

OVERSEAS VISITORS POLICY

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1. INTRODUCTION

The National Health Service (NHS) provides healthcare free of charge to people, who are ordinarily resident (OR)¹ in the United Kingdom (UK). People who are not OR in the UK (overseas visitors) 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.

This policy follows the Department of Health Guidance in Implementing the overseas visitor hospital charging regulations 2015² and is concerned with the management of charges to individuals who do not normally live in the UK, are visiting the UK, or are not legally resident in the UK (overseas visitors) when they seek treatment from the Whittington Health & affiliated community sites. (Hereafter known as the Trust)

The Charging Regulations place a legal obligation on NHS trusts, NHS foundation trusts and Local Authorities in the exercise of public health functions in England, to establish whether a person is an overseas visitor to whom charges apply, or whether they are exempt from charges. When charges apply, a relevant NHS body must make and recover charges from the person liable (usually the patient) to pay for the NHS services provided.

A list of exempt services and exempt categories of overseas visitor is provided in Chapter 1 of the Department of Health Guidance², with a more detailed list of exempt services at Chapter 4².

Significant changes have been made to the exemption categories by these Charging Regulations. An exemption for temporary migrants coming to the UK for six months or more from outside the EEA/Switzerland has been introduced. They are required to pay the immigration health charge (referred to as the health surcharge), are exempt, or payment is waived. Payment of, or exemption or waiver from the health surcharge entitles the person to free NHS services on the same basis as an ordinarily resident patient while their visa remains valid, which means they must not be charged. More on this group and how to recognise them can be found in Chapter 5².

2. SCOPE

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

¹https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/496967/lawfully-resident-uk.pdf

²<https://www.gov.uk/government/publications/guidance-on-overseas-visitors-hospital-charging-regulations>

The policy seeks to provide help and advice on the implementation of the Department of Health Guidance in Implementing the overseas visitor hospital charging regulations 2015², which has been amended by the NHS (Charges to Overseas Visitors) (Amendment) Regulations 2015. However, it cannot cover all circumstances and is not intended to be a substitute for the Regulations themselves, which contain the legal provisions. Relevant NHS bodies are advised to seek their own legal advice on the extent of their obligations when necessary.

3. PURPOSE & ACCOUNTABILITY

The purpose of the overseas visitor's policy is to set out the process of deciding eligibility for NHS treatment and to outline the responsibilities of the trust under the Department of Health Guidance².

Not everyone is entitled to free NHS hospital treatment in England. This guidance explains what should happen when an overseas visitor needs NHS treatment provided by an NHS hospital in England. The guidance is intended for staff at the Trust, including clinicians, senior managers and clerks, and in particular staff with a responsibility to identify and charge overseas visitors. All staff, including clinicians and managers, has a responsibility to ensure that the charging rules work effectively.

The Department of Health strongly recommends that relevant NHS bodies have a designated person/s – hereafter referred to as an Overseas Visitor Manager (OVM) – to oversee the implementation of the Charging Regulations.

The success of the charging rules also depends on NHS staff being aware and supportive of the role of the OVM. The OVM should be given the authority to ensure that the charging rules can be properly implemented in all departments.

4. GUIDANCE IN BRIEF

In April 2015, changes were made to the way the NHS charges overseas visitors for NHS hospital care. These changes also affect some former residents of the UK. The changes were made so that the NHS does not lose out on income from migrants, visitors and former residents of the UK, who may be required to pay for their hospital treatment costs while in England. The changes relate to holders of a valid UK Pensioner S1 form living in an EEA country or Switzerland, people living outside the EEA and the Health surcharge, further details can be found in the Department of Health guidance³.

Within England, free NHS hospital treatment is provided on the basis of someone being 'ordinarily resident'. It is not dependent upon nationality, payment of UK taxes, national insurance contributions, being registered with a GP, having an NHS number

³<https://www.gov.uk/government/publications/guidance-on-overseas-visitors-hospital-charging-regulations/summary-of-changes-made-to-the-way-the-nhs-charges-overseas-visitors-for-nhs-hospital-care>

or owning property in the UK. The changes which came into effect from April affect visitors and former UK residents differently, depending on where they now live.

Treatment in A&E departments and at GP surgeries remains free for all.

European Health Insurance Card (EHIC)

British citizens living in another EEA country/Swiss nationals living in another EEA country here on a temporary visit or course of study, and who are insured by their resident state, should present a valid European Health Insurance Card (EHIC) from that member state to access free medically necessary treatment. The UK will recover the cost of that healthcare from the other member state.

British citizens/EEA/Swiss nationals who are visiting and who do not have a valid EHIC or Provisional Replacement Certificate (PRC) and who are not covered under another exemption category under the Charging Regulations, must be charged for services they receive at the point of accessing care.

The way in which a person qualifies as insured varies depending on their country of residence. However, in every case where someone is insured they will have, or will be entitled to hold, an EHIC from the EEA state/Switzerland in which they are insured. Each family member, including children, will have their own EHIC.

If they cannot show their EHIC, they may instead produce a PRC to prove entitlement under the EU Regulations. It should be for the patient or their representative to arrange the issue of the PRC from the EEA state/Switzerland that would issue their EHIC, but the OVM may assist with this if needed

The information above sets out the general position only. These general principles do not apply in all cases, and relevant NHS bodies must ensure that they understand the full scope of the Charging Regulations when making and recovering charges from overseas visitors.

A relevant NHS body also has human rights obligations, so chargeable treatment which is considered by clinicians to be immediately necessary must never be withheld from an overseas visitor, even when that overseas visitor has indicated that they cannot pay. 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. Treatment which is not immediately necessary, but is nevertheless classed as urgent by clinicians, as it cannot wait until the overseas visitor can return home, should also be provided regardless of the patient's ability to pay. Every effort should be made to obtain payment or a deposit in the period before treatment starts. Non-urgent, or elective, treatment should not begin until full payment has been received.

All relevant NHS bodies, as public authorities, must comply with the public sector equality duty in the exercise of their functions. More details on this, and on resources which can be used to assist NHS organisations to do this, can be found in Chapter 11 of the Department of Health Guidance².

5. DEFINITIONS

Frequently used abbreviations

EHIC – the European Health Insurance Card (previously E111) 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.

PRC – Provisional Replacement Certificate, issued to eligible citizens in cases where an EHIC cannot be produced.

S1 – issued to pensioners, posted or frontier workers. The term ‘pensioner’ includes those in receipt of a qualifying long-term benefit. If an original form is presented to an OVM, this should be sent to the Overseas Healthcare Team in Newcastle for registration (the holder may also have a copy for personal use).

A1 – the portable form issued to a posted worker confirming cover by the issuing state. The A1 accompanies a valid EHIC for qualifying posted workers.

S2 – The S2 (formerly E112) route entitles visitors to state-funded elective treatment in another EEA country or Switzerland. This applies to visitors from the EEA or Switzerland who wish to have planned treatment in the UK.

EEA – visitors who are nationals of or ordinarily resident in a European Economic Area (EEA) country. Due to EEA Regulations the charging regulations are different for EEA visitors and those visitors who are nationals or residents of Non-EEA countries.

Non-EEA – 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.

National Tariff – The national tariff schedule that the NHS uses for charging for treatment- National Tariff plus 50% is charged for NON EEA Overseas visitors

Market Forces Factor (MFF) – The centrally calculated and nationally published percentage that is added to the NHS tariff to reflect the individual cost pressures of each NHS Trust.

6. ROLES AND RESPONSIBILITIES

The OVM is responsible for ensuring that Trust policy is in line with statutory duties and national guidance and that charges are made where applicable. The OVM reports to the Head of Income & Costing in the Finance Directorate.

It is the responsibility of **all staff** to ensure that this policy is adhered to and that the overseas visitor's office is informed about any patient who may not be eligible to access free NHS care.

7. CONSENT

Clinical Policies must refer to Whittington Health's Consent Policy for Examination and Treatment.

8. PROCEDURE FOR MANAGING OVS VISITORS

Enquiries regarding overseas visitors should be made to the Overseas Visitors Office. If the issue is still unclear, advice will be sought from the Department of Health or the Trust's Legal Advisors.

An individual department or person cannot intervene in individual cases. The decision about whether an individual patient is liable for charges rests with the OVM. All staff must refrain from giving advice on an individual's eligibility for free treatment unless the OVM has advised them accordingly.

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 Patient Administration System (PAS). The Overseas Visitors Office shall work closely with administration staff, bookings staff, ward staff and departmental clinical staff as required in order to ensure that effective communication takes place in respect of overseas visitor activity. The Overseas Visitors Office will liaise with external bodies such as the Department of Health, Home Office, and Local Counter Fraud Service as required.

All patients who may be liable to charges should be identified, **without discrimination**.

The process for each area of the hospital is set out below, but in all cases, if the matter is urgent, please contact the OVM on the numbers supplied:

Patricia Collins Overseas Visitor Manager
T: 020 7 288 3820
E: patricia.collins3@nhs.net
M: Air call via Switchboard

The Overseas office hours are weekdays Monday – Thursday 8am – 6pm. Out of hours, as long as the department is contacted by email or phone the request will be actioned as soon as possible and feedback will be provided to the relevant person.

A&E

A&E (including Urgent care centres) is free at the point of entry, but ward admissions and referrals to outpatients and hospital community outpatients are chargeable.

There is no exemption from charge for ‘emergency’ treatment (other than that given within A&E), the Trust will always provide immediately necessary treatment if it is to save the patient’s life. In this instance treatment must not be delayed whilst the patient’s chargeable status is determined. Failure to do so is in direct breach of the Human Rights Act 1998. Charges still apply for immediately necessary treatment if the overseas visitor is not themselves exempt from charge.

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

All patients attending A&E must be asked if they are normally resident in the UK - anyone whose answers indicate that they are not normally resident in the UK must be asked to provide an EHIC card if they are visiting from the EEA or any other supporting documentation which A&E photocopy(any passports, visas or EHIC’s). They will put in to the overseas visitors tray in the ED reception.

The Overseas visitor administrator will pick up the information every week and track on the relevant spreadsheet, plus add the relevant alerts for patients.

Outpatient Appointments

If outpatient appointment staff identify that a patient may not be resident in the UK then they should contact the Overseas Visitors Office urgently so that the patient can be assessed for eligibility before the patient is given an appointment. If the referral is a two week appointment or urgent, the appointment should be made immediately. No appointments should be withheld – only a clinician can decide if an appointment is clinically necessary urgent or life threatening and the OVM will contact the treating clinician for advice where necessary.

*This also covers Community related Whittington sites and that staff should refer as per Outpatient ward & Inpatient process.

Details should be emailed to the overseas visitor email with the copy of the referral (if possible) and patient hospital number and details: whh-r.OverseasVisitors@nhs.net

GP Referrals

In cases where the GP referral letter indicates that the patient has recently arrived in the UK or is a resident abroad then the booking team will either contact Overseas Visitors Office or send them a copy of the letter. If in the opinion of the medical staff the appointment is not classed a two week or urgent referral, treatment eligibility must be established before any appointments are made or any treatment is given.

Depending on the outcome the overseas visitor department will also advise the GP in writing if their patient is chargeable for secondary care i.e. NHS Hospital treatment.

No referrals should be withheld – only a clinician can decide if an appointment is clinically necessary urgent or life threatening and the overseas visitor manager will contact the treating clinician for advice where necessary.

Inpatient /Ward

Where staff identify that a patient may not be resident in the UK then they will contact the Overseas Visitors Office urgently so that the patient can be assessed for eligibility as soon as possible after admission so the OVM can assess their eligibility to non-chargeable NHS treatment and advise the medical staff if they are chargeable or not chargeable and /or entitled to immediately necessary, urgent or life threatening treatment (for which they would still be charged).

The OVM will arrange to see the patient, if they are medically fit to be seen, to complete paperwork and establish if they are entitled to non-chargeable NHS treatment.

Treating Clinicians need to complete a Dr's request form (Appendix 4) at the request of the OVM to determine the type of treatment they intend to provide as per the Department of Health Guidance on Treating Overseas Visitor Regulations.

Clinicians should be aware of the list of exempt disease and conditions in this document although the OVM will also ask for confirmation from the treating clinician, and should also be aware of Appendix 5 - Immediately necessary, urgent and non-urgent treatment.

Only clinicians can make an assessment as to whether a patient's need for treatment is immediately necessary, urgent or non-urgent. In order to do this they may first need to make initial assessments based on the patient's symptoms and other factors, and conduct further investigations to make a diagnosis. These assessments and investigations will be included in any charge.

Elective Admissions 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.

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

Assessment of Eligibility

All patients who provide information that suggests they may not be eligible to access free NHS treatment will be asked to complete a Pre-Attendance Form (Appendix 1). These will then be sent to the Overseas Visitors Office for assessment. The Overseas Visitors Office will conduct a patient interview with any patient where further information is required to establish their potential overseas status after completing a Pre-Attendance Form. Following the interview the Overseas Visitors Manager will amend the patients' status on Medway EPR to the correct financial systems code and notify staff as appropriate.

Treating Clinicians to complete a Dr's request form (Appendix 4) at the request of the OVM to determine the type of treatment they intend to provide as per the Department of Health Guidance on Treating Overseas Visitor Regulations.

Patients who complete a Pre-attendance form at their booking appointment and who indicate they may need to provide further documentary evidence will be sent a letter requesting further documentation. The overseas visitors department may need to confirm a patient's identity with the relevant Clinician, Midwife & Health and professional when documents have been provided but the Overseas Visitor Manager has not met with the patient.

Depending on what information is provided, they will be sent a follow up letter indicating if they are chargeable or non-chargeable.

In accordance with Department of Health Regulations and Guidance², 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.

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 hospital booking system as the permanent address and the UK address as the temporary address. Once the status of the patient has been established the Overseas Visitors Office will get a completed and signed Pre-Attendance form (Appendix 1) and Undertaking to pay form the patient (Appendix 2).

Patients deemed to be chargeable must show 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 urgent or needed immediately. 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.

Exempt Services

Treatment is chargeable to Overseas Visitors with the exception of the services and individuals listed in Chapter 1 of the Department of Health Regulations and Guidance².

- Treatment in Accident & Emergency
- Family Planning Services
- Diseases deemed exempt for Public Health reasons (
- Sexually transmitted diseases, including human immunodeficiency virus (HIV)
- Treatment given to people detained, or liable to be detained, or subject to a community treatment order under the provisions of the [Mental Health Act 1983](#), or other legislation authorising detention in a hospital because of mental disorder
- Treatment (other than that covered by the Mental health Act 1983 exemption above) which is imposed by, or included in, an order of the Court
- Services provided other than in a hospital or by a person who is employed to work for, or on behalf of, a hospital. This means that services provided in the community will be chargeable only where the staff providing them are employed by or on behalf of an NHS hospital
- People who have paid the health surcharge (or were exempt from paying it) whose visa is more than 6 months length remain valid.
- Refugees and asylum seekers, including failed asylum seekers supported by the Home Office under section 4 (2), of the [Immigration and Asylum Act 1999](#) or s21 of the National Assistance Act 1948. (Failed asylum seekers not supported by the Home Office/LA are chargeable from the date their appeal is rejected but courses of treatment under way will remain free)
- Those supported under section 95 of the IAA 1999.
- Children in the care of the Local Authority
- Victims and suspected victims of human trafficking and their family members.
- Treatment required for a physical or mental condition caused by:
 - Torture; Female genital mutilation; domestic violence or sexual violence
- Exceptional humanitarian reasons as approved by the Secretary of State for Health
- NATO personnel and attached civilians and their family members
- People who receive UK war pensions and their family members
- Members of HM UK forces and their family members
- People working abroad as crown servants, or for the UK Government, or for the British Council or the Commonwealth War Graves Commission who were ordinarily resident in the UK prior to being posted overseas and their family members
- Prisoners and detainees
- People working on ships registered in the UK- exemptions for family members removed

- Any UK state pensioner resident in another EEA member state or Switzerland who has registered an S1 document in that state. The person's spouse/civil partner and children under 18 are also exempt when lawfully visiting the UK with them, unless they are entitled to hold a non-UK EHIC.

Maternity Care

Maternity care is classed under the clinically immediately necessary, urgent or life threatening definition.

EEA Visitors

Arrangements for European Union Overseas Visitors are governed by the European Union (EU) Social Security Regulations (Regulations (EC) 883/2004 and 987/2009 for EU member states, and Regulations (EEC) 1408/71 and 574/72 for Iceland, Liechtenstein, Norway and Switzerland).

In practice this applies to residents of other EEA states and Switzerland, including third country nationals, who are entitled to hold a European Health Insurance Card (EHIC) issued by their country of residence or, in some cases, the country which is the 'competent authority' for them.

For the purposes of the Overseas Visitors Charging Regulations, the EEA comprises all the EU member states (Austria, Belgium, Bulgaria, Croatia, Cyprus (Southern), Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Republic of Ireland, Romania, Slovakia, Slovenia, Spain, Sweden and the UK), plus Iceland, Liechtenstein, Norway and Switzerland.

The EHIC provides for free NHS treatment that is medically necessary during their visit.

Visitors from Switzerland or the EEA (except Republic of Ireland) that do not provide an EHIC/PRC must be charged for their NHS hospital treatment (except for treatment within the Accident & Emergency Department), unless a different exemption applies to them under the Charging Regulations. In order for the UK to make a claim to the relevant EEA state or Switzerland for treating their residents, it is **imperative** that the data from a valid EHIC/PRC (for unplanned treatment) or S2/or Maltese quota number (for planned treatment) is recorded and reported to the Overseas Healthcare team at the DWP.

Visitors from the Republic of Ireland do not need to provide an EHIC but simply must provide evidence that they are resident in the Republic of Ireland in order to receive free NHS treatment that is medically necessary during their visit.

When a relevant NHS body treats a visitor or student from another EEA member state or Switzerland, they must inform the Overseas Healthcare Team at the Department of Work and Pensions of details of the EHICs/S2 documents held by

that person. This information is necessary to allow the UK to recover the cost of treating EEA/Swiss residents.

Amendments to the NHS (Charges to Overseas Visitors) Regulations 2015

These Regulations were amended on five counts to update and correct the existing regulations and to take account of policy improvements that have been made since April, details of these can be found in the Department of Health Regulations and Guidance²:

- Removal of certain Reciprocal Agreements
- Changes in relation to Female Genital Mutilation (FGM)
- Changes to exemption for failed asylum seekers supported by a local authority following the coming into force of relevant provisions in the Care Act 2014
- Modification of exemptions for Victims and suspected victims of modern slavery
- Addition of Middle Eastern Respiratory Syndrome (MERS) to the list of exempt diseases

Reciprocal Agreements

Within the reciprocal agreements 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 purpose of obtaining healthcare. However, this is not always the case. Further information can be found in Chapter 10 of the Department of Health Regulations and Guidance².

For all levels of coverage, it will be for a doctor or dentist employed by the relevant NHS body to provide clinical input into whether required treatment meets a specific level of coverage.

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.

9. CHARGING

Invoicing

Patients who are identified as potentially not fitting the criteria for free access to NHS care, i.e. not ordinarily resident in the UK, will be asked to complete the Pre-Attendance form (Appendix 1) and Undertaking to pay form (Appendix 2).

Any patient not eligible for free NHS care is deemed to be NHS Chargeable. The OVM will ensure an invoice is raised after authorisation from the Head of Income & Costing and forward to the income team with any relevant supporting information.

The invoice raised will be based on the methodology used in the Charging Regulations 2015, which is based on National Tariff plus the Trust Market Forces Factor (MFF) with a 50% mark up for patients' resident outside the EEA.

For any non-urgent elective Overseas Visitors who are not covered by an S2 form, an invoice will be raised by the OVM as detailed above and **payment must be received in advance of the admission.**

Overseas Visitors Office will make the appropriate arrangements for any planned treatment charges under an S2 to be made to the correct EEA member state.

The Overseas visitor manager will request a daily deposit rate of £400 per day (ward stay) from the overseas visitor until they are discharged and the full cost has been calculated by finance. *Please note that ITU, NICU deposit rates are higher*

No clinically urgent, necessary or life threatening treatment in the opinion of the treating clinicians can be withheld regardless if an overseas patient can pay upfront or not. In this case, the relevant Clinician should be sent a Drs request for treatment form by the OVM (Appendix 4) to indicate what type of treatment they are providing. The form should be kept in the patients' notes and a copy on the OVM records.

The Overseas Visitors Office will report any debts by non-EEA nationals that are over £1,000 and have been outstanding for 3 months to the Department of Health, in line with the Charging Guidelines 2015. This results in that person being normally refused entry to the UK and encourages payment of debt. (Appendix 7)

From 6th April 2016 – applies to all debts over £500 outstanding for 2 months*

This amendment means:

- a) in respect of relevant NHS services provided from 1 November 2011 up to, and including 5 April 2016, relevant NHS bodies must notify the Home Office of outstanding debts of £1000 or more that have been outstanding for 3 months or more*; and**
- b) In respect of relevant NHS services provided on, or after, 6 April 2016, relevant NHS bodies must notify the Home Office of outstanding debts of £500 or more that have been outstanding for 2 months or more*.**

*** Note: the time period starts from when the patient is formally charged, usually with an invoice, rather than from the date of treatment, which might be an earlier date.**

Incentives

From Oct 2014 the Trusts local CCG will pay an additional 25% of the cost of EEA visitors with EHIC's to the Trust providing the information is uploaded on the Department of Health portal.

From April 6th 2015 the CCG will pay 50% of the bill for NON – EEA overseas visitors who do not pay- providing they have been invoiced. The patient will still be chased for payment following the income recovery process and any payments collected to be refunded to the CCG (National tariff plus 50% PLUS Market forces).

Information held

Records will be maintained by the Overseas Visitors Office including the following information in accordance with Trust requirements:

- Patient's name, address and telephone number
- Completed Patient Pre-Attendance Form
- Completed Ordinary Residence Form
- Copies of any Passports/Visas
- Completed UTP to pay Form
- Health Insurance details for insured patients
- Details of all treatment received, admission and discharge dates
- Home Office Evidence and Enquiry responses
- Correspondence sent to and received from patient
- Invoices raised
- No copies of this information are to be kept in the patient notes

10. TRAINING AND COMMUNICATION

All staff will have access to the policy and it will be communicated via the intranet and all staff bulletins. There will also be a rolling programme of training for medical and non-medical staff that are required to implement the policy.

11. APPENDICES

Appendix 1 Pre- attendance Form
Appendix 2 Undertaking to Pay Form
Appendix 3 – Request for patient to establish charging status
Appendix 4 - Dr.s Advice letter for treating Overseas visitors
Appendix 5 - Immediately necessary, urgent or life threatening definition
Appendix 6 – Ordinary residence form
Appendix 7 - UKBA Appendix – sharing info NHS debts over £1000 after 3 months – amended 6 th April 2016 upload debt over £500 for 2 months or more
Appendix 8 - Overseas Visitor Flowchart
Appendix 9 – Equality Impact Assessment

Pre-Attendance Form	
<p>Why have I been asked to complete this form?</p> <p>NHS hospital treatment is not free to all. All hospitals have a legal duty to establish if patients are entitled to free treatment. Please complete this form to help us with this duty. A parent/guardian should complete the form on behalf of a child. On completing the form, you must read and sign the declaration below.</p>	
<p><i>Please complete this form in BLOCK CAPITALS</i></p>	
Family name/surname: <input style="width: 90%;" type="text"/>	
First name/given name: <input style="width: 40%;" type="text"/>	Date of birth: <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/>
<p>DECLARATION: TO BE COMPLETED BY ALL</p>	
<p>This hospital may need to ask the Home Office to confirm your immigration status to help us decide if you are eligible for free NHS hospital treatment. In this case, your personal, non-clinical information will be sent to the Home Office. The information provided may be used and retained by the Home Office for its functions, which include enforcing immigration controls overseas, at the ports of entry and within the UK. The Home Office may also share this information with other law enforcement and authorised debt recovery agencies for purposes including national security, investigation and prosecution of crime, and collection of fines and civil penalties.</p> <p>If you are chargeable but fail to pay for NHS treatment for which you have been billed, it may result in a future immigration application to enter or remain in the UK being denied. Necessary (non-clinical) personal information may be passed via the Department of Health to the Home Office for this purpose.</p> <p>DECLARATION:</p> <ul style="list-style-type: none"> I have read and understood the reasons I have been asked to complete this form I agree to be contacted by the trust to confirm any details I have provided. I understand that the relevant official bodies may be contacted to verify any statement I have made. The information I have given on this form is correct to the best of my knowledge. I understand that if I knowingly give false information then action may be taken against me. This may include referring the matter to the hospital's local counterfraud specialist and recovering any monies due. 	
Signed: <input style="width: 100%;" type="text"/>	Date: <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/>
Print name: <input style="width: 100%;" type="text"/>	Relationship to patient: <input style="width: 100%;" type="text"/>
On behalf of: <input style="width: 100%;" type="text"/>	
<p>1. ALL: PERSONAL DETAILS – Please answer all questions that apply to you</p>	
Do you usually live in the UK? YES: <input type="checkbox"/> NO: <input type="checkbox"/>	Nationality: <input style="width: 100%;" type="text"/>
Address in the UK: <input style="width: 100%;" type="text"/>	Passport number: <input style="width: 100%;" type="text"/>
Telephone number: <input style="width: 100%;" type="text"/>	Country of issue: <input style="width: 100%;" type="text"/>
Mobile number: <input style="width: 100%;" type="text"/>	Passport expiry date: <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/>
Email: <input style="width: 100%;" type="text"/>	Dual Nationality: <input style="width: 100%;" type="text"/>
Will you return to live in your home country? YES: <input type="checkbox"/> NO: <input type="checkbox"/>	Date of entry into the UK: <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/>
Address OUTSIDE the UK: <input style="width: 100%;" type="text"/>	If yes, when? <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/>
Country: <input style="width: 100%;" type="text"/>	Name and address of Employer (UK or overseas): <input style="width: 100%;" type="text"/>
Contact telephone: <input style="width: 100%;" type="text"/>	Country: <input style="width: 100%;" type="text"/>
	Employer telephone: <input style="width: 100%;" type="text"/>
<p>2. ALL: OFFICIAL DOCUMENTATION</p> <p>Please tell us which of the following documents you currently hold (check all that apply):</p>	

<input type="checkbox"/> Current United Kingdom passport	<input type="checkbox"/> Current European Union passport
<input type="checkbox"/> Current non-EU passport with valid entry visa	Visa No. <input type="text"/>
<input type="checkbox"/> Student visa <input type="checkbox"/> Visit visa	Visa expiry date: <input type="text"/>
<input type="checkbox"/> Asylum Registration Card (ARC)	ARC No. <input type="text"/>
<input type="checkbox"/> Other – please state: <input type="text"/>	BRP No. <input type="text"/>

3. ALL: 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 type="text"/>		

How many months have you spent OUTSIDE the UK in the last 12 months?

<input type="checkbox"/> None	<input type="checkbox"/> Up to 3 months	<input type="checkbox"/> 3-6 months	<input type="checkbox"/> Over 6 months
-------------------------------	---	-------------------------------------	--

Please indicate the reason for any absence from the UK in the last 12 months (check all that apply)

<input type="checkbox"/> I live in another country	<input type="checkbox"/> A holiday/to visit friends	<input type="checkbox"/> To work
<input type="checkbox"/> I frequently commute (business/second home overseas)	<input type="checkbox"/> To study	
<input type="checkbox"/> Other – please state: <input type="text"/>		

4. ALL: GP DETAILS – If you are registered with a GP in the UK


GP/surgery name: <input type="text"/>	Address of GP surgery: <input type="text"/>
GP telephone: <input type="text"/>	<input type="text"/>
NHS number: <input 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 type="text"/>
Membership number: <input type="text"/>	<input type="text"/>
Insurance telephone: <input type="text"/>	

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

Do you have a non-UK EHIC? YES: NO: 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 type="text"/>		
	4	<input type="text"/>		
	5	<input type="text"/>	6	<input type="text"/>
	7	<input type="text"/>		
	8	<input type="text"/>	9	<input type="text"/>

7. STUDENT DETAILS – If you have come to the UK to study

Name of college/university: <input type="text"/>	Telephone: <input type="text"/>
Course dates From: <input type="text"/>	To: <input type="text"/>
Number of hours/week: <input type="text"/>	

If you have completed this form in the A&E department, please give it to a receptionist or nurse before leaving. If you are admitted to any ward or referred for further treatment outside the A&E department, charges may apply. Please expect to be interviewed by a member of our Overseas Visitors Team.

Undertaking to Pay NHS hospital costs – Overseas Visitor

Declaration

- I confirm that the information I have provided in this form is correct and that I have read and understood the terms and conditions at the end of this form.
- The fees payable for the services specified in this form have been explained to me and I understand that I am legally responsible for all hospital charges related to those services.
- I confirm I have been provided with a comprehensive indication of the likely total cost of charges. I understand that the final charges will only be confirmed on invoice after treatment has been completed and that the invoiced charges may be different to the estimate.
- I understand that I will be advised of any changes to the cost of my care before treatment is provided, whenever possible.
- I understand that I am liable for increased or reduced costs not part of the estimate and agree to pay the full final invoiced charges.
- If a third party or insurer has agreed to pay all or part of my account, I agree to pay any outstanding amount not paid by the third party or insurer.
- I understand that if I fail to pay for my NHS treatment, it may result in a future immigration application to enter or remain in the UK being denied. Personal information¹ may be passed via the Department of Health to the Home Office for this purpose.

Signed: Date:

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

First name:	Surname:
UK address:	
Overseas address:	
Telephone number:	Mobile number:
Email address:	
Passport/ID:	Nationality:

Dear TITLE NAME SURNAME Recipient_

RE: NHS treatment costs – eligibility for NHS treatment

You are receiving this letter as we are legally obliged by the Department of Health to check if patients are eligible for NHS treatment or may need to pay for your NHS treatment⁴. The NHS is residence based and not free to everyone and visitors or patients who are not legally resident must be charged for specified services, including NHS hospital services, under the National Health Service (Charges to Overseas Visitors) Regulations 2011. Payment goes towards the NHS doctors and nurses who provide your care.

Therefore the hospital requires evidence to determine if you need to pay for your treatment. Visitors who are ordinarily resident⁵ in the UK or who fall within certain exemption categories will not need to pay.

It is your responsibility to prove that you are entitled to NHS treatment without being charged.

We appreciate that patients may have been living in the UK for a period of time and attended the hospital previously without being asked for this information, however from April 6th 2015, the Department of Health is providing the Trust with a number of incentives to identify patients and as mentioned previously this is a legal obligation placed on us.

I would like to emphasise that the answer you give does not automatically mean you are not entitled to free NHS care, it just indicates that I need to seek further information from you.

Having a GP or NHS number does not automatically entitle patients to free NHS healthcare; it is only residents who lawfully live in the UK that are exempt from charges.

Treatment and appointments which are immediately necessary, urgent or life threatening as decided by the Clinicians will not be withheld but we would require your documentation as soon as possible. Maternity care is classed as immediately necessary, so please continue to attend your appointments and send your documentation.

You need to provide evidence that you are either ordinarily resident in the UK or fall
--

⁴ The National Health Service Act 2006 and the National Health Service (Charges to Overseas Visitors) Regulations 2011 set out which visitors are required to pay for NHS treatment.

⁵ This means that you are living in the UK on a lawful, voluntary and properly settled basis as part of the regular order of your life for the time being.

within an exemption category.

What you need to do:

1. Send evidence that you are ordinarily resident in the UK or fall within an exemption category. The documents you need to provide are listed in this letter.
2. These documents will be used to determine your status (all original documents provided will be returned).
3. Send your documents by email to whh-tr.OverseasVisitors@nhs.net
4. or by post:

Whittington Hospital
Overseas Visitor Department
Magdala Avenue
London N19 5NF

*We need to receive this by 10 days of the date of the letter, there may have been some delay in you receiving this letter after you first booked due to the volume of bookings for our Maternity services in the Trust and the community.**

If you do not provide satisfactory evidence to support your claim, you will be liable for the cost of any treatment provided to you. You will be issued with an invoice for the costs of any treatment already provided to you and you will be required to pay the full cost of any future NHS hospital treatment.

In the absence of a reply the hospital may need to ask the Home office to help us decide if you are eligible for free NHS treatment. In this case, your personal, non-clinical information will be sent to the Home Office. The information may be used and retained by the Home Office for its functions which include enforcing immigration controls overseas, at the ports of entry & within the UK.

*Please note that due to current high volumes of queries received and also checking the verification of the documents, we will aim to provide an acknowledgement and/or reply to you within 10 working days.

If you would like to discuss the matter, please contact the overseas visitor helpline

020 7 288 3820 between 09:00 and 17:00 or;

Email whh-tr.OverseasVisitors@nhs.net

Overseas Visitor Department

Whittington Hospital Chief Executive: Mr Simon Pleydell

In order to establish your eligibility please send copies of any of the documents listed below. If more than one document is relevant to you then send all the relevant documents.

Documents guideline – you may not need to provide everything on this list:

- European citizens who are living and working, registered for work in the UK should provide a copy of their passport/ pay slip or job seekers application/ and at least 1 item to prove where you live
- European citizens who have just arrived in the UK or who are not working or who cannot register for work yet should provide a copy of their passport/ EHIC or PRC certificate from their country.
- We get paid by the relevant country and receive an additional incentive payment of 25% of the treatment when presented with an EHIC card directly to the Trust.
- British citizens have to be resident/ ordinary resident, in the UK, anyone who lives outside the EEA – European union are normally chargeable -unless they fit one of the exemptions
- British citizens who live in Europe should show an EHIC or PRC certificate from the relevant country
- Citizens outside of the EEA should present their valid leave to remain/residency docs /Health surcharge payment/ ARC/ relevant Home office documents etc. as well as copy of passport and at least 1 item

A) At least one item with your photo:

<input type="checkbox"/> Passport	<input type="checkbox"/> UK Biometric Residence Permit (BRP)
<input type="checkbox"/> National ID card	<input type="checkbox"/> Driving licence (if it has a photo)

B) At least one item to prove where you live:

(The proof you use must be less than 3 months old. Your name and address needs to be on the letter.)

<input type="checkbox"/> Water, gas, electric or Council Tax bill	<input type="checkbox"/> Bank or building society statement
<input type="checkbox"/> Phone bill	

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

<input type="checkbox"/> European Health Insurance Card (EHIC)	<input type="checkbox"/> Provisional Replacement Certificate (PRC)
<input type="checkbox"/> Wage slip or a P60	<input type="checkbox"/> Letter or statement from HMRC or DWP
<input type="checkbox"/> National Insurance or benefits letter	<input type="checkbox"/> Evidence of sickness insurance
<input type="checkbox"/> A letter from your college confirming you are attending a full-time or part-time course of study (including course duration and number of hours per week of attendance)	<input type="checkbox"/> Copy of any birth/marriage certificates
	<input type="checkbox"/> An IND and ARC (for patients claiming asylum)
	<input type="checkbox"/> Any other Home Office issued documents which are relevant to your application.

You should be aware that under immigration rules 320, 321, 321A and 322, a person with outstanding debts of over £1,000 for NHS treatment that are not paid within

three months of invoicing, may be denied a further immigration application to enter or remain in the UK.

In the absence of prompt full settlement or a reasonable repayment schedule, non-clinical information relating to this debt is provided routinely to the Home Office and may be used by the Home Office to apply the above immigration rules. The information will remain active for the purpose of the above rules until the debt is settled and a record of the settled debt will also be retained, both subject to normal limitation periods.

In the event that you may seek entry to the UK or make an advance immigration application after settling an NHS debt in the previous **three months**, you are advised to retain and carry evidence of payment for potential examination by Home Office officials.

Dear Doctor

NAME OF PATIENT

Date of birth/...../..... Hospital number

We have determined that this patient is an overseas visitor as defined in the National Health Services (Charges to Overseas Visitors) Regulations 2011. As such, the patient is liable for charges as an overseas visitor unless and until there are any applicable changes in their situation.

Government advice to safeguard NHS resources is to obtain payment where possible before treatment is given. In this case, the patient has declared that he/she will not be able to pay prior to receipt of the treatment.

However, relevant NHS bodies¹ must also ensure that treatment which clinicians consider to be immediately necessary is provided to any patient, even if they have not paid in advance. **Failure to do so may be unlawful under the Human Rights Act 1998.** Urgent treatment which clinicians do not consider immediately necessary, but which nevertheless cannot wait until the person can be reasonably expected to return home, should also be provided to any patient, even if deposits have not been secured.

The patient is likely to return home on or around/...../.....

You are asked to provide your considered clinical opinion and tick one of the declarations.

- Having made the appropriate diagnostic investigations, I intend to give treatment which is **immediately necessary** to save the patient's life/prevent a condition from becoming immediately life-threatening or needed promptly to prevent permanent serious damage occurring. All maternity treatment is considered immediately necessary.
 - Having made the appropriate diagnostic investigations, I intend to give **urgent** treatment which is not immediately necessary to save the patient's life but cannot wait until the patient returns home.
If the patient's ability to return changes I will reconsider my opinion.
 - Having made the appropriate diagnostic investigations, I do not intend to provide treatment unless payment is made in advance, since the patient's need is **non-urgent** and it can wait until they return home. If the patient's ability to return changes I will reconsider my opinion.
 - I must make further investigations before I can assess urgency.

Where treatment is given (or has been given already), the relevant NHS body is obliged to raise an invoice for the cost of such treatment, and to recover the cost of treatment where possible. Debts are written off by this hospital as losses where unrecoverable.

Date/...../..... Signed (Doctor)

¹ Relevant NHS bodies are NHS trusts, NHS foundation trusts, special health authorities (SoHAs) and

GUIDANCE ON IMPLEMENTING THE OVERSEAS VISITORS HOSPITAL CHARGING REGULATIONS

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Department of Health



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What is immediately necessary, urgent and non-urgent treatment?

Only clinicians can make an assessment as to whether a patient's need for treatment is immediately necessary, urgent or non-urgent. In order to do this they may first need to make initial assessments based on the patient's symptoms and other factors, and conduct further investigations to make a diagnosis. These assessments and investigations will be included in any charge.

Immediately necessary treatment is that which a patient needs:

- to save their life, or
- to prevent a condition from becoming immediately life-threatening, or
- promptly to prevent permanent serious damage from occurring.

While urgency of treatment is a matter of clinical judgement, this does not mean that treatment should be unlimited; there may be some room for discretion about the extent of treatment and the time at which it is given. In many cases, a patient undergoing immediately necessary treatment may be able to be stabilised, allowing them to be safely discharged and giving them time to return home for further treatment rather than incurring further avoidable NHS charges. This should be done wherever possible, unless ceasing or limiting treatment would precipitate a deterioration in the patient's condition.

The decision on whether a patient's need for treatment is immediately necessary, urgent or non-urgent is only for clinicians to make. However, in determining whether or not a required course of treatment should proceed even if payment is not obtained in advance, or if it can safely wait until the patient can return home (i.e. whether it is urgent or non-urgent), clinicians will need to know their estimated return date.

Relevant NHS bodies must always provide treatment which is classed as immediately necessary by the treating clinician irrespective of whether or not the patient has been informed of, or agreed to pay, charges, and it must not be delayed or withheld to establish the patient's chargeable status or seek payment.



Department
of Health

TOOL: Determining if a person is properly settled in the UK in order to establish if they are ordinarily resident here

It will not be necessary to use this tool for each patient, but only when there are doubts about a patient's entitlement to free NHS hospital treatment and when their ordinary residence (OR) status is not immediately clear.

A person is ordinarily resident if they are normally residing in the UK (apart from temporary or occasional absences), and their residence here has been adopted voluntarily and for settled purposes as part of the regular order of their life for the time being, whether for short or long duration. The concept of "settled purpose" has been developed by the courts. There may be one purpose or several, it may be specific or general, and it may be for a limited period. All that is necessary is that the purpose for living in the UK has a sufficient degree of continuity to properly be described as settled.

Examples of factors which may help to indicate whether a person is ordinarily resident or not are listed in the table below. Normally, no one factor on its own will determine that a person is, or is not, ordinarily resident. While answering "yes" to a question may be an indicator that a person is ordinarily resident and vice versa, a decision will need to be made according to all the circumstances of the particular case.

It is also important to note that:

- some factors listed below may carry more weight/importance than others;
- questions listed below should not be taken into account if they are not relevant to the individual patient;
- the reasons why a particular question is answered "no" will need to be taken into account. For example, a person may not be able to provide a fixed address because of lack of means or other reasons, not because they are not ordinarily resident. The reason they do not have bank accounts in the UK may be that they do not have bank accounts at all.

The table below can only therefore be a guide to reaching a decision and is not a substitute for legal advice in individual cases.

A list of questions that OVMs may want to ask the patient in discussing if they are ordinarily resident in the UK is also provided. There are also notes for the OVM to accompany these questions. Alternatively, the questions could be given to the patient to complete. OVMs can then populate the table to aid them in coming to a conclusion on the patient's ordinary residence status in the UK.

NB – Non-EEA nationals who are subject to immigration control (the vast majority) cannot pass the OR test unless they also have indefinite leave to remain, so it is not necessary to consider if they are properly settled here with this tool.

APPENDIX 7

**IMMIGRATION RULES REGARDING DEBTS FOR CHARGEABLE NHS
HOSPITAL TREATMENT –
GUIDANCE ON ADMINISTRATION AND DATA SHARING****Introduction**

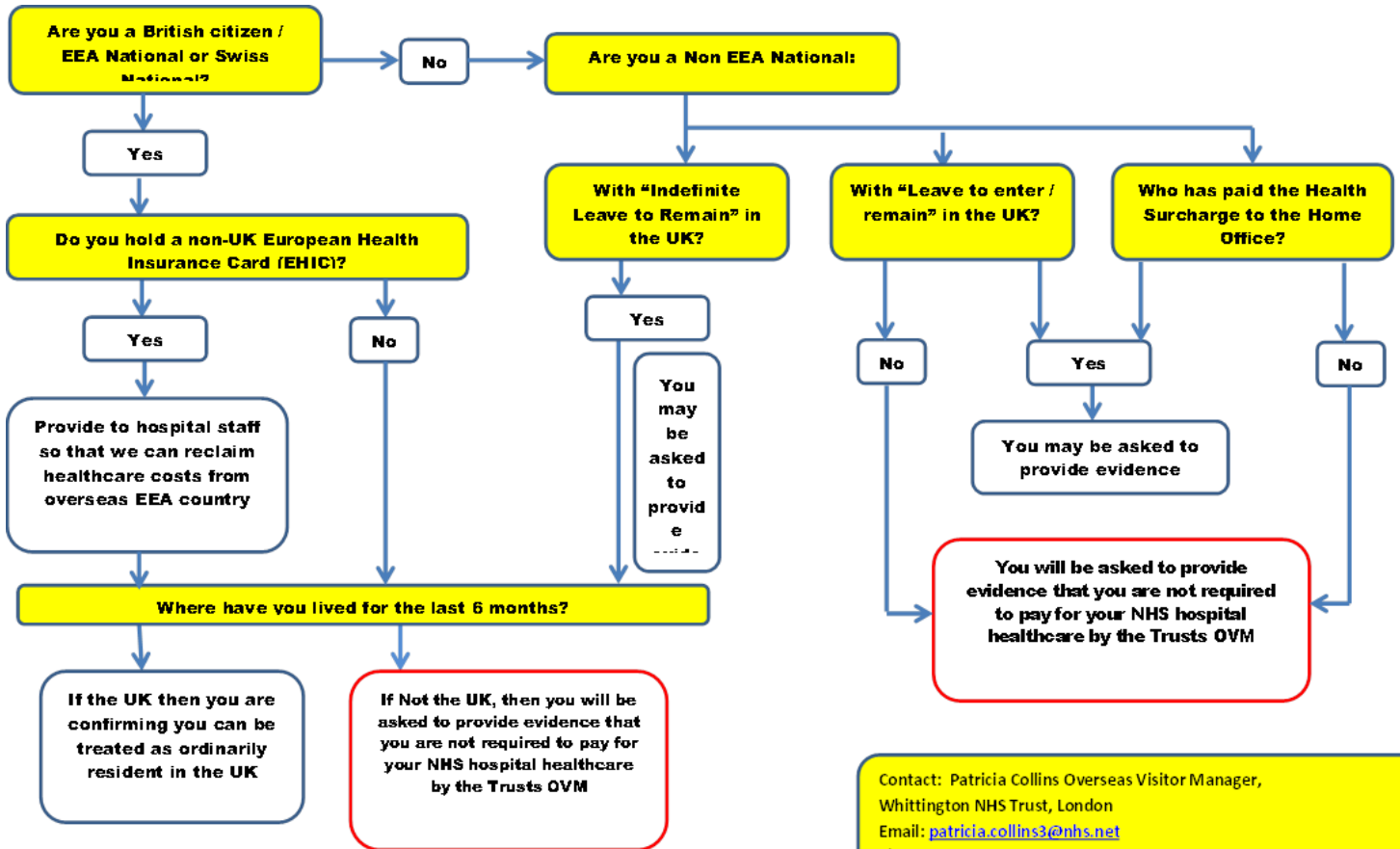
1. In order to allow better recovery of NHS debts, and following a public consultation in 2010, the UK Border Agency (UKBA) has amended the immigration rules to allow an unpaid debt of £1,000 or more by a person subject to immigration control to be reason normally to refuse a new visa or extension of stay. This came into force on 31 October 2011 and will apply to invoices raised for treatment provided from 1 November 2011.
2. The NHS is encouraged to support administration of these rules and thereby improve the recovery of their debts by providing relevant information to the UK Border Agency. Provision of this information must take full regard of data protection, information security and patient confidentiality duties. It is important that this guidance is followed closely to ensure that these duties are met and that the immigration rules are applied fairly and lawfully.

Informing the Patient

3. It is important that patients who incur a charge for NHS treatment are made aware that failure to pay may now result in a future immigration sanction under the new rule if it remains unpaid. Indeed, it is hoped that this will encourage payment without recourse to the sanction.
4. Chargeable patients should therefore be made aware or reminded at each key stage of interaction, in particular:
 - o Initial registration and screening for liability for NHS charges
 - o At the point of invoicing
 - o Follow up requests pursuing outstanding payment either by the hospital or any agency it may have contracted
5. Registration forms should already include extensive information on information sharing with UKBA and other agencies. These should however now also include reference to the immigration rules. You are advised to use the following standards. Model forms in the annex to this guidance document have been updated accordingly:
6. For pre-attendance forms and invoices/undertaking to pay documents:

If you fail to pay for NHS treatment for which charges have been levied, it may result in a future immigration application to enter or remain in the UK being denied. Necessary (non-medical) personal information may be passed via the Department of Health to the UK Border Agency for this purpose.
7. For letters following up on unpaid debts. The second paragraph is important to mitigate against any delay in updating shared records:

OVERSEAS VISITORS FLOWCHART



Contact: Patricia Collins Overseas Visitor Manager,
 Whittington NHS Trust, London
 Email: patricia.collins3@nhs.net
 Phone: 020 7 288 3820

EQUALITY IMPACT ANALYSIS

Under the Race Relation (Amendment) Act 2000 the Trust is required to undertake equality impact assessments on all policies/guidelines and practices. This obligation has been expanded to include equality and human rights with regard to disability, age, gender and religion. The equality impact assessment has been completed in order to consider the needs and assess the impact of the overseas visitor policy

An initial analysis has been carried out to explore whether the Overseas Visitors Policy is likely to have a detrimental impact in terms of people included in one or more of the following equality categories:

- Race
- Ethnic Origins
- Nationality
- Culture
- Disability
- Gender
- Age
- Sexual orientation
- Religion or belief
- Gender Reassignment
- Marriage and civil partnership
- Pregnancy and maternity

The outcome of initial screening is that there is no evidence that some groups are affected differently.