Doctors of the World UK
Safe Surgeries peer-to-peer training
Understanding migrant rights to NHS care
1. Understand what is meant by: refugee, asylum seeker and undocumented migrant;

2. Understand entitlement to NHS care in England;

3. Be aware of the barriers faced by migrants in accessing NHS care;

4. Have an awareness of good practice to improve access to NHS care;

5. Be able to talk about why access to healthcare for migrants (and everyone) is important.
• Primary care clinic in East London for people with difficulty accessing mainstream NHS;
• Mobile clinic outreach across London;
• Staffed by volunteer GPs, nurses & support workers;
• Advocacy service for GP registration and secondary care;

Influencing health policy and practice.
• 1,617 patients attended the DoTW clinic in 2017.
• Patients had been in UK on average 6 years before coming to us.
• 89% were not registered with a GP.
• 29% living in unstable accommodation
• 70% living below poverty line.
| **Asylum seeker** | Someone who enters or stays in the UK without the documents required under immigration regulations. They usually have ‘no recourse to public funds’. |
| **Refugee** | A person whose asylum application has been unsuccessful. |
| **Refused asylum seeker** | Someone whose asylum application has been successful; the Government recognises they are unable to return to their country of origin owing to a well-founded fear of being persecuted for reasons provided for in the Refugee Convention 1951 or European Convention on Human Rights. |
| **Undocumented migrant** | A person who has left their country of origin and applied for asylum in another country but whose application has not yet been concluded. |
EXERCISE 1: DEFINING TERMS

- **Asylum seeker**: Someone who enters or stays in the UK without the documents required under immigration regulations. They usually have ‘no recourse to public funds’.

- **Refugee**: A person whose asylum application has been unsuccessful.

- **Refused asylum seeker**: Someone whose asylum application has been successful; the Government recognises they are unable to return to their country of origin owing to a well-founded fear of being persecuted for reasons provided for in the Refugee Convention 1951 or European Convention on Human Rights.

- **Undocumented migrant**: A person who has left their country of origin and applied for asylum in another country but whose application has not yet been concluded.
‘Undocumented’ migrants find themselves without the right documents for a variety of reasons, often beyond their control.

- Survivors of trafficking
- Refused asylum seekers
- People who came to the UK as children with undocumented parents
- People who don’t claim asylum due to lack of legal advice
- People who came to the UK to work without a visa
- People on spousal visas whose relationship breaks down
- People whose visa has expired (student/working)
- Domestic workers on expired visas which their employer doesn’t renew
ACCESSING HEALTHCARE:

1. Primary care
Sephora came to Britain 10 years ago, fleeing torture and abuse.

She was detained on arrival and claimed asylum.

During detention she asked to see a doctor as she was experiencing severe bleeding.

Eventually she was released, but she didn’t have a GP.

“When I was in detention, there was never any information or help, and I did not know about and was not informed about any rights I may have.”

WHAT IS SEPHORA’S IMMIGRATION STATUS?

WHAT BARRIERS IS SHE LIKELY TO FACE IN SEEKING HEALTHCARE?
Key barriers to care identified in 2018 study include:

- Refusal due to lack of ID / proof of address;
- Language barriers;
- Refusal by NHS staff;
- Associated costs (travel, prescriptions);
- Lack of information for patients;
- Traumatic experiences (pre-migratory and in UK);
- Fear of being pursued by the Home Office.

“When I tried to register with a GP, I was told “We don’t accept refugees and asylum seekers that is our policy”

A woman living in Nottingham who had been refused asylum.

Kalani, an asylum-seeker, who didn’t know that her husband was entitled to free prescriptions with a HC2 certificate.

“So long as you’ve got no status, that fear won’t go ... one receptionist will look at you as a human, the next, as a foreigner.”

Esther, a stateless woman in Nottingham, living in the UK since 2000.

“We had to choose between food and prescriptions. It was really hard.”

Of 1,717 attempts by DOTW to register patients with a GP in 2017, 1/5 were wrongly refused.

Excludes catchment area/closed list refusals.
Primary Medical Care Policy and Guidance Manual (PGM)
• Nationality and immigration status are *not* relevant to GP registration and do not have to be reported: “anybody in England may register and consult with a GP without charge”.

• Lack of proof of address/ID are *not* reasonable grounds to refuse registration.

*Source: Primary Medical Care Policy and Guidance Manual (NHS England, 2017)*
Some patients living in the practice area will be unable to prove it.

Some patients will not have any proof of ID.

Immigration status queries deter undocumented patients.

Fear of being reported to the Home Office is justified.

The universal right to health(care) is protected by international and UK law.
• On trying to register with a GP, she was refused as she had been in Britain for less than three months.

• She was also told that without proof of address or passport, she could not register.

• After an NGO contacted the practice on her behalf, she was quickly registered.

ACCESSING HEALTHCARE:

2. Secondary care
Guidance on implementing the overseas visitor charging regulations
Immigration Act 2014:

• Extended ‘hostile environment’ for undocumented migrants into schools, banks and the NHS.

Since 2017, obligatory upfront charging in hospitals and NHS / non-NHS community health services.

Sharing of patient data with the Home Office w/o patient consent is inherent to charging regime.

Looking ahead: DH has announced intention to charge in primary care and further consult on charging in A&E.
1. Chargeability in depends on immigration status. ‘Undocumented’ migrants (incl. refused asylum seekers) are charged 150% of cost to NHS.

2. Charges must be paid before treatment (otherwise treatment withheld).

3. “Urgent or immediately necessary” treatment to be provided regardless of ability to pay (billed for after).

4. Some services are exempt: A&E, some infectious diseases (not co-morbidities) and family planning (except TOP).

5. Some groups are exempt…
GROUPS EXEMPT FROM CHARGES

• Refugees and asylum seekers;
• Some refused asylum seekers, i.e. those receiving
  ➢ s.95 – destitute families
  ➢ s4(2) – destitute and unable to return to country of origin;
• Survivors of trafficking (only if ‘proven’);
• Survivors of sexual or domestic violence, FGM, torture
  ➢ only for treatment related to experience of violence;
• Children looked after by a local authority;
• People being treated under the Mental Health Act;
• People held in immigration detention.
URGENT OR IMMEDIATELY NECESSARY CARE

- Must be given regardless of ability to pay.
- Only clinicians can make this assessment.
- Maternity services are always “immediately necessary”.

*Source: Guidance on implementing the overseas visitor charging regulations, p. 64-65.*

### IMMEDIATELY NECESSARY

Life saving, will prevent a condition becoming life-threatening or will prevent permanent serious damage.

### URGENT

- Cannot wait until they can leave the UK.
- Should take into account pain, disability, and the risk of the delay exacerbating their condition.
- For undocumented migrants assume may not be able to return within 6 months.

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• Miriam (28) fled Eritrea after escaping conscription into national military service.

• While street homeless in Italy she was raped by a group of men.

• She eventually made it to London, where she lived homeless for two months and realised that she was pregnant.
• At the hospital the Overseas Visitors Manager identifies Miriam as an undocumented migrant.
• She is sent an invoice for her ANC.

IS THE OVERSEAS VISITORS MANAGER CORRECT?
As an undocumented migrant, Miriam is chargeable for secondary care. But:

- ANC is ‘immediately necessary’ so should not be denied, delayed or discouraged. *If Miriam can’t pay upfront that shouldn’t stop her treatment.*

- If pregnancy is as a result of rape, it’s not chargeable.
1. Fear makes people avoid healthcare:
Patients fear ID checks & unaffordable bills. Debts are reported to Home Office – affects immigration applications.

2. Confusion about the rules and poor practice:
Clinicians wrongly deny care and gatekeeping by admin staff.

3. Bills and debt collection:
Research shows that some hospitals have resisted repayment plans and patients are chased by bailiffs, in some cases causing great distress (EHRC, 2018).
“I don’t want this asthma attack because I don’t know what I’ll find at the hospital. I’m living in fear... I feel I need a case worker with me.”

Esther, a stateless woman in Nottingham, living in the UK since 2000.

“I don’t have money – I don’t work, I don’t have money to pay them. That makes me too stressed, because all the time I receive letter I have to pay this bill.”

A woman seeking asylum in Nottingham.

“A woman in London who had been refused asylum.

“I never received any maternity care... I was so scared I didn’t ask about pregnancy care. Being part of the system would enable charges to be brought against me, and I also was afraid about deportation.”

Why is migrant access to healthcare important?
It’s a matter of public health.
• Communicable diseases;
• Drug and alcohol treatment.

It makes financial sense.
• Prevention and early detection;
• Admin costs of checking & charging;
• Health inequalities cost.

It’s enshrined in human rights law & NHS principles.
• UK is bound to “give equal access to the right to health for all persons” (CESC, art.12).
• NHS treatment “based on clinical need, not ability to pay” (1948).
Cost burden of migrants is widely exaggerated.

Tiny proportion of NHS budget (DH estimate 1.83% for ALL migrants/expats)

No cost-effectiveness evidence for the charging regime.

No equality impact assessment carried out.
GOOD PRACTICE TIPS

- Use an interpreter.
- Don’t ask to see visa or proof of residency (PC).
- Ensure lack of ID/proof of address is not a barrier (PC).
- Be aware of fears around data-sharing (PC).
- Use clinical discretion to classify treatment as ‘urgent or immediately necessary’.
- Identify group exemptions. *Always ask about violence.*
- Engage with management to protect patients (SC):
  - *Transparent decision-making around U/IN care; use of payment plans; training for OVMs and clinicians.*
WORK IN A GP PRACTICE?
BECOME A SAFE SURGERY

Our aim is to improve GP registration practices nationally, and bring them in line with NHS guidance.

Don’t have documents? Don’t worry...

We are a Safe Surgery for everyone in our practice area.

- Don’t insist on proof of address documents.
- Don’t insist on proof of identification.
- Never ask to see a visa or proof of immigration status.
- Make sure patients know that their personal information is safe.
- Use an interpreter, if needed.
- Display posters to reassure patients that your surgery is a safe space.
- Empower frontline staff with training and an inclusive registration policy.

WHAT CAN WE DO TO HELP?

GP practices can take concrete steps, both at reception and in consultations, to improve equity of access to their services.
Need advice on supporting migrant patients or to share good ideas?

**migrant.health** is a free one-stop shop for healthcare professionals which demystifies complex issues.
HELPFUL RESOURCES

1. Safe Surgeries tools for healthcare professionals:

2. NHS England guidance on GP Registration (from page 144)

3. DH Guidance on implementing charging

4. ‘Healthy London’ homeless health resources

This training resource was funded by:

Trust for London
Tackling poverty and inequality

For more information:
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Please complete the evaluation form: bit.ly/dotwp2p

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