

Date: 28/04/2017

FREEDOM OF INFORMATION REQUEST FOI/013384 – Foreign nationals identification

1 Prior to April 2017, did the Trust have policy the requesting of identification of foreign nationals prior to providing care? -

Yes, based upon the Dept of Health Guidance for the charging of Overseas Visitors

2 In the 12 months to April 2017, did employees or others providing Trust services check any patients' passports before giving them care? -

If a patient is identified as possibly being an overseas visitor before treatment they are asked to provide proof of eligibility to NHS care. A passport is not always required or requested as a Biometric Residency Permit (BRP) provides better confirmation of status, European visitors do not always have passports, they use ID cards instead.

If so

2a Which services? -

Emergency department, Xray, Outpatients and in patient wards

2b How many patients were asked for identification in the 12 months to April 2017. -

There were 719 patients.

2c How many were asked to provide passports -

This data is not recorded and please note the response in Question 2 as there are other options in providing proof of eligibility.

2d How many those asked to provide identification did not go on to seek care? -

This data is not recorded and if data is provided, appointments are then arranged if the patient is eligible or the patient will choose to pay in advance of treatment.

3 What preparations did you make for the new up-front charges for non-emergency care from April 2017? -

The trust already requests a deposit, in advance, for any elective treatment scheduled for delivery so there is minimal change required to current procedures.

To clarify these are the changes outlined in <https://www.gov.uk/government/consultations/overseas-visitors-and-migrants-extending-charges-for-nhs-services>

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/590027/Cons\\_Response\\_cost\\_recovery.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/590027/Cons_Response_cost_recovery.pdf)

4a The cost of implementation? -

A robust process is already in place and it is not envisaged there will be any additional costs incurred.

4b The revenue it will bring in? -

No projections have been made by the trust as it isn't possible to quantify potential volumes of patients or treatment costs.

4c The potential to deter people from seeking care and consequences on their health and public health? -

The Trust is unable to enter into speculation on this issue

4d Compliance with equality and discrimination rules? -  
The Trust's policy adheres to current legislation.

5 How do you collect charges for overseas patients after care? -

Patient is invoiced and the trust debt collection processes are then followed. In addition, if the patient is non EEA, notification of outstanding debt is referred to Department of Health after 3 months.

Do you have figures and are they available for the cost of doing this, -

We are not able to separately identify the costs as the department that provides this service covers a number of other services.

the revenue it brought in, -

45 patients were invoiced a total of £109,048.50

the number of people contacted -

612 patients contacted

and the number who paid in the 12 months to April 2016? -

24 patients paid in 2015/16