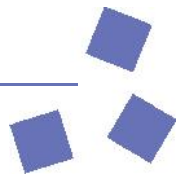


# Qualitative Assessment of Visitor and Migrant use of the NHS in England

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Observations from the Front-Line – Diary Exercise



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Prepared for:

Department of Health

The views expressed in this report are those of the authors and the respondents taking part in the research, and not necessarily those of the Department of Health (nor do they reflect Government policy).

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# 1 Introduction

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## 1.1 Background

The NHS provides a comprehensive service based on clinical need rather than ability to pay and is free to those who are 'ordinarily resident' in the UK. An overseas visitor and migrant charging system places a statutory duty on NHS bodies to make and recover charges for hospital treatment (only in NHS hospitals for secondary care) from non-residents, where no exemption from charge applies (see section 1.3 for an explanation of 'ordinarily resident' and definition of the terms migrant and overseas visitor). Charging rules do not apply in primary care and GP practices are free to register any person as an NHS patient, although this does not mean NHS hospital treatment is free.

There is widespread recognition that the system for charging those who use the NHS but are not eligible for free care is complicated, inefficient and does not provide the right balance of fairness and affordability.

The residency based nature of the NHS leaves it perhaps more exposed to use by those who should be charged but are not identified (often through no fault of their own) and intentional misuse by those who are able to come to the UK from countries with poorer health systems. Frontline staff are often either unaware that some people are liable for charging, or unwilling to identify them.

The NHS also has some of the most generous rules in the world, for example currently allowing free access to primary care for any visitor to the UK, including tourists, and free access to all NHS care for foreign students and temporary residents. Only NHS hospitals have a statutory duty to charge, and even then, emergency treatment provided in an Accident and Emergency (A&E) unit is free.

As part of the cross-Government work on migrant access to benefits and public services, the Department of Health (DH) is looking at how to address these significant weaknesses and failures in both the rules and their application. A public consultation was recently undertaken on how to do this.<sup>1</sup> The consultation asked for views on who

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<sup>1</sup> [http://consultations.dh.gov.uk/overseas-healthcare/migrant\\_access](http://consultations.dh.gov.uk/overseas-healthcare/migrant_access)

should be charged in the future, what services they should be charged for, and how to ensure that the system is better able to identify patients who should be charged.

Data on migrants in the UK is limited, and in the area of NHS use, is minimal; that which exists is of very poor quality. Consequently, the NHS has no robust evidence on which either to base estimates of the amount of money spent on those who are not entitled to free treatment or to prioritise action to combat abuse. There is a need to gain an understanding of the extent of the problem, in terms of the numbers of people either accessing free services fraudulently, or because:

- they are not identified as chargeable
- even though identified as chargeable they fail to pay
- they are currently exempt but may not be in the future.

Creative Research was commissioned to conduct a programme of qualitative research to provide a basis on which DH can work with the NHS to develop firm proposals for change. It will provide DH with a better understanding of how key NHS and other stakeholders perceive the challenges of visitors and migrants in their daily work, in particular, the priority given to them by frontline staff and their willingness to address the issues of identification and recovery of charges. It will also help DH to build a model of the extent of the cost to the NHS which will facilitate discussions with commissioners and providers and help incentivise the change in behaviours which the Government seeks.

## 1.2 Aims and Objectives

The overall aim of the research was to provide DH with a better understanding of how key NHS stakeholders perceive the issue of migrant and overseas visitor use of the NHS in England, by engaging with a wide range of clinicians in primary and secondary care as well as managers and administration staff across England. Its purpose was to build a detailed picture of current practices and procedures, and reactions to the proposed changes, whilst also looking into the scope of the issues and providing a basis from which DH can estimate the use of the NHS in England by different key groups. The findings, alongside findings from a quantitative modelling study, will feed into the consultation process and form a key component of the DH impact assessment to support policy changes.

### 1.3 Definition of terms

Legislation permitting persons who are not 'ordinarily resident' (OR) in the UK to be charged for NHS services dates back to 1977, and subsequent regulations, first introduced in 1982, impose a charging regime in respect of hospital treatment for overseas visitors<sup>2</sup>. 'Ordinarily resident' is not defined but is a common law concept, which was the subject of a judgment in the House of Lords in 1982 in the context of the Education Acts, where it was defined as:

*living lawfully in the United Kingdom voluntarily and for settled purposes as part of the regular order of their life for the time being, whether they have an identifiable purpose for their residence here and whether that purpose has a sufficient degree of continuity to be properly described as "settled". (Source: see footnote 2)*

The situation is complex when it comes to deciding in practice who is and who is not eligible for free NHS hospital treatment. What follows (see Box 1) is a summary of the situation for a number of different categories of people who may be living in the UK at any one time and who may or may not be eligible for free NHS hospital treatment other than emergency care provided within A&E. In practice, these distinctions can be very difficult to make on the ground.

#### Box 1: Categories of people living in the UK who may or may not be eligible for free NHS hospital treatment

- 1. British nationals who have a right of abode and who live in the UK:** this will include immigrants and/or their descendents who have applied for, and been granted British citizenship.
- 2. Migrants with 'indefinite leave to remain' (ILR)** who are living in the UK on a permanently settled basis.
- 3. European Economic Area (EEA)<sup>3</sup> temporary residents:** EEA nationals (and their family members) who are resident in the UK but have not yet acquired permanent residence in the UK. An EEA national has an initial right to reside in the UK for three months. They have an extended right beyond that if exercising 'EU treaty rights' as a worker, a self-employed person, a job-seeker, a student, or a self-sufficient person. Until an EEA national acquires 'ordinarily resident' status, they would be chargeable for their hospital treatment unless covered by an exemption under the charging regulations, e.g. they have an EHIC card or are students. In practice this means that most EEA nationals are entitled to free treatment.

<sup>2</sup> Source: [www.parliament.uk/briefing-papers/SN03051.pdf](http://www.parliament.uk/briefing-papers/SN03051.pdf)

<sup>3</sup> The European Economic Area (EEA) comprises the member states of the European Union (EU) plus Iceland, Liechtenstein and Norway. Switzerland has not joined the EEA, but has a similar agreement with the EU and as far as NHS services are concerned, Swiss nationals enjoy the same rights as nationals from EEA countries.

4. **EEA permanent residents:** EEA nationals who have been residing in accordance with the above conditions for five continuous years, at which point they acquire a right of permanent residence in the UK, which means they no longer need to exercise treaty rights in order to have a right of residence here.

5. **Non-EEA temporary residents:** people from outside the EEA (and their family members) who have been granted a right of residence for a limited period (usually between six months and five years). They may or may not go on to acquire ILR.

The above groups are all likely to pass the current 'ordinary residence' test and therefore be entitled to free NHS hospital treatment.

6. **Asylum seekers:** anyone who has made a formal application with the Home Office to be granted temporary protection, asylum or humanitarian protection which has not yet been determined. Formal applications are those made under the 1951 UN Convention and its 1967 Protocol and also some claims made on protection from serious harm grounds under Article 3 of the European Convention on Human Rights. A person whose application for asylum (or humanitarian/temporary protection) is accepted becomes a refugee.

7. **Irregular migrants:** any non-EEA national who does not have immigration permission to be in the UK.

8. **British ex-pats:** British nationals (or other person not subject to immigration control in the UK) who is a former resident of the UK but who now lives overseas.

9. **Visitors:** those, of any nationality, who live overseas but are visiting the UK.

The above groups (with the possible exception of refugees) will not pass the current OR test, so are chargeable except where exemptions from charge in the Charging Regulations apply.

The focus of this research is on categories 3, and 5 to 9 and, as a group, they are referred to throughout the report as 'migrants and overseas visitors'.

The term 'migrant' is used throughout the report to refer only to 'temporary residents' and not migrants and/or their descendents who have applied for, and been granted British citizenship (category 1), migrants who have ILR (category 2) or EEA permanent residents (category 4). However, it should be noted that for the reason given above, NHS staff are unlikely to be able to differentiate between permanent and temporary EEA residents (categories 3 and 4).

The term 'overseas visitor' is used to refer to people who are visiting the UK on a temporary basis; this includes British ex-pats (unless they are returning to live in the UK on a permanent basis) as well as those of any other nationality who live overseas (categories 8 and 9).

This research is not concerned with private patients from overseas who are in the UK on medical visas for treatment.



## 2 Method and Sample

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### 2.1 Method

The research involved four components (see Figure 1):

- **expert briefings:** two briefing sessions with members of the Overseas Visitors Advisory Group (OsVAG)<sup>4</sup> to begin to develop an understanding of where and how migrants and overseas visitors might present in different Trusts and the systems they have in place to identify and charge them
- **scoping study:** to gain a broader and more detailed picture
  - 29 telephone interviews with 36 respondents from a cross-section of Trusts. In each Trust, this involved one or more OVOs or others taking on this role, together, in one or two cases, with a more senior manager
  - five interviews with nine Border Force and Immigration Enforcement officers based at five major airports
- **case studies:** to develop a deeper understanding of the impact of migrants and overseas visitors in both primary and secondary care
  - seven Trusts involved in the scoping study were visited and a cross-section of staff, from clinicians through to front line staff, were interviewed face-to-face
  - in each of these areas, two Primary Care Practices were visited and interviews conducted with a cross-section of staff; the Clinical Commissioning Group<sup>5</sup> (CCG) was also invited to take part

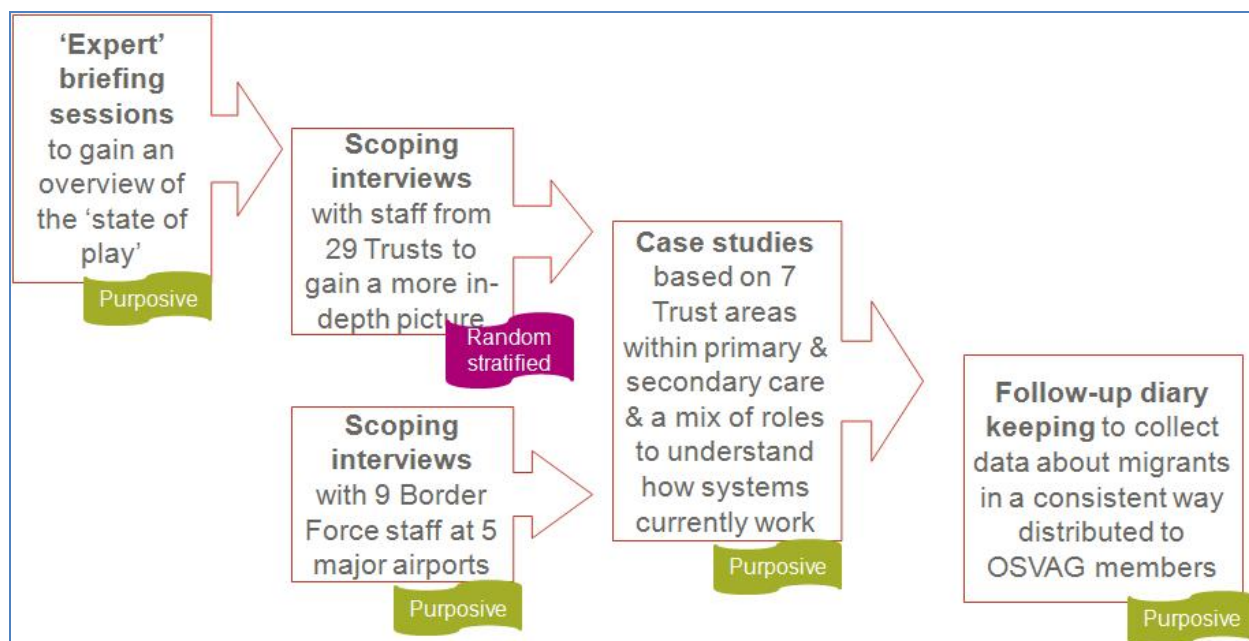
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<sup>4</sup> The Overseas Visitors Advisory Group (OsVAG) is a group formed and run by Overseas Visitor Officers, Overseas Visitor Managers and other NHS staff working in the area of identifying and charging non-UK residents who are not entitled to free NHS hospital treatment. They meet at regular intervals to discuss current issues, exchange examples of good practice and listen to guest speakers. OVOs are members of staff who have the responsibility for implementing the overseas visitor hospital charging regulations. Some individuals fulfilling this role were ‘managers’ (OVMs) while others were ‘officers’ (OVOs) on lower pay bands. For consistency, throughout the report, the term OVO has been used.

<sup>5</sup> Clinical Commissioning Groups are groups of GPs that are responsible for planning and designing health services in their area to meet local needs.

- **diary exercise:** to collect data about the number of migrants and overseas visitors in a more consistent way; a 'diary' was distributed to all OsVAG members inviting them to keep a record of all patients brought to their attention over a two week period.

**Figure 1: Overview of research programme**



The findings from the first three stages of the programme have been reported separately (see *'Qualitative Assessment of Visitor and Migrant use of the NHS in England: Observations from the Front Line'*). At the time of writing the main report, the diary exercise was still on-going and the findings have been incorporated into this supplementary report.

## 2.2 Sample

An invitation to take part in the diary exercise was sent out via email by OsVAG. Where a Trust did not have a member of staff belonging to OsVAG, an email invitation was sent from Creative Research. Thus, all 161 Trusts were invited to take part.

In the event, only 15 Trusts submitted returns. Three of these had taken part in the scoping interviews (and two of these in the case study exercise); 12 were providing data for the first time. One of the responses was from a single hospital from a Trust that comprises three hospitals. The very low response rate was probably partly due to the timing. The invitation went out at the start of August when OVOs may have been under

increased pressure due to staff holidays; they were also asked to complete the diary over a two week period and to return their diary by the end of the month.

The following table (see Table 1) shows how the final sample profile of the Trusts taking part in the diary exercise compares to the profile of all Trusts across the variables used to structure the sample for the scoping interviews and case studies (see section 11.1.1, page 180 in the main report for details). Cells where the profile differs from the national profile by 14 or more percentage points<sup>6</sup> are shaded in red.

The main differences between the sample and the total population of Trusts were that the sample contained:

- a much higher proportion of ‘high expenditure’ Trusts, and a correspondingly lower proportion of ‘medium’ and ‘low expenditure Trusts’<sup>7</sup>
- a higher proportion of Trusts located in the catchment area of airports serving mainly European destinations
- no Trusts based in a rural location<sup>8</sup>
- a much smaller proportion of Foundation, and a correspondingly higher proportion of Acute Trusts.

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<sup>6</sup> For a sample of 15, 13.3 percentage points represents 2 Trusts.

<sup>7</sup> Trusts were grouped into three equal size bands: High (>£337m pa), Medium (£216-337m pa) and Low (<£216m pa). Source: Trust expenditure data: Foundation Trusts: Monitor; the data was for 2011/12. Acute Trusts: DH; the data was for 2011/12.

<sup>8</sup> Trusts were classified using Defra’s classification of local authorities ; source : <http://www.ons.gov.uk/ons/guide-method/geography/products/area-classifications/rural-urban-definition-and-la/rural-urban-local-authority--la--classification--england-/index.html>

Table 1: Scoping study Trust sample profile						NB Low bases					
Expenditure		total	High	Med	Low						
All Trusts	N	158	53	53	52	Data for 3 Trusts unavailable					
	%	100	34	34	33						
Sample	N	15	11	3	1						
	%	100	73	20	7						
Asylum dispersal		total	top 10%	other							
All Trusts	N	161	44	117							
	%	100	27	73							
Sample	N	15	4	11							
	%	100	27	73							
Airport catchment		total	None	Long Haul	Euro						
All Trusts	N	161	79	47	35						
	%	100	49	29	22						
Sample	N	15	7	3	6	Total sample sums to 16 as one Trust was in the catchment area for both Long Haul and Europe					
	%	100	47	20	40						
Location		total	Metro	Urban	Rural	mixed					
All Trusts	N	161	63	47	36	15					
	%	100	39	29	22	9					
Sample	N	15	7	6	0	2					
	%	100	47	40	0	13					
Region		total	London	South East	East of England	South West	East Mids	West Mids	North West	North East	York & Humber
All Trusts	N	161	27	21	18	18	8	19	28	8	14
	%	100	17	13	11	11	5	12	17	5	9
Sample	N	15	3	2	2	2	1	1	2	1	1
	%	100	20	13	13	13	7	7	13	7	7
Migration Cluster		total	High	Mod	Low						
All Trusts	N	161	104	39	18						
	%	100	65	24	11						
Sample	N	15	11	3	1						
	%	100	73	20	7						
Specialisms		total	Found-ation	A&E	Cancer	Mater-nity	Renal				
All Trusts	N	161	100	145	111	138	97				
	%	100	62	90	69	86	60				
Sample	N	30	4	14	10	13	11				
	%	100	27	93	67	87	73				

Although the number of participating Trusts was low, between them, they had screened 997 patients in terms of their gender, age, nationality, date of entry into the UK, category of migrant or overseas visitor, whether they are chargeable, their pathway into the Trust and the types of services required.

This addendum to the main report summarises these data. The findings provide a snapshot of the types of patients being screened by a small number of Trusts at a particular point in the year.

It is not possible to extrapolate the data to the wider population of Trusts and patients because:

- it is based on returns from fewer than 10 per cent of Trusts
- the sample profile of these Trusts differs from the population profile on a number of variables
- the data reflects the situation in the 15 Trusts during the month of August and may not be representative of other periods of the year.

## 3 Summary of Findings

### 3.1 Introduction and Summary of Main Findings

The findings from the diary exercise are reported under three main headings:

- the number and profile of the patients being screened in the 15 Trusts over the period in question
- the number and profile of patients falling into each of several categories of migrants and overseas visitors
- the number and profile of patients deemed to be ‘ordinarily resident’ (and thereby eligible for free NHS hospital care), the number and profile of those determined as being exempt from charging, and the number and profile of chargeable patients.

The key findings from the diary exercise are summarised in Box 2.

#### Box 2: Summary of key findings from the diary exercise

##### Number and profile of patients being screened

- There was a wide variation in the number of patients being screened; this varied between 1 to over 100 per week on average. This is consistent with the findings of the scoping interviews and case studies.
- There was a higher proportion of females compared to males being screened; the ratio was 56f:40m (with 5% where the gender was not recorded).
- Nearly two-thirds of patients (63%) were aged between 15 and 44 years old.
- Four out of every ten patients (39%) were nationals of non-EEA countries; a similar proportion (37%) were EEA nationals while one in ten (9%) were British nationals. The nationality was not known or not recorded in the case of 16 per cent of patients.
- Patients accessed a wide range of NHS hospital services; A&E was the most frequently accessed service, used by 20% of the sample. The next most frequently accessed service was Maternity, used by 13% of the sample.

##### Categories of migrants and overseas visitors

- In more than a third of cases (35%), OVOs were unable to determine which category the patient fell into. This highlights the fact that OVOs often have to spend considerable amounts of time trying to determine if someone is ‘ordinarily resident’, exempt from charging or chargeable. This requires the patient to provide documentary proof of their status and this can take time.
- 26 per cent of the sample was classified as **‘visitors falling unexpectedly ill while visiting the UK’**; the same proportion was classified as **‘temporary residents’**. This latter group was almost equally divided between EEA nationals (14%) and non-EEA nationals (12%).
- **Ex-pats, British citizens and/or those with indefinite leave to remain (ILR), asylum seekers and irregular migrants**, together accounted for 10 per cent of the patients. Four patients were categorised as visitors who were **‘flying in and flying out’**, that is, deemed to have come to the UK with an existing condition with the intention of accessing NHS services. However, this is not

necessarily an indication of the true number of such patients; the scoping interviews and case studies indicated that it is very difficult for OVOs to prove that a patient is coming to the UK with a pre-existing condition with the express intent of accessing NHS hospital care.

- Patients who were **temporary residents** were more likely to be female (63%) and aged between 15 and 44 years old (86%) compared to all other patients.
- **Non-EEA temporary residents** were more likely to access NHS services in relation to pregnancy and childbirth compared to all other patients: 54 per cent of them were recorded as accessing maternity, obstetrics or gynaecological services compared to 21 per cent of all other patients. This is consistent with what was reported by Trusts taking part in the scoping and case study exercises.
- Three-quarters (74%) of all **visitors falling unexpectedly ill while visiting the UK** were potentially chargeable as they either did not have an EHIC (EEA nationals) or were from countries where there is no reciprocal arrangement (non-EEA nationals).
- Although visitors were found among all age bands, they were less likely to be aged between 15 and 44 years old (45% vs. 70% of all other patients) and proportionally more likely to be aged over 45 (42% vs. 18% of all other patients).
- Visitors were more likely to access NHS services via A&E (39% vs. 14% of all other patients).

### Chargeable status

- The main study highlights the difficulty OVOs face when it comes to interpreting and applying the charging guidelines. The data collected for the diary exercise indicates that up to 30 per cent of patients **may** have been incorrectly classified in terms of whether or not they are chargeable. This is particularly true in the case of patients who have been categorised as 'exempt from charging'.
- OVOs were **unable to determine the chargeable status** of four out of every ten patients they were screening (39%). The scoping interviews and case studies indicate that, in many cases, the patient's status may become clearer once the OVO has seen the appropriate documentary evidence however, this can take time and such evidence is not always forthcoming.
- The nationality and/or date of entry into the UK of patients whose chargeable status had not been determined were often not known. This category of patient was more likely to present as an Inpatient via A&E (34% vs. 16% of all other patients) and less likely as an elective Outpatient (12% vs. 29% of all other patients in the sample).
- Compared with all other patients in the sample, those who were found to be '**ordinarily resident**' were more likely to be female (67% vs. 54%) and aged between 15 to 44 years old (83% vs. 60%). 80 per cent of them were temporary residents (vs. 16% of all other patients) either from the EEA (49%) or non-EEA countries (31%) who had first entered the UK prior to 2013 (59% vs. 15% of all other patients). A quarter (26%) were accessing maternity services (compared to 11% of all other patients), and one in ten (11%) were accessing obstetrics which suggests a large proportion of this group of patients is accessing healthcare services in relation to pregnancy/childbirth.
- The defining characteristics of patients determined as **exempt from charges** were that they were more likely to have fallen ill while visiting the UK (47% vs. 18% of all other patients) and were treated, at least initially, in A&E (the pathway into the Trust was via A&E in 38% of cases and 36% were noted as accessing A&E services; the corresponding figures for all other patients in the sample were 26% and 14% respectively).
- **Chargeable patients** were more likely to be aged 45 years and above; just under half of them (48%) fell into this age band compared to 19% of all other patients. They were mainly people who fell ill while visiting the UK (61% vs. 18% of all other patients), although 12 per cent were ex-pats (vs. 3% of all other patients). Thus, the majority had arrived in the UK during the course of 2013 (63% vs. 23% of all other patients). They were also more likely to be admitted as Inpatients from A&E and less likely to be elective Outpatients (34% and 12% respectively vs. 16% and 29% of all other patients).

## 3.2 Number and Profile of Patients being Screened

A total of 997 patients were screened by OVOs from the 15 Trusts to determine if they were eligible for free NHS care or whether they were chargeable. One of the key findings from the main study was the huge variation in patients being screened and this was confirmed by the diary exercise (see Table 2).

Although Trusts had been asked to keep their diary over a 14 day period, the number of days covered varied from Trust to Trust. When this is controlled for by expressing each Trust's total for a 14 day period (see fourth column in Table 2), the numbers being screened ranged between 2 and 244, with a median value of 30 patients and a mean value of 63 patients<sup>9</sup>.

### 3.2.1 Gender and age

Just over half the sample of patients (56%) was female, 40 per cent were male and, in the case of 5 per cent of patients, this information was not recorded.

Just over 60 per cent of the patients (63%) were aged between 15 and 44 years, and a further 16 per cent were aged between 45 and 64 years. One in ten (9%) was aged 65 and above while 7 per cent were aged under 15 years old. The patient's age was either unknown or not recorded in 6 per cent of instances (see Table 3).

**Table 2: Numbers of Patients being Screened**

Trust	no. days	No	
		patients screened	per 14 day
1	15	2	1.9
2	15	2	1.9
3	17	4	3.3
4	15	10	9.3
5	15	10	9.3
6	15	16	14.9
7	29	22	10.6
8	14	30	30.0
9	17	42	34.6
10	15	56	52.3
11	16	59	51.6
12	12	106	123.7
13	15	172	160.5
14	12	209	243.8
15	18	257	199.9
base	15	15	15
min	12	2	2
max	29	257	244
mean	16	66	63
median	15	30	30
sum	240	997	948

**Table 3: Age Profile of Patients**  
base: 15 Trusts; 997 patients

Age range	%
0 to 4	3
5 to 14	4
15 to 44	63
45 to 64	16
65 to 74	6
75+	3
Not known/not recorded	6

<sup>9</sup> Due to the widely varying values, the mean values do not provide a very good indication of central tendency and median values have also been provided, along with the range and a total value.



### 3.2.2 Nationality

A large number of different nationalities were represented within the sample. In all cases, the number of patients of any given nationality was less than 10 per cent of the total and, in over half of cases, the number was 1 per cent or less of the total. For this reason, patients have been grouped into four categories:

- **British nationals (including those with dual nationality):** these comprised 9 per cent of the sample
- **patients from EEA countries:** 37 per cent of the sample were nationals from EEA countries
- **patients of non-EEA countries:** 39 per cent of patients were nationals from non-EEA countries
- and patients where the nationality was either **not known or it was not recorded:** this accounted for 16 per cent of the sample.

### 3.2.3 Date of entry into the UK

In just over half of the sample (52%), the date of entry into the UK had been recorded. This reveals that 30 per cent of all patients had entered the UK during 2013. If one excludes those patients where the entry date is unknown, 58 per

Date of entry	n	%			
1996	3	<1	2013 (any)	297	30
1999	1	<1	2013 (not specified)	14	1
2000	2	<1	Jan-13	7	1
2001	3	<1	Feb-13	10	1
2002	2	<1	Mar-13	17	2
2003	8	1	Apr-13	20	2
2004	3	<1	May-13	28	3
2005	7	1	Jun-13	43	4
2006	4	1	Jul-13	93	9
2007	8	1	Aug-13	64	6
2008	12	1	Sep-13*	1	1
2009	24	2	DK	482	48
2010	17	2	*One Trust had included the first few days of September as part of their diary exercise.		
2011	34	3			
2012	90	9			

cent of patients entered the UK during 2013; this includes 16 per cent who entered the country within one to two months of the start of their treatment (see Table 4).

### 3.2.4 Pathway into Trust

OVOs were asked to record for each patient the pathway they took into their Trust. The options included on the diary record sheet were:

- A&E (discharged from A&E)
- Inpatient (via A&E)
- Outpatient (via A&E)
- Inpatient (elective)
- Outpatient (elective)
- Other.

The findings are summarised in Table 5.

There was some confusion over the use of the first category, 'A&E (discharged from A&E)'. A&E is free of charge for all categories of migrants and overseas visitors; a patient who is not eligible for free NHS care becomes chargeable if they are admitted as an Inpatient via A&E or if they attend as an Outpatient following a visit to A&E. However, the most frequently selected pathway into Trusts was 'A&E (discharged from A&E)'. 289 patients (29% of the sample) were categorised in this way, including 55 who were deemed chargeable.

Pathway	n	%
A&E (discharged from A&E)	289	29
Outpatient (elective)	261	26
Inpatient (via A&E)	193	19
Outpatient (via A&E)	70	7
via GP	61	6
Inpatient (elective)	34	3
other	73	7
DK	66	7

The most likely interpretation of this pattern of data is that respondents had interpreted the question as the 'first point of entry' into the Trust and not the point at which the patient became potentially chargeable. In the majority of cases, respondents did not double code such patients, for example, by coding not only that the patient had first entered the Trust via A&E, but also that they were admitted subsequently as an Inpatient or attended as an Outpatient. It is unclear whether 'A&E (discharged from A&E)' means the individual was subsequently seen as an Outpatient (i.e. 'Outpatient (via A&E)') or an Inpatient (i.e. Inpatient (via A&E)).

Other pathways recorded included via radiology/via A&E requiring diagnostic imaging (n=21), via another Trust (n=11), via a community midwife (n=8), via family

planning/CASH (n=7), via Blue Light (n=4), self-referral (n=4), via a dentist/optician (n=1 each) and 'possibly via airport – may be TB' (n=1).

### 3.2.5 Services accessed

The main services accessed by the sample of patients are summarised in Table 6. One in five patients was described as accessing A&E although it should be noted that this is lower than the figure reported above and this may mean there was a degree of under reporting the use of A&E.

**Table 6: Services accessed**

base: 15 Trusts; 997 patients

Services	n	%	Services	n	%
A&E	201	20	Physiotherapy	8	1
Maternity	131	13	Children's & Adolescent	7	1
Obstetrics	72	7	Diabetic medicine	7	1
General Medicine	55	6	Haematology	7	1
Orthopaedics	52	5	Neurology	7	1
Gynaecology	45	5	Infectious disease	6	1
General surgery	44	4	Surgery (breast)	6	1
Cardiology	31	3	Dermatology	5	1
Diagnostic Imaging	28	3	Geriatric medicine	5	1
Ophthalmology	24	2	Dentistry & Orthodontics	3	<1
Paediatrics	23	2	Endocrinology & Metabolic Medicine	3	<1
Urology	22	2	Cardiothoracic surgery	2	<1
Ear, Nose and Throat	18	2	HIV	2	<1
Nephrology/Dialysis	15	2	Neurosurgery	2	<1
Plastic surgery	13	1	Sexual health	2	<1
Trauma services	13	1	Vascular services	2	<1
Respiratory medicine	12	1	Minor injuries	1	<1
Family Planning services	11	1	Sleep medicine	1	<1
Gastrointestinal and Liver services	10	1	Stroke services	1	<1
Oral and Maxillofacial surgery	9	1	Wound care	1	<1
Rheumatology	9	1	Other	23	2
Oncology	8	1	DK/not recorded	162	16

The next most frequently accessed service is maternity which was accessed by 13 per cent of patients, followed by obstetrics, accessed by 7 per cent of patients. This suggests that one in five patients were accessing services in relation to pregnancy/childbirth and this is consistent with the picture from the scoping study and case studies in which OVOs and other Trust staff reported large numbers of migrants and overseas visitors accessing these services.

The category of ‘other’ services included intensive/critical care/therapy (n=4), fertility treatment, medical assessment unit, surgery (n=2 in each case), audiology, clinical immunology, disablement services, DUT, ‘fbc/gynae’, lithotripsy, medical management of chest pain, ortho surgery, orthoptics, surgical assessment unit, walk-in early pregnancy assessment unit (n=1 in each case).

### 3.3 Categories of Migrants and Overseas Visitors

OVOs were asked to record which category of migrant or overseas visitor a patient belonged to, where this was known. The categories they were asked to use were:

- **Unable to determine at this point** (for example, if OVO is waiting for the patient to provide evidence about their status)
- **UK citizen/resident with indefinite leave to remain**
- **British ex-pat:**
  - visiting UK
  - returning to reside in UK
- **EEA temporary resident/family member:**

student	worker
self-employed	job seeker
economically inactive	state pensioner in another state
- **Non-EEA temporary resident/family member:**

student	worker
self-employed	resident on another basis
- **Asylum seeker**
- **Irregular migrant:**

illegal immigrant	failed asylum seeker
overstayer (visa expired)	absconder
applying for leave to remain	
- **Visitors who fall ill unexpectedly while temporarily in UK:**

visitors from EEA (with EHIC)	visitors from EEA (without EHIC)
visitors from other countries (with reciprocal agreement)	visitors from other countries (no reciprocal agreement)

- **Visitors who 'fly in' and 'fly out'** (i.e. as far as you can tell, they have come to the UK with an existing condition with the intention of accessing NHS services)
- Something else.

A breakdown of the numbers of patients who had been classified by OVOs as belonging to each of the main categories of migrants and overseas visitors by each Trust, along with tables showing this breakdown against each of the other diary variables, is provided in the appendices (see 4.2).

The number and proportion of patients classified by each of these categories is set out in Table 7. This reveals that, for these Trusts, in over a third of cases OVOs were unable to determine which category the patient belongs in. Just over

**Table 7: Number and proportion of patients falling into each migrant and overseas visitor category**

base: 15 Trusts; 997 patients

	N	%
base	997	100
<b>Unable to determine</b>	<b>349</b>	<b>35</b>
<b>UK citizen/resident with ILR</b>	<b>19</b>	<b>2</b>
<b>British ex-pat</b>	<b>45</b>	<b>5</b>
visiting UK	34	3
returning to reside in UK	11	1
<b>EEA temporary resident/family member</b>	<b>144</b>	<b>14</b>
worker	85	9
economically inactive	27	3
student	11	1
not specified	7	1
self-employed	6	1
state pensioner in another state	2	<1
job seeker	0	0
<b>non-EEA temporary resident/family member</b>	<b>119</b>	<b>12</b>
student	44	4
resident on another basis	39	4
worker	29	3
not specified	7	1
self-employed	1	<1
<b>Asylum seeker</b>	<b>21</b>	<b>2</b>
<b>Irregular migrant</b>	<b>19</b>	<b>2</b>
overstayer	12	1
illegal immigrant	4	<1
applying for leave to remain	3	<1
failed asylum seeker	1	<1
absconder	0	0
<b>Visitors who fall ill</b>	<b>257</b>	<b>26</b>
EEA visitors with EHIC	49	5
EEA visitors without EHIC	85	9
Visitors from other countries with a reciprocal agreement	18	2
Visitors from other countries without a reciprocal agreement	105	11
<b>Visitors who 'fly in and fly out'</b>	<b>4</b>	<b>&lt;1</b>
<b>Something else</b>	<b>20</b>	<b>2</b>

a quarter of the sample comprised visitors who had fallen ill (26%) while a similar proportion (26%) were temporary residents. Ex-pats, British citizens and/or those with indefinite leave to remain (ILR), asylum seekers and irregular migrants, together accounted for 10 per cent of the patients. Four patients were categorised as visitors who were 'flying in and flying out', that is, deemed to have come to the UK with an existing condition with the intention of accessing NHS services.

Each of these categories is considered in more detail in the following sections.

### 3.3.1 Unable to determine

The fact that over a third of patients brought to the attention of the OVOs cannot be readily classified into the appropriate category highlights the fact that OVOs often have to spend considerable amounts of time trying to determine if someone is 'ordinarily resident', exempt from charging or chargeable. This requires the patient to provide documentary proof of their status and this can take time (see section 4 of the main report for a description of the systems and procedures followed to determine if a patient is chargeable). The profile of this category of patient is summarised in Table 8.

The gender and age profile of, and the pathways into the Trust/services accessed by, this group of patients was broadly the same as all other patients being screened. However, their nationality was unknown in 41 per cent of cases and their date of entry into the UK was unknown in 81 per cent of cases. The comparable figures for all other patients being screened were 3 per cent where their nationality was unknown and 31 per cent where the date of entry into the UK was unknown.

**Table 8: Profile of uncategorised patients**

base: 15 Trusts; 997 patients

Cells with a much higher proportion of patients compared to 'all others' are highlighted in green while those with a much lower proportion are highlighted in gold

	Total	All others	Unable to determine		Total	All others	Unable to determine
base	997	648	349	base	997	648	349
Gender	%	%	%	Pathway into Trust	%	%	%
female	56	56	56	discharged via A&E	29	36	26
male	40	39	41	Outpat't (elective)	26	31	28
DK/Not recorded	5	5	4	Inpatient (via A&E)	19	9	15
Age	%	%	%	Outpat't (via A&E)	7	9	8
0 to 4	3	2	5	via GP	6	9	6
5 to 14	4	6	2	Inpatient (elective)	3	5	3
15 to 44	63	62	65	Other	7	6	9
45 to 64	16	16	14	DK/not recorded	7	0	11
65 to 74	6	7	3	Services accessed	%	%	%
75+	3	4	2	A&E	20	26	21
DK/Not recorded	6	3	9	Maternity	13	13	15
Nationality	%	%	%	Obstetrics	7	6	14
British	9	9	8	General Medicine	6	6	3
EEA nationals	37	43	25	Orthopaedics	5	6	8
Non-EEA Nationals	39	46	26	Gynaecology	5	4	4
DK/Not recorded	16	3	41	General surgery	4	5	4
Date of entry to UK	%	%	%	Cardiology	3	4	3
pre 2012	13	16	7	Diagnostic Imaging	3	2	2
2012	9	12	4	Other	29	27	32
2013	30	42	8	DK/not recorded	16	13	8
DK/not recorded	48	31	81				

### 3.3.2 UK citizens/those with Indefinite Leave to Remain

19 patients (2%) were allocated to this category. The total base is very small but there was nothing to suggest there was a difference in terms of the gender or age profile of these 19 patients compared to all other patients in the sample. The profile of this category of patient is summarised in Table 9.

**Table 9: Profile of UK citizens/those with ILR**

base: 15 Trusts; 997 patients

**NB Low base**

	Total	All others	UK citizens with ILR		Total	All others	UK citizens with ILR
base	997	978	19	base	997	978	19
Gender	%	%	%	Pathway into Trust	%	%	%
female	56	56	53	discharged via A&E	29	29	32
male	40	40	47	Outpat't (elective)	26	26	32
DK/Not recorded	5	5	0	In-patient (via A&E)	19	19	21
Age	%	%	%	Outpat't (via A&E)	7	7	5
0 to 4	3	3	0	via GP	6	6	0
5 to 14	4	4	5	Inpatient (elective)	3	3	0
15 to 44	63	63	63	Other	7	7	0
45 to 64	16	16	11	DK/not recorded	7	6	16
65 to 74	6	5	11	Services accessed	%	%	%
75+	3	3	0	A&E	20	20	21
DK/Not recorded	6	5	11	Maternity	13	13	11
Nationality	%	%	%	Obstetrics	7	7	5
British	9	7	68	General Medicine	6	5	11
EEA nationals	37	37	0	Orthopaedics	5	5	5
Non-EEA Nationals	39	39	32	Gynaecology	5	4	5
DK/Not recorded	16	17	0	General surgery	4	4	11
Date of entry to UK	%	%	%	Cardiology	3	3	5
pre 2012	13	13	16	Diagnostic Imaging	3	3	0
2012	9	9	5	Other	29	29	26
2013	30	30	0	DK/not recorded	16	16	21
DK/not recorded	48	48	79				

### 3.3.3 British ex-pats

45 patients (5%) were determined to be ex-pats; of these, a quarter (n=11) were reported as returning to the UK and three-quarters (n=34) were visiting. The profile of this category of patient is set out in Table 10.

Although the base is small, it is worth noting that the age profile of this category tended to be older: a third (33%) were aged 65 and above compared to less than one in ten of all other patients in the sample (8%). In contrast, only a third (33%) fell into the 15 to 44 years old age band, compared to two-thirds (65%) of all other patients in the sample.

Three-quarters of this group (n=33; 73%) were recorded as British nationals including two with dual citizenship. However, 11 were recorded as being of a different nationality



and in one case, the nationality was not recorded. It is possible that OVOs had recorded the country from which these patients were living before visiting/returning to the UK.

**Table 10: Profile of British ex-pats**

base: 15 Trusts; 997 patients

Cells with a much higher proportion of patients compared to 'all others' are highlighted in green while those with a much lower proportion are highlighted in gold

**NB Low Base**

	Total	All others	British ex-pats		Total	All others	British ex-pats
base	997	952	45	base	997	952	45
Gender	%	%	%	Pathway into Trust	%	%	%
female	56	56	49	discharged via A&E	29	29	20
male	40	39	47	Outpat't (elective)	26	27	13
DK/Not recorded	5	5	4	In-patient (via A&E)	19	19	31
Age	%	%	%	Outpat't (via A&E)	7	7	11
0 to 4	3	3	2	via GP	6	6	11
5 to 14	4	4	9	Inpatient (elective)	3	3	7
15 to 44	63	65	33	Other	7	7	7
45 to 64	16	15	18	DK/not recorded	7	7	0
65 to 74	6	5	24	Services accessed	%	%	%
75+	3	3	9	A&E	20	20	31
DK/Not recorded	6	5	4	Maternity	13	14	2
Nationality	%	%	%	Obstetrics	7	7	4
British	9	5	73	General Medicine	6	5	7
EEA nationals	37	38	11	Orthopaedics	5	5	9
Non-EEA Nationals	39	40	13	Gynaecology	5	5	0
DK/Not recorded	16	17	2	General surgery	4	4	16
Date of entry to UK	%	%	%	Cardiology	3	3	4
pre 2012	13	13	4	Diagnostic Imaging	3	3	4
2012	9	9	4	Other	29	28	38
2013	30	28	60	DK/not recorded	16	17	7
DK/not recorded	48	49	31				

While a small number had returned to live in the UK prior to 2013, the date of entry to the UK was not known for a third of this group (n= 14; 31%) however 60 per cent had come to the UK at some point during 2013, in most cases, during July or August (27 were recorded as having entered the UK during 2013; of these, 22 arrived in either July or August).

The base is small but there is some suggestion that ex-pats, especially those who were visiting, accessed NHS treatment via A&E. 31 per cent of this group accessed A&E compared to 20 per cent of all other patients in the sample. There was also an indication that, compared to all other patients in the sample, ex-pats were more likely to access general surgery (16% compared to 4% of all other patients).

**3.3.4 EEA temporary residents**

14 per cent of the patients in the sample were temporary residents from EEA countries and, as such, this was the second largest category after visitors who fall ill unexpectedly while visiting the UK. Six out of every ten (59%)

Sub-category	%
worker	59
economically inactive	19
student	8
self-employed	4
state pensioner in another state	1
not specified	9

were workers while one in five (19%) were classed as economically inactive however, the scoping study revealed that there was some confusion over what this means and it is likely that some of these patients were non-working dependents of someone who was either working, seeking work or a student (see Table 11).

A higher proportion of the patients in this category were female compared to all other patients with a corresponding lower proportion of males; the ratio was 62:33 (with 5 per cent not recorded) whereas for all other patients the ratio was 55:41. There was also a higher proportion aged 15 to 44 years old; 82 per cent of this category fell into this age range compared to 60 per cent of all other patients.

The majority of these patients (58%) had entered the UK prior to 2013. There was some suggestion that they were more likely than all other patients to have been seen as an Outpatient and to be accessing obstetrics. The profile of this category of patient is set out in Table 12.

**Table 12: Profile of EEA temporary residents**

base: 15 Trusts; 997 patients

Cells with a much higher proportion of patients compared to 'all others' are highlighted in green while those with a much lower proportion are highlighted in gold

	Total	All others	EEA temporary residents		Total	All others	EEA temporary residents
base	997	853	144	base	997	853	144
Gender	%	%	%	Pathway into Trust	%	%	%
female	56	55	62	discharged via A&E	29	30	24
male	40	41	33	Outpat't (elective)	26	25	34
DK/Not recorded	5	4	5	In-patient (via A&E)	19	20	15
Age	%	%	%	Outpat't (via A&E)	7	7	6
0 to 4	3	3	1	via GP	6	6	5
5 to 14	4	5	3	Inpatient (elective)	3	3	5
15 to 44	63	60	82	Other	7	7	8
45 to 64	16	16	10	DK/not recorded	7	7	6
65 to 74	6	6	2	Services accessed	%	%	%
75+	3	4	0	A&E	20	20	21
DK/Not recorded	6	6	1	Maternity	13	13	15
Nationality	%	%	%	Obstetrics	7	6	14
British	9	10	1	General Medicine	6	6	3
EEA nationals	37	27	95	Orthopaedics	5	5	8
Non-EEA Nationals	39	45	2	Gynaecology	5	5	4
DK/Not recorded	16	19	1	General surgery	4	4	4
Date of entry to UK	%	%	%	Cardiology	3	3	3
pre 2012	13	9	35	Diagnostic Imaging	3	3	2
2012	9	7	24	Other	29	29	27
2013	30	31	21	DK/not recorded	16	18	8
DK/not recorded	48	53	21				

### 3.3.5 Non-EEA temporary residents

12 per cent of patients were temporary residents from non-EEA countries. Students made up the largest sub-group of this category (37%), followed by those who were resident 'on another basis', such as being a family member of a temporary resident (33%). A quarter of this category (24%) was made up of workers (see Table 13).

**Table 13: Sub-categories of Non-EEA temporary residents/family members**

Base: 119 patients from 15 Trusts

Sub-category	%
student	37
resident on another basis	33
worker	24
self employed	1
not specified	6

**Table 14: Profile of non-EEA temporary residents**

base: 15 Trusts; 997 patients

Cells with a much higher proportion of patients compared to 'all others' are highlighted in green while those with a much lower proportion are highlighted in gold

	Total	All others	non-EEA temporary residents		Total	All others	non-EEA temporary residents
base	997	878	119	base	997	878	119
Gender	%	%	%	Pathway into Trust	%	%	%
female	56	53	76	discharged via A&E	29	32	7
male	40	42	22	Outpat't (elective)	26	23	49
DK/Not recorded	5	5	3	In-patient (via A&E)	19	19	18
Age	%	%	%	Outpat't (via A&E)	7	7	4
0 to 4	3	3	1	via GP	6	5	14
5 to 14	4	5	1	Inpatient (elective)	3	3	4
15 to 44	63	60	92	Other	7	7	7
45 to 64	16	17	3	DK/not recorded	7	7	4
65 to 74	6	6	3	Services accessed	%	%	%
75+	3	4	1	A&E	20	22	10
DK/Not recorded	6	6	1	Maternity	13	10	34
Nationality	%	%	%	Obstetrics	7	7	11
British	9	10	0	General Medicine	6	6	4
EEA nationals	37	41	1	Orthopaedics	5	6	1
Non-EEA Nationals	39	31	98	Gynaecology	5	4	9
DK/Not recorded	16	18	1	General surgery	4	5	2
Date of entry to UK	%	%	%	Cardiology	3	3	3
pre 2012	13	12	17	Diagnostic Imaging	3	3	3
2012	9	7	24	Other	29	29	26
2013	30	29	38	DK/not recorded	16	18	5
DK/not recorded	48	52	21				

The profile of this category of patients is summarised in Table 14.

Once again, there was a greater proportion of females in this category of patients. The ratio of females to males was 76:22 (with 3% unrecorded) which compares with 53:42 per cent among all other patients. Likewise, there were proportionally more patients aged between 15 and 44: 92 per cent of this group of patients fell into this age band compared to 60 per cent of all other patients.

Over four out of every ten (41%) of this group of patients had first entered the UK prior to 2013. They were more than twice as likely to be accessing NHS services as Outpatients (49% compared to 23% of all other patients), and, in particular, to be

accessing services related to pregnancy and childbirth: 54 per cent of them were recorded as accessing either maternity, obstetrics or gynaecological services compared to 21 per cent of all other patients. Once again, this is consistent with what was reported by Trusts taking part in the scoping and case study exercises.

### 3.3.6 Asylum seekers

21 patients were recorded as being asylum seekers. Just over half of them were recorded as having entered the UK before 2012; otherwise, the profile of this category of patient was broadly the same as all other patients although the base is too small to allow any meaningful comparisons (see Table 15).

<b>Table 15: Profile of asylum seekers</b>				<b>NB Low Base</b>			
base: 15 Trusts; 997 patients							
	Total	All others	Asylum seekers		Total	All others	Asylum seekers
base	997	976	21	base	997	976	21
Gender	%	%	%	Pathway into Trust	%	%	%
female	56	56	48	discharged via A&E	29	29	14
male	40	40	48	Outpat't (elective)	26	26	29
DK/Not recorded	5	5	5	In-patient (via A&E)	19	19	24
Age	%	%	%	Outpat't (via A&E)	7	7	5
0 to 4	3	3	0	via GP	6	6	10
5 to 14	4	4	10	Inpatient (elective)	3	3	10
15 to 44	63	63	67	Other	7	7	14
45 to 64	16	16	14	DK/not recorded	7	7	5
65 to 74	6	6	0	Services accessed	%	%	%
75+	3	3	5	A&E	20	20	24
Nationality	%	%	%	Maternity	13	13	14
British	9	9	5	Obstetrics	7	7	10
EEA nationals	37	37	0	General Medicine	6	5	10
Non-EEA Nationals	39	38	90	Orthopaedics	5	5	5
DK/Not recorded	16	17	5	Gynaecology	5	4	14
Date of entry to UK	%	%	%	General surgery	4	4	5
pre 2012	13	12	57	Cardiology	3	3	5
2012	9	9	5	Diagnostic Imaging	3	3	0
2013	30	30	33	Other	29	29	29
DK/not recorded	48	49	5	DK/not recorded	16	16	5

One of the returns illustrates how OVOs may find it difficult to decide which category certain patients fall into. Although classified as an asylum seeker by the OVO, the

individual had entered the UK in 2000, and was recorded by the OVO as having joint British citizenship and as 'naturalised'. In other words, the individual should have been classified as 'UK citizen/resident with ILR'.

### 3.3.7 Irregular migrants

19 patients were classified as irregular migrants; 12 were recorded as over staying their visa, four as illegal immigrants and three were applying for leave to remain in the UK.

The profile of this category is summarised in Table 16 however the base is too small to allow any meaningful comparisons.

<b>Table 16: Profile of irregular migrants</b>				<b>NB Low Base</b>			
base: 15 Trusts; 997 patients							
	Total	All others	Irregular migrants		Total	All others	Irregular migrants
base	997	978	19	base	997	978	19
Gender	%	%	%	Pathway into Trust	%	%	%
female	56	56	47	discharged via A&E	29	30	0
male	40	40	47	Outpat't (elective)	26	26	37
DK/Not recorded	5	4	5	In-patient (via A&E)	19	19	42
Age	%	%	%	Outpat't (via A&E)	7	7	0
0 to 4	3	3	0	via GP	6	6	11
5 to 14	4	4	0	Inpatient (elective)	3	3	5
15 to 44	63	63	68	Other	7	7	11
45 to 64	16	15	26	DK/not recorded	7	7	5
65 to 74	6	6	0	Services accessed	%	%	%
75+	3	3	5	A&E	20	21	0
DK/Not recorded	6	5	0	Maternity	13	13	11
Nationality	%	%	%	Obstetrics	7	7	0
British	9	9	0	General Medicine	6	5	21
EEA nationals	37	37	0	Orthopaedics	5	5	0
Non-EEA Nationals	39	38	95	Gynaecology	5	4	5
DK/Not recorded	16	17	5	General surgery	4	4	11
Date of entry to UK	%	%	%	Cardiology	3	3	11
pre 2012	13	12	63	Diagnostic Imaging	3	3	5
2012	9	9	11	Other	29	29	42
2013	30	30	5	DK/not recorded	16	16	5
DK/not recorded	48	49	21				

### 3.3.8 Visitors who fall ill

Excluding those patients who OVOs were unable to classify, this was the single biggest category of patients, making up a quarter of all patients (26%). Four out of every ten (41%) of visitors who fall ill were from non-EEA countries without a reciprocal agreement with the UK while a third (33%) were visitors from EEA countries who did not have an EHIC. One in five (19%) were EEA nationals holding an EHIC and the remaining seven per cent were from non-EEA countries where there was a reciprocal agreement in place (see Table 17).

<b>Table 17: Sub-categories of Visitors who fall ill</b>	
Base: 257 patients from 15 Trusts	
Sub-category	%
visitors from non-EEA countries with no reciprocal arrangement	41
visitors from EEA countries without an EHIC	33
visitors from EEA countries with an EHIC	19
visitors from non-EEA countries with a reciprocal arrangement	7

Visitors who fall ill tended to be distributed across a wider cross-section of age bands which meant there was a smaller proportion of them in the 15 to 44 year old band; 42 per cent of them were aged over 44 years old compared to just 18 per cent of all other patients.

The majority of the patients in this category had either entered the UK in 2013 (59%) or the entry data was unknown (37%) which reflects the fact that visitor visas are normally of no more than six months duration. Visitors falling ill were more likely to access NHS services via A&E.

The profile of this category of patient is summarised in Table 18.

**Table 18: Profile of visitors who fall ill**

base: 15 Trusts; 997 patients

Cells with a much higher proportion of patients compared to 'all others' are highlighted in green while those with a much lower proportion are highlighted in gold

	Total	All others	Visitors who fall ill		Total	All others	Visitors who fall ill
base	997	740	257	base	997	740	257
Gender	%	%	%	Pathway into Trust	%	%	%
female	56	59	45	discharged via A&E	29	21	52
male	40	37	49	Outpat't (elective)	26	32	10
DK/Not recorded	5	4	6	In-patient (via A&E)	19	18	24
Age	%	%	%	Outpat't (via A&E)	7	7	7
0 to 4	3	3	3	via GP	6	8	2
5 to 14	4	3	9	Inpatient (elective)	3	4	2
15 to 44	63	70	45	Other	7	8	5
45 to 64	16	12	25	DK/not recorded	7	9	1
65 to 74	6	4	10	Services accessed	%	%	%
75+	3	2	7	A&E	20	14	39
DK/Not recorded	6	6	2	Maternity	13	16	4
Nationality	%	%	%	Obstetrics	7	10	0
British	9	11	2	General Medicine	6	5	7
EEA nationals	37	32	50	Orthopaedics	5	4	7
Non-EEA Nationals	39	36	47	Gynaecology	5	6	1
DK/Not recorded	16	21	2	General surgery	4	4	5
Date of entry to UK	%	%	%	Cardiology	3	3	4
pre 2012	13	17	2	Diagnostic Imaging	3	3	3
2012	9	12	2	Other	29	31	22
2013	30	20	59	DK/not recorded	16	15	20
DK/not recorded	48	52	37				

### 3.3.9 Those who 'fly in' and 'fly out'

This category refers to individuals who have come to the UK with an existing condition with the intention of accessing NHS services, if possible without having to pay for their treatment. They are sometimes referred to as 'health tourists'. Four individuals were put into this category, however, as the main study reports, this is not necessarily an indication of the true number of such patients. While recognised as a category by OVOs and other Trust staff taking part in the scoping and case study exercises, it was not seen as a discrete category as it was perceived to overlap with most of the other categories. It was seen as including relatives of EEA and non-EEA temporary residents, self-sufficient EEA temporary residents, ex-pats and people travelling on visitor visas. In



many cases where OVOs had suspicions, it was difficult for them to prove that the patient was coming to the UK with the express intent of accessing healthcare.

### 3.4 Chargeable Status

Respondents were asked to record for each patient whether they were deemed to be ‘ordinarily resident’, exempt from charging or chargeable. Where they were still waiting for information to enable them to determine whether or not a patient was chargeable, they were asked to code them as ‘unable to determine at this point’.

A breakdown of the numbers of patients who had been classified by OVOs into these categories by each Trust, along with tables showing this breakdown against each of the other diary variables, is provided in the appendices (see 4.3).

Table 19 shows the number of patients that were determined to be ‘ordinarily resident’ (OR), exempt from charging, and chargeable, as well as those where the OVO was unable to determine their status; again, there was considerable variability in the data between Trusts (see, for example, Table 32, p48).

<b>Table 19: Number and proportion of patients determined to be ‘ordinarily resident’, exempt from charges and chargeable</b>		
base: 15 Trusts; 997 patients		
	N	%
base	997	100
‘Ordinarily resident’	156	16
Exempt	272	27
Chargeable	175	18
Unable to determine	386	39
Other	8*	1
*One Trust had reported that eight patients were ‘not overseas visitors when checked’ but had not provided any data on their nationality or which category of migrant and overseas visitor these patients fell into and had not classified them in terms of whether they were ordinarily resident or exempt from charging.		

16 per cent of the sample of patients was deemed to be OR, just over a quarter (27%) was determined to be exempt while 18 per cent were identified as chargeable.

Nearly four in every ten patients brought to the OVOs’ attention (386 or 39%) were subject to further investigation before a decision could be reached as to whether they were eligible for free NHS care. This illustrates the finding from the main study that, in

many cases, it is not immediately obvious whether or not someone is eligible for free NHS care, and OVOs may need to spend considerable time trying to establish the patient's situation, for example, by writing to them asking for the necessary documents to be provided.

### 3.4.1 Patients whose chargeable status had not been determined

The profile of the patients whose chargeable status had not been determined is summarised in Table 20. The main difference between these patients and all others in the sample was that OVOs were less likely to have details of their nationality (37% unrecorded vs. 3% of all other patients) and their date of entry into the UK (74% unrecorded vs. 32% of all other patients). In most cases, OVOs were unable to determine which category of migrant or overseas visitor they fell into (84% unrecorded vs. 4% of all other patients).

These patients were more likely to be Inpatients having been admitted via A&E (34% vs. 16% of all other patients) and less likely to be elective Outpatients (12% vs. 29% of all other patients). In a quarter of cases (24%), the services being accessed were not recorded; this may reflect the fact that where treatment was not deemed urgent, the OVO had blocked treatment while awaiting the outcome of further enquiries.

**Table 20: Profile of patients where chargeable status has not been determined**

base: 15 Trusts; 997 patients

Cells with a much higher proportion of patients compared to 'all others' are highlighted in green while those with a much lower proportion are highlighted in gold

	Total	All others	Unable to determine		Total	All others	Unable to determine
base	997	611	386	base	997	611	386
Gender	%	%	%	Date of entry to UK	%	%	%
female	56	57	54	pre 2012	13	5	25
male	40	39	42	2012	9	14	1
DK/Not recorded	5	5	4	2013	30	48	1
Age	%	%	%	DK/not recorded	48	32	74
0 to 4	3	2	4	Services accessed	%	%	%
5 to 14	4	6	3	A&E	20	27	9
15 to 44	63	61	67	Maternity	13	14	12
45 to 64	16	17	13	Obstetrics	7	5	10
65 to 74	6	7	3	General Medicine	6	6	5
75+	3	4	2	Orthopaedics	5	6	4
DK/Not recorded	6	3	8	Gynaecology	5	4	6
Nationality	%	%	%	General surgery	4	5	3
British	9	8	9	Cardiology	3	3	3
EEA nationals	37	42	28	Diagnostic Imaging	3	3	3
Non-EEA Nationals	39	47	26	Other	29	28	31
DK/Not recorded	16	3	37	DK/not recorded	16	11	24
Pathway into Trust	%	%	%	Category	%	%	%
discharged via A&E	29	28	31	Unable to det'mine	35	4	84
Outpat't (elective)	26	29	12	UK citizen/ILR	2	3	0
Inpatient (via A&E)	19	16	34	British ex-pat	5	6	2
Outpat't (via A&E)	7	7	9	EEA temp. res.	14	20	5
via GP	6	6	6	Non-EEA temp. res.	12	18	3
Inpatient (elective)	3	3	3	Asylum seeker	2	3	1
Other	7	7	7	Irregular migrant	2	3	0
DK/not recorded	7	8	2	Visitors who fall ill	26	39	5
				Others	2	3	1

### 3.4.2 Patients determined to be 'ordinarily resident'

The profile of the 156 patients deemed to be OR is summarised in Table 21.

Compared with all other patients in the sample, those who were found to be OR were more likely to be female (67% vs. 54%) and aged between 15 to 44 years old (83% vs. 60%). 80 per cent of them were temporary residents (vs. 16% of all other patients)

either from the EEA (49%) or non-EA countries (31%) who had first entered the UK prior to 2013 (59% vs. 15% of all other patients). A quarter of them (26%) were accessing maternity services (compared to 11% of all other patients), and one in ten (11%) were accessing obstetrics which suggests a large proportion of this group of patients is accessing healthcare services in relation to pregnancy/childbirth.

**Table 21: Profile of visitors determined to be ‘ordinarily resident’**

base: 15 Trusts; 997 patients

Cells with a much higher proportion of patients compared to ‘all others’ are highlighted in green while those with a much lower proportion are highlighted in gold

	Total	All others	OR		Total	All others	OR
base	997	841	156	base	997	841	156
Gender	%	%	%	Date of entry to UK	%	%	%
female	56	54	67	pre 2012	13	9	33
male	40	42	29	2012	9	6	26
DK/Not recorded	5	5	4	2013	30	31	21
Age	%	%	%	DK/not recorded	48	54	20
0 to 4	3	3	0	Services accessed	%	%	%
5 to 14	4	5	3	A&E	20	21	17
15 to 44	63	60	83	Maternity	13	11	26
45 to 64	16	17	8	Obstetrics	7	7	11
65 to 74	6	6	3	General Medicine	6	6	4
75+	3	4	1	Orthopaedics	5	6	3
DK/Not recorded	6	5	3	Gynaecology	5	4	9
Nationality	%	%	%	General surgery	4	5	3
British	9	8	11	Cardiology	3	3	3
EEA nationals	37	34	50	Diagnostic Imaging	3	3	1
Non-EEA Nationals	39	39	38	Other	29	29	26
DK/Not recorded	16	19	1	DK/not recorded	16	18	6
Pathway into Trust	%	%	%	Category	%	%	%
discharged via A&E	29	31	17	Unable to det'mine	35	41	3
Outpat't (elective)	26	22	48	UK citizen/ILR	2	0	10
Inpatient (via A&E)	19	21	12	British ex-pat	5	5	1
Outpat't (via A&E)	7	7	5	EEA temp. res.	14	8	49
via GP	6	6	8	Non-EEA temp. res.	12	8	31
Inpatient (elective)	3	4	3	Asylum seeker	2	2	3
Other	7	7	8	Irregular migrant	2	2	0
DK/not recorded	7	7	4	Visitors who fall ill	26	31	0
				Others	2	2	3

### 3.4.3 Patients determined to be exempt

The profile of the 272 patients who had been established as exempt from charges is summarised in Table 22.

**Table 22: Profile of visitors determined to be exempt**

base: 15 Trusts; 997 patients

Cells with a much higher proportion of patients compared to 'all others' are highlighted in green while those with a much lower proportion are highlighted in gold

	Total	All others	Exempt		Total	All others	Exempt
base	997	725	272	base	997	725	272
<b>Gender</b>	<b>%</b>	<b>%</b>	<b>%</b>	<b>Date of entry to UK</b>	<b>%</b>	<b>%</b>	<b>%</b>
female	56	57	53	pre 2012	13	13	14
male	40	39	43	2012	9	9	8
DK/Not recorded	5	5	4	2013	30	27	37
<b>Age</b>	<b>%</b>	<b>%</b>	<b>%</b>	DK/not recorded	48	51	42
0 to 4	3	3	1	<b>Services accessed</b>	<b>%</b>	<b>%</b>	<b>%</b>
5 to 14	4	3	8	A&E	20	14	36
15 to 44	63	64	63	Maternity	13	14	11
45 to 64	16	15	17	Obstetrics	7	8	4
65 to 74	6	5	7	General Medicine	6	6	5
75+	3	3	3	Orthopaedics	5	5	6
DK/Not recorded	6	6	1	Gynaecology	5	6	2
<b>Nationality</b>	<b>%</b>	<b>%</b>	<b>%</b>	General surgery	4	5	4
British	9	10	6	Cardiology	3	3	3
EEA nationals	37	30	55	Diagnostic Imaging	3	3	3
Non-EEA Nationals	39	39	37	Other	29	30	25
DK/Not recorded	16	22	2	DK/not recorded	16	18	13
<b>Pathway into Trust</b>	<b>%</b>	<b>%</b>	<b>%</b>	<b>Category</b>	<b>%</b>	<b>%</b>	<b>%</b>
discharged via A&E	29	26	38	Unable to det'mine	35	47	3
Outpat't (elective)	26	27	23	UK citizen/ILR	2	2	1
In-patient (via A&E)	19	20	18	British ex-pat	5	4	6
Outpat't (via A&E)	7	7	6	EEA temp. res.	14	13	17
via GP	6	7	4	Non-EEA temp. res.	12	10	18
Inpatient (elective)	3	3	4	Asylum seeker	2	1	6
Other	7	8	6	Irregular migrant	2	2	1
DK/not recorded	7	8	4	Visitors who fall ill	26	18	47
				Others	2	2	2

The defining characteristics of this group of patients were that they were more likely to be found among people who fell ill while visiting the UK (47% vs. 18% of all other

patients)<sup>10</sup>, to be EEA nationals (55% vs. 30% of all other patients), and to have been treated, at least initially, in A&E (the pathway into the Trust was via A&E in 38% of cases and 36% were noted as accessing A&E services; the corresponding figures for all other patients in the sample were 26% and 14% respectively).

#### 3.4.4 Chargeable patients

The profile of the 175 patients who were determined to be chargeable is summarised in Table 23.

The defining characteristics of this group of patients were that they were more likely to be non-EEA nationals (72% vs. 37% of all other patients) and aged 45 years and above; just under half of them (48%) fell into this age band compared to 19% of all other patients. They were mainly people who fell ill while visiting the UK (61% vs. 18% of all other patients), although 12 per cent were ex-pats (vs. 3% of all other patients). Thus, the majority of them had arrived in the country during the course of 2013 (63% vs. 23% of all other patients). They were also more likely to be admitted as Inpatients from A&E and less likely to be elective Outpatients (34% and 12% respectively vs. 16% and 29% of all other patients).

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<sup>10</sup> A number of these patients were either EEA nationals without an EHIC or non-EEA nationals from countries without a reciprocal agreement and it is possible that some of them may have been incorrectly categorised as exempt from charging; see section 3.4.5.

**Table 23: Profile of visitors determined to be chargeable**

base: 15 Trusts; 997 patients

Cells with a much higher proportion of patients compared to 'all others' are highlighted in green while those with a much lower proportion are highlighted in gold

	Total	All others	Chargeable		Total	All others	Chargeable
base	997	822	175	base	997	822	175
Gender	%	%	%	Date of entry to UK	%	%	%
female	56	57	52	pre 2012	13	14	8
male	40	40	41	2012	9	10	2
DK/Not recorded	5	4	7	2013	30	23	63
Age	%	%	%	DK/not recorded	48	53	26
0 to 4	3	3	5	Services accessed	%	%	%
5 to 14	4	4	5	A&E	20	19	24
15 to 44	63	68	42	Maternity	13	14	7
45 to 64	16	13	27	Obstetrics	7	8	2
65 to 74	6	4	12	General Medicine	6	5	9
75+	3	2	9	Orthopaedics	5	5	9
DK/Not recorded	6	6	2	Gynaecology	5	5	2
Nationality	%	%	%	General surgery	4	4	9
British	9	6	10	Cardiology	3	3	5
EEA nationals	37	55	15	Diagnostic Imaging	3	3	4
Non-EEA Nationals	39	37	72	Other	29	28	31
DK/Not recorded	16	2	3	DK/not recorded	16	17	14
Pathway into Trust	%	%	%	Category	%	%	%
discharged via A&E	29	28	31	Unable to det'mine	35	41	7
Outpat't (elective)	26	29	12	UK citizen/ILR	2	2	0
Inpatient (via A&E)	19	16	34	British ex-pat	5	3	12
Outpat't (via A&E)	7	7	9	EEA temp. res.	14	17	1
via GP	6	6	6	Non-EEA temp. res.	12	13	7
Inpatient (elective)	3	3	3	Asylum seeker	2	3	0
Other	7	7	7	Irregular migrant	2	0	9
DK/not recorded	7	8	2	Visitors who fall ill	26	18	61
				Others	2	2	2

### 3.4.5 The relationship between chargeable status and category of migrant and overseas visitor

The main study highlighted the difficulty OVOs face when it comes to interpreting and applying the charging guidelines. The data collected for the diary exercise has highlighted the fact that in some cases patients may have been incorrectly classified in terms of whether or not they are chargeable.

**Table 24: Relationship between chargeable status and category of migrant and overseas visitor**

base: 15 Trusts; 997 patients

		Total	Not recorded	OR	Exempt	Charge-able	Unable to determine
Category	Sub-category	997	8	156	272	175	386
<b>Unable to determine</b>		349	0	5	7	12	325
<b>UK citizen/resident with ILR</b>		19	0	16	2	0	1
<b>British ex-pat</b>	visiting UK	34	0	0	12	21	1
	returning to reside in UK	11	0	2	4	0	5
<b>EEA temporary resident/family member</b>	student	11	0	1	8	0	2
	worker	85	0	47	27	2	9
	self-employed	6	0	2	4	0	0
	job seeker	0	0	0	0	0	0
	economically inactive	27	0	14	5	0	8
	state pensioner in another state	2	0	0	2	0	0
	not specified	13	0	12	1	0	0
<b>Non-EEA temporary residents/family member</b>	student	44	0	14	13	13	4
	worker	29	0	13	14	0	2
	self-employed	1	0	1	0	0	0
	resident on another basis e.g. residing with family	39	0	15	21	0	3
	not specified	7	0	6	0	0	1
<b>Asylum seeker</b>		21	0	4	15	0	2
<b>Undocumented migrant</b>	illegal immigrant	4	0	0	1	3	0
	failed asylum seeker	1	0	0	0	1	0
	overstayer (visa expired)	12	0	0	0	12	0
	absconder	0	0	0	0	0	0
	applying for leave to remain	3	0	0	3	0	0
<b>Visitors who fall ill unexpectedly</b>	visitors from EEA (with EHIC)	49	1	0	40	6	2
	visitors from EEA (without EHIC)	85	0	0	58	16	11
	visitors from other countries (with reciprocal agreement)	18	0	0	18	0	0
	visitors from other countries (no reciprocal agreement)	105	0	0	13	85	7
<b>Visitors who 'fly in' and 'fly out'</b>		4	0	0	0	4	0
<b>Something else</b>		20	7	5	5	0	3

Table 24 illustrates the relationship between the chargeable status assigned to a patient and the category of migrants and overseas visitors into which patients were grouped.

The cells shaded red are potentially incorrect classifications while those shaded pink



are possibly incorrect. This reveals that as many as 303 of the 997 patients (30%) **may** have been incorrectly classified.

Taking each column in turn, starting with those classified as **OR**:

- 5 patients had not been assigned to a migrant or overseas visitor category; however, without knowing which category a patient falls into, it is not possible to classify them as OR and it is possible one or more of these patients should have been charged for their treatment
- 14 patients were described as self-sufficient EEA temporary residents; such individuals may well be chargeable as someone who is residing in the UK on a self-sufficient basis (i.e. is not working or seeking work) and who is not a family member of someone who is working or seeking work, may in fact, be chargeable. The main study revealed that this is an area of confusion among many OVOs

**Exempt from charging:** there are a large number of exemptions and without knowing the basis of each case, it is not possible to state for sure but it is possible that the following numbers of patients were misclassified as exempt:

- 7 such patients had not been assigned to a migrant or overseas visitor category; however, without knowing which category a patient falls into, it is not possible to classify them as exempt and it is possible one or more of these patients should have been charged for their treatment
- 2 patients were classed as either UK citizens or those with indefinite leave to remain in the UK; as such, these individuals are not exempt as they are OR
- 16 patients were classed as ex-pats and exempt; however, if they are returning to reside in the UK on a permanent basis, they qualify as OR and if they are visiting the UK, they are chargeable. Thus, the 12 visiting ex-pats should, in all likelihood, be classed as chargeable and not exempt
- EEA temporary residents qualify as OR, thus 40 patients may have been incorrectly classified as exempt

- Economically self-sufficient EEA nationals might qualify as being exempt depending on their circumstances
- EEA self-sufficient temporary residents who are state pensioners in another state would be deemed as exempt provided they hold an S1 form; otherwise, they would be chargeable
- non-EEA temporary residents would also qualify as OR; thus, 48 patients may have been incorrectly classed as exempt
- illegal immigrants would normally be chargeable, as would anyone applying for leave to remain (they only become exempt once their application has been granted); thus, the four patients in question may have been chargeable
- visitors from EEA countries who do not have an EHIC card are chargeable unless some other exemption applies and this suggests that as many as 58 patients should have been charged for their treatment
- the same applies to visitors from non-EEA countries where there is no reciprocal arrangement and no exemption category applies; thus a further 13 patients in the sample may have been chargeable.

### **Chargeable patients:**

- 12 patients were deemed chargeable even though the OVO was unable to decide which category of migrant or overseas visitor they fell into. The main study revealed that some OVOs worked on the principle that someone is chargeable unless and until they prove otherwise and this may be what happened with these patients
- 2 patients had been classed as temporary residents from the EEA who were working in the UK and, as such, they should be eligible for free NHS hospital treatment. The same applies to temporary residents from non-EEA countries who are students. It is possible that the OVOs in question have recorded what patients have claimed to be the case but where they have then failed to provide convincing evidence to support their claim

- 6 visitors from EEA countries who held an EHIC were classed as chargeable; while a Trust should record such patients on the EHIC database to enable the NHS to recover the cost of their treatment from the relevant country, the patients themselves should not be charged for their treatment.

**Unable to determine:**

- 58 patients where the chargeable status had not been determined had been placed into one of the categories of migrants and overseas visitors; however, this may reflect the OVOs' initial classification and they were waiting for further information before they confirmed this one way or the other.

## 4 Appendices

### 4.1 Diary Record Sheet

Q1	<b>Name of your Trust</b>	
Q2	<b>Patient ID:</b> this is so you can identify each patient record you complete in case you need to add more details later - <b>you should delete this before sending the form back to us</b>	
Q3	<b>Gender</b>	<input type="checkbox"/> male <input type="checkbox"/> female
Q4	<b>Age</b>	0-4 <input type="checkbox"/> 15-44 <input type="checkbox"/> 65-74 <input type="checkbox"/> Not known <input type="checkbox"/> 5-14 <input type="checkbox"/> 45-64 <input type="checkbox"/> 75+ <input type="checkbox"/>
Q5	<b>Nationality</b> (write in: if not known write in DK)	
Q6	<b>Date patient entered UK</b> (write in: if not known write in DK)	
Q7	<b>Category of migrant/overseas visitor</b>	
	<b>Unable to determine at this point</b> (for example, if you are waiting for the patient to provide evidence; if this becomes available during the diary period, please up-date as appropriate) <input type="checkbox"/>	
	<b>UK citizen/resident with indefinite leave to remain</b> <input type="checkbox"/>	<b>Asylum seeker</b> <input type="checkbox"/>
	<b>British ex-pat:</b> <ul style="list-style-type: none"> <li>visiting UK <input type="checkbox"/></li> <li>returning to reside in UK <input type="checkbox"/></li> </ul>	<ul style="list-style-type: none"> <li>illegal immigrant <input type="checkbox"/></li> <li>failed asylum seeker <input type="checkbox"/></li> </ul>
	<b>EEA non-permanent resident/family member:</b> <ul style="list-style-type: none"> <li>student <input type="checkbox"/></li> <li>worker <input type="checkbox"/></li> <li>self-employed <input type="checkbox"/></li> <li>job seeker <input type="checkbox"/></li> <li>economically inactive <input type="checkbox"/></li> <li>state pensioner in another state <input type="checkbox"/></li> </ul>	<b>Undocumented migrant:</b> <ul style="list-style-type: none"> <li>overstayer (visa expired) <input type="checkbox"/></li> <li>absconder <input type="checkbox"/></li> <li>applying for leave to remain <input type="checkbox"/></li> </ul>
	<b>Non-EEA non-permanent residents/family member:</b> <ul style="list-style-type: none"> <li>student <input type="checkbox"/></li> <li>worker <input type="checkbox"/></li> <li>self-employed <input type="checkbox"/></li> <li>resident on another basis <input type="checkbox"/></li> </ul>	<b>Visitors who fall ill unexpectedly while temporarily in UK:</b> <ul style="list-style-type: none"> <li>visitors from EEA (with EHIC) <input type="checkbox"/></li> <li>visitors from EEA (without EHIC) <input type="checkbox"/></li> <li>visitors from other countries (with reciprocal agreement) <input type="checkbox"/></li> <li>visitors from other countries (no reciprocal agreement) <input type="checkbox"/></li> </ul>
	<b>Visitors who 'fly in' and 'fly out'</b> (i.e. as far as you can tell, they have come to the UK with an existing condition with the intention of accessing NHS services) <input type="checkbox"/>	
	<b>Something else</b> (tick here and write in brief description below) <input type="checkbox"/>	

Q8 As far as you are able to tell, would you classify the patient as

Ordinarily resident in the UK .....

Exempt from charging .....

Chargeable .....

Unable to determine at this point (for example, if you are waiting for the patient to provide evidence; if this becomes available during the diary period, please up-date as appropriate).....

Q9 Pathway into the trust

A&E (discharged from A&E) .....  In-patient (via A&E) .....  Outpatient (via A&E) .....

Other (tick here and write in below)  In-patient (elective) .....  Outpatient (elective) .....

Q10 Which services does the patient require? Please choose from the following list; if the service is not included, please tick 'other' and write in a brief description in the box below

A&E <input type="checkbox"/>	Geriatric medicine <input type="checkbox"/>	Pain management <input type="checkbox"/>
Cardiology <input type="checkbox"/>	Gynaecology <input type="checkbox"/>	Physiotherapy <input type="checkbox"/>
Cardiothoracic surgery <input type="checkbox"/>	Haematology <input type="checkbox"/>	Plastic surgery <input type="checkbox"/>
Children's & Adolescent <input type="checkbox"/>	Hepatology <input type="checkbox"/>	Respiratory medicine <input type="checkbox"/>
Dentistry & Orthodontics <input type="checkbox"/>	HIV <input type="checkbox"/>	Rheumatology <input type="checkbox"/>
Dermatology <input type="checkbox"/>	Infectious disease <input type="checkbox"/>	Sexual health <input type="checkbox"/>
Diabetic Medicine <input type="checkbox"/>	Maternity <input type="checkbox"/>	Sleep medicine <input type="checkbox"/>
Diagnostic Endoscopy <input type="checkbox"/>	Minor injuries <input type="checkbox"/>	Stroke services <input type="checkbox"/>
Diagnostic Imaging <input type="checkbox"/>	Nephrology/dialysis <input type="checkbox"/>	Surgery (breast) <input type="checkbox"/>
Diagnostic Physiological Measurement <input type="checkbox"/>	Neurology <input type="checkbox"/>	Surgery (vascular) <input type="checkbox"/>
Ear, Nose and Throat <input type="checkbox"/>	Neurosurgery <input type="checkbox"/>	Trauma services <input type="checkbox"/>
Endocrinology & Metabolic Medicine <input type="checkbox"/>	Obstetrics <input type="checkbox"/>	Urology <input type="checkbox"/>
Family Planning services <input type="checkbox"/>	Oncology <input type="checkbox"/>	Vascular services <input type="checkbox"/>
Gastrointestinal & Liver services <input type="checkbox"/>	Ophthalmology <input type="checkbox"/>	Wound care <input type="checkbox"/>
General Medicine <input type="checkbox"/>	Oral and Maxillofacial surgery <input type="checkbox"/>	Other (tick here and write in brief description below) <input type="checkbox"/>
General surgery <input type="checkbox"/>	Orthopaedics <input type="checkbox"/>	
Genito-urinary medicine <input type="checkbox"/>	Paediatrics <input type="checkbox"/>	

## 4.2 Categories of Migrants and Overseas Visitors

The following tables provide a breakdown of the numbers of patients who had been classified by OVOs as belonging to each of the main categories of migrants and overseas visitors.

**Table 25: Numbers of Patients being classified into the different migrant and overseas visitor categories**

Base: 15 Trusts; 997 patients

Trust	No patients screened	Unable to determine	UK citizens/ those with ILR	British Ex-pat	EEA temporary resident	non-EEA temporary resident	Asylum seeker	Irregular migrant	Visitors who fall ill	Visitors who 'fly in and fly out'	Other
1	2	1	0	0	0	1	0	0	0	0	0
2	2	0	0	1	0	0	0	0	1	0	0
3	4	2	0	0	0	2	0	0	0	0	0
4	10	0	0	1	1	1	1	0	5	0	1
5	10	0	0	2	1	0	0	0	7	0	0
6	16	0	0	3	1	3	0	0	9	0	0
7	22	5	0	7	0	8	0	0	2	0	0
8	30	17	0	1	4	2	1	0	5	0	0
9	42	29	2	0	2	0	0	0	1	0	8*
10	56	5	2	2	22	3	1	3	16	0	2
11	59	21	1	2	12	10	0	0	11	0	2
12	106	12	1	11	21	36	5	6	14	0	0
13	172	51	1	8	51	29	5	4	20	0	3
14	209	62	6	3	19	16	5	2	95	1	0
15	257	144	6	4	10	8	3	4	71	3	4
base	15	15	15	15	15	15	15	15	15	15	15
min	2	0	0	0	0	0	0	0	0	0	0
max	257	144	6	11	51	36	5	6	95	3	8
mean	66	23	1	3	10	8	1	1	17	0	1
median	30	5	0	2	2	3	0	0	7	0	0
sum	997	349	19	45	144	119	21	19	257	4	20

\*One Trust had reported that 8 patients were 'not overseas visitors when checked' but had not provided any data on their nationality or which category of migrant and overseas visitor these patients fell into and had not classified them in terms of whether they were 'ordinarily resident' or exempt from charging.

**Table 26: Gender by main categories of migrants and overseas visitors**

Base: 15 Trusts; 997 patients

	Main Categories of migrants/overseas visitors										
	Total	Unable to determine	UK citizens/ those with ILR	British Ex-pat	EEA temporary resident	non-EEA temporary resident	Asylum seeker	Irregular migrant	Visitors who fall ill	Visitors who 'fly in and fly out'	Other
base	997	349	19	45	144	119	21	19	257	4	20
	%	%	%	%	%	%	%	%	%	%	%
female	56	56	53	49	62	76	48	47	45	75	65
male	40	41	47	47	33	22	48	47	49	0	30
DK/Not recorded	5	4	0	4	5	3	5	5	6	25	5

**Table 27: Age by main categories of migrants and overseas visitors**

Base: 15 Trusts; 997 patients

	Main Categories of migrants/overseas visitors										
	Total	Unable to determine	UK citizens/ those with ILR	British Ex-pat	EEA temporary resident	non-EEA temporary resident	Asylum seeker	Irregular migrant	Visitors who fall ill	Visitors who 'fly in and fly out'	Other
base	997	349	19	45	144	119	21	19	257	4	20
	%	%	%	%	%	%	%	%	%	%	%
0 to 4	3	5	0	2	1	1	0	0	3	0	0
5 to 14	4	2	5	9	3	1	10	0	9	0	5
15 to 44	63	65	63	33	82	92	67	68	45	50	30
45 to 64	16	14	11	18	10	3	14	26	25	25	20
65 to 74	6	3	11	24	2	3	0	0	10	25	0
75+	3	2	0	9	0	1	5	5	7	0	0
DK/Not recorded	6	9	11	4	1	1	5	0	2	0	45

**Table 28: Nationality by main categories of migrants and overseas visitors**

Base: 15 Trusts; 997 patients

	Main Categories of migrants/overseas visitors										
	Total	Unable to determine	UK citizens/ those with ILR	British Ex-pat	EEA temporary resident	non-EEA temporary resident	Asylum seeker	Irregular migrant	Visitors who fall ill	Visitors who 'fly in and fly out'	Other
base	997	349	19	45	144	119	21	19	257	4	20
	%	%	%	%	%	%	%	%	%	%	%
British	9	8	68	73	1	0	5	0	2	0	20
EEA nationals	37	25	0	11	95	1	0	0	50	0	20
Non-EEA nation'ls	39	26	32	13	2	98	90	95	47	100	15
DK/Not recorded	16	41	0	2	1	1	5	5	2	0	45



**Table 29: Date of entry into UK by main categories of migrants and overseas visitors**

Base: 15 Trusts; 997 patients

	Main Categories of migrants/overseas visitors										
	Total	Unable to determine	UK citizens/ those with ILR	British Ex-pat	EEA temporary resident	non-EEA temporary resident	Asylum seeker	Irregular migrant	Visitors who fall ill	Visitors who 'fly in and fly out'	Other
base	997	349	19	45	144	119	21	19	257	4	20
	%	%	%	%	%	%	%	%	%	%	%
pre 2010	8	4	16	2	23	9	33	32	1	0	5
2010	2	1	0	2	4	2	10	16	<1	0	0
2011	3	2	0	0	8	6	14	16	1	0	0
2012	9	4	5	4	24	24	5	11	2	0	10
2013 (all)	30	8	0	60	21	38	33	5	59	75	20
2013 (not sp'fied)	1	1	0	0	1	6	0	0	1	0	0
Jan-13	1	<1	0	0	2	1	0	0	1	0	0
Feb-13	1	1	0	2	1	1	0	0	2	0	0
Mar-13	2	1	0	0	1	3	5	0	2	0	0
Apr-13	2	1	0	0	5	3	10	0	2	0	0
May-13	3	1	0	7	1	3	10	0	5	25	0
Jun-13	4	1	0	2	1	9	0	0	9	25	0
Jul-13	9	1	0	33	5	10	0	0	21	25	0
Aug-13	6	<1	0	16	3	2	10	5	17	0	20
Sep-13	<1	0	0	0	0	1	0	0	0	0	0
DK/not recorded	48	81	79	31	21	21	5	21	37	25	65

**Table 30: Pathway into Trust by main categories of migrants and overseas visitors**

Base: 15 Trusts; 997 patients

	Main Categories of migrants/overseas visitors										
	Total	Unable to determine	UK citizens/ those with ILR	British Ex-pat	EEA temporary resident	non-EEA temporary resident	Asylum seeker	Irregular migrant	Visitors who fall ill	Visitors who 'fly in and fly out'	Other
base	997	349	19	45	144	119	21	19	257	4	20
	%	%	%	%	%	%	%	%	%	%	%
A&E (discharged from A&E)	29	26	32	20	24	7	14	0	52	0	15
Outpatient (elective)	26	28	32	13	34	49	29	37	10	75	5
Inpatient (via A&E)	19	15	21	31	15	18	24	42	24	0	10
Outpatient (via A&E)	7	8	5	11	6	4	5	0	7	25	5
via GP	6	6	0	11	5	14	10	11	2	0	10
Other	3	5	0	2	4	2	0	0	3	0	5
Inpatient (elective)	3	3	0	7	5	3	10	5	2	25	5
via Radiology	1	2	0	2	0	1	10	0	1	0	0
via another Trust	1	<1	0	2	2	2	0	11	1	0	0
via community midwife	1	1	0	0	1	2	0	0	0	0	0
via Family Planning/CASH	1	1	0	0	1	1	5	0	0	0	5
DK/not recorded	7	11	16	0	6	4	5	5	1	25	40

**Table 31: Services accessed by main categories of migrants and overseas visitors**

Base: 15 Trusts; 997 patients

	Main Categories of migrants/overseas visitors										
	Total	Unable to determine	UK citizens/ those with ILR	British Ex-pat	EEA temporary resident	non-EEA temporary resident	Asylum seeker	Irregular migrant	Visitors who fall ill	Visitors who 'fly in and fly out'	Other
base	997	349	19	45	144	119	21	19	257	4	20
	%	%	%	%	%	%	%	%	%	%	%
A&E	20	9	21	31	21	10	24	0	39	0	10
Maternity	13	14	11	2	15	34	14	11	4	50	5
Obstetrics	7	9	5	4	14	11	10	0	0	0	5
General Medicine	6	4	11	7	3	4	10	21	7	0	5
Orthopaedics	5	4	5	9	8	1	5	0	7	25	0
Gynaecology	5	5	5	0	4	9	14	5	1	0	10
General surgery	4	3	11	16	4	2	5	11	5	0	0
Cardiology	3	2	5	4	3	3	5	11	4	0	0
Diagnostic Imag'g	3	3	0	4	2	3	0	5	3	0	0
Ophthalmology	2	3	0	4	2	2	0	0	2	25	0
Paediatrics	2	3	0	4	1	2	5	0	2	0	10
Urology	2	2	5	2	1	2	0	11	2	0	15
ENT	2	3	0	0	1	2	0	0	1	0	5
Nephrology/ Dialysis	2	1	0	2	1	1	0	5	3	0	0
Family Planning	1	1	0	0	2	3	0	0	0	0	5
Other	30	32	32	24	33	48	33	37	16	100	35
DK/not recorded	16	23	21	7	8	5	5	5	20	0	10

### 4.3 Patients Determined to be 'Ordinarily Resident', Exempt or Chargeable

The following tables provide a breakdown of the numbers of patients who had been determined by OVOs as being 'ordinarily resident', exempt from charges, chargeable as well as those patients for whom they were unable to determine their status until further information had been provided.

**Table 32: Numbers of Patients being determined to be 'ordinarily resident', exempt from charges and chargeable in each Trust**

Base: 15 Trusts; 997 patients

Trust	No patients screened	OR	Exempt	Chargeable	Unable to deter	NA*
1	2	0	1	1	0	0
2	2	0	0	2	0	0
3	4	0	2	0	2	0
4	10	1	6	2	1	0
5	10	0	6	4	0	0
6	16	0	13	3	0	0
7	22	0	0	16	6	0
8	30	2	7	4	17	0
9	42	4	1	0	29	8
10	56	15	27	9	5	0
11	59	2	17	2	38	0
12	106	49	16	19	22	0
13	172	52	35	19	66	0
14	209	15	89	44	61	0
15	257	16	52	50	138	0
base	15	15	15	15	15	15
min	2	0	0	0	0	0
max	257	52	89	50	138	8
mean	66	10	18	12	26	1
median	30	2	7	4	6	0
sum	997	156	272	175	385	8

\*One Trust had reported that 8 patients were 'not overseas visitors when checked' but had not provided any data on their nationality or which category of migrant and overseas visitor these patients fell into and had not classified them in terms of whether they were 'ordinarily resident' or exempt from charging.

**Table 33: Gender by chargeable status**

Base: 15 Trusts; 997 patients

	Chargeable status					
	Total	Not recorded	Ordinarily resident	Exempt from charging	Chargeable	Unable to determine at this point
base	997	8	156	272	175	386
	%	%	%	%	%	%
female	56	63	67	53	52	54
male	40	38	29	43	41	42
DK/Not recorded	5	0	4	4	7	4

**Table 34: Age by chargeable status**

Base: 15 Trusts; 997 patients

	Chargeable status					
	Total	Not recorded	Ordinarily resident	Exempt from charging	Chargeable	Unable to determine at this point
base	997	8	156	272	175	386
	%	%	%	%	%	%
0 to 4	3	0	0	1	5	4
5 to 14	4	0	3	8	5	3
15 to 44	63	0	83	63	42	67
45 to 64	16	0	8	17	27	13
65 to 74	6	0	3	7	12	3
75+	3	0	1	3	9	2
DK/Not recorded	5	100	3	1	2	8

**Table 35: Nationality by chargeable status**

Base: 15 Trusts; 997 patients

	Chargeable status					
	Total	Not recorded	Ordinarily resident	Exempt from charging	Chargeable	Unable to determine at this point
base	997	8	156	272	175	386
	%	%	%	%	%	%
British	9	13	11	6	10	9
EEA nationals	37	13	50	55	15	28
Non-EEA nation'ls	39	0	38	37	72	26
DK/Not recorded	16	75	1	2	3	37

**Table 36: Date of entry to UK by chargeable status**

Base: 15 Trusts; 997 patients

	Chargeable status					
	Total	Not recorded	Ordinarily resident	Exempt from charging	Chargeable	Unable to determine at this point
base	997	8	156	272	175	386
	%	%	%	%	%	%
pre 2010	8	0	20	8	4	4
2010	2	0	6	2	2	0
2011	3	0	8	4	2	2
2012	9	0	26	8	2	6
2013 (all)	30	0	21	37	63	14
2013 (not sp'fied)	1	0	4	1	2	1
Jan-13	1	0	1	1	1	<1
Feb-13	1	0	1	1	1	1
Mar-13	2	0	2	2	3	1
Apr-13	2	0	2	2	2	2
May-13	3	0	3	3	5	1
Jun-13	4	0	3	3	13	2
Jul-13	9	0	4	12	24	3
Aug-13	6	0	0	11	14	3
Sep-13	<1	0	0	<1	0	0
DK/not recorded	48	100	20	42	26	74

**Table 37: Pathway into Trust by chargeable status**

Base: 15 Trusts; 997 patients

	Chargeable status					
	Total	Not recorded	Ordinarily resident	Exempt from charging	Chargeable	Unable to determine at this point
base	997	8	156	272	175	386
	%	%	%	%	%	%
A&E (discharged from A&E)	29	0	17	38	31	27
Outpatient (elective)	26	0	48	23	12	27
Inpatient (via A&E)	19	0	12	18	34	17
Outpatient (via A&E)	7	0	5	6	9	8
via GP	6	0	8	4	6	7
Other	3	0	3	4	3	4
Inpatient (elective)	1	0	1	1	2	2
via Radiology	1	0	3	<0	2	1
via another Trust	1	0	0	1	0	1
via community midwife	1	0	2	0	1	1
via Family Planning/CASH	3	0	3	3	2	4
DK/not recorded	7	100	4	4	2	10

**Table 38: Services accessed by chargeable status**

Base: 15 Trusts; 997 patients

	Total	Chargeable status				
		Not recorded	Ordinarily resident	Exempt from charging	Chargeable	Unable to determine at this point
base	997	8	156	272	175	386
	%	%	%	%	%	%
A&E	20	0	17	36	24	9
Maternity	13	0	26	11	7	12
Obstetrics	7	0	11	4	2	10
General Medicine	6	0	4	5	9	5
Orthopaedics	5	0	3	6	9	4
Gynaecology	5	13	9	2	2	6
General surgery	4	0	3	4	9	3
Cardiology	3	0	3	3	5	3
Diagnostic Imaging	3	0	1	3	4	3
Ophthalmology	2	0	1	2	2	3
Paediatrics	2	13	1	3	3	2
Urology	2	25	2	1	4	2
ENT	2	0	0	2	1	3
Nephrology/ Dialysis	2	0	1	3	1	1
Family Planning	1	0	5	0	0	1
Other	30	38	42	24	27	30
DK/not recorded	16	13	6	13	14	24