

Ref. No: 1783
Date: 27th May 2025
Subject: NHS Surcharge

REQUEST

1a. A copy of any policies, standard operating procedure or guidance that sets out how the Trust identifies who qualifies as a foreign national or overseas visitor required to pay the Immigration Health Surcharge (IHS).

Trust policy extracts pertaining to the above request have been inserted below for ease of reading.

6.31.4

Any patient who is suspected of being an overseas patient should be identified to the Overseas Co-ordinator via e-mail/telephone and asked to complete a 'Confidential Overseas Patient registration' form (OP1). During out of hour admissions this should be carried out by a senior ward staff member or an Operational Services Manager pending an interview with the Overseas Co-ordinator.

6.31.5

It is the responsibility of 'all' staff to ensure that a patient's status is recorded correctly. In order to identify a possible overseas visitor a baseline question must be asked every time a patient starts a new course of treatment by asking "Where have you lived in the last twelve months?" If a patient has not lived at the address for a minimum of 12 months, it becomes necessary to ask a further question. "Where did you live prior to this address?"

6.31.6

If the previous address is outside the UK, then there is a possibility that the patient may be an overseas visitor.

6.31.7

It is then necessary to ask the patient to complete the 'Confidential Overseas Patient registration' Form (OP1).

6.31.8

The member of staff booking the patient on PAS should ensure that a patient's 'home' country address and their temporary local address are recorded. If this information is omitted, it has a detrimental effect when the Trust comes to collect monies owed.

6.31.9

The Overseas Co-ordinator should, on receiving notification of their potential overseas status, go to the ward and meet with the patient to conduct a patient interview.

6.31.10

Following the patient interview the information obtained will be recorded on the 'Overseas Visitor Information' form (OP2) by the Overseas Co-ordinator. The patient's status should be correctly amended on PAS.

6.31.11

The onus is on the patient to provide whatever evidence is appropriate to the claim. Examples of evidence are listed in chapter six of the Regulations. The given examples are only a guide, patients may provide other evidence which is equally valid, and a degree of flexibility must be shown.

6.31.12

Interviewers can ask to see passports or visa entry documents, such as work permit/student visa, where appropriate.

6.31.13

Questions relating to immigration status should be avoided unless strictly relevant.

6.31.14

Pension details, letters from employers or colleges may be provided to support a claim. When evidence is not to hand the interviewer may accept evidence from other third-party sources e.g. letters from solicitors. In some cases, interviewers may accept the word of a patient without supporting evidence.

6.31.15

The level of acceptable evidence should take into account the individual patient's circumstances, providing the trust can demonstrate, if need be, that it has acted reasonably in all cases.

6.31.16

Refer to Appendix B – detailed regulations.

1b. Please provide the results of the last audit of this policy and compliance levels with it. If such an audit has not been conducted within the last five years, please say so.

No audit was conducted during the COVID 19 pandemic period, and no further audit has been undertaken during the 18 months prior to the consolidation of Southport and Ormskirk NHS Hospitals Trust and St Helens and Knowsley Teaching Hospitals NHS Trust, or since both Trusts have come together under the banner of Mersey and West Lancashire Teaching Hospitals NHS Trust.

2. A copy of any policies that set out what steps are taken if a patient, eligible to pay the Immigration Health Surcharge (IHS), seeks to access (or in fact has already accessed) services provided by the Trust for which payment would be owed.

Trust policy extracts pertaining to the above request have been inserted below for ease of reading.

6.31.17

Once the patient has been identified as being a fee-paying overseas patient, the Overseas Co-ordinator must ask that the patient complete an 'Overseas Undertaking to pay' form (OP3) and obtain any insurance details. If they have no insurance, they must pay a deposit equivalent to the total value of treatment likely to be received. If the actual treatment received exceeds the amount paid, the patient will be billed for the difference. Similarly, where the amount paid is greater than the actual cost of the treatment received the patient will be refunded the balance.

6.31.18

Patients charged under the regulations are NHS CHARGED PATIENTS. They should not be confused with private patients. Unlike private patients they are liable to pay for their treatment even an undertaking to pay has not been obtained.

3a. A copy of any policies, standard operating procedure or guidance which set out the steps taken to invoice a foreign national for any episode of care delivered by the Trust which was not billed/ invoiced for prior to the episode of care being delivered.

Trust policy extracts pertaining to the above request have been inserted below for ease of reading.

6.31.19

In case where these patients travel without insurance, and it is unfortunate, but the Trust will be unwilling to treat them if the treatment required is not immediate and necessary without either proof of insurance (in which case any treatment must be pre-authorised) or the payment of a deposit equal to the value of the expected total cost of the treatment to be received.

6.31.20

The treatment of NHS Charged patients is subject to the same clinical priority as other NHS patients. The beds they occupy are not pay beds and consultants cannot charge for their services.

6.31.21

The onus will be on the patient to prove that they have lived in this country legally, not for the Trust to disprove it. If any information provided seems flawed in any way, unless the patient can provide evidence to support their claim they will be refused NHS treatment.

6.31.22

At present the Trust charges overseas patients in line with the national tariff and relating HRG code, there is no common cost. Only once a diagnosis has been given will an estimated tariff be able to be provided. Costing information must only be provided through the Overseas Co-ordinator or a delegated member of the finance team.

6.31.23

Under the non-contract activity guidance, the Trust should invoice the host ICB for all overseas patient activity (except where the patient has been charged). This applies whether the treatment was covered by an EHIC/GHIC or was provided free because the patient or treatment was charge exempt in some other way.

6.31.24

The patient is solely liable for the debt, therefore when a patient dies without making or completing payment no-one else becomes liable for the debt. Repayment should be sought from the patient's estate if possible but otherwise the debt will need to be written off. An offer from another person to meet the debt can be accepted but should not be actively sought. It is not acceptable to pursue the relatives of a deceased patient for recovery of a debt for which they have no legal liability.

6.31.25

Where a baby is born in hospital mother and child are charged as single patients. If one of them is transferred to another department, for example neo-natal care, the charges will continue to accumulate to recover the costs of treating both of them. If one is discharged and the other remains in hospital the charges will continue to accumulate to recover the costs of both of treating the one remaining. If one of them is transferred to another hospital, then that hospital will be responsible for recovering the costs of any treatment they provide. In this case two bills will be issued.

3b. A copy of any policies, standard operating procedure or guidance that set out the steps the Trust takes to collect unpaid debts where an episode / episode of care have been provided to a foreign national.



debt_management_
policy.pdf

3c. Data which sets out the total amount (in GBP) for each of the last 3 calendar years that has been collected for the provision of any episode of care for a foreign national (i.e. any individual who is not entitled to that care free at the point of use).

i. Collected by the Trust

Under section 12 of the Freedom of Information Act Mersey and West Lancashire Trust does not have to comply with a request if we estimate that the cost of complying with the request would exceed the appropriate cost limit of £450. The appropriate limit has been specified in the Freedom of Information (Appropriate Limit and Fees) Regulations 2004 associated with the Act. The £450 cost limit represents the estimated cost of one person spending 18 hours answering the questions asked.

ii. Collected by a third party

The above applies to this too

iii. That the Trust has written off

Under section 12 of the Freedom of Information Act Mersey and West Lancashire Trust does not have to comply with a request if we estimate that the cost of complying with the request would exceed the appropriate cost limit of £450. The appropriate limit has been specified in the Freedom of Information (Appropriate Limit and Fees) Regulations 2004 associated with the Act. The £450 cost limit represents the estimated cost of one person spending 18 hours answering the questions asked.

3d. The total amount (in GBP) which remains uncollected by the Trust for the provision of any episode of care for a foreign national.

Under section 12 of the Freedom of Information Act Mersey and West Lancashire Trust does not have to comply with a request if we estimate that the cost of complying with the request would exceed the appropriate cost limit of £450. The appropriate limit has been specified in the Freedom of Information (Appropriate Limit and Fees) Regulations 2004 associated with the Act. The £450 cost limit represents the estimated cost of one person spending 18 hours answering the questions asked.