

Patient Registration Policy

Author:	Health Records Service Manager
Responsible Lead Executive Director:	Deputy Director of Acute Services
Endorsing Body:	Information Governance Committee
Governance or Assurance Committee	Healthcare Quality Assurance & Improvement Committee
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Responsible Person	Deputy Director of Hospital Services

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CONSULTATION AND DISTRIBUTION RECORD	
Contributing Author/Authors	Deputy Director of Hospital Service (UHH) Deputy Director of Acute Services Health Records Service Manager Access Support Manager
Consultation Process/Stakeholders:	Access Team Health Records Hospital Management Team Finance Internal Audit
Distribution:	All front-facing NHS Lanarkshire staff who may come into contact with Overseas Visitors All GPs, dental practitioners, optometrists, ophthalmic medical practitioners and community pharmacists contracted to NHS Lanarkshire Board

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CHANGE RECORD			
Date	Author	Change	Version No.
October 2022	Health Records Service Manager	Extant policy brought forward into policy format and substantially edited	0.1
Jan 2023	Health Records Service Manager	Final	1.0

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1. INTRODUCTION

This policy sets out the principles under which NHSL identifies and charges for Overseas Visitors (including EU residents), based on CEL 09 (2010) Overseas Visitors – Overseas Visitors' Liability to Pay Charges for NHS Care and Services.

There is a legal obligation on the NHS to establish if people to whom they are providing NHS hospital services are not normally resident in the UK, establish if they are exempt from charges by virtue of the regulations and if they are not exempt, make and recover a charge from them to cover the full cost of their treatment.

NHSL accepts its legal obligation to:

- Ensure that patients who are not ordinarily resident in the United Kingdom are identified.
- Assess liability for charges in accordance with the Charging Regulations.
- Charge those liable to pay in accordance with the Regulations.

People who are not ordinary resident are not automatically entitled to use the NHS free of charge. A person **does not** become ordinary resident in the UK simply by: having British nationality; holding a British passport; being registered with a GP; having an NHS number; owning a property in the UK; or having paid (or currently paying) national insurance contributions or taxes in this country. This includes British Citizens who no longer live in the United Kingdom (ex-patriots).

Definition of non-NHSL patients:

NHS chargeable – these are patients who are not private, they may have been referred by a GP and have a NHS number but are not entitled to NHS treatment free at source because they are not ordinarily resident in the UK. They may choose to receive NHS treatment, but they will be charged.

Private Patient – is a person who chooses an individual consultant (or consultant team) or independent practitioner, to deliver their care and treatment. The private patient has a 'contract' with that consultant and will pay for all aspects of their care and treatment.

Overseas Patients (Fee Paying) – This relates to situations where patients are referred to NHSL from another healthcare system

Medico-legal/Category 2 -is the assessment of a person and provision of a report to a non NHS organisation and is usually conducted by a Consultant. This would exclude diagnosis and treatment, which would be private practice. The Consultant would be paid direct from the non-NHS organisation. NHSL will charge the Consultant for the use of its facilities.

Other Scottish Health Boards and cross border Health boards – this is where the individual receives treatment in NHSL but the cost of care should be borne by the resident Health Authority.

EHIC – patients from the EU/EEA who receive treatment should be notified as some treatment may incur a cost.

All staff must refrain from advising any patient that treatment is 'free', until the Stage II Officer has had the opportunity to assess the evidence of entitlement provided by the patient.

Establishing Entitlement to NHS Treatment Form

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The Application to register for NHS service and treatments form

The purpose of the form, is to capture information from the patient that may support their entitlement to hospital services free of charge, (for example their student or asylum details), as quickly as possible. The patient must complete the sections of the form that relate to their reason for attending an NHSL hospital and sign to say they understand the declaration contained in the form. Once completed, the form must be sent to the Stage II Officer. If the Stage II Officer requires further information they will contact the patient direct to request it. When the patient completes and signs, they give their consent to NHSL to contact other official bodies to verify information they have provided.

The form advises those patients who are visiting the UK from outside the EEA (usually on a 'Visitors Visa'), that if they incur charges for hospital services of over £1000, and the debt is outstanding for 3 months or more, it will be reported to the Home Office, and may affect future or current visa applications.

Being registered with a GP, having an NHS number, British Passport, does not give a person entitlement to hospital services free of charge.

When it is established, that the patient has no entitlement to NHS treatment free at source, invoices will be raised.

2. AIM, PURPOSE AND OUTCOMES

NHSL recognises that the NHS is for the benefit of people living in the United Kingdom and is therefore committed to fully implementing the regulations by:

- raising awareness amongst all staff
- providing information and training on how to identify and notify management of potential overseas visitors
- providing training for managers on how to interpret the guidelines

3. SCOPE

3.1 Who is the Policy intended to Benefit or Affect?

This policy applies to all staff who must:

- Clearly identify Overseas Visitors treated on NHSL premises as early as practicable in the course of treatment

3.2 Who are the Stakeholders?

The stakeholders are:

- All staff
- Service Managers who must follow up all potential overseas visitors and establish liability to pay before treatment is provided
- Finance who must make all reasonable attempts to recoup all funds

Roles and responsibilities are detailed elsewhere in the policy. All other stakeholders without specific roles and responsibilities must be aware of the main principles of the policy.

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4. PRINCIPAL CONTENT

4.1 Baseline Questioning (Stage I Officers)

In order to apply the regulations consistently and in order to avoid discrimination, it is recommended that **all** patients are asked the same baseline question at the point of entry for a new episode of care to NHSL which is:

“Have you lived in the UK for last 12 months’?”

Anyone who has lived lawfully in the UK for at least 12 months immediately preceding treatment is exempt from charges, so the baseline question continues to be based on this.

In all cases where the patient has not lived in the UK for 12 months, or there is an element of doubt arrangements should be made to alert a Stage II Officers to enable further questioning to be undertaken and entitlement to free treatment established. It is not intended that Stage I Officers should do anything other than ask the baseline question and alert Stage II Officers if necessary. There is no need for Stage I Officers at this stage asking supplementary questions or carrying out detailed investigations themselves.

New episodes of care are:

- Admission to a ward
- New appointment attendance
- Attendance at A&E

Overseas patients are to be registered with their overseas address as their main address, with any UK address added as the temporary address.

When staff have identified a potential overseas patient they must contact the Stage II Officers for their service.

4.2 Stage II Officers

- A stage II interview should be conducted at the earliest clinically safe opportunity. Registration details within PMS must be updated with overseas visitor and chargeable status, if appropriate. An administrative alert should also be applied to the patient’s record.
- Arrangements should be made for chargeable overseas visitors to sign an “Overseas Visitor Undertaking to Pay” form and the patient should be notified of charges (Appendix E). This form should then be passed to hospital administration and finance for appropriate processes to be put in place to ensure payment is obtained.
- Patients charged under the Regulations are NHS Charged Patients, and as such are liable to pay for their treatment even where an undertaking to pay has not been obtained. They are not private patients and professional services may not be charged in addition.

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- Before providing treatment for Overseas Visitors, clinicians will be required to notify the appropriate Stage II Officers to specify whether treatment is immediately necessary.
- Arrangements to track overseas patients through their current episode of care must be in place, this is of particular importance where the initial part of the patients' care is exempt from charges.
- Asylum Seekers are exempt from Overseas Visitor charges and must be treated as residents. Patients who are referred for a new episode of care or where the ongoing care is not clinically urgent should not receive care until payment for previous care have been fully receipted.
- **No power has been given, in the regulations or otherwise, for any person, including the Chief Executive, to waive charges which are due.**

5. ROLES AND RESPONSIBILITIES

5.1 Duties (Roles and responsibilities)

- The CMT is accountable to the Board for ensuring NHSL compliance with policy, ensuring that NHSL's statutory duty under the Overseas Visitors Charging legislation are met.
- Directorate Managers, Clinical Directors, and Heads of Departments are responsible to the CMT for ensuring policy implementation and that the relevant questions are asked of all patients and recorded accurately to ensure that NHSL does not discriminate against individuals and income is appropriately recovered.
- All staff are responsible for ensuring policy implementation and compliance in their area(s) also for ensuring accurate data is recorded
- All staff are responsible for complying with policy and ensuring the charging regime works effectively and patients are not discriminated against or appointments or treatments delayed.
- Staff will need to understand the principles of this policy, their roles and responsibility for compliance.

5.2 Administrative and Nursing/Clinical Staff (Stage I Officers):

- In order to ensure that no patients are discriminated against NHSL staff must, as part of the registration process, ask the patient 'have you lived in the United Kingdom for the last 12 months?'. The answer must be recorded in Trakcare under the appropriate OSV fields. This question must be asked of all patients even if they have a CHI number and are registered with a General Practitioner, as their circumstance may have changed since their last visit. If it is a referral that is being added to the system, the staff member should select unable to validate and when the patient attends the system will be updated.
- If the patient answers 'no' to the question, 'have you been in the United Kingdom for the last 12 months?' then the staff member must give the patient an NHS

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Treatment Form to complete and sign. Once completed, this must be sent to the Stage II Officer. If staff are unable to give the patient the form, or if the patient is unable to complete it, they should email the information available to the Stage II Officer.

- If a patient has indicated that they are a visitor to the UK (either European Economic Area or non European Economic Area) or that they are on holiday, the overseas (home) address, if known, must be entered onto Trakcare as the permanent address and their UK address as the temporary residence.
- Patients with a non UK EHIC card: NHSL can claim back 25% of all treatment costs (excluding A&E only) for all patients covered by the EHIC scheme. An EHIC form is required to be completed for all EU visitors who are not exempt, this will include a copy of the patients EHIC Card and sent to Finance to be recorded in the Overseas Visitors Treatment system.
- If staff identify on or after admission that a patient may not be ordinarily resident in the UK, then they must ask the patient to complete an NHS Treatment Form and send the completed form with photocopies of any relevant documents that the patient offers, to the Stage II Officer.

5.3 Stage II Officers

- The patient is responsible for providing evidence that they are entitled to NHS treatment free at source, not for NHSL to prove they are chargeable.
- Once the patient has provided the required documentation and it has been reviewed by the Stage II Officers, the Stage II Officers will be able to establish entitlement and will inform the patient and relevant clinical staff as appropriate. Where treatment is to take place or has taken place the Stage II Officers will inform the patient of the costs and seek payment as soon as appropriate.
- The Stage II Officers will send the data to Finance so they can provide costs for the Invoice to be raised.
- In exceptional cases, (such as establishing when an asylum claim began and/ or ended) the Fraud Liaison Officer (FLO) can request limited details from the Home Office, using a specific secure email address.

5.4 Finance Department

The Finance Department are responsible for the issuing of invoices from the Information received from the stage 2 officer, processing payments and monitoring bad debt. They will also pursue the debt in accordance with NHSL's Standing Financial Instructions, appointing a debt collection agency if required.

5.5 The NHS Chief Executive

Will ensure that there is an effective policy relating to the identification and management of recovering fees for overseas visitors

5.6 Site Directors

Will ensure that all staff know their responsibility in the identification, reporting and completion of Stage II interviews by designated staff.

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5.7 Director of Finance

In addition to the above the DoF Will ensure that there is an effective procedure in place for recovery of all fees for overseas visitors and undertake notifications as required.

5.8 Specialty Service Managers

Will ensure that all Stage II Officers are trained in undertaking Stage II interviews.
Will ensure that patient alert management review is undertaken on regular basis.

5.9 Site Directors/Deputy Site Directors /Clinical Leads/Service Managers/Senior Nurses/Operational Service Managers/Directorate Support Managers/Health Records Managers

Are responsible for implementing the policy and ensuring compliance in identification to Stage II Officers

5.10 Medical Director/Nursing Director

Will ensure that all clinical staff are aware of the policy particularly in relation to the urgency of treatment

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6. EVIDENCE OF ENTITLEMENT

6.1 Residency and Entitlement on Same Basis as Persons Ordinarily Resident in UK

Where a person is claiming exemption from NHS charges, it is their responsibility to prove they are entitled to hospital services without charge. NHSL is entitled to ask for documentary evidence to support a patient's claim that they are exempt from charge. There are many acceptable examples of residency and the following list is **not** exhaustive as the patient may have other documents which are valid.

Examples of evidence of residency/entitlement are in Appendices A, B & C

6.2 Patients with travel insurance

If you have insurance cover, the cost of treatment will be charged to the individual who remains responsible for payment. Unless the hospital has a letter of guarantee from your insurers authorising your treatment, you will need to settle your account and reclaim this from your insurers. A full breakdown of charges will be provided after the patient has been discharged.

6.3 Process Flow Chart (Appendix D)

6.4 NHS Treatment Form (Appendix E)

7. RESOURCE IMPLICATIONS

No resource implications

8. COMMUNICATION PLAN

To be deployed through Executive Directors and Divisional Management Teams.

9. QUALITY IMPROVEMENT – Monitoring and Review

The policy will be reviewed on a regular basis. Monitoring will be on an exception basis by the Information Governance Committee

10. EQUALITY AND DIVERSITY IMPACT ASSESSMENT

This policy meets NHS Lanarkshire's EDIA

(tick box)

There is no requirement for EDIA as its an administration policy that applies to all patients.

11. REFERENCES

**RELEVANT REFERENCES:
CEL 09 (2010)**

NHSinform website:

<https://www.nhsinform.scot/care-support-and-rights/health-rights>

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**Reciprocal Healthcare Following the Trade & Cooperation Agreement –
February 2021**



Reciprocal
Healthcare Following :

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12. APPENDICES:

Appendix A: Definitions

Family member is the entitled person's spouse, registered civil partner and dependent children who are under the age of 16, or under 19 if still in full-time education.

Ordinarily resident is a common law concept interpreted by the House of Lords in 1982 as someone who is living lawfully in the United Kingdom voluntarily and for settled purposes as part of the regular order of their life for the time being, with an identifiable purpose for their residence here which has a sufficient degree of continuity to be properly described as settled. A period of 6 months is seen as a reasonable period of time for a person to remain, lawfully, in Scotland before they can be classed as ordinarily resident.

A **temporary resident** is anyone who is normally resident outwith the UK and who is residing (lawfully) in Scotland for more than 24 hours and not more than 3 months. Temporary residents are not automatically entitled to exemption from NHS charges on the same basis as someone ordinarily resident in the UK. To qualify for all or some NHS treatment they must meet one of the categories of exemption set out in this guidance; be from a country that has a reciprocal health agreement with the UK; or be receiving a treatment / service that is exempt from charges (**see Section 1**).

Right of abode means that someone is entirely free from UK Immigration Control. They do not need to get permission from an Immigration Officer to enter the UK and can live and work here without restriction. All British citizens, some Commonwealth citizens and citizens of certain other countries have the right of abode in the UK. People claiming the right of abode must prove it by producing a UK passport or identity card describing a British citizen or a British subject with the right of abode. Alternatively, they may provide a certificate of entitlement to the right of abode that has been issued by the UK Government or on its behalf.

Treatment the need for which arose during the visit means diagnosis of symptoms or signs occurring for the first time after the visitor's arrival in the United Kingdom and any other treatment which, in the opinion of a medical or dental practitioner employed by, or under contract with, an NHS Board, is required promptly for a condition which arose after the visitor's arrival in the UK, or became, or but for treatment would be likely to become, acutely exacerbated after such arrival.

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Appendix B: Examples of Evidence

It is the responsibility of the healthcare provider to ask for satisfactory documentation (see examples below) to determine a patient's liability to pay charges for NHS treatment.

Contract of Employment/Letter from Employer – Overseas visitors who are working in Scotland can be asked to provide evidence such as a contract of employment, a wage slip or a letter from their employer. Self-employed people can be asked to provide invoices/ receipts or an associated letter from their accountant/ solicitor.

Letters from the UK Border Agency (UKBA) – UKBA often issue documents confirming details of a person's right to stay in the UK. Examples of the types of letters issued by the UKBA include:

- A letter confirming that a person has permanent leave to remain.
- A letter of temporary admission (IS96) for Asylum Seekers.
- An Application Registration Card (ARC).
- A Standard Acknowledgement Letter (SAL).

Either an IS96, ARC or SAL would be sufficient proof that an individual had made a formal claim for asylum.

Visas/Permits - Overseas visitors can also be asked to produce appropriate UKBA documentation to show that they are entitled to work, study or get married in the UK.

Marriage/Birth Certificates - Overseas visitors can be asked to produce appropriate certificates, such as marriage or birth certificates, to show those claiming exemption are the spouse, registered civil partner or dependent child of somebody who is exempt from NHS charges.

Passport - This can be requested to provide evidence of a person's nationality (a valid driving licence or state ID card can also be accepted) or to gather other important information from stamps within the passport. In particular, medical staff may wish to check whether somebody has a "no time limit" stamp or, in the case of Asylum Seekers, an Immigration Status Document, also known as a vignette. Passport stamps can also be used to establish how long a person has lawfully resided in the UK, and their right to remain.

Pension documentation - UK War/War Widows pensioners and UK State pensioners who live overseas can be asked to show a pension book or a letter from either the Ministry of Defence or Department for Work and Pensions as evidence.

Proof of Residence - Those taking up permanent residence may be asked to provide evidence in the form of rental or mortgage agreements, utility bills, pay slips, council tax documents, school registration documents, bill for shipping goods to the UK, one way tickets, letter from previous healthcare provider confirming their move to the UK etc.

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Student ID/Letter from Education Facility - Those visiting Scotland for study purposes may be asked to provide satisfactory documentary evidence, such as a matriculation card or a letter from the University/College confirming attendance and the duration of the course.

European Health Insurance Card (EHIC) – Those from other EEA countries, visiting Scotland for a short period of time (under 90 days) will be entitled to any treatment which is necessary during their trip upon production of a valid European Health Insurance Card (EHIC). If an EHIC cannot be produced, then charges can be applied.

Documentation from Job Centre Plus or the Department of Work and Pensions (DWP) – Those from other EEA countries who are seeking employment in Scotland should be asked to show satisfactory documentary evidence of this.

Appendix C: A Quick guide to those who will receive NHS services on the same basis as a person ordinarily resident in the UK

People Who Receive NHS Treatment on the Same Basis as a Person Ordinarily Resident in the UK

- Any full time student at a UK educational establishment.

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- Anyone who is working in the UK for an employer who is based in the UK or is registered in the UK as a branch of an overseas employer (this includes self-employed people). The person must be actually working, not just looking for work.
- Any unpaid worker with a voluntary organization offering services similar to those of a Health Authority or Local Authority social services department.
- Anyone employed on a ship or vessel registered in the UK or working offshore on the UK sector of the Continental Shelf.
- UK Civil Servants working abroad who were recruited in the UK and employed by Her Majesty's Government.
- Anyone with the right of abode who is taking up permanent residence.
- Anyone who has been lawfully living in the UK for at least twelve months prior to treatment.
- Anyone recruited in the UK who works abroad for the British Council or the Commonwealth War Graves Commission.
- Anyone who is working abroad in a job financed in part by the UK Government in agreement with the Government or a public body of some other country or territory.
- Anyone working abroad for less than 5 years as long as they have lived legally in the UK for ten continuous years at some point (including self-employed people).
- Anyone working in an EEA country member state and contributing compulsory (not voluntary) UK national insurance contributions (class I or II).
- UK state pensioners who have lived lawfully in the UK for 10 continuous years at some point, who now live for not more than 6 months each year in another EEA member state and not less than 6 months (9 months if they reside in a non-EEA country) each year in the UK.
- Members of Her Majesty's UK armed forces.
- Serving NATO personnel, posted in the UK, who are not using their own or UK armed forces hospitals.
- Refugees and asylum seekers (including those whose applications have failed).
- Anyone who receives a UK war disablement pension or war widows pension.

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- Anyone who is a national of an EEA member state, a refugee or stateless person or their dependant or survivor living in an EEA member state who is referred to the UK for specified treatment with an EC form E112 or E123.
- Those who have been formally identified or suspected as being a victim of human trafficking.
- Anyone who is referred by their home country authorities for specified treatment in the UK under the terms of a bilateral agreement.
- Anyone who is detained in a remand centre or young offenders' institution or by the Immigration Authorities in the UK;

NB The spouse / civil partner and any dependent children of anyone who is exempt under the above criteria are also exempt.

People who may not be charged for conditions that occur during a visit to the UK

- Anyone who is a resident of an EEA country and is visiting the UK.
- Anyone receiving a UK state pension who has either lived legally in the UK for 10 continuous years at some point or has worked as a UK Civil Servant for at least 10 continuous years.
- Anyone who is a national of a country that has signed the European Social Charter but is not entitled to be provided with services under a bilateral agreement (currently only Turkey) and is genuinely without the means to pay for their treatment.
- Anyone who has lived legally in the UK for 10 continuous years at some point but who is now living in another EEA member state or in certain countries with which the UK has a bilateral healthcare agreement.
- Anyone living in a country with which the UK has a bilateral healthcare agreement (some bilateral healthcare agreements are limited to nationals of that country).

NB The spouse / civil partner and any dependent children of anyone who is eligible for some treatment under the above criteria are also eligible.

Appendix D: Flowchart as per CEL 09 (2010)



Appendix D.pdf

Appendix E: NHS Treatment Form

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undertaking-to-pay
-form.docx



Pre-assesment
Overseas patient for



New PRC request
template.docx

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