



Overseas Visitors/Patients Policy

This procedural document supersedes: CORP/FIN 7.v1 – Overseas Visitors Patients Policy



The Trust discourages the retention of hard copies of policies and can only guarantee that the policy on the Trust website is the most up-to-date version. **If, for exceptional reasons, you need to print a policy off, it is only valid for 24 hours.**

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Amendment Form

Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed **without change**, this information will still need to be recorded although the version number will remain the same.

Version	Date Issued	Brief Summary of Changes	Author
Version 2 (amended September 2021)	September 2021	<ul style="list-style-type: none"> • Update across the Policy of the hyperlinks for the updated Department of Health Overseas Charging Regulations 2021 • Section 2.3 –Definitions update to include- EFTA – European Freed Trade Association- Norway, Iceland, Liechtenstein and Switzerland • Section 2.3 – Definitions update to include IHS-Immigration Health Surcharge – surcharge payable by those visitors who are to be in the UK for longer than 6 months • Section 5.4 – Elective admissions- Where the patient is chargeable, the Trust should not initiate a TCI date for admission (To Come In date) until either the full cost of the treatment is received, or a substantial deposit equivalent to the estimated cost of treatment is obtained from the patient. • Section 6.4- Insertion of NHS-Funded Assisted Conception Services • Section 6.5 (previously 6.4) NHS Screening- further explanation • Section 7.1 – Title change from Those with an enforceable EU right to free healthcare (EEA), to EU and EFTA Citizens – please read in full • Section 7.4-insertion of Easement Clause • Section 8.1-Insertion – all chargeable patients are charged at 150% of tariff • Section 8.2-change from invoices are due 14 days of invoice date to immediate payment terms • Insertion of Section 13- Data Protection • Insertion of Section 14-Definitions 	Julie Robinson
Version 1 (amended April 2019)	12 April 2019	Addition of two subsections, inserted at: 8.5 – Deceased Patients 8.6 – Destitute Patients	Julie Robinson

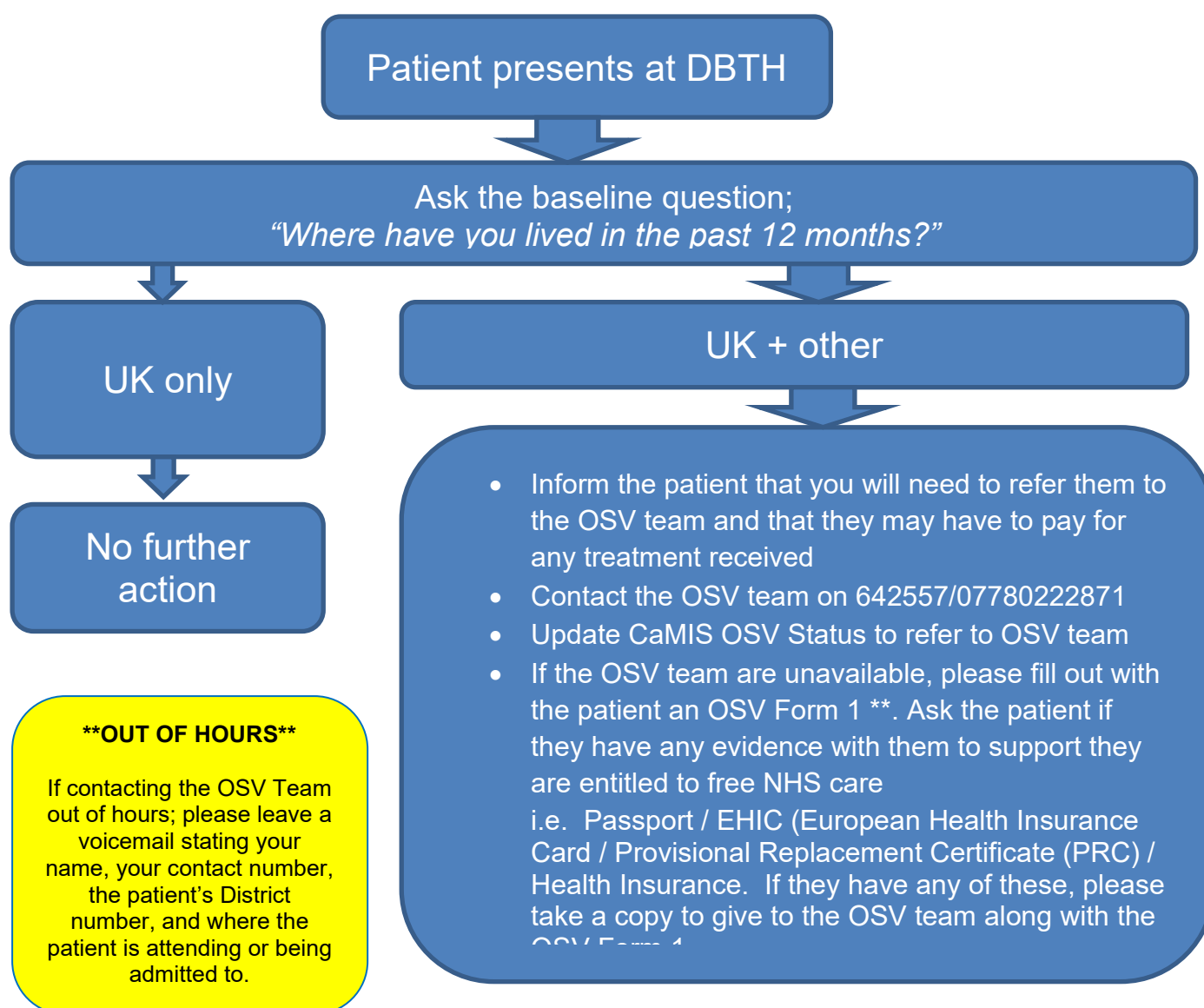
Version 1	5 February 2018	This is a new procedural document, please read in full.	Julie Robinson/ Claire Taylor

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Overseas Visitors Process/Flowchart



** The OSV Form 1 can be accessed and printed through the electronic form icon on your desktop. Select the Overseas Visitors Section. [Overseas Patients Form 1](#)

Address of patient.

Please ensure that the main address of the patient is where they reside i.e. France; and not the address where they are currently visiting/staying (this address should be their correspondence address).

Any address outside of the United Kingdom should be registered using a ZZ99 postcode. A list of these can be found using the CaMIS brain [ZZ99 postcodes](#)

It is vital that you record on the OSV Form/CaMIS the address where the patient resides, or we cannot recover any monies owed. i.e. not the hotel where they are currently staying.

1. INTRODUCTION

The National Health Service provides healthcare for people who live in the United Kingdom. People who do not normally live in this country are not automatically entitled to use the NHS free of charge, regardless of their nationality or whether they hold a British passport, or have lived and paid National Insurance contributions and taxes in this country in the past. Entitlement to free NHS treatment is based on residence status alone. This includes British Citizens who are no longer resident in the UK.

There are exemptions to charges, which are outlined further in the document Guidance on Implementing the Overseas Charging Regulations, which can be found on the Department of Health (DoH) website. Follow this link;
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/977345/Main_Guidance_post_February_2021_v3.pdf

The objective of this document is to define the administrative process, which relates to overseas patients receiving treatment via Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust (hereafter known as the Trust). It will give clear guidance to staff for the management of access by overseas visitors to Trust services.

When we as a Trust do not identify and manage overseas patients this represents lost revenue to the Organisation and the National Health Service and, can create moral and ethical dilemmas for clinicians and managers alike.

This policy lays down the rules and procedures to be followed by all grades of Trust staff for identifying “Overseas Visitors” and the subsequent recovery of income from such patients. The policy is based upon:

- The National Health Service Act 1977 and section 121 (as amended)
- The NHS (Charges to Overseas Visitors) Regulations 1989
- The NHS (Charges to Overseas Visitors) (Amendment) Regulations 1991
- The NHS (Charges to Overseas Visitors) (Amendment) Regulations 1994
- The NHS (Charges to Overseas Visitors) (Amendment) Regulations 2004
- The Department of Health documents;
‘Implementing the Overseas Visitors Hospital Charging Regulations: Guidance for NHS Trust Hospitals in England’ (2007)
- The NHS Charges to Overseas Visitors Regulations 2011
- The NHS Charges to Overseas Visitors (Amendment) Regulations 2015
- The NHS Charges to Overseas Visitors (Amendment) Regulations 2017
- The NHS Charges to Overseas Visitors (Amendment) Regulations 2021

The Trust has a legal obligation 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 regulations

The requirement to identify overseas visitors should **never** delay the provision of immediately necessary medical treatment, which will always be provided regardless of whether the patient has been informed of, or has agreed, to pay charges.

The Trust has a commitment to ensure that all overseas visitors are treated with the same degree of respect, care and confidentiality as any NHS patient.

Failure to comply with this policy could result in disciplinary action.

2. PURPOSE/SCOPE

This policy has been produced to provide clear guidelines to staff for the management of access by overseas visitors to Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust services.

It is important that overseas visitors, who are liable to charges, are identified as early as possible in order to reduce the incidence of failure to pay, and to protect NHS resources.

It is a legal requirement from 23 October 2017 to recover in advance, the estimated full cost of a course of treatment unless doing so would prevent or delay the provision of immediately necessary or urgent treatment. In practice this will mean that where a clinician has determined a patient's need for care to be non-urgent/elective, payment from the person liable will be required upfront and in full, where no exemption category applies, before the treatment can then be provided. Where services are immediately necessary or urgent, full upfront payment should be secured wherever possible, unless doing so would prevent or delay treatment. Further information on the upfront charging of treatment can be found on the Department of Health & Social Care website. Follow this link;

<https://www.gov.uk/government/publications/overseas-nhs-visitors-framework-to-support-identification-and-upfront-charging/upfront-charging-operational-framework-to-support-identification-and-charging-of-overseas-visitors>

Any patient attending for non-necessary treatment must be assessed in accordance with the Regulations, to ascertain if they are liable to be charged for their treatment.

Being registered with a GP, having an NHS number, British Passport/Citizenship, being issued with a HC2 certificate (to provide assistance with prescription charges), or being issued with a MAT B1 form, (also known as the Maternity Certificate, is a form from the government providing medical evidence of pregnancy and the baby's due date) does not give a person entitlement to hospital services free of charge.

Staff are not expected to establish whether or not a person is entitled to NHS treatment free at source. This function will be carried out by the Overseas Visitors Team (hereafter known as the OSV Team).

2.1 Aim

The aim of this policy is to ensure that the staff within the Trust:

- Operates an efficient and effective system for the identification of overseas visitors and ensures that the subsequent income is recovered
- Complies with Government Legislation concerning overseas patient care
- Provides the same standards of clinical care and services for all patients whether NHS or paying uniformly across the Trust
- Improves efficiency in recognising and notifying all potential overseas patients
- Make staff aware of their responsibility with regard to identifying overseas patients and ensuring that relevant colleagues are made aware of their status so that the patients status is correctly recorded in all of the Trust's systems

2.2 Scope

The scope of this policy is to:

- Identify anyone who has not lived in the United Kingdom for a period of 12 months preceding treatment
- Ensure anyone who has lived lawfully in the UK for at least 12 months immediately preceding treatment is excluded from this policy
- Ensure income generated from overseas visitors within the Trust is collected in line with the Trust Standard Financial Instructions Policy CORP/FIN 1(B).

3. GENERAL GUIDANCE

Enquiries regarding overseas visitors should be made to the OSV Team. If the issue is still unclear, advice will be sought from the Department of Health Cost Recovery Team.

- 3.1 An individual department or person cannot intervene in individual cases. The decision whether an individual patient is liable for charges rests with the OSV Team.
- 3.2 All staff must refrain from giving advice on an individual's eligibility for free treatment unless the OSV Team has advised them accordingly.
- 3.3 In order for the Trust to recover all income in respect of the treatment of overseas visitors, all activity must be notified to the OSV Team and recorded on the PAS system or other relevant system for recording.
- 3.4 The OSV Team shall work closely with administration staff, bookings staff, ward staff and departmental clinic staff as required, ensuring that effective communication takes place in respect of overseas visitor activity.
- 3.5 The OSV Team will liaise with external bodies such as the Department of Health, Home Office, UK Border Agency and the Local Counter Fraud Service as required and agreed via information sharing legislation.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/711097/guide-to-the-general-data-protection-regulation-gdpr-1-0.pdf

- 3.6 In accordance with the 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.
- 3.7 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 given 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 deterioration in the patient's condition.

It must still be noted that if the patient is a chargeable patient, and does not meet any of the exemption categories, there is still a charge to the treatment whether the treatment is classed as urgent or immediately necessary, and the patient remains liable for charges and the debt will be pursued in the normal way.

- 3.8 Staff must ensure that where data is not shared between systems, that if the OSV status of a patient has been changed or identified within a process, it must also be actioned in the main Trust PAS system. This ensures data integrity and guarantees that all data sources reflect the same data.

4. DUTIES AND RESPONSIBILITIES

It is the responsibility of **all staff** to ensure that this policy is adhered to and that the OSV Team are informed about any patient who may not be eligible to access free NHS care.

4.1 Divisional General Managers

It is the responsibility of the General Managers to implement the Overseas Visitors/Patients Policy along with local processes and codes of practice. The policy must be communicated to all staff within their Divisions, particularly ward clerks, reception staff and clinical staff.

4.2 Heads of Departments

Head of Departments are responsible for ensuring that the local rules and codes of practices are operated in accordance with Trust policy within their departments.

4.3 Clinicians

Clinicians will work collaboratively with the OSV Team to decide whether the patients need for treatment is immediately necessary, urgent or non-urgent. Clinicians may be asked to provide information on the clinical category of the patients' pathway following an initial assessment. This will determine whether the patient's treatment is immediately necessary/urgent, or routine

in nature. 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 the patients estimated return date.

It is the responsibility of the OSV Team to gather information on when the patient can return home in such cases, based on the patient's ability to do so. It is also the responsibility of the OSV Team to establish whether the patient is entitled to free NHS treatment.

4.4 Patients Lacking Capacity

Sometimes it will be necessary to provide care and treatment to patients who lack the capacity to make decisions related to the content of this policy. In these instances staff must treat the patient in accordance with the Mental Capacity Act 2005 (MCA 2005).

- A person lacking capacity should not be treated in a manner which can be seen as discriminatory.
- Any act done for, or any decision made on behalf of a patient who lacks capacity must be done, or made, in the persons Best Interest.
- Further information can be found in the MCA policy, and the Code of Practice, both available on the intranet.

There is no single definition of Best Interest. Best Interest is *determined on an individual basis. All factors relevant to the decision must be taken into account, family and friends should be consulted, and the decision should be in the Best interest of the individual. Please see S5 of the MCA code of practice for further information.*

Mental Capacity Act (2005): Code of Practice, 2007

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/497253/Mental-capacity-act-code-of-practice.pdf

4.5 Overseas Visitors Manager

The Overseas Visitors Manager must ensure that the Trust policy is updated in accordance with the guidance set by the Department of Health and that it is cascaded to General Managers and Heads of Departments, to ensure that all staff on all levels are aware and follow the correct procedures in place to ensure that the Trust identifies and charges those patients that are chargeable.

4.6 Overseas Visitors Team

The OSV Team are responsible for investigating and processing of patients who are identified as possible chargeable patients. Key Performance Indicators must be agreed and shared with the Divisional General Managers, Finance and the Information Department, at agreed regular intervals.

4.7 Stage 1 Officers

Stage 1 Officers are generally front-line staff who are the first point of contact for the patients. The baseline question to be asked is:

“Where have you lived in the past 12 months?”

The algorithm for Stage 1 Officers is included in the OVERSEAS VISITORS PROCESS/FLOWCHART ([here](#)).

4.8 Stage 2 Officers

Stage 2 Officers are those who are responsible for the investigating and processing all patients, who are identified as possible chargeable patients i.e., the OSV Team.

4.9 Information Department

The Information Department are responsible for providing the specific coding to be attached to each episode of care or attendance to allow a costing for the treatment to be identified.

4.10 Financial Accounts

Financial accounts are responsible for submitting credits against accounts for payments received and any cancellations of invoices.

5. IDENTIFICATION

The identification of possible overseas visitors must be carried out without discrimination.

5.1 Emergency Department (ED) Attenders

There is no exemption from charge for ‘emergency’ treatment other than that given within the ED, or treatment which is given on an observation ward directly attached to the ED department. The Trust will always provide immediately necessary treatment if it is to save the patient’s life. In this instance, the treatment must not be delayed whilst the patient’s chargeable status is determined. Failure to do so would be a direct breach of the Human Rights Act 1998.

Although no charges can be made to a patient for treatment carried out in ED, if the patient has a non-UK EHIC, the cost of the treatment can be recovered centrally from the issuing European Economic Area member state via the OSV Team.

All patients who attend the Emergency Department must be asked where they have been resident for the last 12 months. Anyone whose answers indicate that they have not been resident completely in the UK for the last 12 months must be asked to complete [Overseas Patients Form 1](#) (Appendix 3)

The exception to this is if a patient is incapacitated, and therefore it would be inappropriate to ask the baseline questions. These patients must be revisited at the earliest opportunity by DBTH staff when it is medically appropriate to do so.

Emergency Department staff must ask to see any supporting documents and then photocopy any passports, visa pages within the passport and any European Health Insurance Cards (EHICs) that the patient presents. They will then attach the copies to the Overseas Visitors Form 1 and scan into the patient's episode of care within the ED Electronic System.

The Overseas Patient's Status on Symphony must be updated to read 'Refer to OSV' Team so that the team are aware of the patient as soon as is possible.

Copies of all documents must be clear so that any pictures or numbering is legible. This ensures that the OSV Team can process charges effectively.

5.2 Ward Admissions

If ward staff identify, during or after admission, that a patient may not be resident in the UK, they will ask the patient to complete the [Overseas Patients Form 1](#) (Appendix 3). The staff must notify the OSV Team as soon as possible on extension 642557 or email dbth.osvpatientsteam@nhs.net that they have a possible chargeable patient on their ward. If this is outside of normal working hours, then the staff must send the completed form, along with any copies of documents to the OSV Team. In addition, they must refer the patient to the OSV Team using the Overseas Visitors Flowchart for instruction in the OVERSEAS VISITORS PROCESS/FLOWCHART ([here](#)).

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.

5.3 Outpatient Attenders

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 office staff will refer the patient to the OSV Team for investigation and send them a copy of the letter by using the in OVERSEAS VISITORS PROCESS/FLOWCHART ([here](#)).

If booking office staff identify that a patient may not be resident in the UK then they will contact the OSV Team urgently via ringing 642557 or referring through PAS by changing the OSV Status to 'Refer to OSV Team' so that the patient can be assessed for eligibility as soon as possible.

Where the patient has not been identified as a possible OSV from the referral letter, Stage 1 officers must follow the flowchart in the OVERSEAS VISITORS PROCESS/FLOWCHART ([here](#)).

5.4 Elective Admissions

Where the patient is chargeable, the Trust should not initiate a TCI (To Come In date) date for admission until either the full cost of the treatment is received, or a substantial deposit equivalent to the estimated cost of treatment is obtained from the patient. If no deposit is paid then the Trust should not perform the procedure. However, the decision not to treat must be a clinical one, with agreement with the doctor responsible for the patient to ensure that the

treatment is not immediately necessary or urgent, or that it would not cause permanent serious damage.

Clinicians will work collaboratively with the OSV Team to decide whether the patient's need for treatment is immediately necessary, urgent or non-urgent. Clinicians may be asked to complete an Advice from Doctors or Dentists Form (Appendix 1), which should then be documented in the patient's notes, a copy sent to the relevant business/service delivery manager and a copy to be retained by the OSV Team.

6. ASSESSMENT OF ELIGIBILITY BY THE OVERSEAS PATIENTS TEAM

6.1 Current inpatients

Following section 5.2, all patients who provide information which suggests they may not be eligible to access free NHS treatment will be asked to complete an [Overseas Patients Form 1](#) by the ward clerk (Appendix 3)

The patient must then be referred to the OSV Team using the OVERSEAS VISITORS PROCESS/ FLOWCHART ([here](#)).

The OSV Team will conduct an interview with any patient where further information is required to establish their potential overseas status after completing the OSV Form 1. Following the interview the OSV Team will amend PAS as necessary and notify staff as appropriate.

Any documentation provided by the patient to establish their entitlement will be stored and destroyed in accordance with the Information Records Management Code of Practice – CORP/ICT 14, IM&T Security and Confidentiality Policy – CORP/ICT 2.

If the status of the patient has been established, the OSV Team will obtain a signed Overseas Agreement to Pay form from the patient (Appendix 4).

6.2 Outpatients

Following action 5.3, all patients who provide information that suggests they may not be eligible to access free NHS treatment will be asked to complete an [Overseas Patients Form 1](#) by the receptionist or clinic staff in the OVERSEAS VISITORS PROCESS/FLOWCHART ([here](#)).

The staff must notify the OSV Team as soon as possible on extension 642557 or email dbth.osvpatientsteam@nhs.net that they have a possible chargeable patient in their department.

In addition, they must refer the patient to the OSV Team using for instruction in the OVERSEAS VISITORS PROCESS/FLOWCHART ([here](#)).

6.3 Maternity Care and Termination of Pregnancy

Maternity services are not exempt from charges, however because of the severe health risks associated with conditions such as eclampsia and pre-eclampsia, maternity services should not be withheld if the woman is unable to pay in advance.

The patient remains liable for charges and the debt should be pursued in the normal way. Where a patient seeks termination of pregnancy and is liable for charges but unable to pay in advance, the hospital may decline to provide the service and should advise the patient to seek termination in her own country. The only exception to this is where the patient's life is at risk. In these circumstances, the termination should take place.

The patient remains liable for charges and the debt will be pursued in the normal way.

6.4 NHS-Funded Assisted Conception Services

Assisted conception services provided by the Trust are chargeable for those patients who are not resident in the UK. In addition, those patients who are in the UK legally and lawfully and have paid the Immigration Health Surcharge, from 21 August 2017, these services are not free when provided unless another exemption applies.

For clarity, assisted conception services are defined in the Charging Regulations as any medical, surgical or obstetric services provided for the purpose of assisting a person to carry a child. Broadly speaking, this means any medicines, surgery or procedures that are required to diagnose and treat infertility so a person can have a child. (DoH Charging Regulations, page 38 5.16) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/977345/Main_Guidance_post_February_2021_v3.pdf

Where two people are seeking assisted conception services with NHS funding, and one is covered by health surcharge arrangements and the other is ordinarily resident in the UK and therefore not subject to charge, the services required by the health surcharge payer will be chargeable. Any services required by the ordinarily resident person will continue to be freely available, subject to the established local or national commissioning arrangements.

(DoH Charging Regulations, page 38 5.25)

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/977345/Main_Guidance_post_February_2021_v3.pdf

6.5 NHS Screening

If a chargeable patient presents in relation to a standard invitation to take part in an NHS Screening Programme for a non-exempt condition, this is likely to be considered non-urgent. This is a secondary care service and cannot be described as a primary care service. This means that any attendance is subject to the same information processing requirements as any other service provided in a hospital setting and will require full upfront payment.

7. EXEMPT SERVICES-ALL PATIENTS

Some NHS services are free to everyone regardless of the status of the patient. These, with reference to this Trust, are as follows:

- Treatment given in an Emergency Department or Minor Injuries Unit (this exemption ceases once a patient is admitted to a ward, including Assessment Units or given an outpatient appointment)
- Family planning services; (but not including Termination of Pregnancy)
- From 23 October 2017, palliative care services provided by a registered palliative care charity or a community interest company;
- Diagnosis and treatment of infectious diseases where treatment is necessary to protect the wider public health (Appendix 2)
<https://www.gov.uk/government/publications/guidance-on-overseas-visitors-hospital-charging-regulations>
- Treatment given to people detained under the provisions of the Mental Health Act 1983
- Treatment required for a physical or mental condition caused by:
 - Torture;
 - Female genital mutilation;
 - Domestic violence; or
 - Sexual violence

Except where the overseas visitor has travelled to the UK for the purpose of seeking that treatment.

Please note that despite these services being free to the patient, in the case of insured visitors from the EEA, the UK can still be reimbursed by the relevant EEA country for having provided these individuals with medically necessary treatment, if the patient has a non-UK EHIC, Provisional Replacement Certificate (PRC) or S2. Relevant NHS bodies are encouraged to record and report EHICs/PRCs whenever possible for such patients accessing 'exempt' services.

Stage 1 Officers are still required to identify and record on PAS the patient's overseas details and inform the Stage 2 Officer (OSV Team).

7.1 EU and EFTA Citizens

Under the withdrawal agreement, if a patient is from either the EU or EFTA, and has been lawfully residing in the UK on or before 31 December 2020, they retain their entitlement to healthcare as long as they continue to be resident in the UK and can provide the necessary documents to prove their residency. These patients need to have applied to the EU Settlement Scheme by 30 June 2021.

From 1 July 2021, any patient who commences a **new** pathway of treatment, and are from one of the 27 member states of the EU, they will have to provide evidence that they have either pre-settled or settled status to confirm that they are legally and lawfully in the UK.

However, if a visitor is resident in one of the EU or EFTA Countries, and they hold a valid European Health Insurance Card (EHIC) or Provisional Replacement Certificate (PRC), they are entitled to receive all necessary treatment free of charge. A claim can then be made against the Member State. Necessary treatment means;

- Diagnosis of symptoms or signs occurring for the first time after arrival in the UK

- Any other treatment which, in the opinion of a medical or dental practitioner is required promptly for a condition which:
 - Arose after the visitor's arrival; or
 - Became acutely exacerbated after their arrival; or
 - Would likely become acutely exacerbated without treatment
 - Is chronic

If EEA visitors do not have a valid EHIC or PRC then they must be charged in accordance with the Regulations; <https://www.gov.uk/government/publications/guidance-on-overseas-visitors-hospital-charging-regulations>.

The OSV Team can only claim for a patient's treatment through an EHIC if the copy shows clearly all of the identifiable numbers printed on the front of the card.

7.2 Non-EEA countries and territories with which the UK has a Reciprocal Healthcare Agreement

The United Kingdom has Reciprocal Healthcare agreements in similar terms with some non-EEA countries.

The patient must be able to demonstrate through hard evidence that they do reside in one of the countries listed within the Reciprocal Healthcare Agreement.

Please contact the Overseas Visitors Team if you require any further information, or to view a list of these countries, access; <https://www.gov.uk/guidance/uk-reciprocal-healthcare-agreements-with-non-eu-countries>.

7.3 Vulnerable patients and those detained

The following categories of overseas visitor are exempt from charge:

- Refugees (those granted asylum, humanitarian protection or temporary protection under the immigration rules) and their dependents
- Asylum seekers (those applying for asylum, humanitarian protection or temporary protection whose claims, including appeals, have not yet been determined), and their dependents
- Individuals receiving support under section 95 of the Immigration and Asylum Act 1999 (the 1999 Act) from the Home Office
- 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
- Children who are looked after by a local authority
- 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

- 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 has determined 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 their return home
- Anyone receiving compulsory treatment under a court order or who is detained in an NHS 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
- Prisoners and immigration detainees

7.4 Operation of the Easement Clause in Respect of vulnerable patients

Under the easement clause, any particular course of treatment under way when any of the following criteria below applies to the patient will continue free of charge until that course of treatment concludes or the person leaves the country.

- An asylum seekers application, including all appeals is rejected
- A person stops receiving section 95 support from the Home Office
- A failed asylum seeker stops receiving support from the Home Office under section 4(2) of the 1999 Act, or section 21 or Part 1 support from a local authority
- A person ceases to be a child looked after by a local authority
- A prisoner is released from prison or immigration detention
- A person is no longer detained in hospital or liable to court ordered treatment
- A person suspected of a victim of modern slavery by a competent authority, who is then found not to be a victim of modern slavery

However, they must be charged for any new course of treatment.

The easement clause does not apply to those who are exempt under:

- Regulation 10 or 11 (surcharge and transitional arrangements),
- Regulation 25(3) (children born to them in the UK),
- Regulation 14 (reciprocal healthcare agreements).

The easement clause also only applies if the overseas visitor has been properly assessed as exempt from charge to begin with, and where the overseas visitor did not provide fraudulent or misleading information to the Trust.

It applies only until the overseas visitor first leaves the UK. It is up to the clinician to provide what constitutes a particular course of treatment.

7.5 UK Government employees and war pensioners

The following categories of overseas visitor are exempt from charge:

- 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).

- 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.
- 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.
- 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.
- Those receiving war/combat pensions, war widows' pensions or armed forces compensation scheme payments, plus their spouse/civil partner and children

7.6 HIV patients

HIV treatment is free to all overseas visitors in the same way as treatment for other sexually transmitted diseases is. No one will be charged for HIV treatment provided at an NHS hospital (or staff employed by an NHS hospital) in England.

Although no charges can be made to a patient for treatment carried out in any Sexual Health Clinics, if the patient has a non-UK EHIC, the cost of the treatment can be recovered centrally from the issuing European Economic Area member state via the OSV Team.

7.7 Failed Asylum Seekers

A patient who has had their asylum/humanitarian protection application and all appeals rejected becomes a 'failed asylum seeker'. They become liable for charges for their NHS hospital treatment at that point, even if they have been here for more than one year, unless one of the following situations applies to them:

- They are being supported by the UKBA under section 4 or 95 of the Immigration and Asylum Act 1999-they will then be exempt as this support is provided where they would otherwise be destitute
- They are being supported under other provisions of the 1999 Act because whilst making reasonable efforts to leave the UK, there are genuine recognised barriers to their return home. They will need to provide evidence that they are being supported by the Home Office under S4 (2) of the 1999 Act.
- They are being supported by a local authority under section 21 of the National Assistance Act 1948 or Part 1 of the Care Act 2014 by the provision of accommodation. Such failed asylum seekers receive this support due to a need for care and attention and are in an analogous situation S4 (2). They will need to provide evidence that they are being supported by the Home Office under s4(2) of the 1999 Act

- A failed asylum seeker who makes a fresh application for asylum, temporary protection or humanitarian protection will become an asylum seeker again and will therefore be exempt from charge again under Regulation 15(b) until that new application including any appeals is determined/considered. Charges will only apply during any period between the first application, including appeals, being 'rejected' and the second fresh application being 'recorded' with the Home Office
- Under the easement clause, any course of treatment which is underway whilst the asylum seekers application is rejected, will continue free of charge until that treatment concludes or the patient leaves the country.

7.8 Dialysis patients

The regulations and therefore charges apply where visitors to the U.K. require haemodialysis or peritoneal dialysis for the treatment of kidney failure.

Temporary visitors from the EEA countries do not need an E112 form, treatment will be provided under the bilateral healthcare arrangement for immediately necessary treatment. However, this is subject to the patient making an advanced booking and facilities being available at the time of treatment through an S2 form.

For visitors outside of the EEA, the provision of dialysis treatment is not the responsibility of the NHS and patients are liable for all charges incurred.

8. FINANCE

8.1 Invoicing

- Any patient not eligible for free NHS care is deemed to be NHS Chargeable. The Overseas Visitors Team will ensure an invoice is raised for all associated activity.
- The invoice raised will be based on the methodology used in the Charging Regulations 2021, which is based on Payment by Results (PBR) Tariff, plus the Trust Market Forces Factor (MFF)
- Chargeable NHS patients are charged at 150% of the NHS Tariff rate as per the DoH Overseas Visitors Charging Regulations 2021
- Where a PbR Tariff is not available for the activity a suitable price will be determined using the latest available Patient Level Costing (PLICs) information.
- For non-urgent elective Overseas Visitors who are not covered by an S1/S2 form, an invoice will be raised by the Overseas Visitors Team as detailed above and payment must be received in advance of the admission as described in section 5.4
- The Overseas Visitor Team will take an upfront payment based on an estimated bill using established average prices; this can be done using handheld card machines.

- Following full clinical coding a subsequent invoice/credit note will be raised to ensure the charge is reflective of the treatment undertaken.
- Overseas Visitors Team will make the appropriate arrangements for any planned treatment charges under an S1/S2 to be made to the correct EEA member state through the lead Commissioner (Doncaster CCG).
- The Overseas Visitors Team will follow due process to report any debts by non-EEA nationals that are over £500 and have been outstanding for 2 months to the Department of Health, in line with the Charging Guidelines 2021. This may result in that person being refused entry to the UK and encourages payment of debt.

8.2 Payments

- Payment of invoices are due immediately
- Payment plans are available on request; terms of plans will be agreed on a case by case basis with both the overseas visitor manager and the finance team.
- Chasing process – Shared Business Services (SBS) will issue an invoice, 3 reminder letters will be sent chasing the payment and where a contact number or email is provided the patient will be contacted as soon as the invoice is overdue. Any queries raised by the customer are to be re-directed to the OSV Team.
- Notification of all unpaid debts over 2 months old and above £500 will be made to the Department of Health and the UK Border Agencies as per the DoH Overseas Charging Regulations. If you require more information, this can be found at:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/793132/overseas-chargeable-patients-nhs-debt-and-immigration-rules.pdf

8.3 Methods of Payment

- Paying by debit/credit card: Debit/credit card payments can be made either directly with the Overseas Visitors team or at the cashier office by phone or through personal visit. Please ensure that you have our reference number, your card details available including the debit/credit card company, card number, card expiry date and the full name of the person listed on the card. Please telephone 01302 642557.
- The receipt for any credit card payments taken by the OSV team must be reported to the financial accounts the same day to be added onto the financial ledger.
- Paying by cash: Cash payments should be made to the cashier office by personal visit within normal working hours of 9:30 am to 16:30 pm, Monday to Thursday and 9:30 am to 15:45 pm on Friday, closed daily between 12.30pm-1.30pm.

- Cheques – Can be accepted and will need to be made payable and sent to:

DONCASTER & BASSETLAW TEACHING FT
 RP5 RECEIVABLES F659
 SHARED BUSINESS SERVICES
 PHOENIX HOUSE, TOPCLIFFE LANE
 WAKEFIELD WF3 1WE

8.4 Insured Patients

- If the patient is insured, they must indicate their insurance details on the Undertaking to Pay Form (Appendix 4), retaining one copy only for your records.
- Patients will be required to pay the Trust for all treatment given by the Trust, and then subsequently seek reimbursement from the insurer.

8.5 Deceased Patients

Where a patient is deceased and the debt remains unpaid, the Trust may contact the patient's executor/administrator of the patient's estate to recover any monies owed.

This may include the need to contact a relative or next of kin in order to request the contact details of the deceased patient's executor or administrator.

8.6 Destitute Patients

Where it is found to be that a patient is genuinely destitute and can provide evidence e.g. failed asylum seekers with no Home Office NASS support or Local Authority support, then the Trust will consider the debt unrecoverable.

If the patient's ability to pay changes following a review of the patient's file, the Trust may resume attempts to recover the debt.

8.7 Queries

Any queries should be directed to the Overseas Visitors Manager on 01302 642557/644862 or emailed to dbth.osvpatientsteam@nhs.net

9. TRAINING

Awareness sessions will be delivered by the OSV Team on an ongoing basis across Doncaster, Bassetlaw and Montagu sites.

Training, advice and support is provided to staff from the OSV Team via request by contacting the team on 642557, or email dbth.osvpatientsteam@nhs.net

10. MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

What is being Monitored	Who will carry out the Monitoring	How often	How Reviewed/ Where Reported to
Impact and implementation of new Regulations	Overseas Visitors Manager	Ongoing	An annual report will be compiled and reported to the Head of Income & Contracting covering all of the Monitoring Standards
Assurance on compliance to this policy	Overseas Visitors Manager	Annually	
Consistency in decision making with OSV Team- ensuring Equality & Diversity	Overseas Visitors Manager	6 monthly random audit of 20 investigated patients	
Staff have adequate guidance and training and operational procedures are reviewed and updated	Overseas Visitors Manager	Annually	

11. EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Fair Treatment for All Policy (CORP/EMP 4).

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. (See Appendix 5)

12. ASSOCIATED TRUST PROCEDURAL DOCUMENTS

- Information Records Management Code of Practice – CORP/ICT 14
- Interpretation and Translation Services Policy PAT/PA 34
- Standing Financial Instructions – CORP/FIN 1 (B)
- Private Patient and Category II Procedure – CORP/FIN 6
- Data Protection Policy- CORP/ICT 7
- IM&T Security and Security Policy – CORP/ICT 2
- Confidentiality Code of Conduct – CORP/ICT 10
- Order of Filing in Hospital Casenotes Policy - CORP/REC 1
- Fair Treatment for All Policy -CORP/EMP 4
- Equality Analysis Policy - CORP/EMP 27
- [PAT/PA 19](#) - Mental Capacity Act 2005 Policy and Guidance, including Deprivation of Liberty Safeguards (DoLS)
- [CORP/FIN 1\(D\)](#) – Fraud, Bribery and Corruption Policy & Response Plan

13. DATA PROTECTION

Any personal data processing associated with this policy will be carried out under 'Current data protection legislation' as in the Data Protection Act 2018 and the UK General Data Protection Regulation (GDPR) 2021.

For further information on data processing carried out by the trust, please refer to our Privacy Notices and other information which you can find on the trust website:

<https://www.dbth.nhs.uk/about-us/our-publications/information-governance/>

14. DEFINITIONS

- **Overseas Visitor** - someone who is not ordinarily resident in the UK
- **Ordinarily Resident (OR)** –OR is defined as living in the United Kingdom voluntarily and for settled purposes as part of the regular order of their life. There must be identifiable purpose for their residency in the UK. The purpose of living in the UK must have a sufficient degree of continuity to be properly described as 'settled'.
A person is NOT ordinarily resident in the UK simply because they have British Nationality, hold a British passport, are registered with a GP, have an NHS number, own a property in the UK, have paid (or are currently paying) National Insurance contributions and taxes in the UK.
- **EEA Visitors** – visitors who are nationals of or ordinarily resident in a European Economic Area (EEA) country
- **EFTA** – European Free Trade Association-Norway, Iceland, Liechtenstein and Switzerland
- **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 by the patient and be valid to gain this entitlement



- **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
- **PRC**- Provisional Replacement Certificate replaces the EHIC card and entitles European visitors who are insured through their own State healthcare system to access emergency NHS treatment without charge.
- **IHS**-Immigration Health Surcharge – surcharge payable by those visitors who are to be in the UK for longer than 6 months
- **Immediately necessary/Urgent treatment** – is that which a patient needs promptly to save their life or; to prevent a condition from becoming immediately life-threatening; or prevent permanent serious damage occurring

- **Payment by Results Tariff (PBR)** – The national tariff schedule that the NHS uses for charging for treatment
- **Market Forces Factor (MFF)** – the centrally calculated and nationally published percentage that is added to the NHS tariff to reflect the cost of living for different locations
- **PAS System** – The Patient Administration System supports patient management
- **Failed Asylum Seeker** – an asylum seeker who has been refused and any subsequent appeals have been unsuccessful
- **Pre-settled status** – a temporary status giving an individual eligibility to be in the UK with an end date (usually 5 years)
- **Settled status** – the individual can remain indefinitely in the UK, free of immigration control
- **EU Settlement Scheme** – a scheme designed to offer EU, non-EU EEA and Swiss citizens living in the UK before the end of 30 June 2021 the opportunity to protect their residence in the UK

15. REFERENCES

This policy lays down the rules and procedures to be followed by all grades of Trust staff for identifying “Overseas Visitors” and the subsequent recovery of income from such patients. The policy is based upon:

- The National Health Service Act 1977 and section 121 (as amended)
- The NHS (Charges to Overseas Visitors) Regulations 1989
- The NHS (Charges to Overseas Visitors) (Amendment) Regulations 1991
- The NHS (Charges to Overseas Visitors) (Amendment) Regulations 1994
- The NHS (Charges to Overseas Visitors) (Amendment) Regulations 2004
- The Department of Health documents;
‘Implementing the Overseas Visitors Hospital Charging Regulations: Guidance for NHS Trust Hospitals in England’ (2007)
- The NHS Charges to Overseas Visitors Regulations 2011
- The NHS Charges to Overseas Visitors Regulations 2015
- The NHS Charges to Overseas Visitors Regulations 2017
- The NHS Charges to Overseas Visitors Regulations 2021
- The Department of Health & Social Care Upfront Charging Framework 2021
- The Immigration and Asylum Act 1999
- The Care Act 2014 or section 35 or 36 of the Social Services and Well-being (Wales) Act 2014
- The National Assistance Act 1948
- The Data Protection Act 2018
- The Mental Capacity Act 2005 (MCA 2005)
- The Human Rights Act 1998



APPENDIX 1 - ADVICE FROM DOCTORS OR DENTISTS FORM



Doncaster and Bassetlaw
Teaching Hospitals
NHS Foundation Trust

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 2021. 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.

Date .../.../... Signed (Doctor) Print Name

Date .../.../... Signed (OSV Team) Print Name

¹ Relevant NHS bodies are NHS trusts, NHS foundation trusts, special health authorities (SpHAs) and local authorities in the exercise of public health functions.

APPENDIX 2 - EXEMPT DISEASES

The current list of exempt services/conditions comprises:

- 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 East Respiratory Syndrome (MERS)
- mumps
- pandemic influenza (defined as the 'Pandemic Phase'), or influenza that might become pandemic (defined as the 'Alert Phase') in the *World Health Organization's Pandemic Influenza Risk Management Interim Guidance*
- plague
- rabies
- rubella
- severe acute respiratory syndrome (SARS)
- smallpox
- tetanus
- tuberculosis
- typhus
- viral haemorrhagic fever(which includes Ebola)
- viral hepatitis

- whooping cough
- Wuhan novel coronavirus (2019-nCoV)
- yellow fever


An exemption also applies to the diagnosis and treatment of sexually transmitted infections.

The exemption for victims of violence covers the treatment of a condition caused by certain types of violence, namely:

- torture;
- female genital mutilation;
- domestic violence; and
- sexual violence.

Exempted treatment of conditions directly attributable to violence includes treatment of both physical and mental illness, or an acute or chronic condition. The exemption applies wherever the violence has been experienced (including violence that occurred abroad), provided that the overseas visitor has not travelled to the UK for the purpose of seeking treatment. Any other treatment that they need that is not caused by that violence is not free, unless covered by another exemption.

APPENDIX 3 - OVERSEAS PATIENTS FORM 1

 Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust OVERSEAS VISITOR FORM 1	<small>ATTACH LABEL HERE IF AVAILABLE</small> NHS Number: _____ District Number: _____ Surname: _____ Forename(s): _____ Address: _____ D.O.B.: _____																																
Hospital: <input type="checkbox"/> Doncaster <input type="checkbox"/> Montagu <input type="checkbox"/> Bassetlaw <input type="checkbox"/> Retford																																	
Parts 1 and 2 to be completed on admission/attendance Part 1: Personal details Surname/family name: _____ Forename: _____ Date of birth: _____ District: _____ Country of residence: _____ Nationality: _____ Date of arrival in UK: _____ GP name (UK): _____ Expected length of stay in the UK: _____ GP address: _____ Reason for presence in UK: _____ Telephone number: _____ Current UK address: _____ Usual address: _____ _____																																	
Part 2: Attendance details Hospital: _____ Consultant: _____ Date of admission: _____ Ward/Department: _____ Specialty: _____ Date: _____ Consultant: _____ Referral source: _____ Outcome: _____ Completed by: _____ Date: _____ Designation: _____ Date: _____ Contact the Hospital OVERSEAS VISITORS TEAM ASAP on completion of the form: Email: dbth.osvpatientsteam@nhs.net Tel: Ext 642557																																	
Part 3: for OSV team use only <table style="width: 100%;"> <tr> <td style="width: 40%;">UK Disablement pensioner?</td> <td style="width: 10%;"><input type="checkbox"/> Yes</td> <td style="width: 10%;"><input type="checkbox"/> No</td> <td style="width: 40%;"></td> </tr> <tr> <td>War Widow?</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td></td> </tr> <tr> <td>In receipt of UK state pension?</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td></td> </tr> <tr> <td>EEA National?</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td></td> </tr> <tr> <td>EHIC form produced/copied</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td></td> </tr> <tr> <td>Passport produced/copied</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td></td> </tr> <tr> <td>ARC produced/copied</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td></td> </tr> <tr> <td>Did illness occur during UK visit?</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td></td> </tr> </table> Additional information (e.g. utility bills): _____ _____		UK Disablement pensioner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		War Widow?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		In receipt of UK state pension?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		EEA National?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		EHIC form produced/copied	<input type="checkbox"/> Yes	<input type="checkbox"/> No		Passport produced/copied	<input type="checkbox"/> Yes	<input type="checkbox"/> No		ARC produced/copied	<input type="checkbox"/> Yes	<input type="checkbox"/> No		Did illness occur during UK visit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
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<table style="width: 100%;"> <tr> <td style="width: 40%;">Exempt?</td> <td style="width: 10%;">Yes</td> <td style="width: 10%;">OSV Patients Guide Category:</td> <td style="width: 40%;"></td> </tr> <tr> <td>Reciprocal agreement?</td> <td>Yes</td> <td></td> <td></td> </tr> <tr> <td>Unknown?</td> <td>Yes</td> <td></td> <td></td> </tr> <tr> <td>Liable?</td> <td>Yes</td> <td>Please complete OSV2 form (undertaking to Pay)</td> <td></td> </tr> </table> Print name: _____ Signature: _____ Date: _____ Time: _____		Exempt?	Yes	OSV Patients Guide Category:		Reciprocal agreement?	Yes			Unknown?	Yes			Liable?	Yes	Please complete OSV2 form (undertaking to Pay)																	
Exempt?	Yes	OSV Patients Guide Category:																															
Reciprocal agreement?	Yes																																
Unknown?	Yes																																
Liable?	Yes	Please complete OSV2 form (undertaking to Pay)																															
When completed, please forward to OVERSEAS VISITORS TEAM, DRI, Aurora Centre																																	



WPR22252
Nov 2017
WHITE

APPENDIX 4 - OVERSEAS PATIENTS FORM 2



**Doncaster and Bassetlaw
Teaching Hospitals**
NHS Foundation Trust
**OVERSEAS VISITOR FORM 2
UNDERTAKING TO PAY**

AFFIX LABEL HERE IF AVAILABLE

NHS Number: _____
District Number: _____
Surname: _____
Forename(s): _____
Address: _____
D.o.B.: _____

Hospital: ☐ Doncaster ☐ Montagu ☐ Bassetlaw ☐ Retford

Under existing regulation, as a visitor to the United Kingdom, you may be required to pay for NHS hospital treatment. However, some visitors are exempt from these charges and your status will be assessed as soon as possible to determine whether those exemptions apply to you.

In the event that you are liable for charges, your agreement to pay such fees which arise from your treatment is required by signing the Declaration section of this form. If you have medical insurance, please provide details below.

Where patients are liable for the cost of their treatment, the Trust is required to charge for the full cost of that treatment. The charges are calculated using the most recently published Reference Costs as submitted to the Department of Health.

Please note that the Trust will not accept payment in foreign currency.

It should be understood that if you refuse to sign the Declaration, the Trust will still produce an invoice and pursue payment of it.

Declaration

I understand that I may be required to pay for treatment provided by Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust in accordance with Department of Health guidance on Overseas Visitors Hospital Charging Regulations.

I understand to pay the Trust such sums as may be due to it in accordance with the Regulations.

Patient's details

Surname/family name: _____ Forename: _____
District Unit: _____
Signed: _____ Patient / Relative* / Other* (please delete as appropriate)
Date: _____

*** If the person giving the undertaking to pay is not the patient, please complete the following:**

Name (please print): _____ Telephone number: _____
Address: _____

Medical Insurance Details:

Company name: _____
Address: _____
Telephone number: _____ Policy number: _____

Contact the OVERSEAS VISITORS TEAM, DRI, Aurora Centre. ASAP on completion of the form:
Email: dbth.osvpatientsteam@nhs.net **Tel:** Ext 642557



WPR22262
Nov 2017
WHITE

APPENDIX 5 - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING

Service/Function/Policy/Project/Strategy	Division	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
CORP/FIN 7-Overseas Visitors/Patients Policy	Finance	Julie Robinson	New	14.09.2021
1) Who is responsible for this policy? Finance				
2) Describe the purpose of the service / function / policy / project/ strategy? Implement the DoH OSV Charging Regulations 2017				
3) Are there any associated objectives? The OSV Charging Regulations are law				
4) What factors contribute or detract from achieving intended outcomes? Non compliance				
5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief? No				
• If yes, please describe current or planned activities to address the impact				
6) Is there any scope for new measures which would promote equality? No				
7) Are any of the following groups adversely affected by the policy?				
Protected Characteristics	Affected?	Impact		
a) Age	N			
b) Disability	N			
c) Gender	N			
d) Gender Reassignment	N			
e) Marriage/Civil Partnership	N			
f) Maternity/Pregnancy	N			
g) Race	N			
h) Religion/Belief	N			
i) Sexual Orientation	N			
8) Provide the Equality Rating of the service / function /policy / project / strategy – tick (✓) outcome box				
Outcome 1 ✓	Outcome 2	Outcome 3	Outcome 4	
*If you have rated the policy as having an outcome of 2, 3 or 4, it is necessary to carry out a detailed assessment and complete a Detailed Equality Analysis form – see CORP/EMP 27				
Date for next review: September 2023				
Checked by: Claire Stewart		Date: 14.09.2021		