

Overseas Visitor Policy

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1.0			
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Purpose

1. This policy must be followed when a person who is not ordinarily resident in the UK needs NHS treatment provided by Bolton NHS Foundation Trust. Such a person will be subject to the *National Health Service (Charges to Overseas Visitors) Regulations 2015*. A person who is not 'ordinarily resident' in the UK falls within the definition of an overseas visitor and may incur a charge for treatment.
2. A person does not become 'ordinarily resident' in the UK simply by: having British nationality; holding a British passport; being registered with a GP; having an NHS number; owning property in the UK, or having paid (or currently paying) National Insurance contributions and taxes in this country.
3. A relevant NHS body also has human rights obligations, meaning that treatment which is considered by clinicians to be immediately necessary must never be withheld from chargeable overseas visitors pending payment, although charges will still apply (unless the service provided is exempt from charges, e.g. treatment at Accident and Emergency Department). Treatment which is not immediately necessary, but is nevertheless classed as urgent by clinicians, since it cannot wait until the overseas visitor can return home, should also be provided, although deposits should be sought in the period ahead of treatment.
4. The policy describes the principles under which the Trust provides the facilities for the treatment of overseas visitors (OSV) and how the Trust will identify and charge overseas visitors.
5. The objective of this policy is to define the administrative process that relates to overseas patients receiving treatment at Bolton NHS Foundation Trust.

Content

Scope

6. This policy applies to all Trust employees, who must clearly identify overseas visitors on Trust premises as early as practicable in the course of their treatment.
7. Key staff groups are:
 - All clinicians, who must decide whether a charge-liable overseas visitor is in need of urgent treatment and immediate necessary treatment.
 - All staff registering or checking patient details, who must confirm patients currently residing in the UK.
 - The Overseas Visitor Team/Designated Officer who must interview patients and review relevant documentation to establish exemptions or invoice accordingly.

Principles of Overseas Visitors

8. The Charging Regulations 2015 place a legal obligation on the Trust to make and recover charges for treatment it provides and , in so doing to:
 - Ensure that patients who are not ordinarily resident in the United Kingdom are identified.
 - Assess liability for charges in accordance with the Charging Regulations.
 - Charge those liable to pay in accordance with the Charging Regulations
 - Recover the charge from those liable to pay.
9. Certain services are free regardless of the status of the patient.
10. At Bolton NHS Foundation Trust we are proud of the services that we provide to our patients. Our first priority is to provide safe, effective, caring treatment. As soon as it is clinically safe and appropriate to do so we will make all reasonable attempts to establish the patients' status and entitlement to receive NHS care.
11. All staff should identify to the Trust Overseas Team/Designated Officer, patients who are chargeable as early as possible in their dealings with the hospital in order to: -

- Reduce the incidence of failure to pay and to protect resources
 - To enable the Trust to fully inform the patients of their liability to pay charges.
12. The Overseas Manager/Officer/Team should be contacted on extension 5053/5380 if any member of staff identifies any potential overseas visitor. Outside office hours a message should be left to include the patient's hospital number or alternatively email: overseas.visitors@boltonft.nhs.uk.
13. A member of the Overseas Team/Designated Officer will interview each identified patient to assess chargeable status. A Pre-Assessment Form will be completed for each interviewed patient and supporting documentation will be copied and retained as evidence of the patients UK status.
14. An Undertaking to Pay Form (UTP) will be completed for patients identified as chargeable. The patient will be advised of the estimated potential charges, and a deposit equivalent to the estimate will be collected in advance of treatment (wherever practically possible). The UTP Form is actioned by the Overseas Team/Designated Officer to raise the charges (an invoice) against the patient.
15. Patients charged under the Regulations are NHS Overseas Charged Patients, and as such are liable to pay for their treatment even where an undertaking to pay has not been obtained. They are not private patients, Consultants may not charge for their professional services to Overseas Visitors, as these are included in the overall cost to the Trust of the treatment.
16. Where the patient does not speak or understand English then the patient's spoken language must be established. The use of the Trust translator service must be invoked to support the patient's ability to understand and answer the questions appropriately. The use of a family member to translate information to and from the patient is not appropriate.

Responsibilities

17. **Chief Executive.** The Chief Executive is accountable for ensuring the policy exists for Overseas Patients whilst under the care of the hospital.
18. **Director of Finance.** The Director of Finance is responsible for the Overseas Patient function.
19. **Trust Board.** The Trust Board is responsible for approving the Overseas Visitors Policy.
20. **Trust Managers.** Trust managers are responsible for ensuring the Overseas Visitors Policy and procedures are adhered to by all staff.
21. **Overseas Manager.** The Overseas Manager/Designated Officer's role is to see that:
 - The charging Regulations are applied in practice, so that overseas visitors who are lawfully entitled to free treatment receive it without charge, and that those **not** exempt are charged.
 - Determine if they are exempt from charges, or not, under the Charging Regulations.
 - Where the patient is identified as chargeable and claims s/he cannot pay. It is ultimately the clinician decision to assess if the patient can reasonably be expected to return home and inform the Overseas Team/Designated officer of this, so that the clinician can then consider if and what treatment can wait.
22. **Administration Staff.** Administration staff with patient contact (i.e. Ward Clerks, A&E and General Reception Staff) are responsible for asking the base line question "how long have you lived in the UK" and to notify the overseas Manager where there is any doubt that the patient does not reside permanently in the UK.
23. **All Staff.** All staff must adhere to the Overseas Visitors Policy where applicable.

Monitoring Compliance

24. The effective implementation of this policy and compliance will be subject to internal audit.
25. The audit report will be presented to the Audit Committee.

Appendices

Appendix 1

References

Guidance on implementing the Overseas Visitors Hospital Charging Regulations 2015 are available here:

<https://www.gov.uk/government/publications/guidance-on-overseas-visitors-hospital-charging-regulations>

Appendix 2

Equality Impact Assessment Tool

To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	Does the document/guidance affect one group less or more favourably than another on the basis of:		
	Race	No	
	Ethnic origins (including gypsies and travellers)	No	
	Nationality	No	
	Gender (including gender reassignment)	No	
	Culture	No	
	Religion or belief	No	
	Sexual orientation	No	
	Age	No	
	Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are there any valid exceptions, legal and/or justifiable?	N/A	
4.	Is the impact of the document/guidance likely to be negative?	No	
5.	If so, can the impact be avoided?	N/A	
6.	What alternative is there to achieving the document/guidance without the impact?	N/A	
7.	Can we reduce the impact by taking different action?	N/A	