

## Appendix

**DRAFT – final agreed version to be added**

### **Eligibility for funded NHS treatment**

The NHS was founded on the principle that treatment should be available to all, based on clinical need not ability to pay, and free at the point of delivery.

Patients must be “ordinarily resident” in the United Kingdom to qualify for NHS-funded hospital care without charge. This means living here lawfully, with a settled purpose, for the time being. Nationals of countries outside Europe who have indefinite leave to remain in the UK are eligible for free care, but many British nationals who now live overseas are not.

The Trust has a legal duty to recover costs from patients who are not entitled to NHS treatment. Any patient not entitled to free care must be charged for treatment they receive. We do not turn patients away, but communicate the legal position and agree plans for payment. Any posters or patient information used in the Trust about this subject are provided by the Department of Health.

Until recently, we relied on staff members notifying the paying patients team if they were aware a patient may not meet the NHS eligibility criteria. However this historic practice was not systematic and risked being inequitable. So we are taking several steps to establish clearer practice across our hospitals.

#### **1) Emergency care (including maternity services)**

Anyone in need of urgent or immediately necessary treatment from the NHS will be treated. However treatment is not free for everyone. All patients booking into any Barts Health emergency department or maternity unit are asked where they have lived for the last 12 months. Where additional checks are required, these may include reviewing the electronic record held on the NHS spine, confirming their immigration status with the Home Office, and seeking further documentation from the individual. Any patient who is found from this check to be ineligible for NHS treatment is invoiced for the cost of their care, unless an exemption applies.

#### **2) Identity-checking pilot scheme**

Barts Health was among 20 NHS Trusts that chose to take part in a pilot scheme for the Department of Health to test whether asking for ID would help us assess more easily who is eligible for free NHS treatment. We selected two areas with a high turnover of patients, one chronic and one acute - renal at The Royal London and maternity at Newham. We made clear at the outset that no patients would be turned away, and no patient would have care delayed. Staff involved were given specific training.

The pilots ran between July and October 2017 and the departments are continuing the practice. Through the appointment letter we ask every new patient to bring two forms of identification – one with photo, and one with home address. These are checked on arrival at reception. If any patients don't have ID, the overseas patient team is informed and works with the individual to establish whether they are eligible. This includes further discussion with the individual, checking against the NHS spine, checking NHS numbers, and if necessary making inquiries to the Home Office on immigration status.

Of the 2,752 renal patients taking part, 552 presented without any ID. Following further inquiries, two were deemed ineligible for free treatment and invoiced for a total of £2,500. Of the 1,497 maternity patients taking part, 382 presented without any ID and after further inquiries, 17 accepted they were not eligible for free care and are paying the cost of treatment (£104,706 in total). Inquiries are continuing into 77 other patients. Patients are given three opportunities to present ID: when they arrive at reception, within two days of their appointment; and (if necessary) on receipt of an invoice.

Summary data was shared with Ipsos Mori, which is assessing the pilot for DH. No patient-level data was shared with non-NHS organisations. The pilots were in line with national NHS guidelines on assessing eligibility for free NHS treatment. We received no formal complaints, although we adapted the practice in line with feedback. For example, some renal patients asked why they were being asked for ID when they have been attending for many years, so we now only ask for ID at first attendance.

No patients were denied access to treatment as part of the pilot. The Trust does not refuse access to treatment solely because of lack of documentation.

We anticipate that NHS policy will be further reviewed in the light of the findings of the pilots, and that trusts will be expected to use the learning to develop their own protocols so that all patients are subject to processes and checks in a consistent way. This would be accompanied by a training programme for staff where appropriate.

### **3) Working with the NHS Cost Recovery Support Team**

It is difficult to be absolutely certain of the number of patients who are not entitled to NHS treatment. The NHS Cost Recovery Support Team (CRST) is helping us use our data in a more systematic way to identify those who may be overseas visitors, and to recover costs from patients who are not entitled to free treatment.

In 2017/18 we invoiced 1,929 patients for treatment costing £13m. That represents less than 1% of all patient activity and less than 1% of the Trust's annual turnover

Our recovery rate for outstanding bills is lower than the national average and we are working with the CRST to improve it. Our aim is to do this in an equitable way, which is sensitive to the circumstances and vulnerabilities of individual patients at a time of need.

#### 4) Sharing information with the Home Office

The Trust has started updating patients' status on the NHS spine at a rate of about 30 a month. The Department of Health shares any chargeable status updates on the spine with the Home Office. No clinical information is shared.

The Trust is currently making up to 100 enquiries a week to the Home Office about the immigration status of individual patients. We share demographic information but not clinical information. The immigration status provided by the Home Office enables us to determine eligibility for NHS treatment, and therefore there is no internal appeals process. The Trust is not charging anyone whose status is being reviewed by the Home Office following the Windrush controversy, and we will await the completion of these case reviews.

We also send a monthly return to the Department of Health of all non-European patients for whom we have a nationality with outstanding invoices of more than £500 for treatment. This information may be passed by the Department of Health to the Home Office. The Trust notifies between 25 and 30 new patients a month. No clinical information is shared.

The Trust has to balance its duty to manage its affairs in a financially responsible way against its obligations to deal with all patients without discrimination. We are committed to ensuring that our approach to identifying patients who are not eligible for NHS treatment are at all times transparent, equitable and fair.