

Appendix B

How does the Royal Free ensure that patients from abroad who used services are billed appropriately and that payment is received?

Once a patient is identified as chargeable for NHS treatment, the treating clinician decides whether the medical treatment is deemed as immediately necessary, urgent or routine (as per Department of Health guidelines). If the treatment is routine then it is not provided until payment is received, or the patient is advised to seek private treatment.

If treatment is deemed immediately necessary or urgent then an invoice is raised. Where possible the Overseas Visitor Team (OVT) takes payment prior to, but without delaying, treatment. Otherwise payment is obtained immediately after treatment.

For patients with an insurance policy the OVT contacts the insurance company to secure payment.

What checks does the Royal Free carry out to establish the nationality of patients and if, for example, they are EU citizens?

The trust carries out checks based on those recommended in the Department of Health Guidance on Implementing the Overseas Visitor Hospital Charging Regulations 2015. In order to establish a patient's nationality, passports and ID cards are requested from the patient. If necessary, and provided the patient is from outside the European Economic Area (EEA), the Home Office may be contacted to confirm any further details regarding the patient's status.

What does the Royal Free do if non-British patients request treatment?

Eligibility for free NHS treatment relies on whether a person's lawful Ordinary Residence is in the UK, they have appropriate EEA documentation such as a European Health Insurance Card or S2 form, or they fall into an appropriate exemption category (such as a medical exemption or a visa exemption).

When patients first attend hospital for treatment, staff establish eligibility according to the Department of Health rules, which are not simply whether a patient is a British national.

If a patient is not eligible, staff contact the OVT. If a referral letter from a GP or another NHS organisation advises that the patient may not be eligible, then the appointments centre or relevant staff contact the OVT.

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