

DH guidance.

16. We carried out a limited data collection exercise by sending out questionnaires to 52 Trusts, i.e. about one in five Trusts in the country (and approximately representative of the geographical distribution of population in England) to get a better picture of the OV charging system.
17. The survey consisted of two components: first, a repetition of a previous survey of overseas visitor managers (OVMs) undertaken by the NHS Counter Fraud and Security Management Service (now NHS Protect) in 2007 asking OVMs to report perceived compliance by frontline staff with DH guidance (e.g. asking patients baseline questions to assess their entitlement to free treatment). In addition, the number of full-time equivalent OVM staff was collected. Second, our survey asked for data about treatments provided to OVs: monetary costs, clinical specialty, exemptions used, nationality of patients, rate of recovery and unrecovered debt.
18. We received answers from **23** Trusts, i.e. **44%** of Trusts in our sample and about **9%** of all Trusts. The Trusts in our sample are, on average, bigger than the mean of all Trusts, so that they represent about **15%** of total expenditure across all Trusts. Responses to our survey appear to be biased towards NHS Trusts in regions with a relatively high inflow of international migrants.⁸
19. The characteristics of our sample suggest that Trusts with more OVs were more likely to respond. Thus, any estimate derived from this sample, without adjustment, may overestimate the scope of the OV inflow into the NHS.
20. Not surprisingly, almost all respondents filled out the parts of our survey that repeated the 2007 survey as OVMs could easily provide answers based on their personal experience. Similarly, almost all Trusts provided us with information about the income charged to OVs. However, response rates were much poorer for the more detailed questions about treatment types (9 respondent Trusts), exemptions used (6 Trusts) and nationality of patients (8 Trusts). Any analysis based on these responses can only be tentative. One Trust has been able to provide much more detailed information than required by our questionnaire. Where appropriate that information has been taken into account.

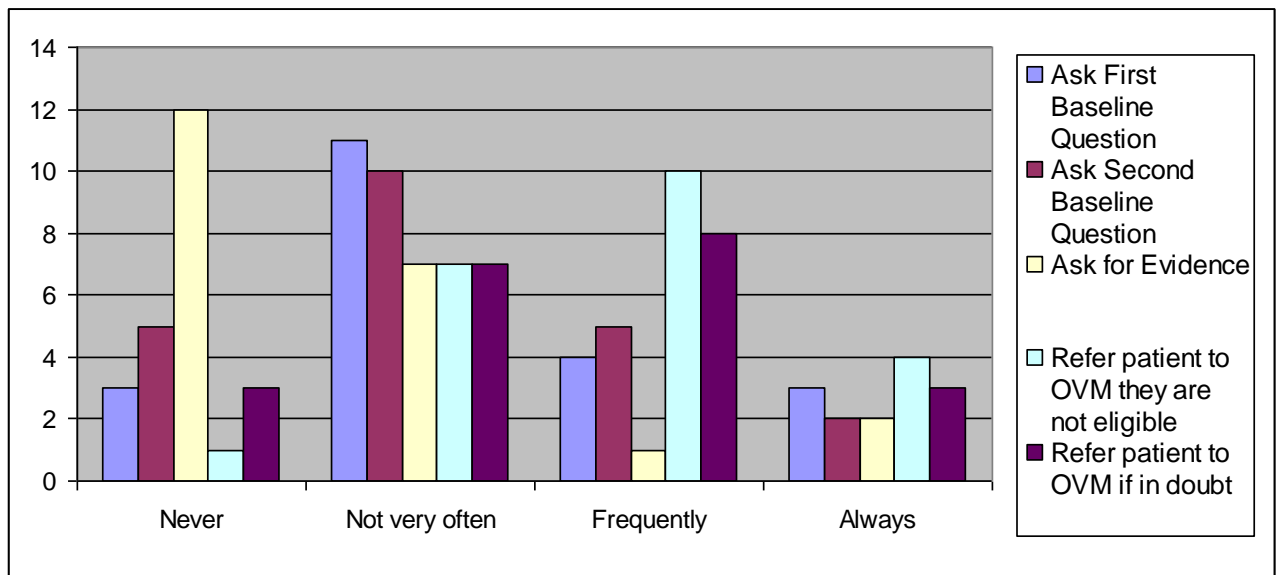
⁸ The difference between the sample average values (share of NHS Trusts, average long-term international migrant population) and the average for England is significant at a 85% confidence level.

Non-compliance with DH guidance and non-identification of OVs

84. From responses to our survey, we know that Trusts do not comply fully with DH guidance to ask each patient baseline questions to gauge their entitlement to receive free treatment. Indeed, most OVMs in our survey report that frontline staff “never” or “not very often” ask the baseline questions proposed by the guidance (over **65%** of Trusts respectively). Even more starkly, **50%** of Trusts report that staff “never” ask for evidence where a patient claims to have lived in the UK for the last 12 months.

85. Overall, the results indicate levels of compliance which are no better than those found in the 2007 survey of all Trusts. This is particularly worrying as there ought to be some self-selection of particularly compliant Trusts being more likely to respond to our survey – so that, possibly, compliance with the guidance may have even decreased.

Figure 8: Number of Trusts complying with DH guidance on baseline questions and referral to OVM out of sample of 22 Trusts²³



86. As noted earlier, there is no direct evidence supporting or disproving that increased compliance with DH guidance actually leads to better identification of chargeable OVs. Our best estimate is that that Trusts identify **between 30% and 45%** of all chargeable OV income. Out of a potential income estimated at between £80m and £170m (best estimate: £125m), they identify between £35 and £55. Thus, we expect that chargeable treatment worth between £45m and £115m is currently not identified.

87. What is more, in our sample, only about **40%** of the income charged to overseas visitors in 2010/11 had been recovered by February 2012. We

²³ 23 out of 52 Trusts responded to our survey. Of these 22 responded to the relevant questions about compliance with DH guidance.