

Ref. No: 807
Date: 02/06/23
Subject: upfront overseas patient charging

REQUEST

This request has eight questions. In this request, "NHS healthcare treatment" specifically excludes private patients seeking to use paid-for private services offered by the Trust. It includes non-urgent follow-ups to urgent healthcare treatment.

If information cannot be provided since January 2021 within the section 12 cost limit, please provide information since January 2022.

1. Does the Trust impose upfront charges for non-urgent NHS healthcare treatment to overseas visitors, migrants and former UK residents who are ineligible for free healthcare under government guidelines? If not, please explain why, in the context of those guidelines.

If the answer to question 1 is 'no', the Trust need not provide responses to questions 2-8.

2. The number of overseas visitors, migrants and former UK residents who were charged upfront for NHS healthcare treatment by the Trust since January 2021 - please note this includes patients who did not subsequently proceed with the treatment.

If the answer to question 2 is 'zero', the Trust need not provide responses to questions 3-8.

3. The total costs charged for the treatments referred to in question 2 (including where the patient did not proceed with the treatment)
4. The number of overseas visitors, migrants and former UK residents who did not proceed with NHS healthcare treatment by the Trust after being quoted an upfront charge (timeframe is since January 2021).

Notes to question 4:

- Sending an invoice to a patient for an upfront charge counts as quoting an upfront charge

- Patients who did not proceed with treatment include those who declined treatment and those who simply did not attend scheduled treatment, as well as any patients who were refused treatment by the Trust
5. Of the number of patients provided in response to question 4, please state how many did not attend scheduled treatment/appointment (rather than cancelling in advance).

Note to question 5:

- If the Trust does not record information in a manner that would enable question 5 to be answered within the section 12 cost limit, please state that the information is 'not held' for this question and process the remainder of this request
 - If the Trust has not provided information for question 5, or has responded with 'zero', please proceed to question 7.
6. What was the financial loss to the Trust caused by the missed scheduled treatment/appointments referred to in response to question 5?

Note to question 6:

- If the Trust does not record information in a manner that would enable question 6 to be answered within the section 12 cost limit, please state that the information is 'not held' for this question and process the remainder of this request
7. Any data the Trust holds on the reasons for the refusal/inability of the patients referred in response to question 4 to pay the imposed upfront charges (such as preference to return home for treatment, or inability to meet the cost of treatment)
8. Any data the Trust holds on the conditions the patients referred to in response to question 4 wished to be treated for (this may be provided as categories of healthcare, such as ENT and nephrology), or alternatively the treatments that were subject to the imposed charges (these may be grouped into overarching categories for data protection reasons)

RESPONSE

We do not currently run a report (known as MESH) like some hospitals to establish patients that have upcoming appointments and may need to be charged. This report allows Trusts to contact possible overseas visitors in advance to establish if they need to pay. Most of our information comes for pre-attendance forms which we only receive once the patient has attended and so difficult to charge up front.