

OVERSEAS VISITOR PATIENTS POLICY

POLICY

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	X		
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Author (Position & Name)	Julie Mayfield, Procurement Business Support Manager		
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1.0 INTRODUCTION

The NHS provides healthcare free of charge for people who are ordinarily resident in the UK. When a person who is not 'ordinarily resident' in the UK (an 'overseas visitor') requires NHS (secondary care) treatment, they will be subject to the NHS (Charges to Overseas Visitors) Regulations 2011, as amended (the "Overseas Visitors Charging Regulations"). A person who is not 'ordinarily resident' in the UK falls within the definition of an 'overseas visitor' and may incur a charge for treatment.

2.0 POLICY STATEMENT

The purpose of this Overseas Visitors Policy is to define the approach and decision making taken by Sherwood Forest Hospitals NHS Foundation Trust (The Trust) in applying the same robust process fairly and non-discriminately to all patients. This process will allow us to identify which patients are entitled to free NHS (secondary care) treatment and which patients will be liable pay charges for their treatment.

The NHS (Charges to Overseas Visitors) Regulations 2011 were implemented in August 2011 (amended by Charging Regulations updated in April 2015) and apply to all courses of treatment commenced on or after that date. The Regulations were subsequently amended in 2017, 2020 and 2021

The latest national guidance can be found here:

[Overseas NHS visitors: implementing the charging regulations - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/overseas-nhs-visitors-implementing-the-charging-regulations)

The regulations place a legal obligation on NHS Trusts to establish whether patients presenting for treatment are 'ordinarily resident' in the UK or whether they are overseas visitors.

NHS Trusts are also required to establish whether overseas visitors are exempt from charges and to charge them for NHS treatment if not. This is not optional and no one in the Trust has the authority to waive these charges.

The Trust is committed to ensuring that the Hospital Charging Regulations are implemented and consistently used across the Trust with a robust and sensitive approach.

The Trust will implement measures to pursue an overseas visitor's debt, to recover the charge from those liable to pay. If appropriate, this will include reporting the outstanding debtors to the Home Office and UK Border Agency as per regulations.

The Trust will advise all overseas visitors of the changes to Freedom of Movement post Brexit and give information regarding applying to the European Union Settlement Scheme.

3.0 DEFINITIONS/ ABBREVIATIONS

Charging Regulations – means the National Health Service (Charges to Overseas Visitors) Regulations 2015, as amended in 2017 and 2020

EEA – refers to countries in the European Economic Area, which comprises the Member States of the European Union, and Norway, Iceland and Liechtenstein.

EU – refers to member states of the European Union.

EUSS – refers to the Home Office EU Settlement Scheme

Overseas Visitor – An overseas visitor is defined under the Charging Regulations as someone who is not ordinarily resident in the UK.

OVO – Overseas Visitors Office, based on Floor 3, TB3

Immediately Necessary Treatment – Treatment a patient needs to save their life, or prevent a condition from becoming immediately life-threatening, or promptly to prevent permanent serious damage from occurring. It must never be withheld from chargeable overseas visitors pending payment, although charges will still apply. Failure to provide immediate and necessary treatment may be unlawful under the Human Rights Act 1998.

Urgent Treatment – Treatment that clinicians do not consider immediately necessary, but which nevertheless cannot wait until the person can be reasonably expected to return home. An ‘Undertaking to Pay’ form should be signed prior to treatment, but treatment should not be delayed or withheld for the purposes of securing payment.

Non-Urgent Treatment – Routine elective treatment which can wait until the patient can return home. The patient’s chargeable status should be established after the initial referral to the Trust. If the patient is chargeable, the Trust will not put the patient on a waiting list or provide any treatment until the patient has paid in full.

Needs-arising treatment – also known as medically necessary treatment or treatment the need for which arose during a visit to the UK. Means treatment needed where the diagnosis of a condition is made when the first symptoms arise during a visit to the UK. It also applies where, in the opinion of a doctor or dentist employed by the relevant body, treatment is needed quickly to prevent a pre-existing condition increasing in severity, eg. Dialysis. It does not include routine monitoring of an existing condition such as diabetes, nor does it cover treatment that an overseas visitor travelled to the UK for the purposes of seeking, or treatment that can safely await until the overseas visitor can reasonably be expected to leave the UK.

Health Surcharge – An immigration health charge is now payable by non-EEA nationals who apply for a visa to enter or remain in the UK for more than 6 months. Payers of the surcharge are entitled to NHS funded healthcare on the same basis as someone who is ordinarily resident. Those who have paid the surcharge (or are exempt from paying it) will be identified by a green banner in the ‘Chargeable status’ section of the Summary Care Record.

EHIC – the European Health Insurance Card (previously E111). In the UK, new applicants will be issued with a GHIC (Global Health Insurance Card). Those who hold a UK EHIC will continue to be able to use that EHIC in the EU until its stated expiry date.

S1 – issued to pensioners, posted or frontier workers, and their family members.

S2 – payment guarantee from the issuing country for planned treatment.

4.0 ROLES AND RESPONSIBILITIES

All staff should ensure that:-

- Patients presenting to the Trust for any kind of treatment are asked about their residency status to identify whether they are potentially chargeable.
- In all instances where a patient is identified as potentially chargeable for treatment, the Overseas Visitors Office (OVO) is contacted to ensure that eligibility for free care can be clarified before any non-emergency treatment is given.

All General Managers should ensure that:-

- Overseas visitors who are chargeable are not placed on waiting lists or given elective treatment without payment first being made and/or an undertaking to pay completed.
- 'Are you visiting the United Kingdom?' leaflets and posters highlighting the overseas visitor regulations are displayed in every clinical area within the Trust.
- All staff have a basic awareness of the regulations around overseas visitors to ensure 'Do you Live in the UK Permanently?' is a standard question asked of every patient presenting to the Trust.
- Staff are aware that if they are found to have colluded with an overseas visitor to obtain free NHS treatment that they are not entitled to, they will be subject to a disciplinary offence and could also be considered fraudulent.

All Clinical Leads and Matrons should ensure that:-

- Clinical staff in all areas are aware of the regulations in relation to eligibility for free NHS hospital care and know who to contact for advice and support

All Clinical Staff:-

- Should be aware of the regulations around eligibility for free NHS hospital care but are not expected to make judgements regarding the eligibility of patients to free NHS hospital treatment. However, if they first become aware that they the patient may not be 'ordinarily resident' in the UK, they should notify the OVO/Manager.
- Should not indicate to patients that treatment will be free until this has been established by the OVO.
- Must ensure that if a patient has been identified as a chargeable overseas visitor but is unwilling or unable to pay, the relevant clinician liaises with the OVO to agree whether the treatment required is 'immediately necessary' or could wait until the patient returned home. In all cases, Clinician Patient Assessment Form (Appendix 3) should be completed by the clinician and added to the patient's notes.
- Should produce medical reports as required by insurance companies, when an overseas visitor is covered by an insurance policy.
- Should be aware that the treatment of chargeable overseas patients is subject to the same clinical priority as other NHS patients. Clinicians cannot charge these patients for their services unless the patient has come to the UK specifically for elective treatment. In such cases they will be treated as a private patient and charged in line with the Trust's Private Patient Tariff.

- May arrange for a patient to come to the Trust for elective treatment but must liaise with the Private Patient /Overseas team to ensure robust financial arrangements are in place.

The Trust's OVO will be available to:-

- Liaise with and provide expert advice and support to the Trust's staff and patients in line with the Department of Health and Social Care's (DHSC) guidance.
- Provide and facilitate training and/or briefing events for clinical and administrative staff who come into contact with patients, as required. This training will provide staff with an awareness and guidance as to the baseline questions that should be asked of every patient who presents to the Trust.
- Evaluate and implement any changes to guidance or legislation in relation to overseas visitors to the Trust.
- Ensure that all patient areas have supplies of the standard posters and leaflets highlighting the Overseas Visitor Charging Regulations.
- Arrange for patients who have been identified as potential overseas visitors to be interviewed by the OVO. The interview will take place at the earliest opportunity to establish their eligibility for free NHS secondary care.
- Inform the clinical and administrative team if the patient who has been interviewed is chargeable.
- Ensure that all staff have an understanding of the importance of identifying potential overseas visitors and recording information accurately and correctly on hospital systems and in patient notes.
- Inform Information Services, who will update CareFlow and submit all required information via the portal to the Department of Work and Pensions (DWP) for all patients covered for treatment by EHICs (European Health Insurance Card) and S2. This enables the Trust to be reimbursed for the cost of the patient's care.
- Create and dispatch invoices for overseas visitors and advise patients how they can make payments.
- Liaise with the designated members of staff within the Finance Department to get information regarding debtors.
- Work with Finance to implement reasonable steps to recover any outstanding debts and report all outstanding debts amounting to more than £500.00 and over 90 days to the Home Office and Borders Agency in line with regulations.
- Ensure that the overseas visitors' database is maintained and invoices can be analysed by country and division.

5.0 APPROVAL

This Policy was approved by Executive Committee members on 15/09/21

6.0 DOCUMENT REQUIREMENTS

The process required by this policy is as follows:

- All patients presenting to the Trust will be asked about their residency status in the UK. This is to ensure that the Trust is applying the regulations consistently and that there is no discrimination between patients.
- There are baseline questions which will be asked by all staff to establish a patient's residency. A flow chart to illustrate this process is available at Appendix 6.
- If the patient's response indicates that they are not permanently living in the UK or if their residency is in doubt e.g. no GP or NHS number or a GP's referral letter indicates that the patient is not ordinarily resident in the UK, the OVO should then be contacted immediately to arrange for the patient to be interviewed prior to treatment (if out of hours see section 6, page 9).
- Staff do not need to ask any further questions as the interview will be carried out sensitively by the Overseas Visitors Team who have been trained appropriately.
- If it is the opinion of medical staff that the treatment is needed urgently, this should go ahead without delay and should never be withheld while the patient's eligibility is clarified. Potentially chargeable patients should be interviewed by the Overseas Visitors Team as soon as they are well enough to advise that their treatment may be chargeable.
- The purpose of the interview is to establish whether the patient is chargeable or not. They must prove that they are ordinarily and lawfully resident in the UK, or that they meet one of the exemption criteria. Evidence must be produced to support this. If the patient does not produce evidence to support their claim, the Trust may charge for treatment.
- If it is established that the patient is able to claim exemption for the treatment they require, then the patient's permanent overseas address should be recorded on CareFlow system whenever possible.
- Following interview, if it is established that the patient is liable for charges for their treatment, they should be informed of this immediately by the OVO. The patient's clinical and administrative team should also be informed. The patient will be asked to complete and sign an Undertaking to Pay form and will be liable for charges even if they refuse to sign the form. Where possible, patients should be given an estimated cost of their care.
- If the overseas visitor is an emergency inpatient, the OVO will give the patient an Undertaking to Pay form to cover treatment given when or if appropriate and explain any possible future charges.
- If the patient requires elective treatment, the OVO will consult the clinician caring for the patient and provide an estimate based upon their advice. This will then give the patient and their family the choice to decide whether they wish to proceed with treatment. Elective treatment/surgery will be on a strictly 'pay as you go' basis and will not go ahead without payment first being received. If the overseas visitor has travel insurance, they will be required to pay for their treatment at the Trust and then subsequently reclaim from their insurer upon their return home.
- If an overseas visitor is unable or unwilling to pay when applicable, the Clinical team, Finance and Business Manager together with the Divisional Management Team will implement a plan for the patient's future management of care. This plan will minimise expenditure to the Trust but ensure the patient's safety, working in conjunction with the Trust's Medical Director if required. A Clinician Patient Assessment Form must be completed by the Clinician and inserted into the patient's notes.

- If a patient has debts accruing under continuing care at the Trust, the Business Manager should liaise with the Clinical team, Finance and the Divisional Manager and if appropriate, the patient, to implement a plan for debt recovery. If this could potentially lead to any treatment being withdrawn, the Clinical Director, Medical Director and Trust Secretary should be informed of the situation immediately.
- Immediate emergency care may be required to an overseas patient who does not have the means to pay for their treatment which can result in substantial debt. Also, there will be occasions when a patient cannot be traced after discharge because they have given false information. As the Trust is committed to providing any immediate and necessary treatment for all overseas visitors, on occasions these significant debts will be written off if the patient has no means to pay.
- If it becomes apparent that a commissioner has been charged for the treatment/care of a patient who is subsequently found to be a chargeable overseas visitor (e.g. a patient fails to provide eligibility or an alert is received from UKBA), payment will be returned to the commissioner and an invoice issued to the patient.
- No other person becomes responsible for the debt of a patient's care if they die without payment for treatment being made. The Trust will endeavor to seek repayment from the patient's estate if applicable but will write off the debt if this is unsuccessful.

Out of Hours Process:

Where it is not possible for a patient to be interviewed immediately by the Overseas Visitors Team (evenings and weekends), then the following procedure should be adhered to:-

- If available, take a copy of a valid EHIC or PRC or S1 or S2
- If available, take a copy of the patient's passport and any other ID, i.e. driving license, utility bill etc. (with an address).
- Continue with treatment but inform clinical staff that patient maybe an overseas visitor.
- Inform the Overseas Visitors Team by email at: sfh-tr.overseas.visitors@nhs.net who will arrange collection of copies of all documents.

7.0 MONITORING COMPLIANCE AND EFFECTIVENESS

Minimum Requirement to be Monitored (WHAT – element of compliance or effectiveness within the document will be monitored)	Responsible Individual (WHO – is going to monitor this element)	Process for Monitoring e.g. Audit (HOW – will this element be monitored (method used))	Frequency of Monitoring (WHEN – will this element be monitored (frequency/ how often))	Responsible Individual or Committee/ Group for Review of Results (WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who)
All information disseminated from DHSC will be monitored to ensure this policy is current and compliant.	Business Support Manager	Monitoring of websites: DH eXchange GOV.UK Receipt of updates from GOV.UK and DHSC	Weekly	Strategic Head of Procurement Finance Committee Verbal

8.0 TRAINING AND IMPLEMENTATION

- Document should be mentioned during Induction/Orientation Day.
- Document will available on internet and intranet
- PowerPoint presentation will be circulated
- Individual group training will be offered if deemed appropriate/on request

9.0 IMPACT ASSESSMENTS

- This document has been subject to an Equality Impact Assessment, see completed form at Appendix 7
- This document is not subject to an Environmental Impact Assessment

10.0 EVIDENCE BASE (Relevant Legislation/ National Guidance) AND RELATED SFHFT DOCUMENTS

Evidence Base:

This policy has been written with reference to:-

- The National Health Service (Charges to Overseas Visitor) Regulations 2011
- Guidance on Implementing the Overseas Visitor Hospital Charging Regulations February 2021 (DHSC)

Related SFHFT Documents:

- Scheme of Delegation – Section 39 (a)

11.0 APPENDICES

Appendix 1 Detailed List of Services Which are Exempt from Charges

Appendix 2 Undertaking to Pay Form

Appendix 3 Clinician Patient Assessment Form

Appendix 4 Patient Letter 1 – Requesting Documents

Appendix 5 Patient Letter 2 – No response: Final Reminder

Appendix 6 Flowchart

Appendix 7 EQIA

Appendix 1

Detailed List of Services Which are Exempt from Charges

Some relevant services are free to everyone, even if the patient would be liable to pay for other services. The current list of exempt services comprises:

- Accident and Emergency (A&E) services (whether provided at an A&E Department or similar e.g. urgent care centre, walk-in centre or minor injuries unit) but not including services provided after the overseas visitor is accepted as an inpatient or at a follow-up outpatient 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. Note that some walk-in centres provide primary care services rather than A&E-type services and overseas visitors cannot be charged for such services either because primary care services are not within the scope of the regulations;
- Family planning services, which means services that supply contraceptive products and devices to prevent pregnancy (termination of an established pregnancy is not a method of contraception or family planning);
- The diagnosis and treatment, including routine screening and routine vaccinations, of the conditions specified in Schedule 1 to the Charging Regulations which is necessary to protect the wider public health. This exemption from charge will apply to the diagnosis of the condition, even if the outcome is a negative result. It will also apply to any treatment provided for a suspected specified condition, 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 condition;

The conditions to which the exemption applies are:

- Acute encephalitis
- Acute poliomyelitis
- Anthrax
- Botulism
- Brucellosis
- Cholera
- Diphtheria
- Enteric fever (typhoid and paratyphoid fever)
- Food poisoning
- Haemolytic uraemic syndrome (HUS)
- Human immunodeficiency virus (HIV) 30
- 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
- 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
- Severe acute respiratory syndrome (SARS)
- Smallpox
- Tetanus
- Tuberculosis
- Typhus

- Viral haemorrhagic fever (which includes Ebola)
 - Viral hepatitis
 - Whooping cough
 - Wuhan novel coronavirus (2019-nCoV)
 - Yellow fever
-
- The diagnosis and treatment, including routine screening and routine vaccinations, of sexually transmitted infections;
 - Palliative care services provided by a registered palliative care charity or a community interest company;
 - Services provided as part of the "NHS 111" telephone advice line commissioned by a Clinical Commissioning Group or the NHS England;
 - Services provided for treatment of a condition caused by
 - Torture
 - Female genital mutilation
 - Domestic violence
 - Sexual violence; including treatment of both physical and mental illness, or an acute or Chronic condition. The exemption applies wherever the violence has been experienced (including violence that occurred abroad), provided that the overseas visitor has not travelled to the UK for the purpose of seeking treatment. Any other treatment that they need that is not caused by that violence is not free, unless covered by another exemption.

Appendix 2

King's Mill Hospital
Mansfield Road
Sutton in Ashfield
Nottinghamshire
NG17 4JL

Tel: 01623 672325

Undertaking to Pay NHS hospital costs – Overseas Visitor

Declaration

I confirm that the information I have provided in this form is correct and that I have read and understood the terms and conditions at the end of this form.

The fees payable for the services specified in this form have been explained to me and I understand that I am legally responsible for all hospital charges related to those services.

I confirm I have been provided with a comprehensive indication of the likely total cost of charges. I understand that the final charges will only be confirmed on invoice after treatment has been completed and that the invoiced charges may be different to the estimate.

I understand that I will be advised of any changes to the cost of my care before treatment is provided, whenever possible.

I understand that I am liable for increased or reduced costs not part of the estimate and agree to pay the full final invoiced charges.

If a third party or insurer has agreed to pay all or part of my account, I agree to pay any outstanding amount not paid by the third party or insurer.

I understand that if I fail to pay for my NHS treatment, it may result in a future immigration application to enter or remain in the UK being denied. Personal information¹ may be passed via the Department of Health to the Home Office for this purpose.

Signed: Date:

To be completed by the patient or someone on their behalf:

First name:	Surname:
UK address:	
Overseas address:	
Telephone number:	Mobile number:
Email address:	

¹ Personal information does not include medical information.

Passport/ID:	Nationality:
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Complete if you are undertaking to pay and are NOT the patient:

First name:	Surname:
Relationship to Patient:	
UK address:	
Overseas address:	
Telephone number:	Mobile number:
Email address:	

Terms and conditions

1. **Data protection:** We will comply with all legal requirements including the General Data Protection Regulation 2018 and NHS Confidentiality Code of Practice.
2. **Immigration sanctions:** You should be aware that under paragraphs 320(22) and 322(12), and 3.14 of Appendix V, of the Immigration Rules a person with outstanding debts of over £500 for NHS treatment that is not paid within two months of invoicing, may be denied a further immigration application to enter or remain in the UK. In the absence of prompt full settlement or a reasonable repayment schedule, non-clinical information relating to this debt is provided routinely to the Home Office and may be used by the Home Office to apply the above Immigration Rules. The information will remain active for the purpose of the above rules until the debt is settled and a record of the settled debt will also be retained, both subject to normal limitation periods.
 - In the event that you may seek entry to the UK or make an advance immigration application after settling an NHS debt in the previous **two months**, you are advised to retain and carry evidence of payment for potential examination by Home Office officials.
 - Information collected and shared for this purpose will be handled in accordance with data protection law and the NHS Confidentiality Code of Practice.
3. **Payment terms:** The Trust requires all patients liable for charging to pay for their NHS treatment up-front or to provide proof of third party cover (for example, if you have private medical insurance or another person will be paying for your care). The Trust reserves the right to request interim payments for any care that is being provided over an extended period.
4. **Payment by third parties:** If a third party or insurer has agreed to pay for some, or all, of the cost of your NHS treatment and the third party refuses or is unable to pay, you will be liable to pay the remaining outstanding balance of the charges.

Appendix 3

Clinician Patient Assessment Form

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 2011. 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 bodies 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.

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 that 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 that is not immediately necessary to save the patient's life but cannot wait until the patient can leave the UK. If the patient's ability to leave the UK 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 the patient can leave the UK. If the patient's ability to leave the UK 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 Office)

Appendix 4

King's Mill Hospital
Mansfield Road
Sutton in Ashfield
Nottinghamshire
NG17 4JL

Dept.: Overseas Visitor Patient Administration Office
Tel: 01623 622515 Ext 4211
Direct: 01623 672325

Ref:
Date

PRIVATE & CONFIDENTIAL

XXXXXX
XXXXXX
XXXXXX
XXXXXX
XXXXXX
XXXXXX

Dear XXXXX

Since the UK left the European Economic Area, new guidelines have been issued regarding residing in the UK and entitlement to free NHS healthcare.

Freedom of Movement has now ended. The EU Settlement Scheme allows you and your family members to get the immigration status you need to continue to live, work and study in the UK beyond **30 June 2021**.

If you are an EU, EEA or Swiss citizen who was resident in the UK **by 31 December 2020**, you and your family members (including children and non-EU citizens) need to apply to the EUSS to continue living in the UK.

To be eligible for free NHS Healthcare, you must evidence your application for EUSS and **also** have proof of permanent ordinarily residence in this country.

All residents of the European Economic Area with a valid EHIC from their member state have an entitlement to free NHS treatment that is deemed immediately necessary whilst they **visit** the UK.

If you cannot produce an EHIC, Accident and Emergency treatment will be free but you will be charged for all other treatment.

Entry to UK from a Non – EEA Country

If you have entered the UK on a 6 month Visit Visa you will be liable to pay for all NHS secondary healthcare charges with the exception of Accident and Emergency services.

If you have entered the UK on any other type of Visa, we are sending you this letter to request documentation/proof of entitlement.

If you have paid the Immigration Health Surcharge when you applied for a Visa, your healthcare is free for the duration of your visa. Please contact us to let us know.

There are a number of documents we can accept to demonstrate proof of entitlement, please find enclosed a list of the documents you need to provide.

I have enclosed a stamped addressed envelope for you to forward any documents to support your entitlement to free NHS treatment or copy and e-mail to sfh-tr.overseas.visitors@nhs.net

If you are, or intend to become ordinarily resident in the UK, you must register with a local GP surgery and obtain an NHS Number.

Thank you for your co-operation

Yours faithfully

Overseas Visitor Patient Liaison Team

Ref:

Freedom of Movement has now ended. The EU Settlement Scheme allows you and your family members to get the immigration status you need to continue to live, work and study in the UK beyond 30 June 2021.

If you are an EU, EEA or Swiss citizen who was resident in the UK by 31 December 2020, you and your family members (including children and non-EU citizens) need to apply to the EU Settlement Scheme to continue living in the UK beyond 30 June 2021.

Successful applicants will get digital proof of their status through an online service:
[gov.uk/view-prove-immigration-status](https://www.gov.uk/view-prove-immigration-status).

You will not get a physical document unless you are from outside the EEA and do not already have a biometric residence card.

You must provide us with the reference number issued to you when you apply for EUSS. This will provide evidence that you have Pre-settled or Settled Status.

In order to establish your eligibility for free NHS treatment, please also 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, showing information page and Visa stamp if entering UK from outwith EU	<input type="checkbox"/> UK Biometric Residence Permit (BRP)
---	--

<input type="checkbox"/> National ID Card	<input type="checkbox"/> Photo Driving License
---	--

**B) At least one item to prove where you live:
The document must be less than 3 months old must include your name and address**

<input type="checkbox"/> Water, gas or electric bill	<input type="checkbox"/> Bank or building society statement
<input type="checkbox"/> Phone bill (not mobile phone bill)	<input type="checkbox"/> Council tax letter/bill (for this year)

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

<input type="checkbox"/> European Health Insurance Card (EHIC) or S1, S2 forms	<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"/> 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.

You should be aware that under immigration rules 320, 321, 321A and 322, a person with outstanding debts of over £500.00 for NHS treatment that are not paid within three months of invoicing, may be denied a further immigration application to enter or remain in the UK. In the absence of prompt full settlement or a reasonable repayment schedule, non-clinical information relating to this debt is provided routinely to the Home Office and may be used by the Home Office to apply the above immigration rules. The information will remain active for the purpose of the above rules until the debt is settled and a record of the settled debt will also be retained, both subject to normal limitation periods. In the event that you may seek entry to the UK or make an advance immigration application after settling an NHS debt in the previous three months, you are advised to retain and carry evidence of payment for potential examination by Home Office officials.

Appendix 5

King's Mill Hospital
Mansfield Road
Sutton in Ashfield
Nottinghamshire
NG17 4JL

Dept.: Overseas Visitor Patient Administration Office
Tel: 01623 622515 Ext 4211
Direct: 01623 672325

Ref:
Date

PRIVATE & CONFIDENTIAL

Address 1
Address 2
Address 3
Address 4
Postcode

Dear XXXX

We wrote to you recently regarding treatment you received at our hospital, we asked you to provide us with a number of documents to prove your entitlement to free NHS Healthcare.

As of today, we have still not received this information. This can be emailed to the Overseas Department: sfh-tr.overseas.visitors@nhs.net or sent by post.

I enclose a stamped addressed envelope for you to return the information to support your claim for free treatment. **Please do so as soon as possible.**

Please be aware if we do not receive the missing information, an invoice for your treatment will be sent and you will be required to pay the full cost of your treatment.

If you require any further assistance please do not hesitate to contact the team on the above number.

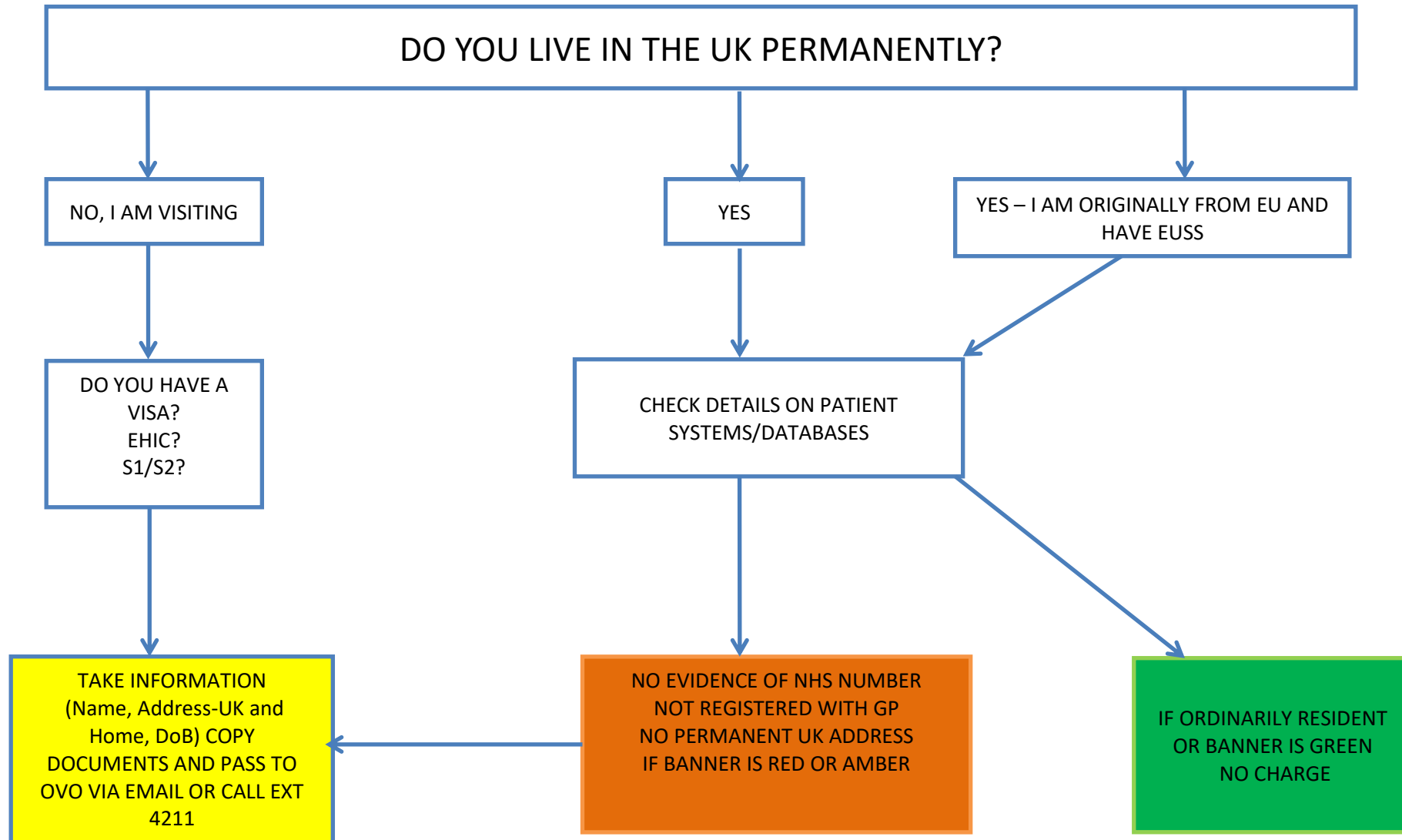
Thank you for your co operation

Yours faithfully

Overseas Visitor Patient Liaison Team

Appendix 6

Questions on Arrival to All Departments



APPENDIX 7 - EQUALITY IMPACT ASSESSMENT FORM (EQIA)

Name of service/policy/procedure being reviewed: Overseas Visitor Patients Policy			
New or existing service/policy/procedure: Existing			
Date of Assessment: 10 June 2021			
For the service/policy/procedure and its implementation answer the questions a – c below against each characteristic (if relevant consider breaking the policy or implementation down into areas)			
Protected Characteristic	a) Using data and supporting information, what issues, needs or barriers could the protected characteristic groups' experience? For example, are there any known health inequality or access issues to consider?	b) What is already in place in the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening?	c) Please state any barriers that still need to be addressed and any proposed actions to eliminate inequality
The area of policy or its implementation being assessed:			
Race and Ethnicity	None	Alternative version could be created on request	None
Gender	None	Not applicable	None
Age	None	Not applicable	None
Religion	None	Not applicable	None
Disability	Visual Accessibility of this document	End user has option to increase font size as required. Alternative version could be created on request	None
Sexuality	None	Not applicable	None
Pregnancy and Maternity	None	Not applicable	None
Gender Reassignment	None	Not applicable	None
Marriage and Civil Partnership	None	Not applicable	None
Socio-Economic Factors	None	Not applicable	None

<p>(i.e. living in a poorer neighbourhood / social deprivation)</p>			
<p>What consultation with protected characteristic groups including patient groups have you carried out?</p> <ul style="list-style-type: none"> None. This policy is written in conjunction with, and directly reflects the "Guidance on Implementing the Overseas Visitor Charging Regulations as issued by DHSC 			
<p>What data or information did you use in support of this EqIA?</p> <ul style="list-style-type: none"> All relevant data and legislation that has been published by the Department of Health and Social Care 			
<p>As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments?</p> <ul style="list-style-type: none"> No 			
<p>Level of impact</p> <p>From the information provided above and following EQIA guidance document Guidance on how to complete an EIA (click here), please indicate the perceived level of impact:</p> <p>Low Level of Impact</p>			
<p>Name of Responsible Person undertaking this assessment:</p> <p>Julie Mayfield</p>			
<p>Signature: <i>Julie Mayfield</i></p>			
<p>Date: 10/06/21</p>			