

Overseas Visitors Policy

| Issue Date | Review Date | Version |
|------------|-------------|---------|
| July 2020 | July 2023 | 4 |

Purpose

This policy has been produced to provide clear guidelines to staff for the management of access by overseas visitors to Trust services.

Who should read this document?

All staff groups.

Key Messages

- This policy is concerned with the management of access by individuals who do not normally live in the UK (overseas visitors) when they seek treatment from the University Hospitals Plymouth NHS Trust (hereafter known as the Trust).
- National guidance on the charging of overseas visitors for NHS treatment is in accordance with Section 175 of the [NHS Act 2006](#), National Health Service (Charges to Overseas Visitors) Regulations 2020 and Guidance on Implementing the Overseas Visitors Hospital Charging Regulations 2020.
- The National Health Service (NHS) provides healthcare free of charge to people who are deemed to be 'ordinarily resident' in the United Kingdom (UK). The term 'ordinarily resident' means that the residence is lawful, adopted voluntarily and for settled purposes. Nationals from outside the EEA must have been granted indefinite leave to remain in order to be considered 'ordinarily resident' in the UK.
- The charging regulations place a legal obligation on NHS Trusts in England to establish if people to whom they are providing NHS hospital services are not 'ordinarily resident' in the UK. If they are found not to be 'ordinarily resident' in the UK then charges may be applicable for the NHS services provided. In these cases the Trust must charge the person liable (usually the patient) for the cost of NHS services.
- Nationals from outside the EEA who have paid a Health Surcharge (or Immigration Health Charge) on a temporary migrant visa are exempt from charges.
- Where EEA residents (including British citizens who are ordinarily resident in an EEA country) provide a European Health Insurance Card (EHIC) or PRC form the UK can recover the cost of treatment from the country of residence and the Trust will be paid an additional 25% of tariff. If an EEA resident cannot provide a valid EHIC or PRC form they must be charged for any services provided. If an EEA citizen is 'ordinarily resident' in the UK no charges will be raised to either the patient or the EU member state.

| Core accountabilities | |
|--|---|
| Owner | Christine Pitts, Overseas Visitors Manager (OVM) |
| Review | Overseas Visitors Working Group |
| Ratification | Sarah Brampton, Director of Finance |
| Dissemination | Sarah Brampton, Director of Finance |
| Compliance | Sarah Brampton, Director of Finance |
| Links to other policies and procedures | |
| Trust Administrative Procedure Note for managing Overseas Visitors | |
| Version History | |
| 1 | October 2006 |
| 2 | February 2009 Document reviewed and updated |
| 3 | March 2017 Documented re-drafted and appendices included |
| 4 | July 2023 Document reviewed |

The Trust is committed to creating a fully inclusive and accessible service. Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.

**An electronic version of this document is available in Document Librar.
Larger text, Braille and Audio versions can be made available upon
request.**

Contents

| Section | Description | Page |
|----------------|---|-------------|
| 1 | Introduction | |
| 2 | Purpose, including legal or regulatory background | |
| 3 | Definitions | |
| 4 | Duties | |
| 5 | Trust Application of the Charging Guidance | |
| 5.1 | General Guidance | |
| 5.2 | Identification | |
| 5.3 | Assessment of Eligibility | |
| 5.4 | Exemptions | |
| 5.5 | EEA Visitors | |
| 5.6 | Reciprocal Agreements | |
| 5.7 | Invoicing | |
| 5.8 | Agreement to Pay Form | |
| 5.9 | Exempt Diseases | |
| 6 | Overall Responsibility for the Document | |
| 7 | Consultation and Ratification | |
| 8 | Dissemination and Implementation | |
| 9 | Monitoring Compliance and Effectiveness | |
| 10 | References and Associated Documentation | |
| Appendix 1 | Dissemination Plan and Review Checklist | |
| Appendix 2 | Equality Impact Assessment | |

1 Introduction

- 1.1 This policy is concerned with the management of access by individuals who do not normally live in the UK (overseas visitors) when they seek treatment from the Plymouth Hospitals NHS Trust (hereafter known as the Trust).
- 1.2 National guidance on the charging of overseas visitors for NHS treatment is in accordance with Section 175 of the [NHS Act 2006](#), National Health Service (Charges to Overseas Visitors) Regulations 2020 and Guidance on Implementing the Overseas Visitors Hospital Charging Regulations 2020.
- 1.3 The National Health Service (NHS) provides healthcare free of charge to people who are deemed to be 'ordinarily resident' in the United Kingdom (UK). The term 'ordinarily resident' means that the residence is lawful, adopted voluntarily and for settled purposes. Nationals from outside the EEA must have been granted indefinite leave to remain in order to be considered 'ordinarily resident' in the UK.
- 1.4 The charging regulations place a legal obligation on NHS Trusts in England to establish if people to whom they are providing NHS hospital services are not 'ordinarily resident' in the UK. If they are found not to be 'ordinarily resident' in the UK then charges may be applicable for the NHS services provided. In these cases the Trust must charge the person liable (usually the patient) for the cost of NHS services.
- 1.5 Nationals from outside the EEA who have paid a Health Surcharge (or Immigration Health Charge) on a temporary migrant visa are exempt from charges.
- 1.6 Where EEA residents (including British citizens who are ordinarily resident in an EEA country) provide a European Health Insurance Card (EHIC) or PRC form the UK can recover the cost of treatment from the country of residence and the Trust will be paid an additional 25% of tariff. If an EEA resident cannot provide a valid EHIC or PRC form they must be charged for any services provided. If an EEA citizen is 'ordinarily resident' in the UK no charges will be raised to either the patient or the EU member state.
- 1.7 **Failure to comply with this policy could result in disciplinary action.**

2 Purpose

- 2.1 This policy has been produced to provide clear guidelines to staff for the management of access by overseas visitors to Trust services.

3 Definitions

- 3.1 **Overseas Visitor** – someone who is not deemed 'ordinarily resident' in the UK.
- 3.2 **EEA Visitors** – visitors who are nationals of or ordinarily resident in a European Economic Area (EEA) country. Due to EEA Regulations the charging regulations are different for EEA visitors and those visitors who are nationals or residents of Non-EEA countries.
- 3.2 **EHIC** – The European Health Insurance Card entitles European visitors who are insured through their own State healthcare system to access emergency NHS treatment without charge. The card details must be provided to gain this entitlement.
- 3.3 **E112/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.

- 3.4 **Payment By Results Tariff (PBR)** – The national tariff schedule that the NHS uses for charging for treatment
- 3.5 **Market Forces Factor (MFF)** – The centrally calculated and nationally published percentage that is added to the NHS tariff to reflect the individual cost pressures of each NHS Trust.

4 Duties

- 4.1 The Overseas Visitors Officer is responsible for ensuring that Trust policy is in line with national guidance and that charges are made where appropriate.
- 4.2 It is the responsibility of all staff to adhere to this policy, and the Administrative Procedure Note (APN) that supports this policy, to ensure that that any indications that the patient may not be 'ordinarily resident' in the UK are reported to the Overseas Visitors Officer, so that an assessment of their eligibility for free NHS treatment may be conducted prior to their treatment (or as soon as possible following their treatment if they are an emergency admission).

5 Trust Application of Charging Guidance

5.1 GENERAL GUIDANCE

- 5.1.1 Enquiries regarding overseas visitors should be made to the Overseas Visitors Officer. If the issue is still unclear, advice will be sought from the Department of Health.
- 5.1.2 An individual department or person cannot intervene in individual cases. The decision about whether an individual patient is liable for charges rests with the Overseas Visitors Officer.
- 5.1.3 If an individual patient is identified as liable for charges, payment is required in advance of planned treatment. Where the patient cannot or will not pay in advance the lead clinician will be advised and treatment may still be provided if the patient's condition is assessed as 'urgent' and treatment is 'immediately necessary'. More details on the definitions of 'urgent' and 'immediately necessary' are given in the Guidance on Implementing the Overseas Visitors Hospital Charging Regulations 2020. Where the assessment of the patient's condition and treatment is unclear the decision should be referred to the Medical Director.
- 5.1.4 All staff must refrain from giving advice on eligibility for free treatment unless the Overseas Visitors Officer has advised them accordingly.
- 5.1.5 In order for the Trust to recover all income in respect of the treatment of overseas visitors, all activity must be notified to the Overseas Visitors Officer and recorded on the Trust Patient Administration System (iPM).
- 5.1.6 The Overseas Visitors Officer shall work closely with administration staff, bookings staff, ward staff and departmental clinical staff as required in order to ensure that effective communication takes place in respect of overseas visitor activity.
- 5.1.7 The Overseas Visitors Officer will liaise with external bodies such as the Department of Health, Home Office, University and Local Counter Fraud Service as required.

5.2 IDENTIFICATION

5.2.1 Emergency Attenders

5.2.2 There is no exemption from charge for 'emergency' treatment (other than that given in ED). The Trust will always provide 'immediately necessary' and 'urgent' treatment. In this instance treatment must not be delayed whilst the patient's chargeable status is determined. Failure to do so is in direct breach of the Human Rights Act 1998.

5.2.3 Although no charges can be made to a patient for treatment carried out in ED, if the patient has a European Health Insurance Card (EHIC) the cost of treatment can be recovered centrally from the European Economic Area (EEA) member state by the Overseas Visitors Officer back into the NHS. The Trust then receives 25% of all successful EHIC claims.

5.2.4 All patients attending Emergency Department (ED), or any other emergency access points, including Royal Eye Infirmary (REI) and Children's Assessment Unit (CAU), must be asked their nationality and where they have been resident for the last 12 months. Anyone whose answers indicate that they may not be eligible for free NHS treatment should be referred to the Overseas Visitors Officer.

5.2.5 ED staff (and staff from any other emergency access points) will ask to see any supporting documents and then photocopy any visas or EHIC's that the patient presents. They will place any photocopied documents in the Overseas Visitors file for the Overseas Visitors Officer.

5.2.6 Ward Admissions

5.2.7 If ward staff identify after admission that a patient may not be 'ordinarily resident' in the UK they will contact the Overseas Visitors Officer.

5.2.8 Outpatient Appointments

5.2.9 Outpatient staff will ask all patients their nationality and where they have lived for the last 12 months, as part of the checking in process. If they identify that a patient may not be 'ordinarily resident' in the UK then they will contact the Overseas Visitors Officer urgently so that the patient can be assessed for eligibility while still at the appointment.

5.2.10 Outpatients using self check-in will also be asked where they have lived for the last 12 months, as part of the checking in process. The Overseas Visitors Officer will review any patients disclosing that they have lived outside of the UK within the last 12 months to assess their eligibility.

5.2.11 GP Referrals

5.2.12 In cases where the GP referral letter or DRSS indicates that the patient has recently arrived in the UK or is a resident abroad then the booking team will contact the Overseas Visitors Officer. If, in the opinion of the medical staff, the appointment is not classed as immediately necessary, treatment eligibility must be established before any appointments are made or any treatment is given.

5.2.13 Elective Admissions

5.2.14 Where the patient is chargeable, the Trust should not initiate any treatment process, e.g. by putting the patient on a waiting list, until a deposit equivalent to the estimated full cost of treatment is obtained. If no deposit is obtained then the Trust should not perform the procedure unless it is deemed by the lead clinician to be 'immediately necessary' and 'urgent' (Section 5.1.3).

5.2.15 A patient from an EEA member state can be added to a waiting list in the same way as an NHS patient, as long as they have an E112 or S2 form from their member state authorising payment for their treatment in the UK. The Overseas Visitors Officer will submit the claim to the EEA member state to ensure funding is returned centrally to the NHS.

5.3 ASSESSMENT OF ELIGIBILITY

5.3.1 All patients who provide information that suggests they may not be eligible to access free NHS treatment will be referred to the Overseas Visitors Officer for assessment.

5.3.2 The Overseas Visitors Officer will conduct a patient interview with any patient where further information is required to establish their potential overseas status. Following the interview the Overseas Visitors Officer will amend iPM as necessary and notify staff as appropriate.

5.3.3 In accordance with Department of Health Regulations and Guidance, it is the responsibility of the patient to prove their entitlement to access NHS care. Failure to provide sufficient evidence to prove eligibility will result in an overseas visitor being recorded as NHS Chargeable and charges will be incurred.

5.3.4 If a patient has indicated that they are a visitor to the UK or that they are on holiday, the overseas address must be entered onto the iPM system as the permanent address and the UK address as the temporary address.

5.3.5 If a patient has been admitted as an emergency the Overseas Visitors Officer will get a signed Overseas Agreement to Pay Form from the patient. (Section 5.9).

5.3.6 All elective and outpatient appointments should be paid for in advance.

5.4 EXEMPTIONS

5.4.1 Treatment is chargeable to Overseas Visitors with the exception of:

- Treatment in Accident & Emergency
- Family Planning Services
- Diseases deemed exempt for Public Health reasons (Section 5.10)
- Sexually transmitted diseases, including human immunodeficiency virus (HIV)
- Treatment given to people detained, or liable to be detained, or subject to a community treatment order under the provisions of the [Mental Health Act 1983](#), or other legislation authorising detention in a hospital because of mental disorder
- Treatment (other than that covered by the Mental health Act 1983 exemption above) which is imposed by, or included in, an order of the Court
- Services provided other than in a hospital or by a person who is employed to work for, or on behalf of, a hospital. This means that services provided in the community will be chargeable only where the staff providing them are employed by or on behalf of an NHS hospital
- People who have paid the health surcharge

- Refugees and asylum seekers, including failed asylum seekers supported by the Home Office under section 4, or section 95 of the [Immigration and Asylum Act 1999](#). (Failed asylum seekers not supported by the Home Office are chargeable from the date their appeal is rejected)
- Children in the care of the Local Authority
- Victims of human trafficking
- Exceptional humanitarian reasons as approved by the Secretary of State for Health
- NATO personnel and attached civilians
- People who receive UK war pensions
- Members of HM UK forces
- People working abroad for the British Council or the Commonwealth War Graves Commission who were ordinarily resident in the UK prior to being posted overseas
- Prisoners and detainees
- People working on ships registered in the UK

5.5 EEA VISITORS

As the UK and EU have concluded a Withdrawal Agreement, there will be no change to how EEA and Swiss citizens access healthcare in the UK until 31 December 2020.

- 5.5.1 Arrangements for European Union Overseas Visitors are governed by the [European Union \(EU\) Social Security Regulations \(Regulations \(EC\) 883/2004 and 987/2009 for EU member states, and Regulations \(EEC\) 1408/71 and 574/72](#) for Iceland, Liechtenstein, Norway and Switzerland).
- 5.5.2 In practice this applies to residents of other EEA states and Switzerland, including third country nationals, who are entitled to hold a European Health Insurance Card (EHIC) issued by their country of residence or, in some cases, the country which is the 'competent authority' for them.
- 5.5.3 For the purposes of the Overseas Visitors Charging Regulations, the EEA comprises all the EU member states (Austria, Belgium, Bulgaria, Croatia, Cyprus (Southern), Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Republic of Ireland, Romania, Slovakia, Slovenia, Spain, Sweden and the UK), plus Iceland, Liechtenstein, Norway and Switzerland.
- 5.5.4 The EHIC provides for free NHS treatment that is medically necessary during their visit. **Visitors from Switzerland or the EEA (except Ireland) that do not provide an EHIC/PRC must be charged for their NHS hospital treatment, unless a different exemption applies to them under the Charging Regulations.**
- 5.5.5 Visitors from the Republic of Ireland do not need to provide an EHIC but simply must provide evidence that they are resident in the Republic of Ireland in order to receive free NHS treatment that is medically necessary during their visit.

5.6 RECIPROCAL AGREEMENTS

- 5.6.1 Reciprocal Agreements provide for free treatment only when the need for it arises during a visit. Pre-existing conditions that acutely exacerbate here, or in the opinion of a clinician need prompt treatment to prevent them from acutely exacerbating, e.g. dialysis, are also included. The routine monitoring of chronic/pre-existing conditions is 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.

5.6.2 Patients covered by a Reciprocal Agreement are as follows:

| Country | Level of cover provided (see key) | Further information |
|--------------------------|-----------------------------------|---|
| Anguilla | 1* | Applies to all residents of that country. Can also refer four patients to the UK for free NHS hospital treatment. |
| Australia | 1* | Applies to all residents of that country. |
| Bosnia and Herzegovina | 3 | Applies to all insured persons of that country. |
| British Virgin Islands | 1* | Applies to all residents of that country. Can also refer four patients to the UK for free NHS hospital treatment. |
| Falkland Islands | 4 | Applies to all residents of that country. Can refer an unlimited number of patients to the UK for free elective treatment. |
| Faroe Islands | 2 | Applies to Faroese residents who are Danish Nationals. |
| Gibraltar | 3 | Applies only to citizens resident in that country when that citizen is not expected to stay in the UK for more than 30 days. Can also refer an unlimited number of patients to the UK for free elective treatment (see 10.4). |
| Isle of Man | 2 | Applies to all residents of the Isle of Man for a period of stay in the UK that has not exceeded, nor is expected to exceed, three months. |
| Jersey ¹⁹ | 2 | Applies to all residents of Jersey for a period of stay in the UK that has not exceeded, nor is expected to exceed, three months. |
| Kosovo | 3 | Applies to all insured persons of that country |
| Macedonia | 3 | Applies to all insured persons of that country. |
| Montenegro | 3 | Applies to all insured persons of that country. |
| Montserrat | 1* | Applies to all residents of that country. Can also refer four patients per year for free NHS hospital treatment. |
| New Zealand | 2 | Applies only to citizens resident in that country. |
| Serbia | 3 | Applies to all insured persons of that country. |
| St Helena | 1* | Applies to all residents of that country. Does not include Ascension Island or Tristan da Cunha. Can also refer four patients per year for free NHS hospital treatment. |
| Turks and Caicos Islands | 1* | Applies to all residents of that country. Can also refer four patients per year for free NHS hospital treatment. |

5.6.3 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.

5.6.4 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.

5.6.5 * 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.

5.6.6 Any patients coming to the UK from these countries for elective treatment need to be assessed by the Overseas Visitors Officer to ensure that the relevant authorisation is received from the reciprocal country.

5.6.7 All other overseas visitors will be deemed to be NHS Chargeable.

5.7 INVOICING

5.7.1 Any patient not eligible for free NHS care is deemed to be NHS Chargeable. The Overseas Visitors Officer will ensure an invoice is raised from the information given on the Overseas Patient Agreement to Pay Form, (Section 5.8).

5.7.2 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 non-European patients.

5.7.3 For any elective Overseas Visitors who are not covered by an E112/S2 form, an invoice will be raised by the Overseas Visitors Officer as detailed above and payment must be received in advance of the admission.

5.7.4 The Overseas Visitors Officer will inform the Business Advise team of any treatment that is planned under a S2 form so that the appropriate arrangements can be made to charge the activity to the correct EEA member state.

5.7.5 The Treasury Team Leader will be responsible for collecting payments and for debt management procedures in line with Trust guidelines. They will liaise with the Overseas Visitors Officer regarding any outstanding accounts.

- 5.7.6 The Overseas Visitors Officer will report any debts that are over £500 and have been outstanding for 3 months to the Department of Health, in line with the Charging Guidelines 2015.
- 5.7.7 The Overseas Visitors Officer will provide details to Performance Information of all invoices raised to chargeable patients on a quarterly basis. Performance Information will liaise with the CCG to ensure that charges are made to them in accordance with the Charging Guidelines 2015 to safeguard the risk of non-payment to the Trust. Subsequent payments from patients will be notified to Performance Information so that refunds can be made accordingly to the CCG.

5.8 AGREEMENT TO PAY FORM

AGREEMENT TO PAY FORM NHS Chargeable Overseas Visitor

To be completed by the Patient or their representative, in block capitals:

Name of Patient: Date of Birth:.....
UK Address:
Home Address:
Name of person giving undertaking:
UK Address:
Home Address:
Relationship to Patient:

I accept liability for payment of the charges determined by Plymouth Hospitals NHS Trust for accommodation, treatment, investigations and all other services provided to me as a private patient, including all diagnostic tests, procedures, treatment and appliances carried out resulting from this hospital course of treatment.

I accept that the Trust reserves the right to require payment of its charges in advance and terms and conditions as enclosed.

Signed: Date:

Witnessed: Status:

Do you have Private Health Insurance? Yes No

If YES please fill in the details below:

Policy No: Authorisation Code:

Insurance Company:

Address:

..... Telephone:

In the event of non-payment or a payment shortfall, under the terms of the patient's medical insurance agreement, I undertake to settle the outstanding balance upon request.

TERMS OF BUSINESS FOR NHS CHARGEABLE OVERSEAS VISITOR

Introduction

If the patient has been deemed to be chargeable, the Trust is required under the provisions of section 175 of the National Health Service Act 2006 and other statutes and NHS regulations to make charges in respect of Overseas Visitors.

General Information

A written undertaking to pay the charges must be given before a patient can be treated as an Overseas Visitor. The hospital charges used are the nationally agreed NHS tariff.

Insured Patients

If you are insured you must indicate your insurance details on your Agreement to Pay Form, retaining one copy only for your records.

You should note that being insured does not mitigate your liability as an individual to pay for any and all treatment given by the Trust should your insurer, for whatever reason, not agree to reimburse the Trust in respect of any and all charges levied by the Trust for your care.

You should check with your insurer that the policy you hold with your insurer covers you for the treatment that you require. Some insurance companies will provide you with an authorisation number for each episode of treatment, which you should indicate on the Agreement to Pay Form.

Where you are covered by an insurer, the Trust will expect that you pay any and all charges not covered by your policy and/or which your insurer refuses to pay for within 14 days of the date of the Trust's invoice.

Non-insured Patients

If you have elected to pay for the treatment yourself then you must indicate this on the Agreement to Pay Form.

Methods of Payment

Paying by cheque: Cheques should be made payable to 'Plymouth Hospitals NHS Trust' and crossed account payee only. You should send your cheque in the envelope with your Agreement to Pay Form.

Paying by debit/credit card: Debit/credit card payments should be made to the cashier by phone or through personal visit. Please ensure that you have your card details available including the card company, card number, card expiry date and the full name of the person listed on the card.

Paying by cash: Cash payments should be made to Cashiers by personal visit within normal working hours of 8:30 am to 4:00 pm, Monday to Friday.

Queries

If you do have any queries please do not hesitate to contact the Overseas Visitors Officer on 01752 437055.

5.9 EXEMPT DISEASES

Certain diseases are exempt for Overseas Visitors where treatment is necessary to protect the wider public health. This exemption from charge will apply to the diagnosis even if the outcome is a negative result. It will also apply to the treatment necessary for the suspected disease up to the point that it is negatively diagnosed. It does not apply to any secondary illness that may be present even if treatment is necessary in order to successfully treat the exempted disease. These diseases are defined in the Department of Health Guidance on Implementing the Overseas Visitors Hospital Charging Regulations (Oct 2015)

The exempt diseases are:

- Acute encephalitis
- Acute poliomyelitis
- Anthrax
- Botulism
- Bruscellosis
- Cholera
- Diphtheria
- Enteric fever (typhoid and paratyphoid fever)
- Food poisoning
- Haemolytic uraemic syndrome (HUS)
- Human Immunodeficiency Virus (HIV)
- Infectious bloody diarrhoea
- Invasive group A streptococcal disease and scarlet fever
- Invasive meningococcal disease (meningococcal meningitis, meningococcal septicaemia and other forms of invasive disease)
- Legionnaires' Disease
- Leprosy
- Leptospirosis
- Malaria
- Measles
- Middle East Respiratory Syndrome (MERS)
- Mumps
- Novel coronavirus (2019-nCoV)
- Pandemic influenza (defined as the 'Pandemic Phase'), or influenza that might become pandemic (defined as the 'Alert Phase') in the *World Health Organization's Pandemic Influenza Risk Management Interim Guidance*
- Plague
- Rabies
- Rubella
- Sexually transmitted infections
- Severe Acute Respiratory Syndrome (SARS)
- Smallpox
- Tetanus
- Tuberculosis
- Typhus
- Viral haemorrhagic fever (which includes Ebola)
- Viral hepatitis
- Whooping cough
- Yellowfever

6 Overall Responsibility for the Document

The Overseas Visitors Officer is responsible for updating this document with any changes in Trust policy or charging guidance. The changes will be reviewed and approved by the Overseas Visitors Working Group, chaired by the Director of Finance.

7 Consultation and Ratification

The design and process of review and revision of this policy will comply with The Development and Management of Formal Documents.

The review period for this document is set as default of three years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.

This document will be reviewed by the Overseas Visitors Working Group and ratified by the Director of Finance.

Non-significant amendments to this document may be made, under delegated authority from the Director of Finance, by the nominated owner. These must be ratified by the Director of Finance.

Significant reviews and revisions to this document will include a consultation with the Overseas Visitors Working Group. For non-significant amendments, informal consultation will be restricted to staff groups who are directly affected by the proposed changes.

8 Dissemination and Implementation

Following approval and ratification, this policy will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process, currently the Information Governance Staffnet Page.

Document control arrangements will be in accordance with The Development and Management of Formal Documents.

The document owner will be responsible for agreeing the training requirements associated with the newly ratified document with the Director of Finance and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

9 Monitoring Compliance and Effectiveness

- The Overseas Visitors Officer will review and follow-up data identifying patients with indicators of Overseas Visitors status. Any Overseas Visitors identified that have not been identified or not reported by staff responsible for the care, or administration of care, of the patient will be followed up to identify and weaknesses in controls.

- Where weaknesses in controls are identified these will be addressed with the Service Line.
- Where failure to comply with policy is due to staff choice this will be followed-up as a disciplinary issue with the Service Line.

10 | References and Associated Documentation

[NHS Act 2006](#)

National Health Service (Charges to Overseas Visitors) Regulations 2020

Guidance on Implementing the Overseas Visitors Hospital Charging Regulations 2020.

| Dissemination Plan | | | |
|--------------------------------------|---|--------------------------------------|-----------------------------|
| Document Title | Overseas Visitors Plan | | |
| Date Finalised | July 2020 | | |
| Previous Documents | | | |
| Action to retrieve old copies | Remove old version from Trust Documents | | |
| Dissemination Plan | | | |
| Recipient(s) | When | How | Responsibility |
| All Trust staff | | Information Governance StaffNet Page | Information Governance Team |
| | | | |

| Review Checklist | | |
|--|--|---|
| Title | Is the title clear and unambiguous? | Y |
| | Is it clear whether the document is a policy, procedure, protocol, framework, APN or SOP? | Y |
| | Does the style & format comply? | Y |
| Rationale | Are reasons for development of the document stated? | Y |
| Development Process | Is the method described in brief? | Y |
| | Are people involved in the development identified? | Y |
| | Has a reasonable attempt has been made to ensure relevant expertise has been used? | Y |
| | Is there evidence of consultation with stakeholders and users? | Y |
| Content | Is the objective of the document clear? | Y |
| | Is the target population clear and unambiguous? | Y |
| | Are the intended outcomes described? | Y |
| | Are the statements clear and unambiguous? | Y |
| Evidence Base | Is the type of evidence to support the document identified explicitly? | Y |
| | Are key references cited and in full? | Y |
| | Are supporting documents referenced? | Y |
| Approval | Does the document identify which committee/group will review it? | Y |
| | If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document? | Y |
| | Does the document identify which Executive Director will ratify it? | Y |
| Dissemination & Implementation | Is there an outline/plan to identify how this will be done? | Y |
| | Does the plan include the necessary training/support to ensure compliance? | Y |
| Document Control | Does the document identify where it will be held? | Y |
| | Have archiving arrangements for superseded documents been addressed? | Y |
| Monitoring Compliance & Effectiveness | Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document? | Y |
| | Is there a plan to review or audit compliance with the document? | Y |
| Review Date | Is the review date identified? | Y |
| | Is the frequency of review identified? If so is it acceptable? | Y |

| | | |
|-------------------------------|---|---|
| Overall Responsibility | Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document? | Y |
|-------------------------------|---|---|

| Core Information | |
|--|---|
| Date | July 2020 |
| Title | Overseas Visitors Policy |
| What are the aims, objectives & projected outcomes? | Providing guidance on the application of national policy on the charging of overseas visitors for NHS treatment is in accordance with Section 175 of the NHS Act 2006 , National Health Service (Charges to Overseas Visitors) Regulations 2020 and Guidance on Implementing the Overseas Visitors Hospital Charging Regulations 2020 |
| Scope of the assessment | |
| | |
| Collecting data | |
| Race | Eligibility for free NHS treatment is assessed based on the right to reside, this is made without reference to race, religion, disability, sex, gender, sexual orientation or age. |
| Religion | Eligibility for free NHS treatment is assessed based on the right to reside, this is made without reference to race, religion, disability, sex, gender, sexual orientation or age. |
| Disability | Eligibility for free NHS treatment is assessed based on the right to reside, this is made without reference to race, religion, disability, sex, gender, sexual orientation or age. |
| Sex | Eligibility for free NHS treatment is assessed based on the right to reside, this is made without reference to race, religion, disability, sex, gender, sexual orientation or age. |
| Gender Identity | Eligibility for free NHS treatment is assessed based on the right to reside, this is made without reference to race, religion, disability, sex, gender, sexual orientation or age. |
| Sexual Orientation | Eligibility for free NHS treatment is assessed based on the right to reside, this is made without reference to race, religion, disability, sex, gender, sexual orientation or age. |
| Age | Eligibility for free NHS treatment is assessed based on the right to reside, this is made without reference to race, religion, disability, sex, gender, sexual orientation or age. |
| Socio-Economic | If a patient is assessed as chargeable payment must be requested in advance of treatment, wherever possible. If the patient refuses to pay or lacks the means to pay it is a breach of human rights to withhold treatment that is deemed urgent or immediately necessary. |
| Human Rights | If a patient is assessed as chargeable payment must be requested in advance of treatment, wherever possible. If the patient refuses to pay or lacks the means to pay it is a breach of human rights to withhold treatment that is deemed urgent or immediately necessary. |
| What are the overall trends/patterns in the above data? | N/A this data is not collected. |

| Involving and consulting stakeholders | | | | |
|---|---|-------|-----------------|-----------------|
| Internal involvement and consultation | Consultation with the Overseas Visitors Working Group (members include the Director of Finance, Medical Director and Head of Patient Access). | | | |
| External involvement and consultation | Reference is national guidance. | | | |
| Impact Assessment | | | | |
| Overall assessment and analysis of the evidence | Assessment of eligibility for free NHS treatment is based on residency and not on any protected characteristics. | | | |
| Action Plan | | | | |
| Action | Owner | Risks | Completion Date | Progress update |
| | | | | |
| Specific issues and data gaps that may need to be addressed through consultation or further research | None. | | | |