

## Policy Document Control Sheet

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Executive Sponsor's Signature	
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(Policy previously POL/OBD/004)

## Version Control Table

Date Ratified	Version Number	Status
March 2017	1	Approved (POL/OBD/004)
June 2018	1.1	Approved (POL/OPS/002)

## Table of Revisions

Date	Section	Revision	Author
June 2018	1, 4, 5 and 6	Upfront charging for non-urgent treatment	JC & AM
June 2018	5	Assisted conception charges – no longer exempt	JC & AM
June 2018	4	Overseas Visitor Co-ordinator duties	JC & AM
June 2018	5	Services exempt from charges	JC & AM

This Policy/Procedure/Guideline has been reviewed and updated to comply with the General Data Protection Regulations (May 2018)

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# 1 Introduction

- 1.1 Charging of Overseas Visitor Policy has been developed to address concerns on what should happen when a person who is not ordinarily resident in the UK needs NHS treatment provided by County Durham and Darlington Foundation NHS Trust. A person who falls within the definition of an overseas visitor and is not 'ordinarily resident' in the UK will be subject to the 'Department of Health and Social Care 'Guidance on implementing the overseas visitor hospital charging regulations 2015' and may incur a charge for treatment. The Regulations have subsequently been amended, most recently by the National Health Service (Charges to Overseas Visitors) (Amendment) Regulations 2017.
- 1.2 The National Health Service (NHS) provides healthcare for people who live in the United Kingdom. People who do not normally live in this country may not be entitled to use the NHS free of charge, regardless of their nationality or whether they hold a British passport, being registered with a GP, have an NHS number, owning property in the UK or have lived and paid National Insurance contributions and taxes in the past. This includes British Citizens who no longer live in the United Kingdom, including pensioners who move abroad to live outside the EEA.
- 1.3 The Trust must ensure that treatment that is immediately necessary is provided to any patient, even if they have not paid in advance. Treatment provided in Emergency Department or Urgent Care out of hours will be free at the point of care. However, further emergency treatment after admission as an inpatient or as an outpatient, is not. Failure to provide immediately necessary treatment may be unlawful under the Human Rights Act 1998. Urgent treatment should also be provided to any patient, even if deposits have not been secured. Non-urgent treatment should not be provided unless a clinician deems the treatment necessary.
- 1.4 As of the 23<sup>rd</sup> October 2017 it is a legal requirement to recover in advance the full estimated cost of a course of treatment unless doing so would prevent or delay the provision of immediately necessary or urgent treatment (including maternity services).

The Department of Health and Social Care place a legal obligation on all NHS Trusts to establish if people to whom they are providing treatment are an overseas visitor to which charges apply, or whether they are exempt from charges under the charging regulations. In making and recovering such charges for NHS treatment provided, the Trust must without discrimination:

- Ensure that patients who are not ordinarily resident in the UK are identified
- Calculate NHS charges for patient who are liable to pay for their treatment in accordance with the Charging Regulations
- Recover the cost of the NHS treatment from patients who are liable.

## 2 Purpose

The policy describes the principles under which the Trust provides the facilities for the treatment of overseas visitors and how the Trust will identify and charge overseas visitors. This will be done fairly and equitably whilst also meeting the regulations and safeguarding Trust finances.

It should be noted that the majority of patients will be entitled to NHS treatment free at the source of care. The Department of Health and Social Care Guidance on implementing the Overseas Visitors Charging Regulations can be complex. Where there is any issue or concern about the process contact a member of the Overseas Visitor Team (OVT).

### 2.1 Objectives

The objective of the policy is to outline the administrative process relating to overseas patients receiving treatment at County Durham & Darlington NHS Foundation Trust.

## 3 Scope

This policy applies to all Trust staff members who must clearly identify any potential overseas visitor and refer to the OVT. This should be carried out as early as possible in the course of the patient treatment to ensure the patient is aware that they may be liable to NHS charges. The Overseas Visitor Manager (OVM) can provide formal briefing events for front line staff, both administrative and medical if further support or guidance is required.

Key staff groups are:

- All staff registering or checking patient details in a ward or outpatient setting.
- All clinicians, they must decide whether a chargeable overseas visitor is in need of immediately necessary or urgent treatment or if their care can wait until they return to their own country of residence.
- Overseas Visitor Manager and Overseas Visitor Team, who must carry out overseas interviews to determine a patient's eligibility to NHS treatment free of charge. They must review relevant documentation on the patients right to reside in the UK and if they are residing in the UK as an ordinarily resident. Once documentation is reviewed, they will establish exemptions or invoice accordingly

## 4 Definitions

### 4.1 Glossary of Terms Used

A **child** (for the purpose of the Charging Regulations) is someone under the age of 16 (or under 19 if still at school or college and is still a dependant)

**Immediately** necessary treatment is that which a patient needs to save their life, or prevent a condition becoming immediately life threatening or promptly to prevent permanent serious

damage from occurring. The clinician will make this decision and if so then this must not be delayed or withheld whilst the patients chargeable status is determined. In circumstances where the patient has not paid or is unable to pay, the treatment will not be withheld or delayed.

**Maternity** – There are particular recommendations for maternity patients where the regulations are more complex. Treatment must not be delayed in determining eligibility or the ability to pay for any treatment. All maternity treatment, including antenatal care must be treated as being immediately necessary. However, maternity services are not exempt from charges. The patient remains liable for charges but special care should be taken to ensure chargeable maternity patients are not frightened away from the service.

**Urgent treatment** is that which a clinician does not consider immediately necessary but cannot wait until the patient returns home. This could be due to a range of factors, including the pain or disability a particular condition is causing, the risk that delay might mean a more involved or expensive intervention, or a potential life threatening condition occurring if the patient's condition is left untreated. The Trust will inform the patient if the treatment is chargeable and give an approximate cost. The Trust will make every effort to secure payment before treatment, request deposit or payment and invoice accordingly.

**Non-urgent treatment** is routine elective treatment that could wait until the patient returns home. The Trust does not have to provide non-urgent treatment. Upfront payment is required before any non-urgent treatment is provided. Where the patient is chargeable, the Trust should not initiate the treatment process, e.g. by putting the patient on a waiting list. This is not refusing to provide treatment, it is requiring payment conditions to be met in accordance with the Charging Regulations before treatment can commence.

**Limits may be placed on treatments** – While urgent or immediate treatment is a matter of clinical judgement, this does not mean that the treatment is unlimited. The clinician will be able to use their judgement to determine if the patient can be stabilised, allowing them to return home for further treatment. This will prevent the patient incurring high NHS fees.

**Ordinarily Resident** – broadly means living in the UK on a lawful, voluntary and properly settled basis for the time being. A person who is ordinarily resident is not affected by the Charging Regulations.

**Overseas Visitor** means any person of any nationality (including British) not ordinarily resident in the UK.

## 5 Duties

**The Executive Team** is accountable for ensuring the policy exists for overseas patients whilst under the care of the hospital and ensure Trust-Wide implementation and compliance.

**Clinical directors, heads of service and departmental managers** are responsible for ensuring implementation and compliance within their areas.

**Overseas Visitors Manager (OVM)** role is to ensure the Charging Regulations are applied in practice. This is to ensure that patients who are lawfully entitled to free NHS treatment receive it without charge and for those patients who are not exempt are charged for any services, they receive within our Trust.

- Where a patient is identified as chargeable and have informed the OVM that they are unable to pay then the OVM will seek advice from the clinician if the treatment can wait until the patient returns home to their country of residence. The OVM or any other non-clinical staff member should not make this decision on urgency of treatment or deny a patient access to a clinician.
- The OVM or a member of the OVT should be notified at the earliest opportunity that there is a potential overseas visitor and they should subsequently carry out an overseas interview to establish whether the patient is liable or not liable to NHS treatment free at the point of care. Patients should not be told by anyone that charges will not apply until this is formally established.
- The OVM or a member of the OVT will investigate and contact patients for more information where relevant documentation has not been produced by the patient to assess their eligibility. This will also include other relevant authorities as required, subject to the Data Protection Act (2018).
- Patients who are overseas visitors are entitled to the same care and degree of patient confidentiality as any other NHS patient. Where the OVM becomes aware that a patient may be in the UK without proper authorisation or where their right to reside in the UK has not been confirmed, then a decision will be made as to whether an Enquiry and Evidence request should be made to the UK Border Agency.

**Medical Staff** may not charge for their professional services to overseas visitors. These patients are not private patients, but NHS charged patients; the cost of treating these patients is recovered from the Department of Health and Social Care via reciprocal arrangements or via the patient/patients insurance. Clinicians should be aware any treatment of an overseas visitor may bear a cost. The patient must be given the opportunity to make an informed choice as to whether to proceed with the treatment if they are chargeable. Before providing treatment to a patient who is chargeable and payment has not been received then the clinician should complete and sign the 'Advice from Doctors or Dentists' form. The OVT will work closely with medical staff to ensure good communication and prevent patient care being compromised.

**Front line Staff** (receptionists, ward clerks, outpatient clinics and wards) are responsible for identifying overseas visitors, without discrimination, by asking base line questions **“Are you a UK/EEA/Swiss national or do you have a valid visa or leave to enter/remain in the UK?” AND “Have you spent any time outside the UK within the last 6 months?”** Where a patient has completed a Pre attendance form the front line staff will check the patient's details and inform the Overseas Visitor Team where it is indicated they may be a possible overseas visitor. If this occurs out of normal office hours then the staff member who identifies a potential overseas visitor should carry out an initial overseas interview and ask for proof of right to reside in the UK (passport and visa details) and proof of residence (utility bill with name and address, must be valid within the last 3 months). These documents must be forwarded to the OVT at the earliest opportunity to ensure they can investigate and establish the patient's entitlement to free treatment or whether charges apply.

**Overseas Visitor Co-ordinator** is responsible for raising awareness and carrying out bespoke overseas visitor training to all wards and departments. The Overseas Visitor Co-ordinator contacts all non-urgent patients who have been highlighted as a possible overseas visitor using the following criteria; aged over 18, with an NHS number beginning with 7 or has no NHS number and requests proof of residency and the right to reside in the UK to determine

whether upfront charging applies before the patient attends. If the patient is chargeable, an invoice will be raised for the estimated cost of the treatment, if no payment is received, the clinician is contacted to verify the attendance is non-urgent. If the outpatient appointment or inpatient attendance is non-urgent and payment not received the attendance will be cancelled and discharged back to the referring GP/clinician.

## 6 Main Content of Policy

### 6.1 Legal Framework

The statutory provisions, which enable overseas visitors to be charged for NHS treatment, are found in section 175 of the National Health Service Act 2006. This states that the Secretary of State for Health has the authority to make regulations regarding the charging of overseas visitors for any NHS services and the power to calculate charges on any appropriate commercial basis.

The Trust has a legal obligation to implement the Charging Regulations to establish whether a person is an overseas visitor and therefore liable to NHS charges and recover those costs from them.

The Trust has obligations under the Human Rights Act. The Trust must never withhold treatment for any patient, which is deemed immediately necessary; however, charges will still apply if applicable.

The Trust, as a public authority, must comply with general and single public sector equality duties under the Equality Act 2010.

The Trust has a legal obligation to inform the Overseas Healthcare Team at the Department of Work and Pensions for any visitors from the European Economic Area (EEA) partners or Switzerland with details of their European Health Insurance Cards (EHIC)/E112/S1/S2. This information is vital to the Department of Health and Social Care to recover the costs from the patient's country of residence.

The Charging Regulations does not concern treatment provided by a GP, dentist or optician. Nor does it concern charging arrangements in Wales, Scotland and Northern Ireland as these are governed by separate regulations.

The Trust may seek advice and guidance from the Department of Health and Social Care website and a Department of Health and Social Care shared OSV workspace. The shared OSV workspace is a shared network for OSV administrators across England who can seek advice and guidance, share good practice and experience. Ultimately, however, the decision as to whether a patient is liable for charges legally rest with the Trust. In some instances, where the patient's circumstances are complex and unclear then the Trust may take its own legal advice.

### 6.2 The Charging Regulations

The Charging Regulations 2017 place a legal obligation on the Trust to make and recover charges for treatment it provides. The Trust must ensure patients who are not ordinarily

resident in the UK are identified, assess their liability for charges, charge those liable and recover the charges from the patients who are liable to pay.

Full training on carrying out overseas interviews and processing documents will be given to all members of the OVT. All Trust Staff are encouraged to make themselves familiar with the Charging Regulations. The Overseas Visitor Team will attend ward/team meetings if required.

Following local and national Overseas Visitor meetings, updates will be cascaded to the OVT and Executive Board.

### **Step 1 EEA Citizens**

The Trust should determine if the patient is insured by another member state as the UK is able to recover the cost of treatment provided to any patient who is insured by another EEA state or Switzerland through them producing an European Health Insurance Card (EHIC). If the patients are ordinarily resident in the UK or covered under another exemption category they will be exempt from charges.

*Refer to 'R26 CDDFT Procedure of Overseas Visitors' for further guidance on procedure and processes.*

### **Step 2 Non -EEA Citizens**

The Trust should determine if the patient is a temporary migrants coming to the UK for six months or more from outside the EEA / Switzerland who are required to pay the immigration health charge (referred to as the health surcharge), unless an exemption applies or is waived. Payment of, or exemption or waiver from the health surcharge entitles the person to free NHS services on the same basis as an ordinarily resident patient while their visa remains valid, which means they must not be charged.

Since 21<sup>st</sup> August 2017m those exempt from charge under Regulation 10 (health surcharge arrangements) or 11 (transitional arrangements) are not exempt from charge in relation to assisted conception charges.

If the patient is not a temporary migrant and is visiting the UK, is not covered by another exemption will be liable to NHS charges.

*Refer to 'R26 CDDFT Procedure of Overseas Visitors' for further guidance on procedure and processes.*

### **Step 3 Ordinarily Resident**

All patients should be assessed against the test for ordinary residence in the UK. This is fundamental issue when operating the charging regime, because if a patient is classed as ordinarily resident in the UK then the Charging Regulations cannot apply to them, even if the patient has only been in the UK a few days or weeks.

*Refer to 'R26 CDDFT Procedure of Overseas Visitors' for further guidance on procedure and processes.*

### **Step 4 Exemptions**

The Trust should determine if the patient is covered by an exemption of the Charging Regulations or if the patient is liable for charges.

*Refer to 'R26 CDDFT Procedure of Overseas Visitors' for further guidance on procedure and processes.*

### **Step 4 Cost Recovery**

The Trust should obtain payment upfront for all non-urgent attendances or collect an estimate of the cost of treatment in advance of providing immediately necessary or urgent treatment if possible. If payment is not received and treatment has been provided the Finance Department will implement their cost recovery process, which can include a debt recovery agency.

*Refer to 'R26 CDDFT Procedure of Overseas Visitors' for further guidance on procedure and processes.*

### 6.3 Services Exempt from Charges

Treatment given in the Emergency Department (excludes emergency treatment given elsewhere within the Trust). Once the patient leaves the Emergency Department and is accepted as an outpatient or admission e.g. intensive care or coronary care, it is chargeable to a non-exempt overseas visitor.

Some walk-in centres providing primary healthcare services.

Dental or Eye casualty are exempt from charge, however once the patient is admitted or given an outpatient appointment, charges are likely to be incurred.

Family planning services – these are services that supply contraceptive products and devices to prevent pregnancy. Note- termination of pregnancy is not a method of contraception or family planning and therefore still chargeable.

The diagnosis and treatment of conditions, which is necessary to protect the wider public health to the point that it is negatively diagnosed. It does not apply to any secondary illness that may be present even if treatment is necessary in order to successfully treat the exempted disease.

Conditions to which exemption applies are:

- Acute encephalitis
- Acute poliomyelitis
- Anthrax
- Botulism
- Brucellosis
- Cholera
- Diphtheria
- Enteric fever (typhoid and paratyphoid fever)
- Food poisoning
- Haemolytic uraemic syndrome (HUS)
- Human immunodeficiency virus (HIV)
- Infectious bloody diarrhoea
- Invasive group A streptococcal disease and scarlet fever
- Invasive meningococcal disease (meningococcal meningitis, meningococcal septicaemia and other forms of invasive disease)
- Legionnaires' disease
- Leptospirosis
- Malaria
- Measles
- Middle East Respiratory Syndrome (MERS)
- Mumps
- Pandemic influenza (defined as the 'Pandemic Phase'), or influenza that might become pandemic (defined as the 'Alert Phase') in the World Health Organisation's Pandemic Influenza Risk Management Guidance
- Plague
- Rabies
- Rubella
- Severe acute respiratory syndrome (SARS)
- Smallpox
- Tetanus
- Tuberculosis
- Typhus
- Viral haemorrhagic fever (which includes Ebola)
- Viral hepatitis

Whooping cough  
 Yellow fever  
 exemption applies to any sexual transmitted infections.

Exemption of victims of violence. This covers the treatment of conditions directly attributable to certain types of violence, namely:

- Torture
- Female genital mutilation
- Domestic violence
- Sexual violence

The conditions include physical or mental illness, or an acute or chronic condition. The exemption applies wherever the violence has been experienced, provided that the overseas visitor has not travelled to the United Kingdom to seek that treatment. Any other treatment that they need that is not directly attributable to that violence is not free, unless covered by another exemption.

## 7 Monitoring

### 7.1 Compliance and Effectiveness Monitoring

The Trust OVM will provide feedback from local and national OVS meetings to the Patient Booking Team and Trust Executive Team. Any new issues or risks will be escalated to the Executive Team with an action plan.

### 7.2 Compliance and Effectiveness Monitoring Table

<b>Monitoring Criterion</b>	Identify overseas visitors and ensure charges are applied
Who will perform the monitoring?	Overseas Visitor Team
What are you monitoring?	Patients who are overseas visitors are identified and charging regulations applied
When will the monitoring be performed?	Monthly
How are you going to monitor?	Monthly monitoring is carried out on a sample of pre attendance forms for each hospital site to ensure no OSV has been missed with the information they have supplied
What will happen if any shortfalls are identified?	Monthly monitoring on progress of overseas visitors documentation, this ensures all documentation is processed in a timely manner and charges applied.
Where will the results of the monitoring be reported?	If pre attendance forms have not been identified, overseas visitors will be informed and actioned.

How will the resulting action plan be progressed and monitored?	OVT will escalate to Overseas Visitor Manger if there is a delay in processing documentation with reason with an action plan
How will learning take place?	Results will be reported to the Senior Patient Booking Team with an action plan

## 8 Glossary of Terms

### 8.1 Glossary of Terms Used

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**Immediately** necessary treatment is that which a patient needs to save their life, or prevent a condition becoming immediately life threatening or promptly to prevent permanent serious damage from occurring. The clinician will make this decision and if so then this must not be delayed or withheld whilst the patients chargeable status is determined. In circumstances where the patient has not paid or is unable to pay, the treatment will not be withheld or delayed.

**Maternity** – There are particular recommendations for maternity patients where the regulations are more complex. Treatment must not be delayed in determining eligibility or the ability to pay for any treatment. All maternity treatment, including antenatal care must be treated as being immediately necessary. However, maternity services are not exempt from charges. The patient remains liable for charges but special care should be taken to ensure chargeable maternity patients are not frightened away from the service.

**Urgent treatment** is that which a clinician does not consider immediately necessary but cannot wait until the patient returns home. This could be due to a range of factors, including the pain or disability a particular condition is causing, the risk that delay might mean a more involved or expensive intervention, or a potential life threatening condition occurring if the patient's condition is left untreated. The Trust will inform the patient if the treatment is chargeable and give an approximate cost. The Trust will make every effort to secure payment before treatment, request deposit or payment and invoice accordingly.

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able to use their judgement to determine if the patient can be stabilised, allowing them to return home for further treatment. This will prevent the patient incurring high NHS fees.

**Ordinarily Resident** – broadly means living in the UK on a lawful, voluntary and properly settled basis for the time being. A person who is ordinarily resident is not affected by the Charging Regulations.

**Overseas Visitor** means any person of any nationality (including British) not ordinarily resident in the UK.

## 9 Associated Documentation

This Policy refers to the following CDDFT Trust policies and procedures:

- Reception, Patient Booking Procedure R26 Overseas Visitor Procedure

This Policy refers to the following guidance, including national and international standards:

Guidance on implementing the overseas visitor hospital charging regulations 2017 (Department of Health and Social Care, April 2017) available at:  
<https://www.gov.uk/government/publications/guidance-on-overseas-visitors-hospital-charging-regulations>

## 10 Appendices

Appendix 1 - Equality Impact Assessment



Checklist for Approval  
of Policies - OVS.doc

- Checklist for the Approval of Policies

## 10.1 Appendix 1 - Equality Analysis/Impact Assessment (v4/2018)

**Division/Department:**

Patient Booking

**Title of policy, procedure, decision, project, function or service:**

Charging of Overseas Visitors Policy

**Lead person responsible:**

Director of Performance

**People involved with completing this:**

Director of Performance, Patient Booking Manager, Reception Manager, Overseas Visitor Co-ordinator

**Type of policy, procedure, decision, project, function or service:**

Existing

New/proposed

Changed

**Date Completed:**

20<sup>th</sup> June 2018



## Step 1 – Scoping your analysis

**What is the aim of your policy, procedure, project, decision, function or service and how does it relate to equality?**

To ensure that all patients are treated in accordance with the Department of Health overseas visitor hospital charging regulations 2017

**Who is the policy, procedure, project, decision, function or service going to benefit and how?**

All Trust staff who deal with overseas visitors

**What barriers are there to achieving these outcomes?**

All Trust staff who deal with overseas visitors

**How will you put your policy, procedure, project, decision, function or service into practice?**

The policy will be available on the Trust intranet site and all staff will be made aware that it is available

**Does this policy link, align or conflict with any other policy, procedure, project, decision, function or service?**

This policy has no direct links with other policies

## Step 2 – Collecting your information

**What existing information / data do you have?**

*Current equality data is available on the workforce*

**Who have you consulted with?**

Patient Booking Team

**What are the gaps and how do you plan to collect what is missing?**

None

### Step 3 – What is the impact?

**Using the information from Step 2 explain if there is an impact or potential for impact on staff or people in the community with characteristics protected under the Equality Act 2010?**

#### **Ethnicity or Race**

A person of any race is able to benefit from the exemption from charge categories within the Charging Regulations. However, there is anecdotal evidence that non-white people or people for whom English is not their first language are, on some occasions, targeted in the application of the Charging Regulations due to speculation or assumption that they are not resident here. This is clearly unacceptable and longstanding guidance to the NHS has advised that each patient must be treated the same in assessing for charges. In order to tackle this discrimination, the updated Guidance has been reiterated and strengthened in a section titled *Avoiding discrimination in establishing if charges apply*. It now points out NHS bodies' legal equality duties and advises that staff involved in assessing for charges are trained in how to exercise those duties.

#### **Sex/Gender**

Men and women are treated equally within the Charging Regulations. Both sexes are capable of benefiting from any of the exemption categories.

However, the DH advises that for maternity care, which obviously only women receive, it should be treated without exception as immediately necessary, meaning that it must always be provided regardless of if charges have been paid or are likely to be recovered. The Guidance does not advise that any other services, that men could benefit from, should similarly be considered automatically as immediately necessary. This is justified by the significant risks to both mother and baby if health goes unchecked, and the fact that, at least for delivery, it inevitably cannot be delayed

#### **Age**

Those in receipt of UK state retirement pensions can benefit from certain exemptions that younger people cannot. This is no different from other welfare benefits eg pension payments itself, tax rules etc.

Some of the exemption from charge categories are dependant on a person's age. The children of exempt overseas visitors are also exempt in certain circumstances, since it would be unreasonable to expect them be apart from their parent, whilst children in the care of the Local Authority are also exempt since they are clearly vulnerable.

When a child is not entitled to free NHS hospital treatment, the person liable is their parent or guardian.

Some of the exemption from charge categories are dependant on a person's age. The children of exempt overseas visitors are also exempt in certain circumstances, since it would be unreasonable to expect them be apart from their parent, whilst children in the care of the Local Authority are also exempt since they are clearly vulnerable.

When a child is not entitled to free NHS hospital treatment, the person liable is their parent or guardian

**Disability**

Disabled patients are able to benefit from any of the exemption from charge categories

**Religion or Belief**

With the exception of the exemption for Missionaries, which would not apply to those of no belief, a person of any religion or belief is able to benefit from the other exemption categories.

However, as for race, there is anecdotal evidence that people whose religion can be assumed by their appearance are, on some occasions, targeted in the application of the Charging Regulations due to speculation or assumption that they are not resident here. Again, this is unacceptable. See associated objectives of the Policy or Service.

**Sexual Orientation**

Heterosexual, bisexual, lesbian and gay people are able to benefit from any of the exemption from charge categories

**Marriage and Civil Partnership (applies to workforce issues only)**

Patients are able to benefit from any of the exemption from charge categories

**Pregnancy and Maternity**

Men and women are treated equally within the Charging Regulations. Both sexes are capable of benefiting from any of the exemption categories.

However, the DH advises that for maternity care, which obviously only women receive, it should be treated without exception as immediately necessary, meaning that it must always be provided regardless of if charges have been paid or are likely to be recovered. The Guidance does not advise that any other services, that men could benefit from, should similarly be considered automatically as immediately necessary. This is justified by the significant risks to both mother and baby if health goes unchecked, and the fact that, at least for delivery, it inevitably cannot be delayed.

**Gender Reassignment**

Transgender and transsexual people are able to benefit from any of the exemption from charge categories

**Other socially excluded groups or communities e.g. rural community, socially excluded, carers, areas of deprivation, low literacy skills etc.**

Patients are able to benefit from any of the exemption from charge categories

### Step 4 – What are the differences?

**Are any groups affected in a different way to others as a result of the policy, procedure, project, decision, function or service?**

No

**Does your policy, procedure, project, decision, function or service discriminate against anyone with characteristics protected under the Equality Act 2010?**

Yes  No

**If yes, explain the justification for this. If it cannot be justified, how are you going to change it to remove or mitigate the affect?**

Not Applicable

### Step 5 – Make a decision based on steps 2 - 4

**If you are in a position to introduce the policy, procedure, project, decision, function or service? Clearly show how this has been decided.**

Not Applicable

**If you are in a position to introduce the policy, procedure, project, decision, function or service, but still have information to collect, changes to make or actions to complete to ensure all people affected have been covered please list:**

Bulletins to ensure staff awareness and will be placed on the intranet for all staff to access

**How are you going to monitor this policy, procedure, project or service, how often and who will be responsible?**

The policy will be reviewed at least every two years but will be amended before this time if required.