

Cover Sheet

Trust Board Meeting in Public: Wednesday 18 January 2023

TB2023.14

Title: Update of Overseas Visitors Policy

Status: For Decision

History: The Overseas Visitors Policy was last reviewed in August 2018
January 2023 TME approval of draft policy

Board Lead: Chief Finance Officer

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Services

Jay Mistry, Commercial Director

Confidential: No

Key Purpose: Policy

Executive Summary

1. **Purpose:** To seek approval from the Trust Board for the proposed Overseas Visitors Policy.
2. **Background:** National guidance has been updated in 2017 and 2021 regarding the management and charging of Overseas Visitors within all NHS providers. Detailed guidance is available that gives providers the parameters by which to exercise their legal obligation to charge patients who are not ordinarily resident in the UK. The Trust's current policy was last reviewed in August 2018 and therefore requires updating.
3. The policy has been developed with significant engagement by a representative of the Health Inequalities Group prior to finalisation.
4. **Significant changes since the August 2018 policy include:**
 - a. Amendments made in accordance with the NHS Regulations 2021 (Charges to Overseas Visitors) in Chapter 9 of the guidance, including the updated list of exemptions and reciprocal agreements.
 - b. Chapter 4 of the guidance now includes information that NHS funded nursing care, continuing healthcare and aftercare services provided under the Mental Health Act are not chargeable under the updated regulations.
 - c. Chapter 8 of the guidance clarifies the steps that should be taken to inform patients of maternity charges and secure payment where possible.
 - d. Since 2017, care for chargeable overseas visitors should not be provided until the estimated full cost of the treatment has been secured upfront unless doing so would prevent or delay the provision of immediately necessary or urgent treatment (Chapters 8, 11 and 13)
 - e. There is now an Overseas Visitors Manager Online Forum and a published toolbox of supporting information (page 12 of the guidance).
 - f. The pre-attendance form presented in A&E has been shortened to collect the absolutely necessary facts. To avoid discrimination, all patients should be asked "have you lived in the UK for the last 6 months?". If they answer yes, they will be presented with a short form confirming basic details. Follow up will then be undertaken by the Overseas Visitors Team.
 - g. Clearer guidelines regarding the communication with the patient as well as the inclusion of the National Overseas Visitors Charter.
 - h. A specific section has been added to be clear that all maternity care is regarding as 'immediately necessary'.

Implementation

5. The current establishment of the Overseas Visitors Team is 3.0 FTE. Our recent recruitment has been successful and by the end of January 2023, the team will have 3 full time staff. However, two of the staff members are new so the

implementation of all the recommendations will take a period of time to embed and action. There are also a number of changes proposed by the policy including providing improved patient information translated into multiple languages, and changes to financial processes.

6. As a result, it is proposed that the new policy should go live on 1 April 2023 to allow for implementation.
7. Once the policy has been implemented, and depending on the volumes of patients etc, the Trust may need to evaluate the optimum size of team to ensure it can appropriately manage all the requirements listed in this revised policy.

Recommendations

8. The Trust Board is asked to approve this policy to go live on 1 April 2023.

Overseas Visitors Policy

Version 4

Category:	Policy
Summary:	This policy concerns the management of individuals who do not normally live in the UK (overseas visitors) when they seek treatment from the Oxford University Hospitals NHS Foundation Trust (hereafter known as the Trust). It details how the Trust will fulfil its legal obligation to identify patients who are not eligible for free NHS treatment and specifically to assess liability for charges in accordance with the National Health Service Act 2006 and its regulations including the National Health Service (Charges to Overseas Visitors) Regulations 2015, together with 2020 and 2021 'EU Exit' amendments and the associated DHSC document 'Guidance on Implementing the Overseas Visitors Hospital Charging Regulations', published in May 2022 and updated in July 2022.
Equality Impact Assessed:	23/12/2022
Valid From:	1 st April 2023 [subject to Board approval]
Date of Next Review:	19 th January 2026
Approval Date/ Via:	Trust Management Executive January 2023 Trust Board 18 th January 2023 [tbc]
Distribution:	Trustwide
Related Documents:	Department of Health and Social Care: Guidance on implementing the overseas visitor charging regulations. Guidance on implementing the overseas visitor charging regulations (publishing.service.gov.uk) Any references to 'the guidance' within this policy refer to this linked document [137 pages]
Author(s):	Head of Private Patient and Overseas Services
Further Information:	Overseas Visitors Team: 01865 743309 or overseasvisitors@ouh.nhs.uk
This Document replaces:	Overseas Visitors Policy v3 – August 2018

Lead Director: Chief Finance Officer

Issue Date: To be updated once approved

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It is the responsibility of all users to this document to ensure that the correct and most current version is being used.

This document contains many hyperlinks to other related documents.

All users must check these documents are in date and have been ratified appropriately prior to use.

Document History

Date of revision	Version number	Author	Reason for review or update
December 2022	4	Head of Private Patient and Overseas Services	To reflect updated legislation following brexit, latest guidance changes, feedback from the Health Inequalities Steering Group and revised working procedures
August 2018	3	Overseas Visitors Manager	To reflect updated legislation and revised working procedures
May 2009	2	Overseas Visitors Co-ordinator	To reflect updated legislation and revised working procedures
May 2009	1	Assistant Director, Private Patients and Overseas Visitors	To comply with Department of Health regulations

Consultation Schedule

Who? Individuals or Committees	Rationale and/or Method of Involvement
Key Staff [Commercial Director, Head of Commercial Legal Services, Overseas Visitors Manager]	Key staff involved in the delivery of Overseas Services: Email and feedback
Thomas Snipe	Equality and Diversity Lead
Lisa Glynn	Director of Clinical Services
Health Inequalities Steering Group via Dr Elizabeth Moore	To assess Health Inequality Impact
Operational and clinical leaders	via Trust Management Executive meeting

Endorsement

Endorsee Job Title
Commercial Director
Head of Private Patient and Overseas Services
Operational Manager, Private Patient and Overseas Services
Overseas Visitors Manager
Equality and Diversity Manager
Director of Clinical Services

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Who should read this document?

1. This policy should be read by all staff across the Trust. As page 5 of the guidance states;
 - 1.1. **“All staff, including clinicians and manager have a responsibility to ensure that the charging rules work effectively”**. The roles and responsibilities are not equally shared, the details of which are listed on pages 22 to 25.
 - 1.2. It also states “the guidance is intended for staff at all relevant bodies, including clinicians, senior managers and clerks” as well as staff with the specific responsibility to identify and charge overseas visitors.
 - 1.3. “The success of the charging rules also depends on staff being aware and supportive of the role of the Overseas Visitors Manager. The Overseas Visitors Manager should be given the authority to ensure that the charging rules can be properly implemented in all departments”.

Key Standards/Messages

2. *The key messages pertaining to this policy are:*
 - 2.1. Statutory provisions Section 175 of the National Health Service Act 2006 (the 2006 Act) allows the Secretary of State for Health to make regulations for the making and recovery of charges in relation to any person who is not ordinarily resident in Great Britain. It also gives the Secretary of State the power to calculate charges on any appropriate commercial basis [pg. 20 of the guidance].
 - 2.2. Not everyone is entitled to 'relevant services' without charge in England [pg. 5 of the guidance]. Relevant services are defined as accommodation, services or facilities which are provided.
 - 2.3. The NHS is a residency-based healthcare system and eligibility for relevant services without charge is based on the concept of “ordinary residence”. An “overseas visitor” is any person who is not “ordinarily resident” in the UK. A person will be “ordinarily resident” in the UK when that residence is lawful, adopted voluntarily, and for settled purposes as part of the regular order of their life for the time being, whether of short or long duration. Persons who are subject to immigration control must also have indefinite leave to remain in the UK in order to be “ordinarily resident” here. A person who is “ordinarily resident” in the UK must not be charged for relevant services [pg. 9 of the guidance].
 - 2.4. Organisations that are required to make and recover charges under the Charging Regulations are referred to as relevant bodies [pg. 9 of the guidance].
 - 2.5. When charges apply, a relevant body must make and recover charges from the person liable to pay for the services provided to the overseas visitor [pg. 9 of the guidance]. This policy and processes of implementation will balance legislation around charging for NHS services with Trust values, professional duties, and legislation pertaining to Human Rights, safeguarding, clinical negligence, and equalities, including the responsibility to have regard to the need to reduce inequalities relating to the health services under the National Health Service Act 2006.
 - 2.6. National guidance lists a number of services and categories of overseas visitor that are exempt from healthcare charging. A full list of exemptions related to overseas visitors is provided from Page 15 of this document. The categories related to the key exemptions are:
 - 2.6.1. Exempt Services [Section 17 of this document on Page 15]

- 2.6.2. Exempt Category of Person [Section 18 of this document on Page 15]
- 2.6.3. Exempt Diseases [Section 19 of this document on Page 18]
- 2.7 There is a special note included within this policy regarding Maternity Services in relation to overseas visitor charging [Section 20 of this document on Page 18].
- 2.8 Chargeable treatment which is considered by clinicians to be 'immediately necessary' or 'urgent' must never be withheld from an overseas visitor or delayed, even when that overseas visitor has indicated they cannot pay. The decision about whether a patients need for treatment is immediately necessary or urgent should only be made by a clinician. This does not mean that the treatment should be provided free of charge. Charges will still apply, and, if not yet recovered, should be pursued after the treatment is provided. <https://www.gov.uk/government/collections/nhs-visitor-and-migrant-cost-recovery-programme>]

Background/Scope

- 3. The background and scope of this document is detailed as follows:
 - 3.1. The purpose of this policy is to ensure Oxford University Hospitals NHS Foundation Trust has a process in place to meet its legal duty pursuant to the National Health Services (Charges to Overseas Visitors) Regulations 2015 (as amended) ('Regulations' or 'Charging Regulations'), which came into force in April 2015 to recover charges from the person liable to pay for the services provided to the overseas visitor in line with these regulations.
 - 3.2. The Regulations and guidance are updated regularly so this policy has been updated and developed in line with these changes. To the extent of any inconsistency the National Health Service Act 2006 and its Regulations as amended from time to time, shall apply.
 - 3.3. Overseas visitors who are visiting the UK for six months or less, (including those on multiple entry visas), non-resident UK nationals, or those who are in the UK without immigration permission must be charged for services they receive at the point of accessing care, unless they are exempt from charges under other categories of the Charging Regulations [pg. 9 of the guidance].
 - 3.4. EU and EFTA citizens lawfully residing in the UK on or before 31 December 2020 retain their entitlement to healthcare without charge as long as they continue to be ordinarily resident here [pg. 10 of the guidance].

Key Updates

- 4. The key updates since the last policy version are as follows:
 - 4.1. Main amendments made to Guidance since Charging Regulations came into force in 2015 are set out in Annex A in the guidance (pg. 133). The most recent amendments provide guidance on the National Health Service (Charges to Overseas Visitors) (Amendment) Regulations 2021, which came into force on 1 November 2021. These changes are primarily set out in Chapter 9 of the Guidance.
 - 4.2. In addition, Chapter 4 of the Guidance now includes information that NHS funded nursing care, continuing healthcare and after care services provided under section 117 of the Mental Health Act are not chargeable under the Charging Regulations. Chapter 8 of the Guidance clarifies the steps that should be taken to inform patients of maternity charges and secure payment where possible.

- 4.3. Since 23 October 2017 relevant services must not be provided to a chargeable overseas visitor until the estimated full cost of treatment has been secured upfront, unless doing so would prevent or delay the provision of immediately necessary or urgent treatment. See Chapters 8, 11 and 13 of the Guidance for important information about how and when to ask for payment from chargeable overseas visitors [pg. 12 of the guidance].
- 4.4. A relevant body in England may seek help and advice about any aspect of the Charging Regulations and this guidance by using the OVM online forum nhs-costrecovery@dhsc.gov.uk, [pg. 12 of the Guidance]. This forum is accessed via the Overseas Visitors team. Ultimately, the decision that a patient is liable for charges legally rests with the relevant body providing the treatment.
- 4.5. The policy now recognises and mitigates for impact on health inequalities, in conjunction with the Health Inequalities Steering Group.
- 4.6. The Department of Health and Social Care has also published a toolbox of supporting information. The aim of the toolbox is to help relevant bodies discharge their cost recovery duties more effectively [pg. 12 of the Guidance, <https://www.gov.uk/government/collections/nhs-visitor-and-migrant-cost-recovery-programme>].

5. AIM

The aims of this policy are:

- 5.1 To ensure the Trust approach regarding charging overseas visitors is up to date in line with the national guidance.
- 5.2 To provide knowledge and guidance to how the Trust manages overseas visitors to ensure charges are applied where applicable.
- 5.3 To ensure the staff roles within this policy are clear and in line with national guidance through introducing the National Overseas Visitors Charter [Appendix 1 Page 33] and the details of the role requirements as listed on Pages 22-25.
- 5.4 To ensure delivery and implementation of national guidance in line with Trust values of delivering compassionate excellence, by mitigating established risks to health inequalities and population health associated with a policy of NHS healthcare charging.

6. INTRODUCTION

- 6.1 All trusts have an obligation to identify patients who are not eligible for free NHS treatment and specifically to assess liability for charges in accordance with Department of Health guidance.
- 6.2 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) Regulation Guidance on Implementing the Overseas Visitors Hospital Charging Regulations 2021 and related documents published alongside the Guidance, such as those exempt from charges under the regulations.
- 6.3 The National Health Service (NHS) provides healthcare free of charge to people, who are ordinarily resident (OR) in the United Kingdom (UK). People who are not OR in the UK are not automatically entitled to use the NHS free of charge. Residency is therefore the main qualifying criterion, applicable regardless of nationality, ethnicity or whether the person holds a British

passport, or has lived and paid taxes or National Insurance contributions in the UK in the past.

6.4 The charging regulations place a legal obligation on NHS Trusts in England to establish if people to whom they are providing NHS hospital services are not OR in the UK. Some visitors from abroad who are not ordinarily resident may receive free healthcare, including those who have paid the immigration health surcharge, meet an exemption criterion, come to work or study in the UK, have been granted or made an application for asylum or citizens of the European Union who hold an EHIC [European Health Insurance Card]. In all other cases, the Trust must charge the person liable (usually the patient) for the cost of NHS services and recover an estimate of the charges in advance of providing treatment unless doing so would prevent or delay the provision of immediately necessary or urgent services.

6.5 **All staff** have a responsibility to ensure this policy and the national charging regulations work effectively. The roles and responsibilities vary across the staff groups and are not equally shared. The details of these are on pages 22 to 25. The Overseas Visitor Team staff have the specific responsibility for overseeing the identification as well as assessing, evaluating and charging patients who are who are not entitled to free NHS treatment. “The Trust will manage overseas patients in line with Department of Health guidance on ‘Implementing the Overseas Visitors Hospital Charging Regulations 2021’ which includes specific guidance for exempt categories of person e.g. asylum seekers” [BOB ICS Elective Access Policy, pg.13]. Details of the roles and responsibilities aligned with this policy are listed on pages 22-25.

7. SCOPE

7.1 All Trust staff (including permanent, locum, secondee, student, agency, bank and voluntary) must follow the policies agreed by the Trust. Breaches of adherence to Trust policy may have potential contractual consequences for the employee. All Trust staff must follow the agreed charter in relation to the National Overseas Visitor Charter detailed in Appendix 1, page 33.

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

7.3 The Trust is committed to promoting a culture founded on the values and behaviours which will bring us close to achieving our vision of working to deliver Compassionate Excellence: For Our People, Our Patients and Our Populations. This policy should be ready and implemented with the Trust Values and Leadership Behaviours in mind at all times.

8. GENERAL GUIDANCE

8.1 Enquiries regarding overseas visitors should be made to the Overseas Visitors Office [office hours only, Monday to Friday]. If the issue is still unclear, advice will be sought from the Department of Health and/or the Trust’s Legal Advisors.

8.2 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 Manager.

- 8.3 All clinicians can offer patients advice on the general rules regarding NHS charging, but all staff, including clinicians, must refrain from informing an individual identified as an overseas visitor of their eligibility for free treatment, unless the Overseas Visitors Team has advised them accordingly.
- 8.4 In order for the Trust to recover all income in respect of the treatment of overseas visitors, all activity must be notified to the Overseas Visitors Office and recorded on the Trust's Patient Administration System (PAS).
- 8.5 The Overseas Visitors Office shall work closely with administration staff, bookings staff, ward staff and departmental clinical staff as required in order to ensure effective communication takes place in respect of overseas visitor activity.
- 8.6 The Overseas Visitors Office will liaise with external bodies such as the Department of Health, Home Office, University and Local Counter Fraud Service as required.
- 8.7 Overseas Visitor patients are covered by the NHS regulations for charging overseas visitors as detailed in this policy. If an Overseas Visitor patient chooses to be treated privately, then they will be classified as a private patient.
- 8.8 The national guidance defines "Immediately necessary treatment is that which a patient needs promptly to save their life, prevent a condition from becoming immediately life-threatening or to prevent permanent serious damage from occurring". The guidance goes on to confirm that "**all maternity services must be treated as being immediately necessary**". This includes all antenatal, intrapartum and post-natal services provided to a pregnant person, a person who has recently given birth or to a baby". "Urgent treatment is defined as treatment which clinicians do not consider to be immediately necessary, but which nevertheless cannot wait until the person can be reasonably expected to leave the UK. This means that the longer a patient is expected to remain in the UK, the greater the range of their treatment needs that are likely to be regarded as urgent. If the person is unlikely to leave the UK for some time [which will be the case for some undocumented migrants], treatment which clinicians might otherwise consider non-urgent is more likely to be considered by them as urgent". [pg 71 and 72 of the guidance]. For urgent treatment, the Overseas Visitor Team will make every effort to account for the individual circumstances to secure payment before the treatment is scheduled. However, if this proves unsuccessful, the treatment should not be delayed or withheld for the purposes of securing payment.

9. IDENTIFICATION

9.1 Identifying patients who may be liable for charges

All administrative staff throughout the hospital have an essential role to play in identifying people who may be liable for Trust charges. These staff will include, for example, reception staff, booking staff, secretaries, managers to name a few. The vast majority of people will not be liable for charges – nonetheless, **the same questions must be asked of every single patient, in every single department**, whose chargeable status is not known, in order to identify potentially chargeable patients. These are referred to as the 'baseline questions'.

The national guidance recommends that administrative staff use the following baseline question:

"Have you lived in the UK for the last 6 months?"

If the UK only, no further action is required. If outside the UK, or UK plus other country, then ask the patient to complete a Pre-Attendance Form [Appendix 3]. This form will confirm the patients EHIC [European Health Insurance Card] status by taking the card details as well as their contact details.

Presentation of the Pre-Attendance Form:

1. The purpose of presenting the patient with the Pre-Attendance form at entry to A&E is for the Trust to ensure the patients are informed of the following:
 - a. all care and treatment in A&E, or Urgent Care Services are free to all and they will not be charged. The only exception to these regulations is the US Air Force Base Personnel from any of the bases in the UK. Emergency treatment is an acceptable charge via their Tricare Insurance. Please refer these patients to the PP team on privatepatients@ouh.nhs.uk
 - b. if the patient requires healthcare beyond A&E, this may be chargeable if they do not have any valid exemptions. Refer the patient to the list of exemptions on the enclosed leaflet.
 - c. any 'immediately necessary' or 'urgent' outpatient or inpatient treatment will never be refused or delayed, whether or not they are able to pay for their care [definitions page 34 of this document]. All maternity services are classed as 'immediately necessary'.
 - d. for any elective admissions that clinicians consider non-urgent 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.
 - e. a patient from an European Economic Area (EEA) member state can be added to a waiting list in the same way as an NHS patient, as long as they have an S2 (previously E112) form from their member state authorising payment for their treatment in the UK. The Overseas Visitors Team will submit the claim to the EEA member state to ensure funding is returned centrally to the NHS.
 2. Inform the patient that they may be interviewed by trained Overseas Visitors Team staff for further assessment of their status if they are admitted or seen in Outpatients beyond any urgent care setting.
 3. The form will be available in multiple languages and available on the intranet.
 4. In order for the patient to understand the details above, reasonable adjustments may need to be made in respect of language, disability etc. An interpreter may also be required.
 5. Please refer to Section 16 [Page 14] in this document for the communication standards required in these circumstances.
 6. If a form is completed, please send this to the Overseas Team for further evaluation.
- 9.2 All administrative staff must avoid discrimination when asking these questions. These questions need to be asked every time a patient begins a new course of treatment at the Trust and is entered onto EPR for inpatient or outpatient care, either on paper or computer, and by either administration or ward staff, in order to comply with the Charging Regulations. As set out above, in cases where

- there is doubt about whether the patient is ordinarily resident, they should be referred for interview by the Overseas Visitors Manager [OVM]. The questioner should inform the patient that he or she will be further interviewed.
- 9.3 Where an OVM determines that a patient is subject to the Charging Regulations, or conversely receives evidence to indicate that the patient is no longer chargeable, they should update the patient's record via EPR [and SCRA]. The 'flagging' of patients' records with their chargeable status is, from 21 August 2017, a statutory obligation on NHS trusts and foundation trusts.
- 9.4 In some circumstances, asking the baseline question may be inappropriate or unworkable, for example in relation to mental capacity or the urgency of healthcare. In these cases, administrative staff should still be aware of the possibility of people being liable for charges, and should notify the OVM of any patient whose chargeable status is unknown based on any non-discriminatory information they have regarding their residency status in the UK (i.e. not purely on the basis of appearance, language, accent etc.).
- 9.5 Where it is established that a person may not be ordinarily resident here:
- a. the person should be told immediately, where possible and appropriate, that they will need to be interviewed to establish their eligibility for relevant services without charge;
 - b. the person who identifies that person as potentially liable for charges should contact the OVM as soon as possible and arrange for an interview to take place. Wherever possible, that interview should take place before treatment begins but if, in the opinion of medical staff, the treatment is immediately necessary or needed urgently it should always go ahead without delay;

Where it is not possible for a person to be referred for immediate interview by the OVM, a note should be placed inside the medical records to alert other members of staff to the person's potential liability for charges. This does not mean that treatment should be withheld or altered in any way. A suggested form of words is as follows:

This patient may not be ordinarily resident in the United Kingdom and has been referred for further interview by the Overseas Visitors Team. The patient may be liable to pay for any treatment received, unless they are exempt from charging on the basis of the type of care required or their individual circumstances. Urgent or immediately necessary care should not be delayed on the basis of ability to pay. The patient has been informed.

- 9.6 In undertaking this role, administrative staff should fully understand the importance of specific procedures to determine a patient's chargeable status, with respect to the financial implications for the Trust, as well as the need to protect population health and vulnerable individuals.
- 9.7 The following are details of some websites which may assist OVMs in carrying out their duties in relation to the Equalities Act 2010. NB: this is a small sample and is not intended to serve as a complete list, see NHS BME Network www.nhsbmenetwork.org.uk/about/priorities/ and Equality and diversity in the NHS www.nhs.uk/NHSEngland/thenhs/equality-and-diversity/Pages/equality-and-diversity-in-theNHS.aspx
- 9.8 OVMs and other frontline staff are strongly encouraged to speak to their safeguarding leads if, in the course of their work, they are concerned about the welfare of any patient. It can also be helpful for OVMs to build constructive relationships with local agencies which support people in various types of need, or to seek advice and information from relevant national agencies and organisations. This can help in understanding the needs and circumstances of patients, some of whom can be very afraid of disclosing personal information. This can have a negative impact on their care. Working together with

organisations and agencies supporting these patients helps to ensure that they receive the support they need and are fully informed about how to access support services, including any entitlement to relevant services without charge. It can also improve a person's understanding of the charges they face and the choices they have (including the consequences of incurring debts for treatment received) and facilitate discussions about the possibility of payment plans being agreed for those having difficulty paying for the cost of their treatment. [pg.59 of the guidance]

10.0 Avoiding discrimination in establishing if charges apply

10.1 In any dealings with patients, including overseas visitors, administrative staff must comply with their legal duties in respect of avoiding discrimination. This includes compliance with the Human Rights Act 1998 and the Equality Act 2010. Further information about the obligations of relevant bodies under these pieces of legislation is set out in Chapter 2 of the guidance. In particular, relevant bodies (and staff) must not discriminate against persons based on their having any of the protected characteristics (age, disability, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, nationality, religion and belief, sex, sexual orientation) in comparison to persons without those characteristics. They must also, when exercising their functions, have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act;
- advance equality of opportunity between people who share a protected characteristic and those who do not;
- foster good relations between people who share a protected characteristic and those who do not.

10.2 It is therefore important that no person is discriminated against in the application of the Charging Regulations when establishing entitlement to free treatment. Ordinary residence or exemption from charges cannot be judged from a patient's external appearance, or name, accent or language. It is not discriminatory to ask someone if they are ordinarily resident in the UK as long as all patients are asked the same baseline questions. This is regardless of any external factor or characteristic such as appearance, accent, race, first language or name.

10.3 The Trust needs to ensure that all staff involved with the identification and interviewing of potentially chargeable people should be properly advised of their role and provided with adequate training on how to exercise the general equality duty and how to avoid discrimination.

11.0 Duty to record information on the summary care record application

From 21 August 2017, there is a legal obligation on NHS trusts and Foundation trusts to record "information against an overseas visitor's 'consistent identifier'. The consistent identifier is, in this context, a patient's NHS record which is identified using the patient's NHS number. NHS trusts and Foundation trusts must record where they have determined that a patient is subject to the Charging Regulations, the date of that decision and whether an exemption from charge applies.

It is important to note that a patient's chargeable or non-chargeable status can change at any point of any episode or series of episodes based on a number of variables listed in this document. This status can only be confirmed by the Overseas Visitors Team at OUH. The patient's status will be recorded on EPR and viewed on Powernote under an 'Overseas Status' note.

12.0 Interviewing patients who may be liable to charges

- 12.1 Where it is not possible to determine chargeable status from a person's documents, it is likely that the patient will need to be interviewed to establish if charges apply. Before approaching the patient to undertake an interview, the patient's records must be reviewed and adherence to the safeguarding policies applied. This may require liaison with clinical staff prior to approach if there are any safeguarding concerns.
- 12.2 A Trust should ensure that all staff involved with the interviewing of a person who may have to pay a charge for treatment are properly advised of their role and provided with adequate training. Staff involved in interviewing people should have a thorough understanding of the Charging Regulations and guidance, together with training and techniques for handling difficult situations. Staff can sometimes be confronted with distressed, angry or abusive patients and/or relatives. They should be fully trained on the Trust's policy for dealing with violence or potentially violent situations. As already mentioned, they should also be trained on how to exercise their organisation's general equality duty and to avoid discrimination when identifying chargeable people.
- 12.3 All Staff, and in particular those involved in interviewing people, should be aware that when questioning to determine the chargeable status of people who may lack mental capacity, they have a duty to act in the patient's best interest (under the [Mental Health Capacity Act 2005](#) and its associated [Statutory Code](#)), specifically to enable access to those treatments to which the patient is entitled. Those caring for or having an interest in the welfare of the patient, e.g. next of kin, should be involved and questioned, if it is practicable and appropriate to consult them, to ensure the patient's access to treatment is not compromised by the patient's lack of capacity or ability to participate in the information gathering process. It is not necessary for those caring for or having an interest in the welfare of the patient to hold a Lasting Power or Attorney in order to be consulted.
- 12.4 Additionally, in cases where individuals do hold a Power of Attorney to act on behalf of the patient, staff involved in interviewing people should be aware that there is a defined role for these individuals to play in the questioning process and they should therefore be consulted. Staff are also reminded that patients who lack mental capacity are particularly vulnerable and likely to be members of a protected group under the [Equality Act 2010](#). Please refer in addition to paragraphs 2.25-2.30 and paragraphs 11.24-11.27 and 11.35 of the guidance regarding the duties of staff under the Equality Act 2010.

13.0 Timeliness of interview

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

14.0 The main interview

This should be undertaken discreetly and sensitively in private and, wherever possible, before treatment has started. The interviewer should begin by explaining that a person not ordinarily resident in the UK can, in some circumstances, be liable for the cost of their treatment. The interviewer should explain that the interview is taking place because the patient indicated during the process of administration (or because admissions staff have indicated) that he or she may not normally live in the UK or has

been unable to show that he or she has have the right to live here. Some people will be clear that they are not normally resident here, but others may dispute the assessment. The first issue to explore during the interview, therefore, is whether the person may be ordinarily resident. A person cannot be charged if they are ordinarily resident in the UK. Chapter 3 of the guidance discusses ordinary residence in detail.

If, after questioning, the interviewer decides that the person is not ordinarily resident here, then that person is an overseas visitor for the purpose of the Charging Regulations. The next stage of the interview therefore needs to establish if the person is exempt from charges by virtue of any of the exemptions listed in the Charging Regulations, described in Chapter 1 of the guidance and listed in this document [see contents].

15.0 ASSESSMENT OF ELIGIBILITY

- 15.1 The Overseas Visitors team will carefully assess each patient's case in line with the national guidance to establish the eligibility of a patient to NHS treatment. The team will assess each patient on the basis of their immigration status and exemptions prior to approaching the patient or their family. They will also abide to the Trust values whilst undertaking this assessment. The assessment may involve liaising with the clinical staff to ascertain any vulnerabilities.
- 15.2 In accordance with Department of Health Regulations and Guidance, it is the responsibility of the patient to prove their entitlement to access NHS care. Failure to provide sufficient evidence to prove eligibility will usually result in an overseas visitor being recorded as NHS Chargeable and charges will be incurred.
- 15.3 If a patient has indicated that they are a visitor to the UK or that they are on holiday, the overseas address must be entered onto the PAS system as the permanent address and the UK address as the temporary address.
- 15.4 Once the status of the patient has been established the Overseas Visitors Team will get a signed Overseas Visitor Agreement to Pay Form from the patient. (Appendix 4).
- 15.5 Patients deemed to be chargeable must show medical travel insurance details and acquire authorisation or provide payment equal to the value of the expected total cost of treatment to be received before treatment is commenced, unless the treatment is urgent or immediately necessary (as defined on pg.34 of this document and in the Charging Regulations, pg 71 and 72). If that is not possible, for example, due to their admission taking place at a weekend then payment or authorisation must be provided on the next working day, or as soon as possible but should be prior to discharge.
- 15.6 If during the course of their stay or treatment, their immigration status or exemptions change from the original assessment, any change to their chargeable status will be immediately implemented and recorded as a result of this change.

16.0 COMMUNICATION WITH PATIENTS AND THE PUBLIC

- 16.1 Anyone presented with any information issued by OUH about charging for NHS care (including verbal advice, written information and all forms and invoices) should have access to adequate translated materials and/or interpretation as required. There may be a need for reasonable adjustment for other groups with protected characteristics, in line with equalities legislation e.g. an appropriate

adult or intermediary may need to be present for those with mental health conditions or an auditory or sensory impairment.

- 16.2 All information issued by OUH about charging for NHS care should:
- Explicitly and clearly reference key exempt services and categories
 - Highlight the fact that urgent or immediately necessary treatment cannot be withheld or delayed based on ability to pay (this applies to all maternity and maternity support services)
 - Be accompanied by signposting to sources of free, independent legal advice
- 16.3 Regular contact with local community relations organisations is valuable. These organisations can be of significant assistance in communicating information about rights to healthcare and potential liability for healthcare charging to members of their community, in particular to members of the overseas visitor community who may have language barriers to obtaining information, or who are vulnerable and receiving support through those voluntary sector organisations.

17.0 EXEMPT SERVICES

The following services are free at the point of use for all patients. A charge cannot be made or recovered from any overseas visitor for:

- 17.1 Accident and emergency (A&E) services, this includes all A&E services provided at an NHS hospital, e.g. those provided at an accident & emergency department, walk-in centre, minor injuries unit or urgent care centre. This does not include those emergency services provided after the overseas visitor has been accepted as an inpatient, or at a follow-up outpatient appointment, for which charges must be levied unless the overseas visitor is exempt from charge in their own right.
- 17.2 Family planning services (does not include termination of pregnancy).
- 17.3 Diagnosis and treatment of specified infectious diseases (listed in Appendix 5).
- 17.4 Diagnosis and treatment of sexually transmitted infections.
- 17.5 Palliative care services provided by a registered palliative care charity or a community interest company.
- 17.6 Services that are provided as part of the NHS111 telephone advice line.
- 17.7 Treatment required for a physical or mental condition caused by:
- torture.
 - female genital mutilation.
 - domestic abuse; or
 - sexual violence,
- except where the overseas visitor has travelled to the UK for the purpose of seeking that treatment.*

18.0 EXEMPT CATEGORY OF PERSON

The following categories of overseas visitor are exempt from charge:

- 18.1 **Those who have paid the health surcharge or are covered by transitional arrangements.** Overseas visitors who are subject to immigration control, are exempt from charge (see below) if one of the following applies to them while their leave to enter/remain is valid:
- 18.1.1 they have paid the surcharge; or
 - 18.1.2 they are exempt from payment of the surcharge or have had the requirement waived or reduced, or have had part (but not all) of the surcharge refunded to them; or

- 18.1.3 they have been refunded all or part of the surcharge as a health and social care worker (or the dependent of a health and social care worker); or
- 18.1.4 they would have been covered under one of the above, but for the fact that they applied for leave to enter or remain in the UK before the start of the surcharge (this will include some people already resident here without indefinite leave to remain, and a small number of people arriving after 6 April 2015 who applied for leave before that date).

Since 21 August 2017, assisted conception services are *not* included (unless the services are provided by NHS England to armed forces members, veterans and their families, in accordance with the terms of the armed forces covenant, or the services form part of a course of treatment that began before 21 August 2017).

A child born in the UK to an above-mentioned exempt person is also exempt from charge up to the age of three months provided that the child has not left the UK since birth.

18.2 Those with entitlements under an EU/EFTA reciprocal healthcare agreement (see Chapter 9 for more details)

- 18.2.1 Anyone in scope of the Withdrawal Agreement;
- 18.2.2 Anyone in scope of the UK-EU SSC Protocol who is insured for healthcare in an EU member state and who needs-arising treatment and presents either an EHIC from that member state or a PRC, or, if coming to the UK specifically for treatment, presents an S2 form for that treatment, or, if residing in the UK presents an S1 form from that member state;
- 18.2.3 Anyone in scope of the UK-Switzerland SSC Convention who is insured for healthcare in Switzerland and who needs-arising treatment and presents either a Swiss-issued EHIC or PRC, or, if coming to the UK specifically for treatment, presents an S2 form for that treatment, or, if residing in the UK presents an S1 form from Switzerland;
- 18.2.4 EU citizens whose temporary visit to the UK began before and continues after the end of the Transition Period and who for needs-arising healthcare presents a PRC or valid EHIC or for planned treatment presents a valid S2 (where that planned treatment was requested before 31 December 2020);
- 18.2.5 Anyone who was living in an EU or EFTA country on or before 31 December 2020 and who has a UK-issued S1 form registered in that country (except for family members of frontier workers) will be entitled to use NHS services in England without charge;
- 18.2.6 Dependents of the above, for example the spouse/civil partner and children under 18, may also be exempt when lawfully visiting the UK with them, unless they have an enforceable right in their own right.
- 18.2.7 Irish citizens continue to have the right to enter and live in the UK as now, by virtue of the Common Travel Area arrangements. Visitors from Ireland will continue to be exempt from charging for needs-arising treatment when in the UK.

18.3 Vulnerable patients and those detained

- 18.3.1 Refugees (those granted asylum, humanitarian protection or temporary protection under the immigration rules) and their dependents.

- 18.3.2 Asylum seekers (those applying for asylum, humanitarian protection or temporary protection whose claims, including appeals, have not yet been determined), and their dependents.
 - 18.3.3 Individuals receiving support under section 95 of the Immigration and Asylum Act 1999 (the 1999 Act) from the Home Office.
 - 18.3.4 Failed asylum seekers, and their dependents, receiving support under section 4(2) of the 1999 Act from the Home Office or those receiving support from a local authority under Part 1 (care and support) of the Care Act 2014 or section 35 or 36 of the Social Services and Well-being (Wales) Act 2014, by the provision of accommodation.
 - 18.3.5 Children who are looked after by a local authority.
 - 18.3.6 Victims, and suspected victims, of modern slavery as determined by a designated competent authority, such as the UK Human Trafficking Centre or the Home Office. This includes their spouse/civil partner and any children under 18, provided they are lawfully present in the UK. Modern slavery includes human trafficking, as well as slavery, servitude or forced or compulsory labour
 - 18.3.7 An overseas visitor who has been granted leave to enter the UK outside the immigration rules, in whose case the Secretary of State for Health determines there to be exceptional humanitarian reasons to provide a free course of treatment. This exemption will also apply to their child and/or companion who is authorised to travel with them, for whom the exemption is limited to treatment, the need for which arose during the visit, and cannot await until they can reasonably be expected to leave the UK.
 - 18.3.8 Anyone receiving compulsory treatment under a court order or who is detained in a hospital or deprived of their liberty (e.g. under the Mental Health Act 1983 or the Mental Capacity Act 2005) is exempt from charge for all treatment provided, in accordance with the court order, or for the duration of the detention.
 - 18.3.9 Prisoners and immigration detainees.
- 18.4 UK Government employees and war pensioners**
- 18.4.1 UK armed forces members, plus their spouse/civil partner and children under 18 provided they are lawfully present in the UK (even if they are on a visit visa).
 - 18.4.2 UK Crown servants who are in the UK in the course of their employment, or who were ordinarily resident prior to being posted overseas, plus their spouse/civil partner and children under 18 provided they are lawfully present in the UK.
 - 18.4.3 Employees of the British Council or Commonwealth War Graves Commission who are in the UK in the course of their employment, or who were ordinarily resident in the UK prior to being posted overseas, plus their spouse/civil partner and children under 18 provided they are lawfully present in the UK.
 - 18.4.4 Those working or volunteering in employment overseas that is financed in part by the UK Government who are in the UK in the course of their employment, or who were ordinarily resident in the UK prior to being posted overseas, plus their spouse/civil partner and children under 18 provided they are lawfully present in the UK.
 - 18.4.5 Those receiving war pensions, war widows' pensions or armed forces compensation scheme payments, plus their spouse/civil partner and children under 18 when these family members are lawfully visiting the UK with the recipient of this pension/payment.

18.5 Those covered by other reciprocal healthcare agreements and other international obligations

- 18.5.1 Anyone entitled to free healthcare in the UK under the terms of a reciprocal healthcare agreement with a non-EU country (usually limited to immediate medical treatment see Chapter 10 of the guidance for more details).
- 18.5.2 Eligible family members of people of Northern Ireland that are British citizens, Irish citizens or both British and Irish citizens are exempt from charge where they have pre-settled or settled status under the EU Settlement Scheme, are ordinarily resident in the UK (disregarding a requirement to have indefinite leave to remain here) and at the time of treatment would have had a right to reside under the Immigration (European Economic Area) Regulations 2016 (disregarding that the relevant person of Northern Ireland is not included in the definition of “EEA national” in those Regulations).
[Refer to https://www.gov.uk/government/publications/ways-in-which-people-can-be-lawfully-resident-in-the-uk](https://www.gov.uk/government/publications/ways-in-which-people-can-be-lawfully-resident-in-the-uk) for more details.
- 18.5.3 Nationals of states that are contracting parties to the European Convention on Social and Medical Assistance or the European Social Charter and who are lawfully present here and without sufficient resources to pay. Free treatment is limited only to that which cannot wait until the overseas visitor can return home and provided the person did not come to the UK for the purpose of seeking treatment.
- 18.5.4 NATO personnel, when the services required cannot readily be provided by armed forces medical services, plus their spouse/civil partner and children under 18 provided they are lawfully present in the UK.

19.0 EXEMPT DISEASES

There is also a list of exempt diseases contained within the national guidance. The details of these diseases are enclosed within Appendix 5 of this policy [Page 38].

The exemption covers the diagnosis and treatment, including routine screening and routine vaccinations, of the conditions specified in Appendix 6 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

20.0 SPECIAL NOTE: MATERNITY SERVICES

- 20.1 All information on charging for NHS maternity care (including information received prior to a booking appointment) should:
- clearly highlight that all maternity care is deemed *immediately necessary* and will never be denied or delayed based on ability to pay.
 - signpost to sources of independent information and advice for pregnant women and birthing people.”
- 20.2 Booking and subsequent appointments should not be refused or delayed for any reason relating to charging.
- 20.3 Where a pregnant woman or birthing person is deemed chargeable, their principal care provider (midwife or obstetrician) should be asked if they fall within the exemptions for FGM, sexual violence, domestic abuse or torture and assessment for destitution – prior to issuing an ‘Overseas Visitor Agreement to

Pay Form' or invoice. The care provider's advice should be treated as definitive and Overseas Visitor Team staff should not request further evidence unnecessarily.

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

21.0 RECIPROCAL AGREEMENTS (Regulation 14)

- 21.1 The UK has reciprocal healthcare agreements with some non-EU countries. Overseas visitors who can present evidence that they are nationals, citizens, or lawful residents (as appropriate) of one of these countries should be treated as exempt from charges in respect of treatment that the relevant agreement entitles them to.
- 21.2 The evidence that is required includes proof that the person is a national/citizen/resident (as appropriate) of the country and that they are resident in that country, e.g. passport, residence permit, identity card, social security card, utility bill etc. For referrals for elective treatment (see below), confirmation from the relevant country/ NHSBSA that the referral has been agreed.
- 21.3 Within the reciprocal agreement there are a number of variations in the level of free treatment afforded to visitors travelling to the UK. Generally, only immediate medical treatment is to be provided free of charge, to allow the overseas visitor to return home for other needs. Also, the agreements do not usually apply when the person has travelled to the UK for the purposes of obtaining healthcare. However, this is not always the case as described below.
- 21.4 Patients covered by a Reciprocal Agreement are as follows:

Country	Level of cover *Key on Pg16	Further Information [validated October 2022]
Anguilla	1*	Applies to all resident 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 resident 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	4	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. This excludes planned maternity treatment.
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.
Israel	5	Applies only to those who are entitled to benefits in respect of an industrial injury under either countries legislation.
Jersey ¹⁵	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.
Montenegro	3	Applies to all insured persons of that country.
Montserrat	1*	Applies to all resident of that country. Can also refer four patients to the UK for free NHS hospital treatment.
New Zealand	2	Applies only to citizens resident in that country,
North Macedonia	3	Applies to all insured persons of that country.
Norway	1	Applies only to citizens resident in that country.
Serbia	3	Applies to all insured persons of that country.
St Helena	1*	Applies to all resident of that country. Does not include Ascension Island or Tristan Da Cunha. Can also refer four patients to the UK for free NHS hospital treatment.
Turks / Caicos Islands	1*	Applies to all resident of that country. Can also refer four patients to the UK for free NHS hospital treatment.

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	Applies only in relation to treating the industrial injury in respect of which the individual receives benefit with the presentation of a valid passport to prove nationality combined with the confirmation from the employer verifying the industrial injury.
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For all levels of coverage, it will be for a doctor or dentist employed by the relevant NHS body to provide a clinical input into whether treatment meets a specific level of coverage.

* 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.

¹⁵The UK has a reciprocal agreement with Jersey, but not with the other Channel Islands.

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

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

22.0 Overseas visitors claiming exemption – supporting documentary evidence

22.1 Where a person claims to be covered by any of the exemptions, or indeed claims to be ordinarily resident, the relevant body is required, by provision of the Charging Regulations, to make “such enquiries as it is satisfied are reasonable in all the circumstances” to confirm that is the case. The relevant body is entitled to ask for supporting documentary evidence, as long as it does not behave unreasonably. We will routinely ask for two forms of ID (one to prove identity, the other to prove UK residence) from all patients whose residence status is unknown that demonstrates lawful, settled residence in the UK, which is best practice when booking a patient in for planned care.

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

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

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

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

23.0 ROLES AND RESPONSIBILITIES

23.1 The Trust

- 23.1.1 The Trust will need to have systems in place to support charging of overseas visitors, with staff who have the appropriate skills to identify, without discrimination, all patients who may be liable to charges.
- 23.1.3 The Trust will interview people to establish if they are, in fact, ordinarily resident or, if not, whether they are exempt from charges or liable for charges and record an overseas visitor's chargeable status on their Patient Record. These in-depth interviews need to be handled sensitively and by staff who have been adequately trained to perform this task, including training on appropriate interview techniques and how to identify patients in a non-discriminatory manner. The relevant body must ensure that they have an adequate number of these staff to provide cover at all sites and that appropriate back-up services, for example interpreters, are available.
- 23.1.4 The Trust will make and recover the estimated full cost of a course of treatment in advance of providing it (unless doing so would prevent or delay the provision of immediately necessary or urgent treatment) from people who are not covered by an exemption category, providing them with a written statement of why charges apply, what the charge is estimated to be and how they can pay. Relevant bodies are obliged to provide this statement under Regulation 19 of the Care Quality Commission (Registration) Regulations 2009 (SI 2009/3112). Where reasonably practicable, this statement should be given to the patient before treatment is provided. Where a person is in need of immediately necessary or urgent treatment it may not be possible or appropriate to provide them with this statement ahead of treatment. In such cases the statement should be given to the patient as soon as possible after treatment is provided.
- 23.1.5 It should be noted that, from 23 October 2017, NHS trusts are obliged to recover in advance the estimated full cost of treatment from the person liable, unless doing so would prevent or delay the provision of immediately necessary or urgent treatment. In practice this will always apply where a clinician has assessed the patient's need as non-urgent. Whilst this has been recommended best practice for several years, it became a legal requirement from that date.

23.2 Senior Managers

- 23.2.1 Senior managers of the Trust must set the correct tone within their organisation for ensuring the correct procedures are followed with a view to minimising harm to patients and populations as well as implementing the policy and the national charging rules appropriately. This is not only because Trust has a legal obligation to make and recover charges from chargeable overseas visitors for the services they receive, but also because it ensures that the services provided to

overseas visitors are funded through the collection of charges rather than placing additional financial burden on the NHS and ensures that NHS funds remain solely for patients who are ordinarily resident [Pg99 of guidance].

23.2.2 Senior managers must ensure the compliance of their relevant body with its statutory duties and that legislation, guidance and advice provided by the Department of Health and Social Care, NHS Improvement or NHS England is followed.

23.3 Overseas Visitors Manager [OVM]

23.3.1 The OVM's role is to see that the Charging Regulations are properly implemented and applied to all affected patients concerned. This will mean that OVMs have the same responsibilities as those described above for relevant bodies. OVMs must fully understand their responsibility to protect vulnerable individuals as well as understanding the detailed guidance and exemptions whilst implementing the Charging Regulations. They must be able to communicate information about the Regulations to other staff and patients, and identify, make and recover charges from chargeable overseas visitors in accordance with the Regulations. They must be given the authority to ensure that the charging rules can be properly implemented in all departments.

23.3.2 Staff assigned to a cost recovery role must be of sufficient seniority and skill to be able to resolve complex and sensitive situations and to deal effectively with administrative staff, clinicians, senior trust managers, finance colleagues and members of the public, ensuring that all groups understand their rights and responsibilities.

23.3.3 OVMs should be ready to provide more formal briefing events for all members of staff – both administrative and clinical – who come into contact with patients, for example at staff induction courses. These training sessions need to be repeated at regular intervals to ensure that new and existing members of staff understand the work of the OVM and the role they themselves may have to play.

23.4 Administration Staff

23.4.1 All administrative staff throughout the hospital have an essential role to play in identifying people who may be liable for Trust charges by asking about whether a patient has lived in the UK in the last 6 months. These staff will include, for example, reception staff, booking staff, secretaries, managers to name a few. The vast majority of people will not be liable for charges – nonetheless, **the same question must be asked of every single patient, in every single department**, whose chargeable status is not known, in order to identify potentially chargeable patients. These are referred to as the 'baseline questions' [page 9 of this policy]

23.4.2 Administration staff at all entry points to emergency care will have a role in the presentation of the Pre-Attendance Form. See page 10 for details.

23.4.3 All staff will use the agreed communication methods in order to inform the patient of the situation [page 14].

23.4.4 Identify and refer patients to the Overseas Visitors team about any exemptions they may have become aware of in the course of getting to know the patient

- 23.4.5 Be aware of the need to review the Overseas Team status entries onto EPR regarding outcomes of their status and alert the clinical teams if their status changes.

23.5 The role of clinicians [pg 107 and 108 of guidance]

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

- 23.5.1 It is the clinician's role to provide appropriate healthcare for their patients and to make decisions on their treatment based on their clinical needs. As part of their normal practice, for ordinarily resident people and chargeable overseas visitors alike, clinicians have an obligation to consider the costs associated with different treatment options and to balance these against the potential for a successful outcome. It is right that clinicians are aware of the cost implications of providing non-urgent treatment to chargeable overseas visitors who cannot or will not pay when that treatment could wait until they leave the UK.

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

- 23.5.3 Ultimately, it is always a clinician's decision on what treatment is needed. Whether the Trust then withholds or limits that treatment will depend on information received from OVMs on when the patient can leave the UK (so that the clinician can decide if the treatment is urgent or non-urgent) and on the patient's intentions on paying (so that non-urgent treatment does not commence without prior payment).

Clinicians have four key responsibilities under the Charging Regulations:

1) To take the final decision as to whether treatment is immediately necessary, urgent or non-urgent. More information on when treatment is immediately necessary, urgent or non-urgent can be found in Chapter 8 of the guidance.

2) To confirm that a patient is receiving exempt services. For example, confirmation that a patient is undergoing diagnosis and/or treatment for a condition listed in Schedule 1 to the Charging Regulations or undergoing diagnosis or receiving treatment for a sexually transmitted infection. Information on services that are exempt from charges is in Chapter 4.

3) To confirm that a patient is a victim of specified types of violence (torture, female genital mutilation, sexual or domestic violence). It is not expected that the clinician will be able to provide confirmation in all cases, in particular in respect of victims of torture, domestic or sexual violence where the cause of physical injuries and symptoms may not be immediately apparent. The Department of Health and Social Care strongly recommends that clinicians are advised of this important role and its

implications. Further information on exemption from charges for victims of specified types of violence can be found in Chapter 7.

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

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

23.6 The role of Private Patient and Overseas Visitors Finance Team

- 23.6.1 The team need to be aware of their role in implementing the charging rules for overseas visitors. In particular, staff must understand the distinction between chargeable overseas visitors and private patients. Chargeable overseas visitors are chargeable for relevant services. They should not be confused with private patients, and the cost of any services they are provided with will be different from the rates charged to private patients. See Chapter 13 of the guidance on the calculation of charges for chargeable overseas visitors. The treatment of chargeable overseas visitors is subject to the same clinical priority as other patients. The beds they occupy are not pay beds and consultants cannot charge them for their services.
- 23.6.2 It is important that overseas visitors who are liable to charges are identified as early as possible in their dealings with the Trust in order to reduce the incidence of failure to pay, and to protect NHS resources. In the context of charging overseas visitors, the point at which to charge can be considered in terms of the urgency of the treatment needed. See Chapter 4 of the guidance for more details.
- 23.6.3 Staff need to ensure that they are able to issue invoices promptly, perhaps at very short notice, in order to ensure that the invoice can be presented, wherever possible, before the patient leaves the Trust.

24.0 INVOICING

- 24.1 The Secretary of State for Health has, since April 2015, exercised the power under section 175(4) of the National Health Service Act 2006 to calculate charges for overseas visitors on a commercial basis, which may include a reasonable profit element. From 1 January 2021, commercial charging applies to all chargeable overseas visitors, irrespective of their country of residence. There is an exception for overseas visitors who ordinarily reside within EU or EFTA countries who have begun a course of treatment before 31 December 2020. The charges in this instance must not exceed the cost of providing that service to an ordinarily resident patient.
- 24.2 Several categories of charging rules operate in parallel and NHS bodies and their commissioners may require additional support to embed these [Chapter 13 of the guidance, Page 115]. This chapter has been designed to help NHS bodies understand which charging categories should be applied to which cohort of chargeable patient.
- 24.3 **Determining the correct charging category**
- 24.3.1 The chapter outlines the six charging categories for the following types of patient:
- 24.3.2 patient ordinarily resident in the UK (category A);
- 24.3.3 patient an asylum seeker or failed asylum seeker supported by certain conditions (category A);

- 24.3.4 patient subject to immigration control, resident in the UK and a surcharge payee (or exempt or waived from paying the surcharge) (category B);
- 24.3.5 patient ordinarily resident in an EEA country or Switzerland (categories C & D); and
- 24.3.6 patient ordinarily resident outside the EEA or Switzerland (categories E & F).

<https://www.england.nhs.uk/wp-content/uploads/2018/02/improving-systems-guidance-chargeable-overseas-visitor.pdf>

24.4 National price

- 24.4.1 In line with the national tariff, calculate the HRG price then charge at 150% of that price.
- 24.4.2 Local variations to the national price for a service are not to be applied to the calculation of the overseas tariff. The marginal rate emergency rule, the 30-day readmission rule and variations to support transition to new payment approaches should not be applied. No other additions or inclusions (e.g. translation services, administrative costs) may be made to the price. The 150% tariff includes these costs in addition to a profit element.
- 24.4.3 For further guidance, please see enclosed document <https://www.england.nhs.uk/who-pays/>

24.5 The difference between NHS Chargeable patients and private patients

- 24.5.1 NHS chargeable patients should not be confused with private patients, and the cost of any services they are provided with will be different from the rates charged to private patients [page 127 of the guidance].
- 24.5.2 The treatment of NHS chargeable patients is subject to the same clinical priority as Standard NHS Patients. The beds they occupy are not pay beds and consultants cannot charge them for their services. NHS chargeable patients are not eligible to be “fast tracked” for services or provided with any supplementary service that they would not have access to as a Standard NHS Patient.

24.6 When charges should be administered to NHS chargeable patients

- 24.6.1 It is important that NHS chargeable patients who are liable for charges are identified as early as possible in their dealings with the Trust in order to provide the patient with more choice in what treatment to accept and what to postpone until they return home. In the context of charging NHS chargeable patients, at what point to charge can be considered in terms of the urgency of the treatment needed. See Chapter 8 of the guidance for more details. Consideration also needs to be given as to the patients status regarding exemptions, the services they are accessing and their ability to pay prior to raising an invoice. If there is a dispute about whether someone is chargeable, this will be escalated. If there is reasonable doubt or circumstances that are unclear, no charges will be raised until clarity is confirmed. NHS bodies are required to obtain upfront payment for the full estimated cost of care unless doing so would prevent or delay the provision of immediately necessary or urgent treatment. In practice, this requirement will always apply to elective, non-urgent care.
- 24.6.2 OVMs should be aware of and comply with the requirement in regulation 19 of the [Care Quality Commission \(Registration\) Regulations 2009](#), to

advise patients of their charging status and estimated cost of treatment as far as reasonably practicable before the provision of relevant services.

24.6.3 Presenting an invoice to a person who was not aware that they were liable for charge could result in accusations of maladministration, which the NHS body would then have to defend. However, the fact that a patient was not informed that charges will apply does not alter the fact that, under the Charging Regulations, they are still liable for that charge. NHS bodies do not have discretion to waive charges and where a patient who has received services is identified as chargeable the NHS body must recover those charges from the patient.

24.7 Who to charge when a patient is exempt from charges (CEOV EEA or non-EEA)?

24.7.1 Where an overseas visitor is exempt from charge (i.e. they fall under Charging category C or Charging category E), then the NHS body should invoice the appropriate commissioner as set out in the [Who Pays? Document](#).

24.7.2 Where a patient is a qualifying EU or EFTA visitor (i.e. they fall under Charging category C), then the NHS body must take appropriate steps to ensure that the UK can recover the cost of treating that patient.

24.7.3 NHS bodies will need to record and report any EHC or PRC details to the NHSBSA Overseas Healthcare Services Team via the Overseas Visitors Treatment web portal.

Without this information, the UK is unable to make a claim for reimbursement for treating these visitors. See Chapter 9 of the guidance for more details.

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

24.9 The Overseas Visitors Team will ensure an invoice is raised from the information given on the Overseas Visitor Agreement to Pay Form, (Appendix 3) and the patients clinical record. However, the overseas visitor will be liable to pay the debt whether or not they sign an agreement to pay form.

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

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

25.0 MANAGING DEBT

25.1 The Overseas Visitors Team will follow an agreed process with regards to debt collection. Any action regarding debt collection will be avoided if possible and will consider the safeguarding concerns of each case prior to submission to a debt collection agency. **A person with an agreed repayment plan will not be notified to the Home Office.** The Overseas Visitors Team are required to report any debts by non-EEA nationals that are over £500 and have been outstanding for 3 months to the Department of Health and Home Office, in line

- with the Charging Guidelines 2015. This results in that person being normally refused entry to the UK and encourages payment of debt.
- 25.2 NHS bodies are recommended to consider employing the services of a debt recovery agency that specialises in the recovery of overseas debt, except in relation to persons whom it is clear to the relevant body will be unable to pay (e.g. destitute individuals for whom such action may not be appropriate or cost-effective). There is some evidence that those who do so are significantly more successful in recovering debt from NHS chargeable patients residing overseas.
- 25.3 Where it is clear that a person is destitute or genuinely without access to any funds after a full assessment, OUH will write the debt off in their accounts although this does not mean that the debt is waived, nor extinguished; it remains in the Trust's records and can be recovered if the patient's ability to pay changes. Destitution may mean going without the essentials we all need to eat, stay warm and dry, and keep clean¹².
- 25.4 NHS bodies (or debt collection agencies working on their behalf) can share non-clinical data with the Home Office, via the Department of Health and Social Care, on chargeable patients, providing they meet set criteria, with a view to better collect debts owed. The Home Office can then use that data to deny any future immigration application to enter or remain in the UK that the person with the debt might make. Patients do not have to provide their consent to this data being shared but NHS bodies should ensure that patients are aware of the potential immigration consequences of not paying a debt for which they are liable. NHS bodies must ensure that they pay due regard to the most recent version of the guidance when sharing patient data [<https://www.gov.uk/government/publications/what-happens-to-your-data-guidance-for-overseas-patients/what-happens-to-your-data-guidance-for-overseas-patients>]

25.5 Recording income and debt in the accounts

Where any charge has been made in respect of relevant services, NHS bodies must invoice for that treatment. It is extremely important that all invoices, together with recognised cash receipts, provisions made and amounts written off, are accurately recorded in the accounts of relevant bodies. Not only does this provide important financial information for the relevant body itself, but it also provides the Department of Health and Social Care with emerging patterns or problems with the level of charges being recovered from overseas visitors and the amount of debt being recorded.

25.6 When to write off debt

The relevant body may want to 'write off' a debt for accounting purposes where:

- 25.6.1 the NHS chargeable patient has subsequently died and recovery from their estate is impossible; or
- 25.6.2 having regard to the NHS chargeable patient's financial circumstances, it would not be cost effective to pursue it (e.g. they are a destitute individual or are genuinely without access to any funds or other resources to pay their debt); or
- 25.6.3 all reasonable steps have failed to recover the debt (e.g. the NHS chargeable patient is untraceable or there are no further practical means of pursuing debt recovery).

However, writing off the debt for accounting purposes does not waive it. It remains on the relevant body's records and relevant bodies are still able to recover it (if the above circumstances change). Debts must be cancelled entirely if the charges they relate to are found not to have applied in the first place. For further information, please see <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachm>

ent_data/file/793132/overseas-chargeable-patients-nhs-debt-and-immigration-rules.pdf

26.0 Fraud – NHS Counter Fraud Authority

The NHS Counter Fraud Authority has national responsibility to lead work on protecting NHS staff and resources from crime. It has responsibility for tackling fraud, bribery, corruption, criminal damage, theft and other unlawful actions such as market-fixing.

When there is a suspicion that:

- 26.1 an overseas visitor is attempting to access, or has accessed, free treatment by fraud or deception; or
- 26.2 an NHS employee is attempting by fraud and deception to facilitate a chargeable patient receiving free care without identification or correct charge (or has already done so), this should be reported to the relevant body's Local Counter Fraud Specialist (LCFS), the NHS Fraud and Corruption Reporting Line on 0800 028 40 60 or online at <https://cfa.nhs.uk/reportfraud>. The LCFS and/or NHS Counter Fraud Authority will undertake an investigation and seek to apply criminal and civil sanctions, where appropriate.

27.0 PATIENT CONFIDENTIALITY AND DATA SHARING

27.1 NHS bodies have legal obligations under the GDPR and the Data Protection Act 2018 (DPA) in relation to the sharing and storing of a patient's data regarding their overseas visitor status. The Overseas Visitor Team will record the following details:

- a) Patients name, address and telephone number
- b) Completed Patient Pre-Admission Form
- c) Copies of any Passports/ Visa/ BRP
- d) Copies of EHIC/ PRC
- e) Completed Agreement to Pay Form
- f) Health insurance details for insured patients
- g) Details of all treatment received including admission and discharge dates
- h) Home Office Evidence and Enquiry responses
- i) Invoices and correspondence sent to and received from patient

27.2 The principles of patient confidentiality are also very important and are the basis of the hospital staff/patient relationship.

27.3 In certain circumstances, the Overseas Visitors Team may become concerned that an overseas visitor is deliberately seeking to access free non-urgent NHS services for which they are not eligible. Such circumstances might include lack of willingness to provide information and evidence, inconsistency of their provided data and other concerns arising from the interview and communications with the patients and/or families. Following further investigation, if the hospital team remain concerned, they may consider informing the Home Office of this. The Home Office may request details of a patient's medical condition to assess if they have any particular requirements whilst the Home Office are investigating them in their care. More information on working with the Home Office is available in Chapter 12 of the guidance. A decision would need to be taken in the full light of the patient's circumstances before data is shared without a patient's consent. Generally, the NHS should not share patient data with third party agencies without the patient's consent except where:

- 1. they are required to do so by law (e.g. where a court order has been made);

2. they have special permission for health or research purposes; or
3. there is an overriding public interest to do so (e.g. where the police are investigating a serious crime).

It is important that each case should be judged on its own merits. Relevant bodies are encouraged to seek legal advice as to whether the sharing of that information is lawful, and each case should be discussed with the relevant body's Caldicott Guardian before a decision is taken.

In the context of this document, Trusts are allowed to share non-clinical data with third parties without the patient's consent when it is to determine if they are chargeable and to report chargeable patients with a debt of £500 or more (see Chapter 12 of the guidance).

28.0 CLAIMS FORMS

Patients may submit insurance claim forms to the Overseas Visitors Office who will use their best endeavours to complete relevant sections and ensure other relevant sections are completed by the Consultant.

29.0 COMPLAINTS

29.1 If a patient considers that they have been charged incorrectly, they should collaborate with the OVM to discuss on what basis they have been found to be chargeable and whether the provision of further documentary evidence is required. They may have a right to reimbursement and/or cancellation of any outstanding debt e.g. under regulation 5 of the Charging Regulations within the guidance. Where there continues to be a disagreement about how the Charging Regulations have been applied to a particular patient, the patient may want to seek the services of the relevant body's Patient Advice and Liaison Service (PALS), a link to which is on the Trust website.

29.2 The Trust's Complaints Policy covers the handling of any complaint made about the Trust's staffing relating to care in the Trust. For further information contact the complaints department or see the full policy available on the Trust's intranet site. Access here:

<http://ouh.oxnet.nhs.uk/CommentsAndComplaints/Document%20Library/OUH%20Complaints%20Policy.pdf>

OVMs need to ensure that they and chargeable patients are aware of the complaints procedure and that there are effective operational links with the organisation's complaints manager that reflect the extant guidance on managing complaints. Complaints regarding charging should be fairly heard by an impartial person who is independent of the overseas visitors charging operation within the Trust. If a patient is still left unsatisfied, they have a right to complain to the Health Service Commissioner.

30.0 ARCHIVING ARRANGEMENTS

The original of this policy will remain with the Head of Private Patients and Overseas Visitors. An electronic copy will be maintained on the Trust intranet.

31.0 MONITORING AND EVALUATION

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

- a. Ensuring sufficient resource is allocated to the Overseas Visitor Team to enable the delivery of the policy
- b. Ensuring ongoing collaboration with representatives of the Health Inequalities Steering Group to ensure any risks in relation to vulnerable individuals and health inequalities are fully understood and mitigated in a prospective manner.
- c. Development of a risk management framework
- d. Development of a monitoring and evaluation framework including audits of the policy at a frequency agreed by the Chief Finance Officer.
- e. Development of a Trust Overseas Visitors Steering Group which meets quarterly.

32.0 TRAINING REQUIREMENTS

- 21.2 The intention is that this policy gives trust wide staff the correct information to adhere to the national overseas visitors guidance.
- 21.3 National training resources are available for all staff at the following link: <https://www.e-lfh.org.uk/programmes/overseas-visitors-cost-recovery/>. This e-learning package is intended for Trust staff directly involved in the process of recovering treatment costs from overseas visitors and migrants (Overseas Visitor Managers and frontline administrative staff) and staff who want to learn more about the charging rules and their role in supporting their Trust to implement them. There are sessions that are targeted for specific audiences, including OVMs, frontline staff and clinicians.
- 21.4 All Overseas Visitors Team staff will undertake Level 3 Safeguarding Training. This should ensure sufficient understanding of issues that specifically affect vulnerable migrant groups, such as modern-day slavery, trafficking, and other exemption categories.
- 21.5 All other OUH staff groups should have basic awareness of the Overseas Visitor Policy, implications for vulnerable migrant groups, and relevant mitigation strategies developed by OUH by embedding messages in existing mandatory training. This should include: rights to NHS care; different responsibilities in implementing charging policy; exemption categories and how to record these on EPR; assessment for destitution; how to access support and advice.

33.0 REVIEW

- 22.1 This policy will be reviewed every 3 years, as set out in the Policy for the Development and Implementation of Procedural Documents.
- 22.2 This policy may need to be revised before this date, particularly if national guidance or local arrangements change, where implementation is unsuccessful or where audits necessitate a policy review.

34.0 REFERENCES

1. Latest Guidance on implementing the overseas visitor charging regulations:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1090896/overseas-NHS-visitors-charging-regulations-guidance-July-2022.pdf
2. [NHS Act 2006](#)
3. *National Health Service (Charges to Overseas Visitors) (Amendment) Regulations 2017*: http://www.legislation.gov.uk/ukxi/2017/756/pdfs/ukxi_20170756_en.pdf
4. National Health Service (Charges to Overseas Visitors) Regulations 2015
<https://www.legislation.gov.uk/ukxi/2015/238/contents/made>
5. [Mental Health Act 1983](#)
6. [Immigration and Asylum Act 1999](#)
7. [European Union \(EU\) Social Security Regulation \(EC\) 883/2004](#)
8. [European Union \(EU\) Social Security Regulation 987/2009](#)
9. [Regulation \(EEC\) 1408/71](#)
10. [Regulation \(EEC\) 574/72](#)
- 11 National Training Resources Link:
<https://www.e-lfh.org.uk/programmes/overseas-visitors-cost-recovery/>
- 12 Joseph Rowntree Foundation
<https://www.jrf.org.uk/blog/what-destitution>
- 13 Overseas chargeable patients, NHS debt and immigration rules
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/793132/overseas-chargeable-patients-nhs-debt-and-immigration-rules.pdf

APPENDIX 1: National Overseas Visitors Charter

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

As OVMs and NHS employees we commit to:

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

In return we expect patients to:

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

In return we expect NHS staff to:

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

APPENDIX 2: Definitions

1. **Overseas Visitor:** Someone who is not ordinarily resident in the UK
2. **Ordinary Resident (OR):** A person will be “ordinary resident” in the UK when that resident is lawful. Adopted voluntarily, and for settled purposes as part of the regular order of their life for the time being, whether of short or long duration. Nationals of countries outside of the European Economic Area (EEA) must also have indefinite leave to remain in the UK in order to be “ordinarily resident” here. A person who is “ordinary resident” in the UK must not be charged for NHS services [pg 26 of the guidance]
3. **Immediately necessary:** Immediately necessary treatment is that which a patient needs promptly to save their life, prevent a condition from becoming immediately life-threatening or to prevent permanent serious damage from occurring”. The guidance goes on to confirm that “**all maternity services must be treated as being immediately necessary**”. This includes all antenatal, intrapartum and post-natal services provided to a pregnant person, a person who has recently given birth or to a baby”.
4. **Urgent:** “Urgent treatment is defined as treatment which clinicians do not consider to be immediately necessary, but which nevertheless cannot wait until the person can be reasonably expected to leave the UK. This means that the longer a patient is expected to remain in the UK, the greater the range of their treatment needs that are likely to be regarded as urgent. If the person is unlikely to leave the UK for some time [which will be the case for some undocumented migrants], treatment which clinicians might otherwise consider non-urgent is more likely to be considered by them as urgent”
5. **Charging Regulations:** The National Health Service (Charges to Overseas Visitors) Regulations 2015. The National Health Services (Charges to Overseas Visitors) (Amendment) Regulations 2015 and the National Health Services (Charges to Overseas Visitors) Regulation 2017.
6. **EEA:** The European Economic Area. A reference to EEA states or EEA national or residents and should be understood to include a reference to Switzerland or Swiss residents as appropriate, except in relation to the operation of the Cross-border Healthcare Directive which does not apply to Switzerland.
7. **EEA Visitors:** Visitors who are nationals of, or ordinarily resident in an EEA country. The charging regulations are different for EEA visitors and those visitors who are nationals or residents of Non-EEA countries.
8. **Non-EEA Visitors:** A non-EEA national without Indefinite Leave to Remain can only pass the OR test if they are not subject to immigration control e.g. they are a diplomat posted to the UK, or have a right of residence here by virtue of their relationship with an EEA national who is resident here.
9. **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.

10. **PRC:** Provisional Replacement Certificate, issued to eligible EEA residents in cases where an EHIC cannot be produced. It must be requested by the patient from their Social Security office.
11. **S1:** Issued to pensioners, posted or frontier workers, and their family members, (previously E121, E109, E106). The term 'pensioner' includes those in receipt of a qualifying long-term benefit.
12. **S2:** The S2 (formally E112) route entitles visitors to state-funded elective treatment in another EEA country or Switzerland. This applies to visitors from the EEA or Switzerland who wish to have planned treatment in the UK.
13. **Head of Private Patients and Overseas Visitors:** Reference to the lead person representing the Overseas Visitors Team.

Appendix 3: Pre-Attendance Form

The Trust may provide immediately necessary and urgent treatment to save the patient life. In this case, treatment must not be delayed while the patient's chargeable status is determined.

Treatment at the Emergency Department (A&E) is only free up to the point of admission as an inpatient or if/when referred to an outpatient appointment. It does not, therefore, include emergency treatment provided after admission to the hospital as an inpatient or outpatient. Non-exempt visitors will be charged for treatment at this point.

All patients who present to the Trust must be asked where they have lived for the last six months. Anyone whose answers indicate that they have not been resident in the UK for the last 6 months must fill out the Pre-Attendance Form [Insert Link]. This form will be updated from time to time.


 Oxford University Hospitals
 NHS Foundation Trust

Pre-Attendance Form

You have told us that you have not lived in the UK for the last 6 months.

All care and treatment in A&E will be provided free of charge. If you require healthcare beyond A&E, this MAY be chargeable if it is not exempted under national guidance (see the accompanying leaflet for a list of exemptions). In this situation, a trained member of our Overseas Team will assess your case to identify your status and any relevant exemptions. Urgent and emergency treatment (including all maternity services) will never be refused or delayed, whether or not you are able to pay for your care.

Please complete this form in BLOCK CAPITALS

Family name/surname: <input style="width: 90%;" type="text"/>	
First name/given name: <input style="width: 90%;" type="text"/>	Date of birth: <input style="width: 20px;" type="text"/>

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

Do you usually live in the UK? YES: <input type="checkbox"/> NO: <input type="checkbox"/>	Nationality: <input style="width: 80%;" type="text"/>
Address in the UK: <input style="width: 90%;" type="text"/>	Passport number: <input style="width: 80%;" type="text"/>
	Country of issue: <input style="width: 80%;" type="text"/>
Address OUTSIDE the UK: <input style="width: 90%;" type="text"/>	Passport expiry date: <input style="width: 20px;" type="text"/>
Telephone number: <input style="width: 20px;" type="text"/>	Dual Nationality: <input type="checkbox"/>
Mobile number: <input style="width: 20px;" type="text"/>	Date of entry into the UK: <input style="width: 20px;" type="text"/>
Email: <input style="width: 90%;" type="text"/>	

3. YOUR STAY IN THE UK – You may be required to provide documentation

Please tell us about the purpose of your stay in the UK (check all that apply):

<input type="checkbox"/> Holiday/visit friends or family	<input type="checkbox"/> On business	<input type="checkbox"/> To live here permanently
<input type="checkbox"/> To work	<input type="checkbox"/> To study	<input type="checkbox"/> To seek asylum
<input type="checkbox"/> Other – please state: <input style="width: 80%;" type="text"/>		

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

Do you have insurance? YES: <input type="checkbox"/> NO: <input type="checkbox"/>	Name and address of insurance provider: <input style="width: 95%;" type="text"/>
Membership number: <input style="width: 80%;" type="text"/>	

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

Do you have a non-UK EHIC? YES: <input type="checkbox"/> NO: <input type="checkbox"/>	If yes, please enter the data from your EHIC below:
 <p><i>If you are visiting from another EEA country and do not hold a current EHIC, you may be billed for the cost of any treatment received outside the Accident and Emergency (A&E) dept. Charges will apply if you are admitted to a ward or need to return to the hospital as an outpatient.</i></p>	3 <input style="width: 80%;" type="text"/>
	4 <input style="width: 80%;" type="text"/>
	5 <input style="width: 20px;" type="text"/> 6 <input style="width: 20px;" type="text"/>
	7 <input style="width: 80%;" type="text"/>
	8 <input style="width: 20px;" type="text"/> 9 <input style="width: 20px;" type="text"/>

DECLARATION: TO BE COMPLETED BY ALL

Signed: <input style="width: 90%;" type="text"/>	Date: <input style="width: 20px;" type="text"/>
Print name: <input style="width: 90%;" type="text"/>	Relationship to patient: <input style="width: 80%;" type="text"/>
On behalf of: <input style="width: 90%;" type="text"/>	

If you would like this form in a different language, or require an interpreter, please let us know.
 For further advice, please contact the Overseas Visitors Team on overseasvisitors@ouh.nhs.uk or 01865 (7)43309

Appendix 4: Agreement to Pay Form



Agreement to Pay NHS Hospital Costs – Overseas Visitor

Declaration:

1. I confirm that the information I have provided in this form is correct and that I have read and
2. understood the terms and conditions at the end of this form.
3. The fees payable for the services specified in this form have been explained to me and understand that I am legally responsible for all Hospital charges related to those services/treatment.
4. 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.
5. I understand that I will be advised of any changes to the cost of my care before treatment is provided, whenever possible.
6. 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.
7. 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 (if any).
8. 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 information may be passed via the Department of Health to the Home Office for this purpose.
9. I hereby authorise the Hospital to debit my credit/debit card (details below) any amount(s) outstanding for my Hospital treatment.

Signed:Date:

Print Name:

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

First name:	Surname:
UK address:	
Post Code	

Overseas address:	
Street address:	
Postcode:	
State:	
Country:	
Telephone number:	Mobile number:
Email address:	
Passport/ID:	Nationality:
Credit Card: Visa/Mastercard/other	Card no:
Cardholder name:	Cardholder Postcode:
Card Expiry date:	

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 UK General Data Protection Act 2018 (as amended) 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 5: Exempt Diseases

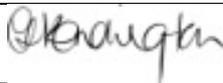
Certain diseases are exempt for Overseas Visitors where treatment is necessary to protect the wider public health. This exemption from charge will apply to the diagnosis even if the outcome is a negative result. It will also apply to the treatment necessary for the suspected disease up to the point that 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 (April 2015):

The exempt diseases are:

- Acute encephalitis
- Acute poliomyelitis
- Anthrax
- Botulism
- Brucellosis
- Cholera
- Diphtheria
- Enteric fever (typhoid and paratyphoid fever)
- Food poisoning
- Haemolytic uraemic syndrome (HUS)
- Human Immunodeficiency Virus (HIV)
- Infectious bloody diarrhoea
- Invasive group A streptococcal disease and scarlet fever
- Invasive meningococcal disease (meningococcal meningitis, meningococcal septicaemia, and other forms of invasive disease)
- Legionnaires' Disease
- Leprosy
- Leptospirosis
- Malaria
- Measles
- Middle Eastern Respiratory Syndrome (MERS)
- Mumps
- Pandemic Influenza (define as the '*pandemic phase*'), or influenza that might become pandemic (defined as the '*alert phase*') in the World Health Organisation's pandemic influenza Risk Management Interim Guidance.
- Plague
- Rabies
- Rubella
- Sexually Transmitted Infections
- Smallpox
- Tuberculosis
- Typhus
- Viral haemorrhagic fever (which includes Ebola)
- Viral hepatitis
- Whooping cough
- Wuhan novel coronavirus (2019-nCoV)
- Yellow fever

Appendix 6: Equality Impact Assessment

1. Information about the policy, service or function

What is being assessed	Revised Policy / Procedure
Job title of staff member completing assessment	Head of Private Patient and Overseas Services
Name of policy / service / function:	Overseas Visitors Policy
Details about the policy / service / function	This policy concerns the management of individuals who do not normally live in the UK (overseas visitors) when they seek treatment from the Oxford University Hospitals NHS Foundation Trust (hereafter known as the Trust). It details how the Trust will fulfil its legal obligation to identify patients who are not eligible for free NHS treatment and specifically to assess liability for charges in accordance with the National Health Service Act 2006 and its regulations including the National Health Service (Charges to Overseas Visitors) Regulations 2015, together with 2020 and 2021 'EU Exit' amendments and the associated DHSC document 'Guidance on Implementing the Overseas Visitors Hospital Charging Regulations', published in May 2022.
Is this document compliant with the Web Content Accessibility Guidelines?	Yes
Review Date	October 22
Date assessment completed	23/12/22
Signature of staff member completing assessment	
Signature of staff member approving assessment	

2. Screening Stage

Who benefits from this policy, service or function? Who is the target audience?

- Staff

Does the policy, service or function involve direct engagement with the target audience?

Yes - continue with full equality impact assessment

3. Research Stage

Notes:

- If there is a neutral impact for a particular group or characteristic, mention this in the 'Reasoning' column and refer to evidence where applicable.
- Where there may be more than one impact for a characteristic (e.g. both positive and negative impact), identify this in the relevant columns and explain why in the 'Reasoning' column.
- The Characteristics include a wide range of groupings and the breakdown within characteristics is not exhaustive but is used to give an indication of groups that should be considered. Where applicable please detail in the 'Reasoning' column where specific groups within categories are affected, for example, under Race the impact may only be upon certain ethnic groups.

Impact Assessment

Characteristic	Positive Impact	Negative Impact	Neutral Impact	Not enough information	Reasoning
<p>Sex and Gender Re-assignment – men (including trans men), women (including trans women) and non-binary people.</p>			X		<p>Men and women are treated equally within the Charging Regulations. Both sexes are capable of benefiting from any of the exemption categories.</p> <p>The Guidance advises that for maternity care, which obviously only women receive, it should be treated without exception as immediately necessary, meaning that it must always be provided regardless of if charges have been paid or are likely to be recovered. The Guidance does not advise that any other services, that men could benefit from, should similarly be considered automatically as immediately necessary. This is justified by the significant risks to both mother and baby if health goes unchecked, and the fact that, at least for delivery, it inevitably cannot be delayed.</p> <p>Transgender and transsexual people are able to benefit from any of the exemption from charge categories.</p>

Characteristic	Positive Impact	Negative Impact	Neutral Impact	Not enough information	Reasoning
<p>Race - Asian or Asian British; Black or Black British; Mixed Race; White British; White Other; and Other</p>			X		<p>A person of any race is able to benefit from the exemption from charge categories within the Charging Regulations. However, there is national anecdotal evidence that non-white people or people for whom English is not their first language are, on some occasions, targeted in the application of the Charging Regulations due to speculation or assumption that they are not resident here. This is clearly unacceptable and longstanding guidance to the NHS has advised that each patient must be treated the same in assessing for charges. In order to tackle this discrimination, the updated Guidance has been reiterated and strengthened in a section titled <i>Avoiding discrimination in establishing if charges apply</i>. It now points out NHS bodies' legal equality duties and advises that staff involved in assessing for charges are trained in how to exercise those duties leading to an overall neutral impact.</p>
<p>Disability - disabled people and carers</p>			X		<p>People with disabilities are able to benefit from the exemption from charge categories if applicable.</p>
<p>Age</p>			X		<p>Some of the exemption from charge categories are dependant on a person's age. The children of exempt overseas visitors are also exempt in certain circumstances, since it would be unreasonable to expect them be apart from their parent, whilst children in the care of the Local Authority are also exempt since they are clearly vulnerable.</p> <p>When a child is not entitled to free NHS hospital treatment, the person liable is their parent or guardian.</p> <p>Those in receipt of UK state retirement pensions can benefit from certain exemptions that younger people</p>

Characteristic	Positive Impact	Negative Impact	Neutral Impact	Not enough information	Reasoning
					cannot. This is no different from other welfare benefits e.g. pension payments itself, tax rules etc.
Sexual Orientation			X		Heterosexual, bisexual, lesbian and gay people are able to benefit from any of the exemption from charge categories.
Religion or Belief			X		With the exception of the exemption for Missionaries, which would not apply to those of no belief, a person of any religion or belief is able to benefit from the other exemption categories. However, as for race, there is national anecdotal evidence that people whose religion can be assumed by their appearance are, on some occasions, targeted in the application of the Charging Regulations due to speculation or assumption that they are not resident here. Again, this is unacceptable. See race.
Pregnancy and Maternity			X		Maternity services are always to be considered immediately necessary, and provided regardless of if the chargeable woman pays in advance. If she has not paid in advance she will be charged afterwards. Chargeable women in need of other services will not enjoy this blanket health safeguard, and will have to be assessed by clinicians as to the urgency of their need, to determine if treatment should happen regardless of advance payment. See sex.
Marriage or Civil Partnership			X		People who are married or in a civil partnership are able to benefit from the exemption from charge categories if applicable.
Other Groups / Characteristics - for example, homeless people, sex workers, rural isolation.			X		Carers Carers are able to benefit from the exemption from charge categories.

Characteristic	Positive Impact	Negative Impact	Neutral Impact	Not enough information	Reasoning
					<p>Resident status</p> <p>Resident status is relevant when establishing if a person is entitled to free treatment by being ordinarily resident here, or by being exempt from charge under some of the exemption categories within the Charging Regulations, e.g. twelve months lawful residence. Migrants will be ordinarily resident in the UK if they are here on a lawful, voluntary, and settled basis for the time being. However, those who are not lawfully here or those who do not live on a settled basis here will be chargeable for their treatment. The NHS is only automatically free to the people of England.</p> <p>Income</p> <p>Only one exemption differentiates between those with and without resources – Regulation 23(c) exempts those people from certain countries that are without resources, based on a historical international treaty.</p> <p>Those who are chargeable, but are on a low income, might find it more difficult than those on a higher income to pay their bill. The Guidance advises the NHS to consider accepting payment by instalments where possible, and in cases when the patient is without resources, the NHS body reserves the right to write off the debt. No one will be refused urgent or immediately necessary treatment because they cannot pay.</p>

Characteristic	Positive Impact	Negative Impact	Neutral Impact	Not enough information	Reasoning

Sources of information

- List any sources of information used
- https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/735360/Equality_Analysis_-_Overseas_Visitors_Charging_Regulations_and_Guidance.pdf
- https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/735353/equality-analysis-charges-ovs-visitors-acc.pdf
- https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/735355/Equality_Analysis_Immigration_Sanctions_for_those_with_unpaid_debts_arising_from_the_NHS_Charges_to_Overseas_Visitors_Regulations_2011.pdf

Consultation with protected groups

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

Group	Summary of consultation

Consultation with others

List any other individuals / groups that have been or will be consulted on this policy, service or function.

4. Summary stage

Outcome Measures

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

Key Benefits

Equity and uniformity of guidance and practice across the trust

Education of all members of the Overseas Visitors Team

Policy will inform all trust staff about the updated regulations and guidance for applying charges where appropriate but also to ensure all exempt patients are considered within all groups.

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

Positive Impact

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

Unjustifiable Adverse Effects

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

There is an acknowledgement of the national anecdotal evidence that non-white people or people for whom English is not their first language are, on some occasions, targeted in the application of the Charging Regulations due to speculation or assumption that they are not resident here. This is clearly unacceptable and longstanding guidance to the NHS has advised that each patient must be treated the same in assessing for charges. In order to tackle this discrimination, the updated Guidance has been reiterated and strengthened in a section titled Avoiding discrimination in establishing if charges apply. It now points out NHS bodies' legal equality duties and advises that staff involved in assessing for charges are trained in how to

exercise those duties. There is no evidence of this discrimination at OUH as our systems and processes enable all patients to be reviewed on a daily basis. However, it doesn't account for any individuals behaviour but through this policy and training, these issues will be addressed.

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

Justifiable Adverse Effects

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

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

Some of the exemption from charge categories are dependant on a person's age. The children of exempt overseas visitors are also exempt in certain circumstances, since it would be unreasonable to expect them be apart from their parent, whilst children in the care of the Local Authority are also exempt since they are clearly vulnerable.

Resident status is relevant when establishing if a person is entitled to free treatment by being ordinarily resident here, or by being exempt from charge under some of the exemption categories within the Charging Regulations, e.g. twelve months lawful residence. Migrants will be ordinarily resident in the UK if they are here on a lawful, voluntary, and settled basis for the time being. However, those who are not lawfully here or those who do not live on a settled basis here will be chargeable for their treatment. The NHS is only automatically free to the people of England.

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

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

Equality Impact Assessment Action Plan

Complete this action plan template with actions identified during the Research and Summary Stages

Identified risk	Recommended actions	Lead	Resource implications	Review date	Completion date