. exempt services): The Tool's estimate of what the Trust spends on treating non-EEA patients who are visitors or short-term migrants in chargeable hospital services (e.g. General & Acute and Maternity)
F	Indicative estimate of billable non-OR non-EEA treatment costs: Usage of chargeable hospital services by non-EEA patients who are visitors or short-term migrants was estimated to cost c. £600m in England, with only about £150m (25%) estimated to be able to be directly billable to them. This is because many of these patients will be exempt e.g. due to being a student, from a country that the UK has reciprocal healthcare agreement with or being deemed vulnerable by a competent body. This ratio has been applied to the figure (E) to give an indicative estimate of what the Trust might be able to bill directly to its non-OR non-EEA patients (Source: Quantitative assessment of visitor and migrant use of the NHS in England, 2013)

2. CRST Observations – Strengths and Opportunities

Below is a summary of some of the conclusions made by the CRST after interviewing and/or observing Trust / non-Trust staff and processes.

Area	Observations and Discussions
Identification & Awareness	Strengths: <ul style="list-style-type: none"> • Everyone knows **OVM**! • There are pockets of good awareness – Admin, MAU, Midwives, ED • ED are copying EHICs • Frontline staff recognise patients are being missed
	Opportunities: <ul style="list-style-type: none"> • Communications: <ul style="list-style-type: none"> - Training - Posters - Screens - Levels of income achieved - Profile of OVM - Intra/Internet • Standardise good practice in all areas – Ensure questions are asked to <u>ALL</u> patients • Engage with the Universities, Port & Naval Base • Increase awareness of Non-EEA (currently a high focus on EHICs)
Leadership & Governance	Strengths: <ul style="list-style-type: none"> • Engagement at all levels in the organisation • Commitment to change – structure, reporting, policy • **OVM** – visible, responsive and respected
	Opportunities: <ul style="list-style-type: none"> • With change in reporting there is an opportunity to strengthen leadership and strategy • **OVM** is a sole worker and there is a heavy reliance on her: <ul style="list-style-type: none"> - High volume of work = reactive - Lack of day cover/absence cover - Opportunity to build capacity in the team - Opportunity to harness clinical leadership - Care group leaders • Rewrite policy providing up-to-date information about rules and application • Leadership – time to think about how the team works to ensure skills are best applied • Raise profile through strengthened reporting
Processes & IT	Strengths: <ul style="list-style-type: none"> • Processes in place to identify overseas patients and alert the OVM • IT system has option to set flag for an overseas patient • Midwifery booking system currently being refreshed and they are keen to use this opportunity to strengthen identification process at source
	Opportunities: <ul style="list-style-type: none"> • Utilising IT system to forward plan • Provide pricing information to patients early in their treatment pathway • Recognising risk that an overseas patient might not have been previously identified • Standardise booking process through all entry points

<p>Local Health Economy</p>	<p>Strengths:</p> <ul style="list-style-type: none"> • Trust and CCG have discussed risk share mechanism and agreed a pragmatic solution • CCG's are engaged with the process and keen to support the Trust • Overseas are discussed as part of the Joint Technical Working Group
	<p>Opportunities:</p> <ul style="list-style-type: none"> • The CCG has a referral centre, DRSS, which could be used to support early identification of overseas patients on an elective pathway. • Opportunity to get engaged with Universities to educate students to bring their EHIC when then present at the hospital. • CCG can engage GP's to support an increase in information flows. • Regional network exists that can be participated in to increase support to the Trust.

3. Action Plan

The workshop created a prioritised action plan to develop Plymouth Hospitals NHS Trust’s capability in the identification of and cost recovery from chargeable overseas patients.

Objective	Actions	By whom	By when	Possible issues
Identification & Awareness	Management Information – what? - How to obtain? - To whom? Map Trust entry points and patient communication exchange “Idiots guide” checklist for observations Brief to on-call managers training Local admin support to undertake basic processes (e.g. EHIC reporting in A&E/Maternity) Communications plan Communications campaign “Overseas Visitors month”? Mandatory Staff training Face to face engagement sessions at ward/service level			
Leadership & Governance	Fit generic policy to the Trust and get Exec sign off Clinical Governance Policy designed by Care Groups Review Team Structure Appoint an SRO Reporting “protocol” defined (shaped for all staff engagement)			
Processes & IT	Refresh admin procedure notes in line with new policy Ward Champions & training Care Group/Service Line Manager Champions Make alteration to outpatient questionnaire for patients IT/Data capture/systems mapping			

	Average treatment costs with range (guidance) Pre-op assessment questions before system (TIMS) is built Maternity booking form change Obtain mobile credit card machine(s) Mapping Overseas Visitor process end to end (SOP's) Who does what and when? Service line & earnings report (and debt?)			
Local Health Economy	Benchmarking with other Trusts GP engagement University International Offices Create links with commercial port/Brittany Ferries & Falmouth			

4. Next Steps

The workshop agreed the following steps to be taken to start implementing the action plan:

- Additional information will be provided on Department of Health e-Learning for OVMs, Clinicians and Administrators as it becomes available.
- The CRST will touch base with the Trust within three months to discuss progress

Appendix A: The Cost Recovery Programme and the Cost Recovery Support Team

The Cost Recovery Programme

The Cost Recovery Programme aims to improve identification of and cost recovery from chargeable overseas visitors and migrants so that the NHS receives a fair contribution for the cost of the healthcare that it provides.

Issues to overcome	<ul style="list-style-type: none"> • Our National Health Service is overly generous to those who have only a temporary relationship with the UK. • The NHS struggles to identify and recover the cost of care from those not entitled to free treatment.
Objective	<ul style="list-style-type: none"> • To improve cost recovery from visitors and migrants in England to ensure that the NHS receives a fair contribution for the cost of the healthcare it provides.
Programme Goals	<ul style="list-style-type: none"> • Increase amount recovered from chargeable patients and EEA member states by having a fair and manageable cost recovery system. • Improve identification of those patients not entitled to free NHS treatment and work to establish a more effective and comprehensive patient registration scheme • Ensure the maximum amount of money recovered goes directly back into the NHS. • Design effective systems that take particular account of the most vulnerable groups. • Scope the potential for amending and extending charging

The Cost Recovery Support Team (CRST)

The Cost Recovery Support Team forms one part of the overall Cost Recovery Programme and is a key element of the Programme's first phase. The CRST aims to help:

- Raise the profile of cost recovery at a senior level in the NHS
- Help acute Trusts improve their ability to recover costs from chargeable patients
- Share charging 'best practices' across the NHS
- Encourage participation of CCGs, primary care organisations and the wider NHS in cost recovery
- Support the NHS through changes in the charging regime and associated IT systems

Appendix B: Participants

Participants in the Diagnostic Pathway

The CRST would like to thank the following for their participation and involvement in the cost recovery diagnostic pathway.

Plymouth Hospitals NHS Trust Participants

Name	Role
	Deputy Chief Executive
	Director of Operational Finance
	Head of Finance
	Deputy Head of Procurement
	Head of Business Advice
	Emergency Planning and Liaison
	Treasury Team Leader
	Overseas Visitors and NCA Officer
	Finance at NEW Devon CCG
	Local Counter Fraud Specialist
	A&E Consultant
	A&E Reception
	Fracture Clinic Staff Nurse
	Fracture Clinic Reception
	Administration Manager Outpatients
	Reception Co-Ordinator Outpatients
	Administration Manager Erme Ward
	Ward Administrator Main Theatres
	Clinical Systems Manager
	Clinical Coding Manager
	MAU Ward Manager
	SAU Ward Manager
	Midwifery Matron
	Matron
	Ward Clerk
	Maternity Reception
	Women's Day Services Manager
	Medical Director

The members of the CRST for this visit included individuals with a range of different specialisms and expertise. This enabled them to focus on specific aspects of the cost recovery process during the visit.

CRST Facilitators

Name	Role	Contact Details
	Policy Perspective	CRST@dh.gsi.gov.uk
	Clinician Perspective	
	OVM Perspective	
	Finance Perspective	
	European Perspective	
	European Perspective	

Appendix C: Diagnostic Agenda

The CRST visit was an intensive two-day programme involving participants representing multiple roles across the Trust. The agenda for this engagement is attached.

Day One CRST Visit

	CRST Finance/Policy	CRST Clinical/OVM
10:00 AM	Introduction	Introduction
10:30 AM	Meeting with Finance and Contracts Team	Meeting with Trust OVM and Local Counter Fraud Specialist
11:15 AM	Meeting with A/E, reception staff, senior nurse	
11.45 AM	Meeting with Outpatients Reception and Administration Team	
12:30 PM	Break	Break
1:30 PM	Meeting with Clinical Systems Manager	Meeting with Medical Assessment unit
2:00 PM	Meeting with Clinical Coding Manager	Meeting with Surgical Assessment unit
2:30 PM	Meeting with Maternity – clinicians, reception, ward clerk	
3:30 PM	Meeting with Medical Director and Director of Nursing	
4.00PM	Office time (additional time with OVM and team if required)	
5.00PM	Finish	

Day Two CRST Visit

9.00 AM	Office time (additional time with OVM and team if required)	
10.00 AM	Feedback - Review of observations Trust wide	
11:00 AM	BREAK	
11:15 AM	Workshop - Action Planning Trust wide	
12:30 PM	BREAK	
13:30 PM	Review meeting, share relevant observations and agree action plans for the future	EHIC Portal Update/Training
5.00PM	Finish	

Appendix D: References Sources

Information to support cost recovery in Trusts

A wide range of information and template documents and forms to support identification and cost recovery are available in two primary locations on www.gov.uk:

- Department of Health (March 2015) *Guidance on implementing the overseas visitor hospital charging regulations 2015* <https://www.gov.uk/government/publications/guidance-on-overseas-visitors-hospital-charging-regulations>
- The OVM Toolbox. This site contains template letters, posters and guidance related to overseas visitors and the charging regulations. <https://www.gov.uk/government/publications/help-for-nhs-to-recover-costs-of-care-from-visitors-and-migrants>

For more information about identification of and cost recovery from chargeable overseas visitors, please email: nhscostrecovery@dh.gsi.gov.uk

Background Information on Cost Recovery Programme

- Department of Health (July 2014) *Visitor & Migrant NHS Cost Recovery Programme: Implementation Plan 2014–16* www.gov.uk/government/uploads/system/uploads/attachment_data/file/329789/NHS_Implementatation_Plan_Phase_3.PDF
- Creative Research (Oct 2013) *Qualitative assessment of visitor and migrant use of the NHS in England*. (Summary document and full report available) www.gov.uk/government/publications/overseas-visitors-and-migrant-use-of-the-nhs-extent-and-costs
- Prederi (Oct 2013) *Quantitative assessment of visitor and migrant use of the NHS in England*. (Summary document and full report available) www.gov.uk/government/publications/overseas-visitors-and-migrant-use-of-the-nhs-extent-and-costs
- Department of Health (Dec 2013) *Sustaining services, ensuring fairness - Government response to the consultation on migrant access and financial contribution to NHS provision in England* https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/268630/Sustaining_services_ensuring_fairness_-_Government_response_to_consultation.pdf

File reference	W17FOI255
Key words	Overseas visitor NHS use
Date of release	10/08/2017
Attachments	Yes

Freedom of Information Act Disclosure log - Reply Extract

Your request

I am writing to request information relating to the Department of Health's policies and guidance on the regulations for charging 'Overseas Visitors' using the NHS in England. I am interested in understanding how the regulations are being implemented locally and the effect they are having.

I would like to request the following information, most of which I understand is collected and submitted to the Department of Health on a monthly basis under the formal reporting systems.

- 1) In relation to the costs recouped by your Trust as a result of these policies for the financial years 2014/15, 2015/16, and 2016/17, I would like to know:

- a. The total number of 'Overseas Visitors' who were invoiced for using services in each of these financial years.

	2014/15	2015/16	2016/17
Number of invoiced patients	38	60	61

- b. The total amount of income 'Overseas Visitors' were invoiced for in each of these financial years.

	2014/15	2015/16	2016/17
Amount invoiced to Overseas Visitors	£121,457	£135,176	£161,678

- c. The number of these invoices which were sent to UK addresses and the total amount they represented.

The Trust does not hold this information in a form that would allow it to be extracted in the time allowed under the Act. It is considered exempt from supply in accordance with section 12(1) of the Act – Request exceeds the appropriate limit by virtue of section 13.-(1)(a) – The Cost of Compliance exceeds the appropriate limit.

d. The total amount of payments actually recovered in each of these financial years.

	2014/15	2015/16	2016/17
Money recovered from invoiced Overseas Visitors	£99,274	£94,903	£89,414

e. The amount of debts written off in each of these financial years.

The Trust has written off the outstanding debt owed by foreign patients in its financial accounting system as set out below. It should however be noted that the debt remains on record with the UK Border Agency and may result in that person being refused entry into the country until the outstanding debt is paid.

	2014/15	2015/16	2016/17
Amount of debt written off	£7,700	£8,908	£10,926

2) In relation to the costs incurred by your Trust of implementing these policies, I would like to know:

a. The cost of funding the salaries of Overseas Visitors Manager/s and any staff supporting them.

The budget for the Overseas Visitors Manager and supporting staff for 2017/18 is £42,602.

b. Any other costs associated with this work, including those such as facilities and equipment.

The Trust does not hold this information

c. The overall cost of implementing these policies.

The Trust does not hold this information.

3) I would also like to request:

a. copies of any communications with the Department of Health, including emails, electronic documentation and meeting minutes, regarding this matter which relates specifically to your Trust, for example feedback on your performance following submission of the data.

Please find attached Plymouth Hospital NHS Trust's document titled: *Visitor and Migrant Cost Recovery Diagnostic Pathway*. The item is redacted to remove names. The Trust does not have the necessary permission to disclose these details. This avoids a breach of the first two Data Protection Act principles. This is in accordance with section 40-(2)(a) and (b) by virtue of section 40-(3)(a)(i), the personal information exemption as described in the Freedom of Information Act.

b. The minutes of any board meetings where this matter was discussed.

Please find the attached Audit report 19/12/2019

4) Any other information which you believe is relevant to this request.

Not applicable

5) I would also like to know whether or not your Trust has been identified as one of those cited by Jeremy Hunt in 'Making a Fair Contribution' as one that "NHS Improvement will work intensively over the coming months with" because it is considered to be one of those "who has the most potential to recover costs" as a result of its "geography and size".

The Trust has not been identified in this category.