

Date: 05/05/2017

FREEDOM OF INFORMATION REQUEST 013398 – A&E beds/overseas patients

I am requesting the following information under the Freedom of Information Act:

Accident and Emergency

1.As of April 2010, the total number of Accident and Emergency beds within the Trust (including predecessor Trusts)
6 in the Clinical Decisions Unit – beds open 24/7

2.As of March 2011, the total number of Accident and Emergency beds within the Trust (including predecessor Trusts)
6 in the Clinical Decisions Unit – beds open 24/7

3.As of April 2017, the total number of Accident and Emergency beds within the Trust
6 in the Clinical Decisions Unit – beds open 24/7

Please split the figures for questions 1-3 into overnight beds and day-only beds. This request includes beds that were temporarily unavailable.

4.Please list any Accident and Emergency wards or units that have been permanently closed since April 2010. Please state how many A&E beds they included at point of closure.

None

5.Please provide the business case or management report/review underpinning each closure listed in response to question 4

N/A

6.Please list any Accident and Emergency wards or units that have been permanently opened since April 2010. Please state how many A&E beds they include.

N/A

In this request, Accident and Emergency beds, wards and units are those whose primary usage is for Accident and Emergency cases.

Upfront charging of non-residents

7.What is the Trust's policy on treating overseas patients who are eligible to be charged upfront for care but are not able or willing to pay upfront?

The Trust follows the Department of Health Guidelines in respect of charges and if the treatment is not urgently required (a medic will advise if treatment is urgent or can wait) the patient will not be treated. If treatment is required urgently, it is provided and the patient is invoiced for the cost and the debt recovery is followed as per the Trusts policy.

8.What is the Trust's policy on upfront charging for overseas patients where it is not possible to establish the cost of care upfront?

An estimate of cost will be calculated in liaison with the clinical coding and the Management Accounts team. The patient is advised that an adjusting invoice/credit note will be issued once the actual cost of treatment is known.

9. What is the Trust's policy towards clinical staff who refuse to enforce upfront payment?

Senior clinicians would complete a decision to treat form which is copied to the Clinical Directors and Divisional Directors, for review of the decision made by the clinician. Ultimately, the decision to treat is the medic's responsibility based upon medical need as per the Department of Health Guidelines.

10. What is the Trust's policy on identifying which patients need to be asked for proof of residency in relation to upfront charging, and what form does that proof take?

All patients commencing a new course of treatment should be asked the baseline question by frontline staff as per the Department of Health Guidelines, then if applicable an NHS eligibility form should be completed by the patient and evidence of residency is provided. If the evidence is not available, the patient should provide the information direct to the Finance Staff. A clinical decision is made by the medic if to treat immediately or wait for confirmation if eligible or not for NHS treatment.

Please note that due to the election and Parliament being dissolved there is no definitive date for the changes to the new NHS (Charges to Overseas Visitors) Regulations to be implemented, therefore, the existing Regulations remain in force.