

SOP18

Overseas Visitors Procedure

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1.0 Procedure Statement

The purpose of this procedure is to advise Trust staff of the Government regulations regarding overseas patients and the actions to take when a patient is identified as being an overseas visitor.

An overseas visitor can be defined as any person of any nationality who is not ordinarily resident in the UK.

Any suspicions of false representations/declarations or false ID documents should be reported to the Local Counter Fraud Specialist (LCFS)

The associated Department of Health (DoH) paper is:

- [Guidance on implementing the overseas visitor charging regulations Dec 2024.](#)

Information within this procedure and the definitions used are extracted from the above DoH papers.

2.0 Accountabilities

- 2.1 The Chief Executive of The Royal Wolverhampton NHS Trust, supported by the Trust Board, accepts responsibility for the implementation of this procedure. Trust Directors, Divisional Managers, Directorate Managers and Specialty General Managers have the responsibility for ensuring full compliance within their respective areas.
- 2.2 The Directorate Manager Patient Services will advise staff of any new procedures to follow or updated regulations from the department of health.
- 2.3 All staff within the Trust have a responsibility to inform the Overseas Visitors Team of any patient who may fall within the overseas visitor category. Any staff that have been found to have colluded with an overseas visitor to obtain free NHS treatment that they are not entitled to receive, will be subject to a disciplinary offence and could also be considered fraudulent.

3.0 Procedure Detail

- 3.1 The NHS is intended primarily for the benefit of those who live in the United Kingdom. Since 1989, regulations have been in force which place a legal duty on NHS Trusts to identify and charge people who are not entitled to free NHS hospital treatment because they are overseas visitors or no longer reside in the UK.
- 3.2 Patients who are overseas visitors who are not entitled to free NHS hospital treatment must be identified at the earliest possible opportunity prior to treatment and payment must be received prior to treatment taking place. However, immediately necessary or urgent treatment that cannot wait until the patient returns home must not be withheld or delayed if the patient does not pay in advance. The patient will still be required to pay for the treatment.
- 3.3 All Trusts have a legal obligation to:
 1. Ensure that patients who are not ordinarily resident in the United Kingdom are identified – ‘An ordinary resident broadly means, living lawfully in the United Kingdom voluntarily and for settled purposes as part of the regular order of their life for the time being, whether of short or long duration’.
 2. Assess liability for charges in accordance with the charging regulations;
 3. Charge those liable to pay in accordance with the regulations;

4. Report all overseas patient treatment carried out using a valid GHIC/EHIC/PRC/S2 by using the OHS portal, which can be accessed at <http://services.nhsbsa.nhs.uk/ovt/Pages/>;
 5. Any countries with which the UK has reciprocal agreements are to be claimed from the Host ICB as non-contract activity. This activity **does not** need to be submitted via the web portal to Department of Work and Pensions (DWP) OHT.
- 3.4 To establish whether a patient is liable for overseas visitors (OV) charges, baseline questions will need to be answered by the patient. These are included in the form OV1 ([Appendix 1](#)). All reception areas have notices displayed to inform patients of the necessity to ask baseline questions as outlined in ([Appendix 3](#)).
 - 3.5 Any patient attending the Emergency Department (ED) or a walk-in clinic is entitled to free emergency treatment, however if they are admitted to a ward, they will be liable for NHS Overseas Visitors charges if identified as chargeable. If they are referred for further outpatient treatment this will also be chargeable. Reception staff at ED or a walk-in clinic will ask the patient the baseline questions to establish whether the person is an overseas visitor and these will also be asked by ward receptionist/ nursing staff of the receiving ward. Some Communicable Infectious diseases are exempt from payment ([Appendix 7](#)).
 - 3.6 All new patients or patients with a new referral for treatment attending for outpatient appointments must be asked the baseline questions at all reception points throughout the Trust as set out in the regulations. Staff must follow the Trust procedures at all times. If there is any doubt whether the patient is liable, advice must be sought from the Overseas Visitors Team on extension **85546 or 85541**
 - 3.7 The Overseas Visitor Team produce a report each morning from NHS Spine which will identify any patients that have attended our Trust and whether they need further investigation into their eligible status. This is known as a MESH report.
 - 3.8 Where staff identify that a patient may be an overseas visitor an OV1 form needs to be completed ([Appendix 1](#)). Once completed the OV1 form **must** be sent to the Private Patients and Overseas Visitor Team via email rwh-tr.PrivatePatientsTeam@nhs.net.
 - 3.9 Flow charts [Appendix 4](#) and [Appendix 5](#) give more information on eligibility and status of overseas visitors.
 - 3.10 An Overseas Visitors Team member will visit any patient who has been identified as being an overseas visitor, and the patient, or their representative, will be informed if they are chargeable for treatment. The patient will then be provided with either a quotation for treatment ([Appendix 6](#)) that has not yet taken place or will receive an invoice if treatment has already taken place. Payment will be expected at the point the estimated costs are identified and there must be no further treatment before payment has been received (except in the circumstances outlined in 3.2). If a patient pays with a large amount of cash it may be relevant to report this to the Counter Fraud team. If the visitor has private insurance, they will have to take responsibility of claiming this themselves and they must be made aware that they must pay the invoice or quotation raised in full prior to treatment.
 - 3.11 Overseas visitors will also be informed that if patients fail to pay for NHS treatment for which charges have been levied, it may result in a future immigration application to enter or remain in the UK being denied. Necessary personal information may be passed via the DOH to the UK Border Agency for this purpose, (this action is GDPR exempt).
 - 3.12 Where a patient has been identified as being an overseas visitor, clinical staff will be sent

or given a form ([Appendix 2](#)) to complete, as per the Government regulations. The form must be completed, signed and returned to the Overseas Visitors Team via email or post.

Overseas visitors must not be put on a waiting list for further treatment unless they have paid for their treatment in advance or it is lifesaving treatment and Appendix 2 has been signed with this stated by a clinician.

- 3.13 The patient computer system will be updated with an overseas status once the Overseas Visitors team have concluded their investigations with official sources. A red flag will be added to any patient that is liable for charges so that they are identified easily by all staff. The patient's health record must also be updated with the current details regarding the overseas status at every new appointment visit.
- 3.14 Where a patient has provided false details, the matter will be referred to the Trusts Local Counter Fraud Specialist (LCFS) for further investigation. Anyone who has suspicions of fraudulent activity in relation to the management of overseas patients is encouraged to report these to the Overseas Visitors team or the LCFS.
- 3.15 Every effort will be made by the Trust to recover from each patient the charges owed by them. The Trust will endeavor to maximise recovery using the resources of its dedicated Overseas and Credit Control teams and where appropriate, will engage specialist debt collection agencies.

4.0 Equipment Required

No equipment required

5.0 Training

- 5.1 Training will be given on PAS and any other computer systems that require staff to record Overseas Status.
- 5.2 Frontline staff will be given the opportunity to attend violence and aggression training, where required, to help them to be better equipped in dealing with patients regarding this sensitive issue.
- 5.3 Frontline staff will be given training on the process to follow with every patient that attends the clinic reception and be given the Overseas Visitor Procedure as part of their training.

6.0 Financial Risk Assessment

1	Does the implementation of this policy require any additional Capital resources?	No
2	Does the implementation of this policy require additional revenue resources?	No
3	Does the implementation of this policy require additional manpower?	No
4	Does the implementation of this policy release any manpower costs through a change in practice?	No

5	Are there additional staff training costs associated with implementing this policy which cannot be delivered through current training programmes or allocated training times for staff.	No
6	Other comments	None

7.0 Equality Impact Assessment

This Policy has been assessed as not affecting the equality and diversity of any one particular group of stakeholders.

8.0 Maintenance

This procedure will be monitored by the Chief Operating Officer and disseminated to the appropriate staff.

9.0 Communication

In order to enforce this responsibility all trusts will need to have systems in place with staff that have the appropriate skills to:

1. Ensure that all those patients who are not ordinarily resident are identified;
2. Interview non-ordinarily resident patients to establish whether they are exempt from charges or liable for charges;
3. Charge for treatment prices set by the DOH;
4. Recover charges owed;
5. Inform the Department of Health and the Nationwide Clearing Service.

9.1 The trust will provide written information on how to deal with overseas visitors for all new members of staff including medical staff at their Trust induction.

9.2 The procedure will be included in Local Induction for Clinical and Other Staff

10.0 Audit Process

Criterion	Lead	Monitoring method	Frequency	Committee/ Group
Forms completed by clinicians	Overseas Administrator	Individual checks on all Overseas Visitor paperwork	Monthly	Directorate Management Meetings
Income recovery	Finance Team	Report on income received	Monthly	Audit Committee
Numbers of patients identified.	Patient Services Manager	Database and flags on patient record	Whenever needed	Directorate Management Teams.

11 References

The associated Department of Health (DOH) papers are:-

- Guidance on implementing the overseas visitor charging regulations Dec 2024. <https://www.gov.uk/government/publications/nhs-cost-recovery-overseas-visitors/charging-overseas-visitors-in-england-guidance-for-providers-of-nhs-services>
- Related Trust documents to be used in conjunction with SOP18 are:-
- GP02 - Anti Fraud and Anti Bribery Policy
- HR03 - Disciplinary Policy
- HR16 - Freedom to Speak up Policy
- OP39 - Patient Access Policy
- SOP19 - Private Patient Procedure

12. Appendices

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<p>Procedure Name</p> <p>SOP18 Overseas Visitors Procedure</p>	<p>Version: 8.0</p> <p>April 2025</p>		<p>Status: Final</p>	<p>Author: Directorate Manager/ Financial Controller</p> <p>Director Sponsor: Managing Director</p>
<p>Version / Amendment History</p>	<p>Version</p>	<p>Date</p>	<p>Author</p>	<p>Reason</p>
	<p>1</p>	<p>September 2005</p>	<p>Lynne Graff</p>	<p>Introduction</p>
	<p>2</p>	<p>September 2009</p>	<p>Elaine Roberts</p>	<p>Review</p>
	<p>3</p>	<p>October 2012</p>	<p>Elaine Roberts/Matt West</p>	<p>Review</p>
	<p>4</p>	<p>August/ Sept 2015</p>	<p>Elaine Roberts/Matt West</p>	<p>Early review due to new Government regulations</p>
	<p>5</p>	<p>May 2017</p>	<p>Elaine Roberts/Emma Greybanks</p>	<p>Change from Policy to Procedure</p>
	<p>6</p>	<p>May 2019</p>	<p>Patient Services Manager</p>	<p>Review by Director of Finance – September 2019 – Pending full review</p>
	<p>6.1</p>	<p>August 2019</p>	<p>Patient Services Manager</p>	<p>Reviewed by Chief Operating Officer – extended to January 2020</p>
	<p>6.2</p>	<p>November 2019</p>	<p>Patient Services Manager</p>	<p>Reviewed by Chief Operating Officer – extended to April 2020</p>

6.3	April 2020	Directorate Manager Patient Services	Advice from Government since we came out of Europe is that all procedures and guidelines for Overseas visitors will stay the same until December 2020.
6.4	November 2020	Directorate Manager Patient Services	Extension approved until March 2021.
6.5	January 2021	Directorate Manager Patient Services	Extension approved until September 2021
7.0	December 2021	Directorate Manager Patient Services	Updated Procedure due to new government regulations
7.1	January 2025	Directorate Manager Patient Services	Extension
8.0	April 2025	Directorate Manager Patient Services	Normal Review

Intended Recipients: Medical and other staff involved in the admission of overseas visitors' patients

Consultation Group / Role Titles and Date: Government regulations change DEC 2024/ NHS England, Overseas Visitors Improvement Team/ NHS Cost Recovery – DHSC/ Overseas Department/Finance Dept – Financial Controller

Name and date of group where reviewed	Trust Policy Group April 2025
Name and date of final approval committee	Trust Policy Group April 2025
Date of Procedure issue	April 2025 v8.0
Review Date and Frequency	4 years April 2029

Training and Dissemination: Training given to all new staff via local induction, Overseas staff have more in-depth training via certain government training facilities	
Publishing Requirements: Can this document be published on the Trust's public page: Yes	
To be read in conjunction with: <ul style="list-style-type: none"> • Guidance on implementing the overseas visitor charging regulations Dec 2024. https://www.gov.uk/government/publications/nhs-cost-recovery-overseas-visitors/charging-overseas-visitors-in-england-guidance-for-providers-of-nhs-services • GP02 Anti-Fraud and Anti Bribery Policy • HR03 – Disciplinary Policy • HR16 – Freedom to Speak up Policy • OP39 – Patient Access Policy • SOP19 – Private Patient Procedure 	
Initial Equality Impact Assessment: Completed Yes Full Equality Impact assessment (as required): Completed Yes	
Contact for Review	Directorate Manager Patient Services/Financial Controller
Monitoring arrangements	Patient Services Management Group. Finance & Performance Committee
Document summary/key issues covered. Process to follow for Trust staff when an overseas visitor attends for treatment. Legal requirement for all staff to follow	
Key words for intranet searching purposes	Overseas/ Patients/team

LIABILITY TO OVERSEAS PATIENT CHARGES

Patient's Name	
UK Address	
Overseas Address	
Hospital Number	
Date of Birth	

Suspensions of false statements regarding status will be investigated

QUESTIONNAIRE FOR STAGE 1

Q1	Are you a UK/EEA/Swiss national or do you have a valid visa or leave to enter/remain in the UK?
	Yes <input type="checkbox"/> No <input type="checkbox"/>
Q2	Which countries have you lived in during the last year?
Q3	On what date did you arrive in the UK?

Please refer all Overseas Visitors to the Overseas Visitors Team on the contact details below:

☎ 01902 695541 | ☎ 01902 695546

✉ rwh-tr.PrivatePatientsTeam@nhs.net

This form will be kept the Overseas Visitors Team and destroyed in line with Trust Policy.

Appendix 2 - [Example Request for Advice from Doctors / Dentists]

Dear

Re: Overseas Visitor

Name of Patient	
Date of Birth	
Hospital Number	

This patient is an overseas visitor as defined in the National Health Services (Charges to Overseas Visitors) Regulations 2011. Having interviewed the patient, we found him/her to be liable for charges as an overseas visitor.

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.

This patient is likely to return home on or around >	
<input type="checkbox"/>	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.
<input type="checkbox"/>	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.
<input type="checkbox"/>	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.
<input type="checkbox"/>	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 where possible. Debts should be written off as losses where unrecoverable.

Date:		Signed:		Doctor
Date:		Signed:		OV Team

¹Relevant NHS bodies are NHS Trusts, NHS Foundation Trusts, Primary Care Trusts, Strategic Health Authorities and Special Health Authorities

IMPORTANT PATIENT INFORMATION

Hospital treatment is free to people who live in the United Kingdom (UK). If you do not normally live here, then you may be asked to pay for any treatment you might need. This is regardless of whether you are a British citizen or have lived or worked here in the past.

To ensure that this policy is effectively managed you will be asked by the reception to confirm you have been in the UK twelve months immediately prior to treatment.

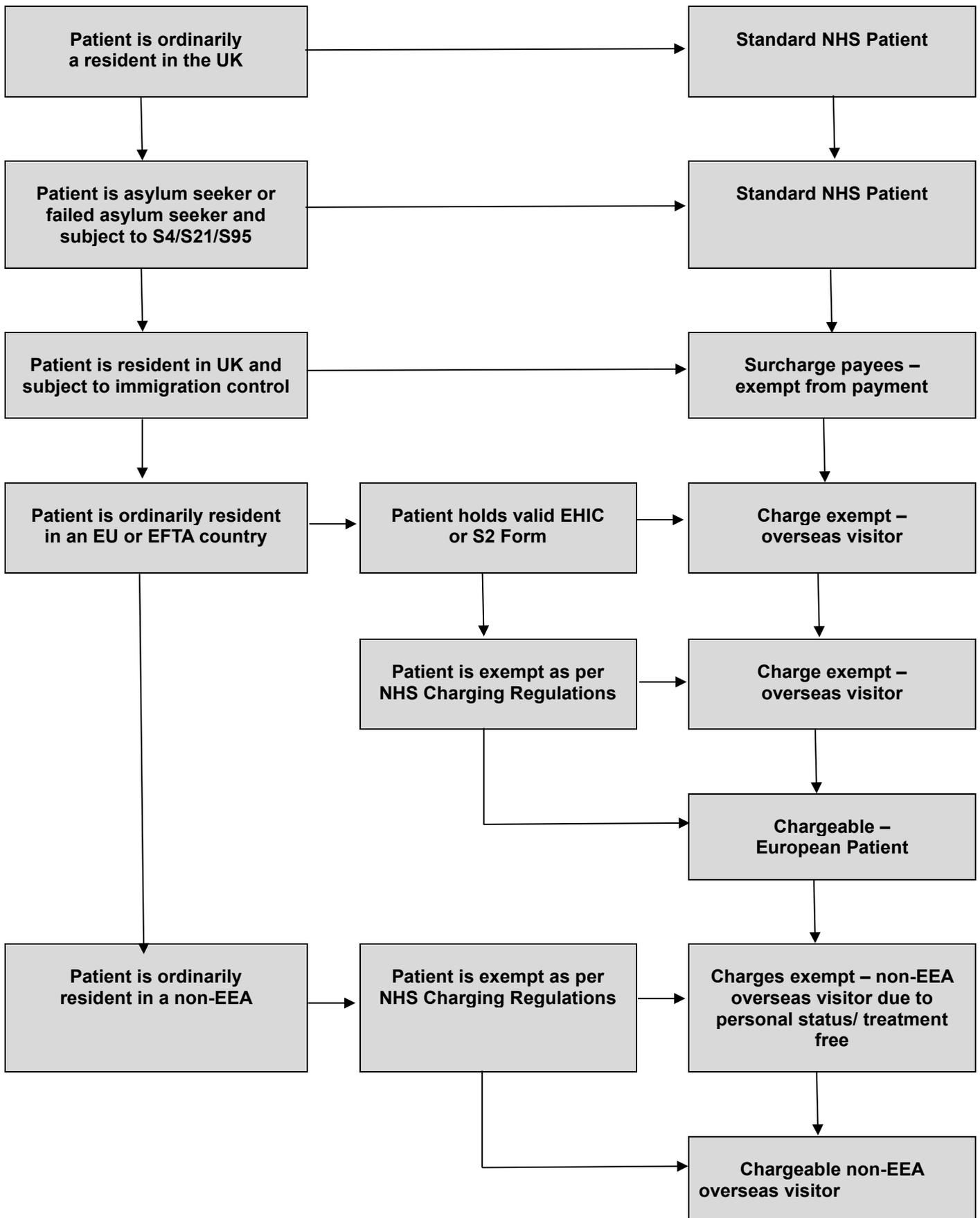
To gain the information required to progress your treatment our staff need to check your status, so please do not be offended by their questions.

If you have any concerns, please contact Patient Relations Team:

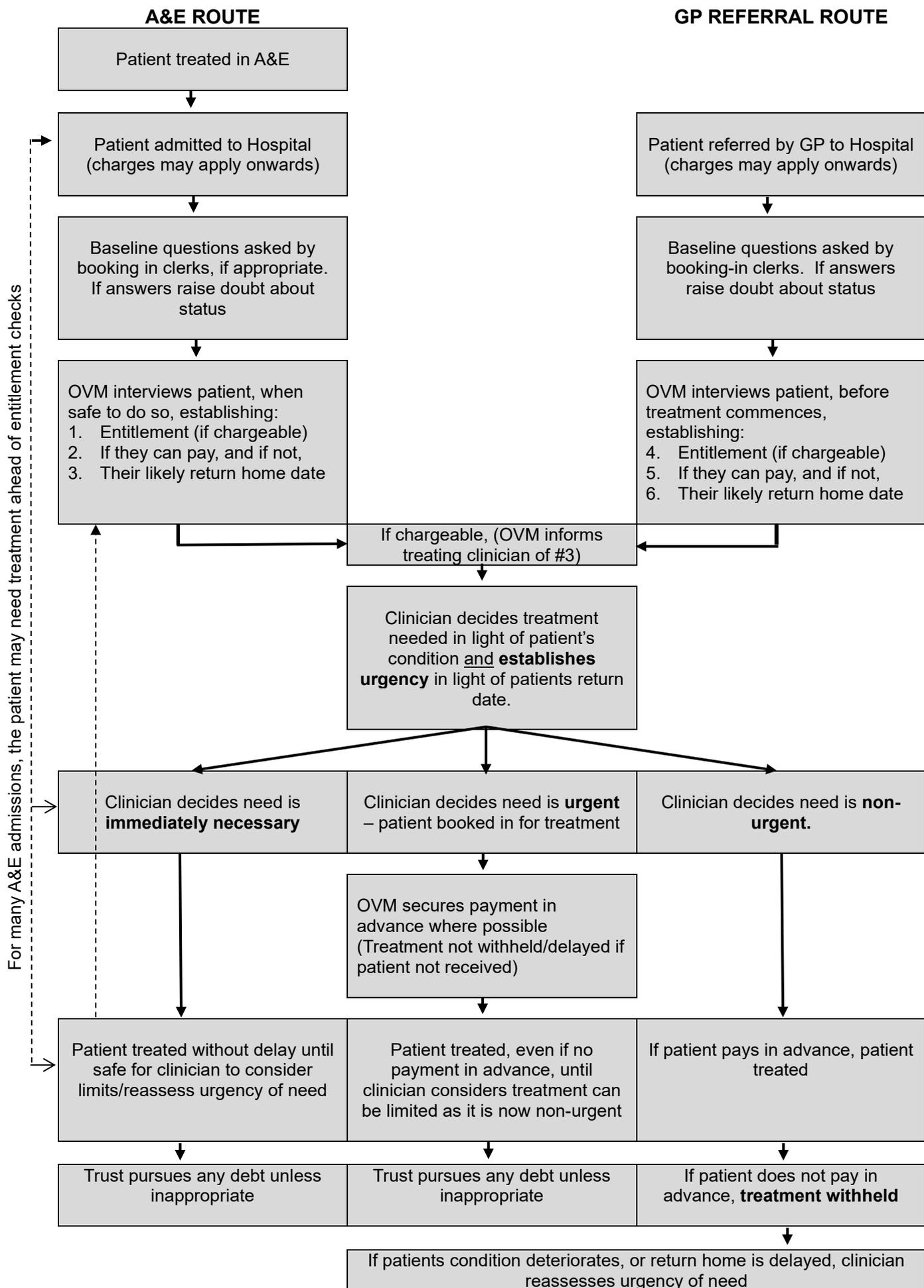
☎: 01902 695362 ✉: rwh-tr.PALS@nhs.net

Suspensions of false statements regarding status will be investigated

WHY IS THE PATIENT IN THE UK?



REFERRAL ROUTE



QUOTATION FOR CARE

Prepared on / By			
Patient's Name			
Date of Birth			
UK Address			
Overseas Address			
Ward / Area		Admission Date	
		Discharge Date	
Minimum Amount Required	£		

The above quotation is based upon projections of care: if there are any complications with the patient or after delivery of a child, or the child requires further treatment, I understand that there will be an additional charge.

I shall pay The Royal Wolverhampton NHS Trust for the full amount of the cost of care using the most appropriate method to the Trust (credit/debit card, cash, cheque + guarantee card to the limit, bankers draft).

I understand that if I leave the UK without paying, that The Royal Wolverhampton NHS Trust shall make reasonable efforts to recover the debt using an international debt collection agency.

Any non-payment of the debt may have further implications on any future entry requirements into the UK.

I have read the quotation and the statement, and I understand and agree the terms quoted.

Signed (patient)		Date	
Signed (on behalf of RWHT)		Date	

Please refer all Overseas Visitors to the Overseas Visitors Team on the contact details below:

☎ 01902 695541 | ☎ 01902 695541

✉ rwh-tr.PrivatePatientsTeam@nhs.net

This form will be kept the Overseas Visitors Team and destroyed in line with Trust policy.

EXEMPT INFECTIOUS DISEASES – OVERSEAS VISITORS

Certain diseases are exempt for Overseas Visitors where treatment is necessary to protect the wider public health. This exemption from charge will apply to the diagnosis even if the outcome is a negative result. It will also apply to the treatment necessary for the suspected disease up to the point it is negatively diagnosed. It does not apply to any secondary illness that may be present even if treatment is necessary to successfully treat the exempted disease. These diseases are defined in the Department of Health Guidance on Implementing the Overseas Visitors Hospital Charging Regulations (2015).

- Acute Encephalitis
- Acute Poliomyelitis
- Amoebic dysentery
- Anthrax
- Botulism
- Cholera
- Diphtheria
- Enteric Fever (typhoid and paratyphoid)
- Food Poisoning
- Haemolytic Uraemic Syndrome (HUS)
- Human Immunodeficiency Virus (HIV)
- Infectious Bloody Diarrhoea
- Invasive Group-A Streptococcal Disease and Scarlet Fever
- Invasive Meningococcal Disease
- Legionnaires Disease
- Leprosy
- Leptospirosis
- Malaria
- Measles
- Mumps
- Pandemic Influenza (defined as 'phase 6' or influenza that might become pandemic defined as phase' 4 or 5')
- Plague
- Rabies
- Rubella
- Severe Acute Respiratory Syndrome (SARS)
- Smallpox
- Tetanus
- Tuberculosis
- Typhus
- Viral Haemorrhagic Fever
- Viral Hepatitis
- Whooping Cough
- Yellow Fever

Treatment for all sexually transmitted diseases including HIV treatment and family planning services (Termination of pregnancy is not a method of contraception).

The exemption for victims of violence covers the treatment of conditions directly attributable to certain types of violence:

- Torture
- Female Genital Mutilation
- Domestic Violence
- Sexual Violence

Patients detained under the Mental Health Act 1983.