

Freedom of Information request 014537
14/1/19

This is a request for information made pursuant to section 1 of the Freedom of Information Act 2000. This request seeks information about decisions made under the National Health Service (Charges to Overseas Visitors) Regulations 2015 (the '2015 Regulations'), amended most recently by the National Health Service (Charges to Overseas Visitors) (Amendment) Regulations 2017. The Department of Health and Social Care has published national guidance on the implementation of the same entitled "Guidance on implementing the overseas visitor charging regulations" (May 2018).

Trust policies on charging overseas visitors for NHS services

1. Please provide information as to whether the Trust has issued or adopted any local policies, instructions or guidance, published or unpublished, concerning the application of NHS Overseas Visitors Regulations 2015 (as amended) and/or the application of the national guidance from the DOHSC as described above.

a. If so, please provide a copy of the same.

The Trust follows the Department of Health Guidelines in respect of assessing whether patients are ordinarily resident in the UK. The guidance is available at www.gov.uk/government/publications/overseas-nhs-visitors-implementing

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 should be 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 to treat immediately or wait for confirmation if eligible or not, for NHS treatment. Maternity Care is not free but cannot be withheld whilst eligibility to free NHS treatment is established.

b. If not, please confirm that no such policies, instructions or guidance are held. Information specific to maternity services

2. Please provide information as to whether the Trust has issued or adopted any local policies, instructions or guidance to those providing maternity services within the Trust concerning the operation of Regulation 9 (f) (i) – (iv) of the NHS Overseas Visitors Charging Regulations, namely the exemption for "services provided for the treatment of a condition caused by (i) torture; (ii) female genital mutilation; (iii) domestic violence; or (iv) sexual violence, provided that the overseas visitor has not travelled to the United Kingdom for the purpose of seeking that treatment".

a. If so, please provide a copy of the same. - **See above 1a**

b. If not, please confirm that no such policies, instructions or guidance are held.

3. We further request a copy of any standard pro forma used at the a woman's first ante natal booking appointment with maternity services. - **NHS eligibility form attached for information**

4. Within maternity services provided by the Trust, for the years 2016 - 2017 (separately) what was the percentage of women attending their booking appointments at:

a. 10 weeks gestational age and over (total)

And of those:

- b. 10 weeks +1 day – 12 weeks +6 days
- c. 13-20 weeks
- d. Over 20 weeks

Gestation at Booking	2016	2017
>= 10+0	30.8%	28.2%

And of those:

- b. 10 weeks +1 day – 12 weeks +6 days
- c. 13-20 weeks
- d. Over 20 weeks

Gestation at Booking	2016		2017	
	% of all bookings	% of >= 10+0 bookings	% of all bookings	% of >= 10+0 bookings
10+0	2.1%	6.7%	1.8%	6.3%
10+1 - 12+6	19.4%	62.8%	17.3%	61.3%
13+0 - 20+0	5.4%	17.4%	5.4%	19.1%
>20+0	4.0%	13.1%	3.8%	13.4%

Most of our ladies seem to book around 8 weeks.

5. For the same period what percentage of the above women at 4 (a) - (d) were subject to charges for NHS maternity services?

	2016	2017
4a. >=10+0	2.6%	1.8%
4b. 10+1 - 12+6	2.2%	1.7%
4c. 13+0 - 20+0	3.1%	1.4%
4d. >20+0	4.6%	3.4%

6. For the same period what percentage of the women at 4 (a) were deemed to be a 'high risk' pregnancy in accordance with NICE guidelines?

"High risk" defined as those ladies who were booked under consultant-led care:

	2016	2017
4a. >=10+0	67.6%	71.9%

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and Social Care has published national guidance on the implementation of the same entitled "Guidance on implementing the overseas visitor charging regulations" (May 2018).

Please provide the following information: Exemptions from charging for overseas visitors

1. For the years 2016 and 2017 (separately) the number of individuals who were deemed exempt from charges for NHS services (including those who were deemed exempt at a later point pursuant to Regulation 6A of the 2015 Regulations) provided pursuant to:

- a. Regulation 9 (f) of the 2015 Regulations in total
- b. Regulation 9 (f) (i) (torture)
- c. Regulation 9 (f) (ii) (female genital mutilation)
- d. Regulation 9 (f) (iii) (domestic violence)
- e. Regulation 9 (f) (iv) (sexual violence)

None

2. For the years 2016 and 2017 (separately) the number of individuals deemed exempt from charges pursuant to:

- a. Regulation 10 (2) of the 2015 Regulations in total
- b. Regulation 10 (2) (a) (IHS paid) - **2016 70 individuals and 2017 85 individuals**
- c. Regulation 10 (2) (b) (an exemption from the IHS applies)
- d. Regulation 10 (2) (c) (a reduction or waiver from the IHS applies)
- e. Regulation 10 (2) (d) (a partial refund of the IHS has been made)

3. For the years 2016 and 2017 (separately) the number of individuals deemed exempt from charges pursuant to 10 (2) of the 2015 Regulations for whom the relevant period is:

- a. As defined under Regulation 10 (1) (a) (the period of leave granted) - **2016 70 individuals and 2017 85 individuals**
- b. As defined under Regulation 10 (1) (b) (extension of leave provisions)

4. For the years 2016 and 2017 (separately) the number of individuals deemed exempt (including those who were deemed exempt at a later point pursuant to Regulation 6 of the 2015 Regulations) from charges pursuant to:

- a. Regulation 15 of the 2015 Regulations in total
- b. Regulation 15 (a) and (aa) (those granted asylum and humanitarian protection and their dependents)
- c. Regulation 15 (b) and (ba) (those who have applied for asylum or humanitarian protection and their dependents)
- d. Regulation 15 (c) (those supported under s.95 Immigration and Asylum Act 1999)
- e. Regulation 15 (d) (i) (those supported under s.4 (2) Immigration and Asylum Act 1999)
- f. Regulation 15 (d) (iii) (those supported under Part 1 of the Care Act)
- g. Regulation 15 (e) (a child looked after by the local authority)

No asylum seekers in 2016 or 2017

5. For the years 2016 and 2017 (separately) the number of individuals deemed exempt from charges pursuant to Regulation 16 (1) of the 2015 Regulations in total (please include those who were deemed exempt at a later point pursuant to Regulation 6).

NHS Debts for charges for overseas visitors

Total for the years requested is 3

6. For the years 2016 and 2017 (separately) the number of invoices for NHS debts for overseas visitors' charges which have been written off for accounting purposes. - **Information extracted from Trust Year end accounts**

Financial Year April 16 to March 17	25 invoices
Financial year April 17 to March 18	25 invoices

6. For the years 2016 and 2017 (separately) the number of invoices for NHS debts for overseas visitors' charges which have been written off for accounting purposes. - **Information extracted from Trust Year end accounts**

Financial Year April 16 to March 17 25 invoices
 Financial year April 17 to March 18 25 invoices

7. For the years 2016 and 2017 (separately) what was the total sum of the debt for overseas visitors' charges that was written off for accounting purposes for each year within the Trust (at the rate charged to the Trust, that is, 75%)? - **Information extracted from Trust Year end accounts**

Financial Year April 16 to March 17 £53,670
 Financial year April 17 to March 18 £37,584

8. Of the debts written off for accounting purposes at question 6 above, what was the average debt?

Financial Year April 16 to March 17 £2,150
 Financial year April 17 to March 18 £1,500

APPENDIX 1: NHS ELIGIBILITY FORM



NHS Eligibility Form

<p>Why have I been asked to complete this form? NHS Hospital Treatment is not free to all. On behalf of the Home Office, 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 or guardian should complete this form on behalf of a child (up to 18 years old). Please complete all sections unless instructed not to. You must read and sign the declaration at the end of the form.</p>											
First name/given name:			Date of birth:			D	M	A	P	H	Y
Do you live in England?		Yes	No	Will you return to live in your home country?		Yes	No				
Address in England:						If Yes, When?					
						D	M	A	P	H	Y
Postcode:						Address OUTSIDE England:					
Telephone Number:			Postcode:								
Mobile Number:			Country:								
Email:			Contact Telephone:								
Nationality:			Name and address of Employer (UK or Overseas):								
Ethnicity:											
NHS number:											
Hospital Unit Number:(if known)			Country:								
			Employer Telephone:								

2. YOUR STAY IN ENGLAND – you may be required to provide further documentation			
Please tell us about the purpose of your stay in England (tick all that apply):			
I have lived here since birth	On business	Holiday/visit friends or family	
To work	To study	To seek asylum	
I am married and have indefinite leave to remain in the UK	English student visiting family		
Other –	Please state:		
How many months have you spent OUTSIDE England in the last 12 months? (tick all that apply)			
None	Up to 3 Months	3 – 6 Months	Over 6 Months
Please indicate the reason for the absence you have shown above (tick all that apply)			
I live in another country/Wales/Scotland/Northern Ireland (Please circle those applicable)	Holiday/visit friends or family		
I frequently commute (business/second home overseas)	To work	To study	
HM Forces	Other	Please State:	
3. OFFICIAL DOCUMENTATION			
Do you have a current United Kingdom Passport	Yes	No-Please see 3A	Passport Expiry Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Passport No (as specified on your passport)			Date of Entry into UK: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Country of Issue			
If you are a visitor to the UK or here on VISA Please state which of the following documents you currently hold (tick all that apply):			
Current non-EU passport with valid Entry visa		Current European Union Passport (Go to Question 5)	
Student Visa		Visa No:	
Visit Visa		Visa Expiry Date:	
Visa Immigration Surcharge Paid			
Asylum Registration Card		ARC No:	
Other – Please State		BRP No:	
3 A If you do not have any of the above documents please circle two of the following that you have and would be able to show on request: - Driving Licence Photocard, Original Birth Certificate, a Paid utility for the past 6 months, National Insurance Card, an Original Marriage Certificate converted to English by an approved agency			

4. EUROPEAN IDENTITY CARD – Please enter the data from your card below:			
Surname:			First Name (forename):
Identity Number:			Place of Issue:
Date of Issue	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Place of Residence	
5. 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 for your EHIC Below
	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.		D E T A I L S
	3		
	4		
	5	6	
	7		
	8	9	
6. STUDENT DETAILS			
Name and address of College/University:	College/University Telephone No:		
	Student Reference Number:		
	Full or Part Time Course:		
Course dates From:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	To:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
7. GP DETAILS			
GP/Surgery Name:	Address of GP Surgery		
GP Telephone:			
8. INTERPRETER			
Do you require an interpreter or use of British sign language?	Yes	No	

9. DECLARATION:

Please do not send any original documents through the post. We will not accept any liability.

Our 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 the purposes including national security, investigation and prosecution of crime and collection of fines and civil penalties.

If you are chargeable and fail to pay for NHS treatment, your care and or treatment may be suspended or cease, it may also result in any 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.

DECLARATION:

- I have read and understood the reasons I have been asked to complete this form
- I understand that I am entitled to free emergency NHS care as a visitor and any other incurred costs passed stabilisation will be chargeable as instructed by Dudley Group Hospitals.
- I agree to be contacted and interviewed by the Trust to confirm my details at any time.
- It is my responsibility to provide adequate documentation, and I understand I will be charged for any NHS care or Treatment until I am able to provide the appropriate documentation.
- If I have travel insurance, I understand that I will be liable for NHS charges and I am responsible for reclaiming any costs back from my Insurance Company.
- I understand that the relevant official bodies may be contacted to verify any statements 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 hospitals local counter fraud specialist and recovering any monies due.

Signed:		Date:	D	D	M	M	Y	Y
Print name:		Relationship to patient:						
On behalf of:								