



**SAFE SURGERIES**

# Safe Surgeries Peer-to-Peer Training

## Understanding migrant rights to NHS care

Doctors of the World UK, *part of the Médecins du Monde network*



# Aims

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 is important.



## Doctors of the World UK

### Providing healthcare and advocacy: DOTW clinic

- Primary care clinic in East London for people with difficulty accessing mainstream NHS;
- Staffed by volunteer GPs, nurses & support workers;
- Advocacy service for GP registration and secondary care ->
- Influencing health policy and practice.

Over 1,000 patients are supported by the DOTW clinic and advice line each year

Most are undocumented migrants and asylum seekers

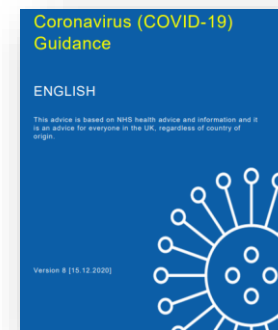
Many are homeless or live in unstable accommodation and live below the poverty line

Patients had been in the UK on average six years before coming to the clinic



## Doctors of the World UK

- Supporting primary care professionals: Safe Surgeries
- Supporting patients: translated guidance
- Engaging with Experts by Experience: National Health Advisors





# Defining terms

Asylum  
seeker

Someone who enters or stays in the UK without the documents required under immigration regulations.

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.



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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.



# Who are undocumented migrants?

‘Undocumented’ migrants find themselves without the right documents for a variety of reasons, often beyond their control.

People who don't claim asylum due to lack of legal advice

Refused asylum seekers

People who came to UK to work without a visa

People whose visa has expired (student/working)

People who came to the UK as children with undocumented parents

People on spousal visas whose relationship breaks down

Domestic workers on expired visas which their employer doesn't renew

Survivors of trafficking



**Accessing healthcare:**

**Primary care**





## Case Study: Sephora

- 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.”*

Source: Equality & Human Rights Commission. *The lived experiences of access to healthcare for people seeking and refused asylum*. 2018.



## Case Study: Sephora

**What is Sephora's immigration status?**

**What barriers is she likely to face in seeking healthcare?**



# Key barriers faced



**Administrative difficulties (lack of ID or proof of address)**



**Immigration status checks**



**Lack of knowledge regarding the NHS**



**Fear of being reported to the Home Office**



**Barriers around accessibility (language, digital, transportation)**

*“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.*

*“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.”*

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

Source: Equality & Human Rights Commission. *The lived experiences of access to healthcare for people seeking and refused asylum.* 2018.



## Case Study: Sephora

- 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.

Source: Equality & Human Rights Commission. *The lived experiences of access to healthcare for people seeking and refused asylum*. 2018.



15.07.21 HEALTH INEQUALITY

# MOST GP SURGERIES REFUSE TO REGISTER UNDOCUMENTED MIGRANTS DESPITE NHS POLICY

Survey finds official guidelines being extensively ignored to leave hundreds of thousands facing a vaccine labyrinth



The Bureau contacted around 1/3 of GP practices in 10 locations across the UK. They asked about registering a hypothetical patient: “Rosa”, a woman in her 40s without ID or proof of address:

- **62%** said they would not register the patient
- **14%** were unsure
- **Only 24%** of GP surgeries surveyed in the UK would register someone without proof of address, ID or legal immigration status

<https://www.thebureauinvestigates.com/stories/2021-07-15/most-gp-surgeries-refuse-to-register-undocumented-migrants>

**THE BUREAU  
OF INVESTIGATIVE JOURNALISM**

# NHS England Guidance on Registration

## 2019/20 General Medical Services (GMS) contract

Guidance and audit requirements for GMS contract

May 2019



NHS  
England

## Primary Medical Care Policy and Guidance Manual (PGM) (v2)

## Nationality and immigration status are *not* relevant to GP registration:

- “**anybody** in England may register and consult with a GP without charge”
- “**all** asylum seekers and refugees, overseas visitors, students, people on work visas and those who are homeless, **whether lawfully in the UK or not**, are eligible to register with a GP practice”
- “A patient does not need to be ‘**ordinarily resident**’ in England to be eligible for NHS primary medical care”

# NHS England Guidance on Registration



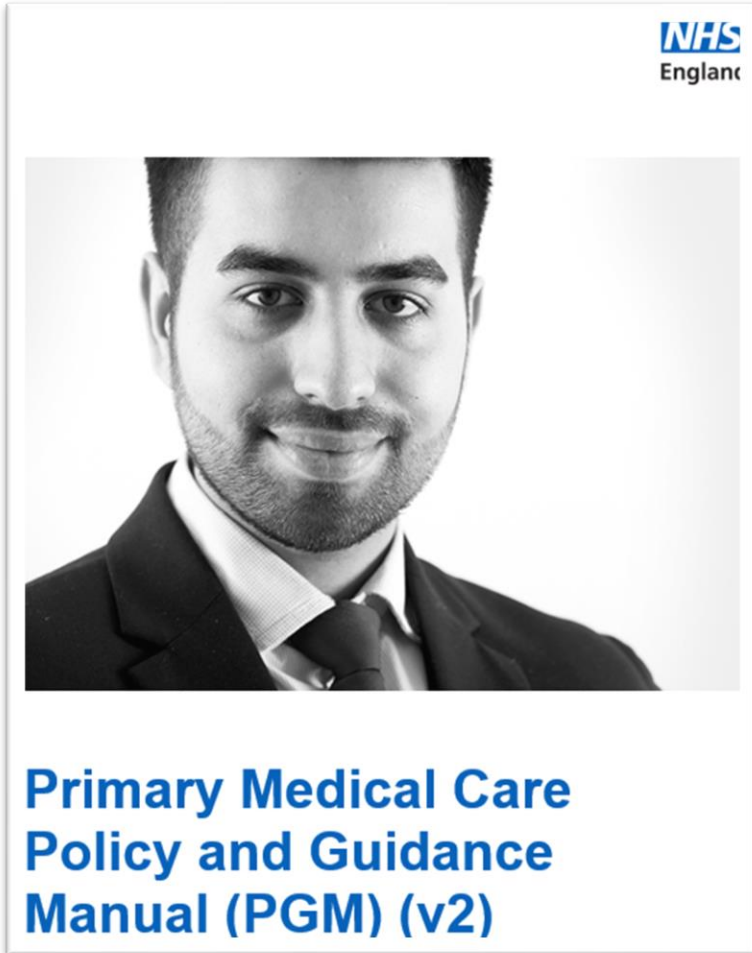
**Primary Medical Care  
Policy and Guidance  
Manual (PGM) (v2)**

## Documentation for registration?

- “*there is no regulatory requirement to prove identity, address, immigration status or the provision of an NHS number in order to register*”
- Lack of **proof of address/ID** “*would not be considered reasonable grounds to refuse to register a patient*” or withhold appointments
- “Where necessary, (e.g. homeless patients), the **practice may use the practice address** to register them if they wish”



# NHS England Guidance on Registration



## Refusing registration

- “If a practice refuses any patient registration then they must record the name, date and reason for the refusal and write to the patient explaining why they have been refused, within a period of 14 days of the refusal”.
- “This information should **be made available to commissioners on request.**”
- “If a practice suspects a patient of fraud (such as using fake ID) then they should register and treat the patient but hand the matter over to the NHS Counter Fraud Authority (NHSCFA)”.

# NHS England Guidance on Registration

## Temporary registration

 NHS  
England



**Primary Medical Care  
Policy and Guidance  
Manual (PGM) (v2)**

- “Patients should be offered the option of registering as a temporary resident if they are resident in the practice area for **more than 24 hours but less than 3 months**.”
- In some cases a prospective patient may not know how long they will reside in an area, for example, destitute **asylum seekers housed in temporary Home Office commissioned “initial” accommodation**.
- Generally in such cases where there is uncertainty over the length of time that a patient may be residing in an area, but this is likely to be months rather than weeks, NHS England advises that the patient should be registered as a **permanent patient**.”

to be completed by the doctor

Doctors Name: \_\_\_\_\_ HA Code: \_\_\_\_\_

I have accepted this patient for general medical services  For the provision of contraceptive services

I have accepted this patient for general medical services on behalf of the doctor named below who is a member of this practice

Doctors Name, if different from above: \_\_\_\_\_ HA Code: \_\_\_\_\_

I am on the HA CHS list and will provide Child Health Surveillance to this patient or

I have accepted this patient on behalf of the doctor named below, who is a member of this practice and is on the HA CHS list and will provide Child Health Surveillance to this patient.

Doctors Name, if different from above: \_\_\_\_\_ HA Code: \_\_\_\_\_

I will dispense medicines/appliances to this patient subject to Health Authority's Approval

I am claiming rural practice payment for this patient.

Distance in miles between my patient's home address and my main surgery is \_\_\_\_\_

I declare to the best of my belief this information is correct and I claim the appropriate payment as set out in the Statement of Fees and Allowances. An audit trail is available at the practice for inspection by the HA's authorised officers and auditors appointed by the Audit Commission.

Practice Stamp: \_\_\_\_\_

Authorised Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



**SUPPLEMENTARY QUESTIONS**

**PATIENT DECLARATION for all patients who are not ordinarily resident in the UK**

Everybody in England can register with a GP practice and receive free medical care from that practice. However, if you are not 'ordinarily resident' in the UK you may have to pay for NHS treatment outside of the GP practice. Being ordinarily resident broadly means living lawfully in the UK on a properly settled basis for the time being. In most cases, nationals of countries outside the European Economic Area must also have the status of 'indefinite leave to remain' in the UK. Some services, such as diagnostic tests of suspected infectious diseases and any treatment of those diseases are free of charge to people, while some groups who are not ordinarily resident here are exempt from all treatment charges.

For more information on ordinary residence, exemptions and paying for NHS services, can be found in the Visitor and Migrant Patient leaflet, available from your GP practice.

You may be asked to provide proof of entitlement in order to receive free NHS treatment outside of the GP practice, otherwise you may be charged for your treatment. Even if you have to pay for a service, you will always be provided with any immediately necessary or urgent treatment, regardless of advance payment.

The information you give on this form will be used to assist in identifying your chargeable status, and may be shared, including with NHS secondary care organisations (e.g. hospitals) and NHS Digital, for the purposes of validation, invoicing and cost recovery. You may be contacted on behalf of the NHS to confirm any details you have provided.

Please tick one of the following boxes:

I understand that I may need to pay for NHS treatment outside of the GP practice

I understand I have a valid exemption from paying for NHS treatment outside of the GP practice. This includes for example, an EHIC, or payment of the Immigration Health Charge ("the Surcharge"), when accompanied by a valid visa. I can provide documents to support this when requested

I do not know my chargeable status

I declare that the information I give on this form is correct and complete. I understand that if it is not correct, appropriate action may be taken against me.

Parent/guardian should complete the form on behalf of a child under 16.

Signed: _____	Date: _____
Print name: _____	Relationship to patient: _____
Print name of parent/guardian: _____	Relationship to patient: _____

Complete this section if you live in another EEA country, or have moved to the UK to study or retire, or if you live in the UK but work in another EEA member state. Do not complete this section if you have an EHIC issued by the UK.

**NON-UK EUROPEAN HEALTH INSURANCE CARD (EHIC), PROVISIONAL REPLACEMENT CERTIFICATE (PRC) DETAILS and S1 FORMS**

Do you have a non-UK EHIC or PRC? YES:  NO:

If yes, please enter details from your EHIC or PRC below:

Country Code: _____
3: Name _____
4: Given Names _____
5: Date of Birth _____
6: Personal Identification Number _____
7: Identification number of the institution _____
8: Identification number of the card _____
9: Expiry Date _____
EC validity period (a) From: _____ (b) To: _____

Please tick  if you have an S1 (e.g. you are retiring to the UK or you have been posted here by your employer for work or you live in the UK but work in another EEA member state). Please give your S1 form to the practice staff.

How will your EHIC/PRC/S1 data be used? By using your EHIC or PRC for NHS treatment costs your EHIC or PRC data and GP appointment data will be shared with NHS secondary care (hospitals) and NHS Digital solely for the purposes of cost recovery. Your clinical data will not be shared in the cost recovery process.

Your EHIC, PRC or S1 information will be shared with The Department for Work and Pensions for the purpose of recovering your NHS costs from your home country.

**GMS Guidance for GMS contract**

“Overseas patients are not required to complete the new supplementary questions of the GMS1 [on residency status] in order to register with the practice”.

# Why are these protections so important?



- 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.
- New rules (charging and checks) in hospitals limit access to specialist care.
- Fear of being reported to the Home Office is justified.
- The universal right to health(care) is protected by international and UK law.





**What can be done?**



**In recognition of the increasing workloads faced by GP practice staff and the widespread barriers to registration, DOTW UK launched the Safe Surgeries Initiative in May 2018.**

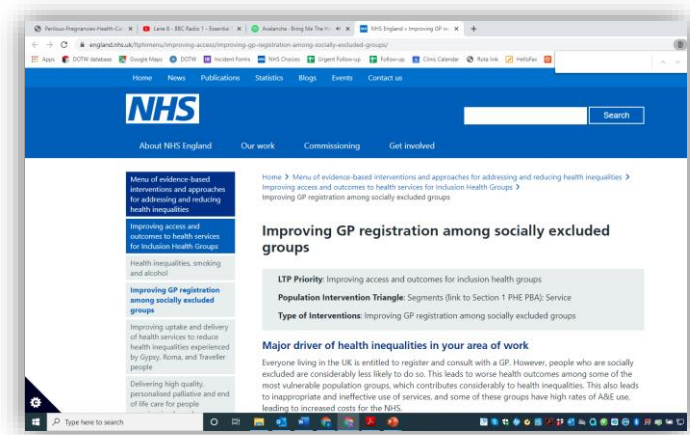


- A **Safe Surgery** is any GP practice which commits to taking steps to tackle the barriers to healthcare faced by migrants.
- It's a **supportive national network** of practices;
- It supports staff **learning and skills-building**;
- It offers **visibility and recognition**.

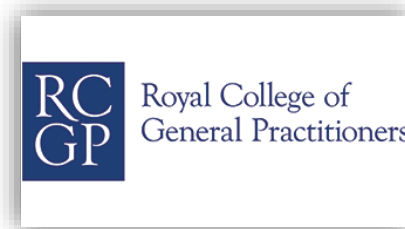


# Why become a Safe Surgery?

- Comply with NHS policy
- CQC approved
- Improve reception **time management** and **communication**
- Improve patient **experience** and meet the needs of your **community**

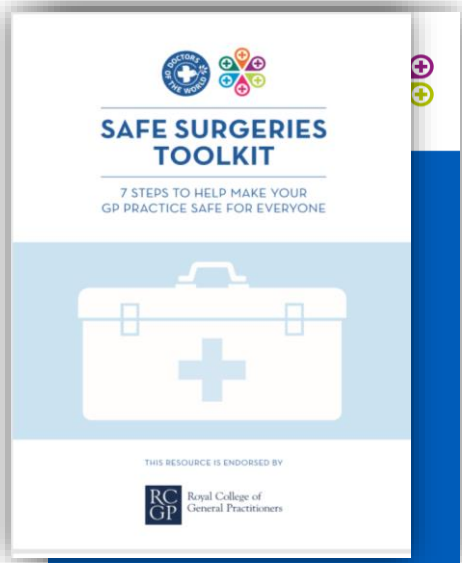


**In 2019, the Safe Surgeries initiative was listed as an evidence-based intervention in the NHS long term plan.**





# Free resources to improve patient registration



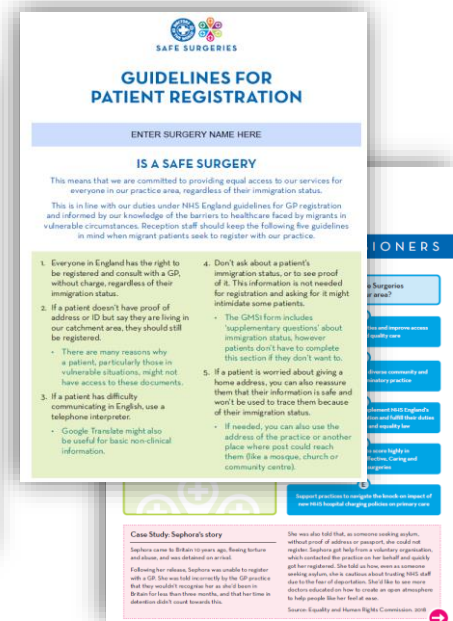
Toolkits



Translated patient-facing posters



Newsletters



Guidance, templates, policy notes



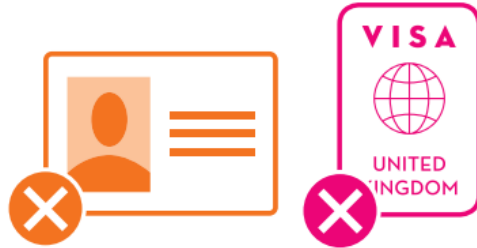


# E-learning course: Entitlements to Primary Healthcare

- 1 Introduction to Doctors of the World UK
- 2 Introduction to inclusion health & migrant health
- 3 NHS England guidance on entitlement to primary health care
- 4 Refused GP registration
- 5 FAQ
- 6 Where to find further support

<https://training.doctorsoftheworld.org.uk/catalog/info/id:127>

# لا داع للقلق إذا لم يكن لديك وثائق رسمية



نحن عيادة آمنة للجميع في قطاع عملنا

قد نطلب منك إبراز الهوية الشخصية أو عنوان اقامتك.  
ولكن في حال كنت لا تملك هذه الوثائق وتقيم في نطاق  
عملنا فإن هذا لن يؤثر عليك في عيادتنا لأن

# Don't have documents? Don't worry...



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

We might ask for ID or proof of address. But if  
you don't have any and you live in our practice area,  
you can still register with us.

Available in Albanian, Arabic, Bengali, Dari, Farsi,  
Pashto, Portuguese, Kurdish Sorani, Spanish Turkish

# Making your GP surgery more inclusive: video



# 7 Steps for Safe Patient Registration



1. Don't insist on proof of address
2. Don't insist on ID
3. Never ask about immigration status
4. Keep information safe
5. Use an interpreter
6. Display Posters
7. Empower frontline staff



## Good Practice Tips: Reception

- ✓ Understand that entitlement to primary care is **universal**.
- ✓ Don't ask to see visa or proof of residency.
  - Understand that patients **do not** have to complete this section of the GMS1 form.
- ✓ Ensure lack of ID/proof of address is not a barrier.
- ✓ Use an interpreter. *At reception and in consultation.*
- ✓ Be aware of data-sharing fears – consider an alternative address. *e.g. address of friend, day centre or GP practice.*



**Accessing  
healthcare:**

**Secondary care**



## Policy context: a 'hostile' NHS?

### 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**.



# Secondary Care Charging

1. Chargeability 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 provided regardless of ability to pay (but billed for after).
4. Some services are exempt: *A&E, some infectious diseases (not co-morbidities) and 'family planning' (except termination of pregnancies)*
5. Some groups are exempt, e.g., *refugees, asylum-seekers, survivors of trafficking & some types of violence (if proven), children in care, immigrant detainees...*



<https://www.youtube.com/watch?v=XrqKyH7x4Mg&t>





## 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**.



## Case Study: Miriam

- 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.



## Case Study: Miriam

- 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?**



## Case Study: Miriam

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.



# Charging as a barrier to healthcare

	Total to be charged
Non complex pregnancy (normal or complications, up to 2 days stay, 2 appointments)	1,176
Complex pregnancy (normal or assisted delivery with complications, up to 5 days stay, 2 scans, 4 outpatients appointments)	9,233
Booking visit only - no scan	771
Out patients visit only - no scan	402
Per Scan	160
Less than 12 hours admission (non-delivery stay)	953

## 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 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.

*“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 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.”*

A woman in London who had been refused asylum

Source: Equality & Human Rights Commission. *The lived experiences of access to healthcare for people seeking and refused asylum.* 2018.



# Good Practice Tips: Clinicians

- ✓ Use an interpreter
- ✓ Use clinical discretion to classify treatment as 'urgent or immediately necessary', when appropriate.
  - *For transparency, complete DH form certifying decision.*
- ✓ Flag up (potential) vulnerability in notes and referrals. *Double appt. slot?*
- ✓ Take a holistic approach. *Consider mental health, housing advice, immigration advice, support groups.*
- ✓ Identify group exemptions. *Always ask about violence.*
- ✓ Inform about charges, but encourage engagement with treatment
- ✓ Book follow up appointment. *Likely to disengage with antenatal care.*
- ✓ Be conscious of fears around bills & Home Office



# Use our Secondary Care Guide



## WHEN IS MY PATIENT LIKELY TO RETURN HOME?



You are being asked to decide if care is, or will become, urgent in the time before a patient returns home. This means that a condition that may not be urgent for a person

who is likely to leave the UK within the next couple of months, may be considered urgent for a patient who is not likely to leave in the next 6 months.

### What does the guidance say?

For undocumented migrant patients, including failed asylum seekers, the likely date of return may be unclear, and will have to be assessed on a case-by-case basis, including their ability to return home. Some may be prevented by travel or entry clearance restrictions in their country of origin, or by other conditions beyond their control.

For some cases relating to undocumented migrants, it will be particularly difficult to estimate their return date. Relevant bodies may wish to estimate that such patients will remain in the UK initially for 6 months, and the clinician can then consider if treatment can or cannot wait for six months, bearing in mind the definitions of urgent and non-urgent treatment given above. However, there may be circumstances when the patient is likely to remain in the UK longer than six months, in which case a longer estimate of return can be used.

DHSC, 2019. Guidance on implementing the overseas visitor charging regulations.

For some patients it will be easy to know when they will return home. However, in the case of UNDOCUMENTED MIGRANTS and REFUSED ASYLUM SEEKERS (RAS) it is more difficult.

#### UNDOCUMENTED MIGRANTS

There are many reasons why a patient may find themselves undocumented. This group includes domestic workers, survivors of trafficking and modern slavery and people who have not received support to make an asylum claim. They may owe debts to their employer or be unable to return home.

When making decisions about the care of undocumented migrants, it is worth considering how long the patient has been living in the UK.

Regardless of a patient's immigration status, ensure that the date of return used is based on a conversation with the patient and takes account of all the information they're able to provide. Record the date of return used in the Clinician Patient Assessment Form.

#### REFUSED ASYLUM SEEKERS

RAS can live in the UK for years without being returned. This can be because it is not safe for them to return, their home country will not accept them or the Home Office does not take steps to deport them.

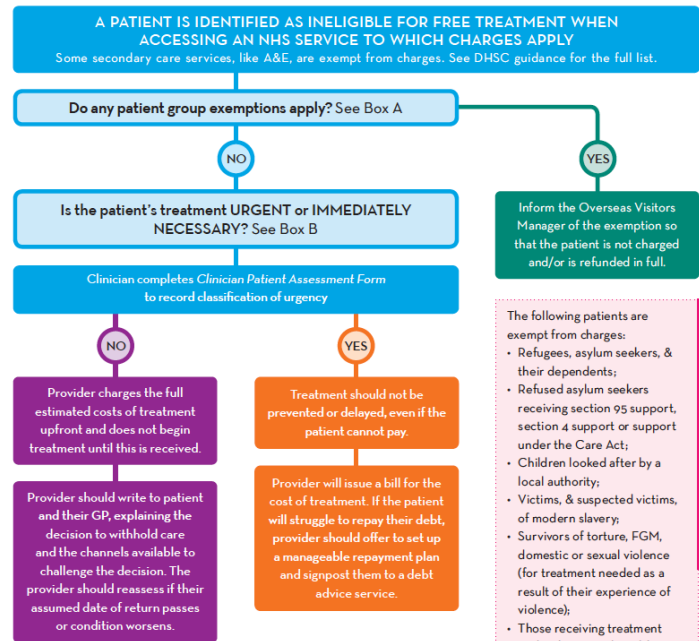
When making decisions about the care of RAS it is worth considering how long the patient has already lived in the UK without being returned.

## NAVIGATING NHS CHARGING IN SECONDARY CARE



A guide for NHS clinicians in England, based on Department of Health and Social Care guidance<sup>1</sup>

This guide supports NHS doctors to ensure that their patients' human rights are protected while in their care. The right to health is protected by various international instruments ratified by the UK. Ensuring that patients access urgent treatment is also crucial to upholding their rights to life and freedom from inhumane or degrading treatment (Human Rights Act 1998, art. 2, 3). These legal protections apply to everyone, no matter what their immigration status, and bind all UK public authorities.



### BOX B: DEFINITIONS

**'Urgent'** care is care that 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 they may not be able to return within 6 months.

**'Immediately necessary'** care is care that:

- is life saving;
- will prevent a condition becoming life-threatening or;
- will prevent permanent serious damage.

\*See page 2

<sup>1</sup> Department of Health and Social Care, 2019. Guidance on overseas visitors hospital charging regulations. <https://www.gov.uk/government/publications/guidance-on-overseas-visitors-hospital-charging-regulations>

# Why is migrant access to healthcare important?



It is important for Public Health



It is cost-effective



It is a human right



There are barriers for this group in accessing healthcare



# Why is access to healthcare important?

## It is important for public health.

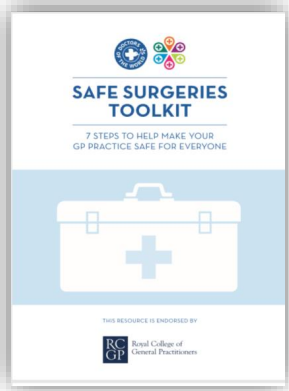
- Communicable diseases;
- Drug and alcohol treatment
- Mental health

## It is cost-effective.

- **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).

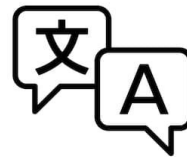


## Exercise



What steps can you take to ensure all patients in your community can access healthcare? Consider:

1. Individually
2. Practice wide





- [Safe Surgeries](#) guidance & resources.
- [NHS England guidance on GP Registration](#) (from p. 144).
- [BMA guidance on GP registration](#)
- [CQC guidance](#) on refugees, asylum seekers, and other migrants
- [Inclusion Health Self Assessment Tool for PCNs](#)
- Equality & Human Rights Commission [Healthcare access guide for people seeking asylum](#) – rights-based guidance
- [DH Guidance on implementing charging](#)



- For more information and to join the **Safe Surgeries network**:

<https://www.doctorsoftheworld.org.uk/safesurgeries/>

- Please complete our training evaluation form



- Contact us: [SafeSurgeries@DoctorsOfTheWorld.org.uk](mailto:SafeSurgeries@DoctorsOfTheWorld.org.uk)

