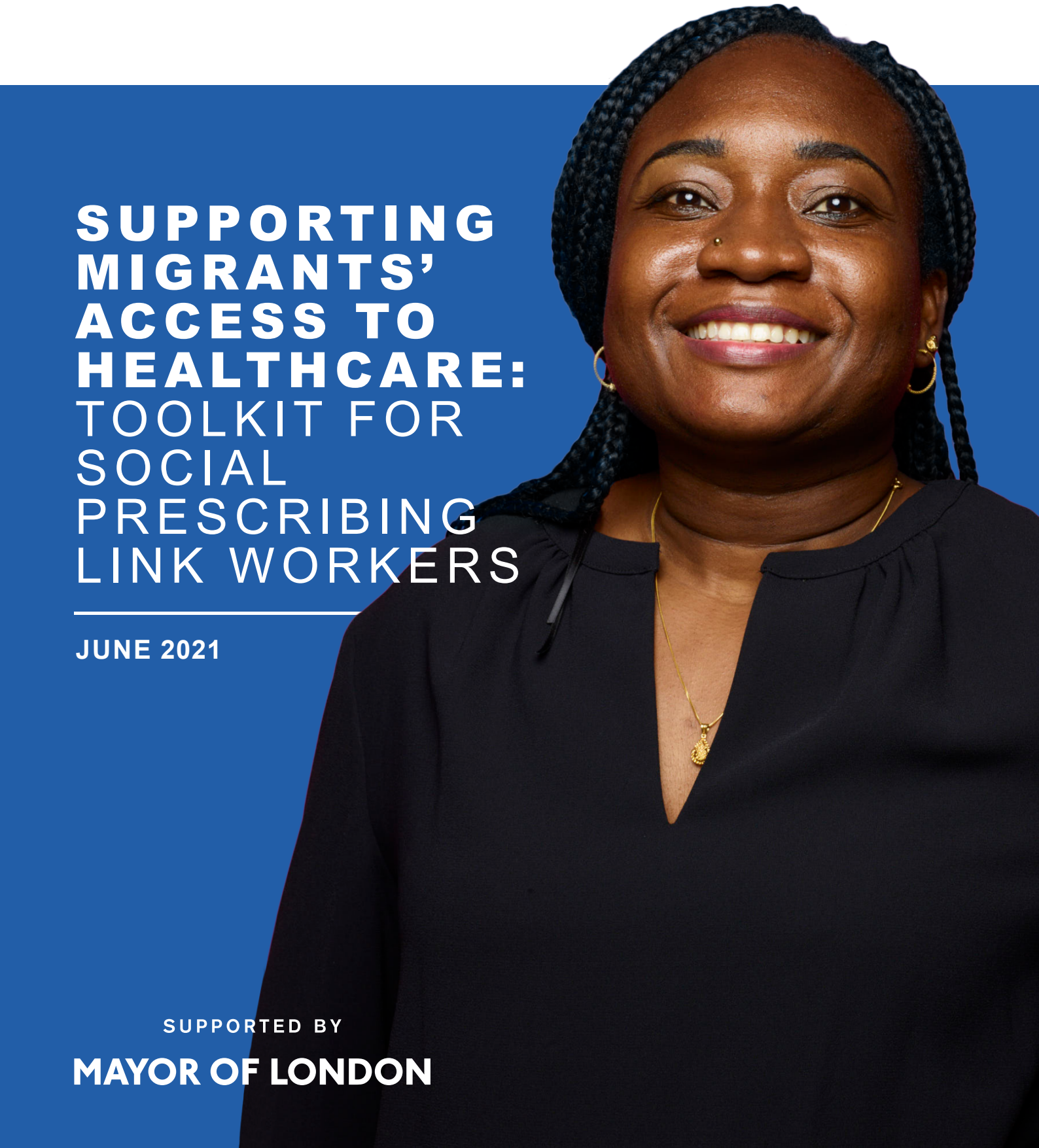
SAFE SURGERIES



SUPPORTING MIGRANTS' ACCESS TO HEALTHCARE: TOOLKIT FOR SOCIAL PRESCRIBING LINK WORKERS

JUNE 2021

SUPPORTED BY

MAYOR OF LONDON

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HOW TO USE THIS TOOLKIT

Migrants may have additional healthcare needs due to their life experiences prior to migration, the circumstances of their migration, or the circumstances in which they are living in the UK. Some migrants face barriers accessing healthcare.

This toolkit, put together with input from social prescribing link workers and migrants, gives practical steps and information to recognise and address healthcare barriers.

Health and wellbeing of people with experience of migration vary, and whilst some of these factors may be widely experienced, some can be more personal. A person's immigration status can also determine which health and statutory services they can access free of charge.

Migrants who are in vulnerable circumstances in the UK include:

Asylum seeker - A person who has left their country and applied for asylum in another country, but whose application has not yet been concluded.

Refused asylum seeker - A person whose asylum application has been unsuccessful.

Refugee - 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 - Someone who enters or stays in the UK without the documents required under immigration regulations. They usually have 'no recourse to public funds' (NRPF), which means they are not entitled to most welfare benefits.

Migrant with NRPF conditions attached to visa - Someone who is in the UK legally with a temporary immigration status, but who is not entitled to access public funds.

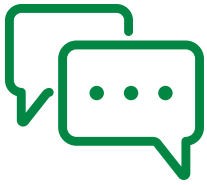
Unaccompanied children - Children and young people who are seeking asylum in the UK but who have been separated from their parents or carers. While their claim is processed, they are cared for by a local authority.

Person who has been trafficked - People who are recruited or moved by the use of threat, force, fraud, or the abuse of vulnerability, for exploitation.

NINE STEPS TO IMPROVE ACCESS TO HEALTHCARE FOR MIGRANTS

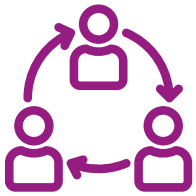
BEFORE MEETING WITH A PATIENT

1. Equip yourself with information on migrants' entitlement to healthcare and how to tackle barriers to healthcare
2. Identify and establish non-GP referral pathways for migrants to access social prescribing
3. Establish access to interpreters



WHILST MEETING WITH A PATIENT

4. Explain how the NHS works and the person's right to healthcare
5. Directly support GP registration wherever possible
6. Support migrants who may face NHS charges
7. Identify broader areas where migrants may require support



AFTER MEETING WITH A PATIENT

8. Follow up with patient
9. Reflect and share good practice

BEFORE MEETING WITH A PATIENT

1 EQUIP YOURSELF WITH MIGRANTS' ENTITLEMENT TO HEALTHCARE AND HOW TO TACKLE BARRIERS TO HEALTHCARE

- Public Health England's Migrant Health Guide provides practical tips and information on access to healthcare for migrants. Check regularly for updates: https://www.gov.uk/guidance/nhs-entitlements-migrant-health-guide
- Migrants might be in vulnerable circumstances and have experience of trauma that increases their risk of poor health outcomes. Taking a sensitive and trauma-informed approach will help to reassure migrants to feel safe to open up about their situation and seek support (see section **Health vulnerabilities experienced by migrants**).
- Knowing the different types of immigration statuses (asylum seeker, refugee, undocumented migrant etc.) might help you identify some of the broader wellbeing needs of your patient and which NHS services they can access free of charge (see section **How to use this toolkit**).
- Familiarising yourself with local migrant support organisations will help to understand the barriers and issues migrants face specific to your local area. Attending their events and collecting leaflets will give you an idea of your patients' circumstances and the services available to them.

- Further resources for Primary Care providers:
  - Doctors of the World UK (DOTW) Safe Surgeries Toolkit and other resources
  - DOTW's Safe Surgeries Initiative provides regular newsletters on migrants' access to healthcare. Sign up for the Safe Surgeries newsletter.

2 IDENTIFY AND ESTABLISH NON-GP REFERRAL PATHWAYS FOR MIGRANTS TO ACCESS SOCIAL PRESCRIBING

- If you are based in primary care, be aware that some migrants may have been unable to register with a GP and this might impede their access to you.
    - Consider where and how information about your service is promoted - is it only at the GP?
- Reach out to local authorities, community organisations, charities, food banks and worship centres to make them aware of your service and create clear referral pathways. In person meetings with these services are useful to create a trusted referral pathway, where possible.
- Establish a self-referral mechanism and promote it in local spaces that migrants visit. Posters in different languages will help with this.
- Consider having your meeting at a community space where it is more friendly and welcoming for migrant patients, like a children's centres or at a pop-up clinic.

Further recommendations:

- Ask the GP practice manager or the reception team to implement inclusive registration policies in line with NHSE guidance to reduce incorrect registration refusals.
- Migrants who are not registered with a GP may access pharmacies and A&E departments for medical care. Check if your Integrated Care System (ICS) can help establish links with these services.

3 ESTABLISH ACCESS TO INTERPRETERS

- Ensure you have easy access to language translation services.
- Book double appointments if necessary, to allow time for interpretation.
- Check if your patient prefers a specific gender for the interpreter.
- Record a patients language and interpreting needs and pass on this information when referring them to other health professionals.
- Some patients might benefit from having a trusted friend, family member or advocate with them when they see you, but make sure family and friends are not used as interpreters as it is possible that interpretation might not be neutral, non-judgmental or confidential.

- Further resources:
  - Language interpreting and translation advice from the Public Health England Migrant Health Guide, which provides practical guidance on how to conduct interpreted sessions and navigate challenges around offering interpreter services and interpreting-related safeguarding.
  - A language identification card can help to identify a person's first language.
  - Multi-lingual printable appointment cards might be useful in communicating the next meeting.
  - Organisations like Connect Interpretation Service or The Big Word offer variety of languages including British Sign Language (BSL).

WHILST MEETING WITH A PATIENT

4 EXPLAIN HOW THE NHS WORKS AND THE PERSON'S RIGHT TO HEALTHCARE

- Many migrants come from countries with very different health care systems. Take time to explain how the NHS works and what they can expect of it.
- It is important for migrants to know which services are free for everyone regardless of the immigration status, and which services are usually charged for because of their immigration status (see sections **Entitlement to primary care** and **Entitlement to secondary care**). Explain how to get eye and dental care and prescriptions and tell them about HC2 exemption certificates for help with the costs of these services (see section **Help with health costs**).
- Some migrants may be worried about their data being shared with the Home Office. Make sure you provide accurate information on data sharing (see section **Building trust with your migrant patient**).
- Be aware that asylum seekers who receive accommodation support might be moved to another location which may disrupt their access to social prescribing and health care services. The best way to mitigate disruption to health access is to support patients to obtain an NHS number by registering with a GP as a permanent patient.

- Further Resources:
  - NHS Entitlement Migrant Health Guide
  - DOTW migrants' right to healthcare infographics

5 DIRECTLY SUPPORT GP REGISTRATION WHEREVER POSSIBLE

- If you are Voluntary, Community and Social Enterprise (VCSE) based, establish direct registration pathways with your associated GP, or directly support registration with a GP that is local to or the preference of your patient (see section **How to tackle barriers to primary healthcare**).
    - Working closely with the health inclusion team at the Primary Care Network can help with this.
- For migrants to be able to book a COVID-19 vaccine, it is essential for them to register with a GP as a permanent patient, which generates an NHS number. There might be other outreach options for vaccination, for example, pop-up clinics.
- Support broader access to secondary services, including mental health services.
- Asylum seekers can get help registering with a GP from their accommodation providers and Migrant Help. The Home Office uses private companies to provide housing and Migrant Help to provide independent advice to asylum seekers.

- Further resources:
    - GP access cards
    - If you cannot register them with a GP, refer them to a charity, for example Doctors of the World UK.

6 SUPPORT MIGRANTS WHO MAY FACE NHS CHARGES

- It is not your role to determine who is eligible for free secondary care, which can be a complex task. However, it can help to equip yourself with the necessary information to advocate for your patients if they are affected and to share accurate information with your patients who might have questions.

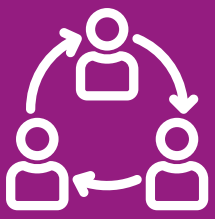
- You can help your patients check if they are in an exempt category, or if the service they need is exempt from charging (see section **How to tackle barriers to secondary healthcare**).
- If your patient if affected by NHS charging, consider signposting them to legal, immigration and debt advice if they need support to manage NHS bills. Encourage them to engage with the hospital to find ways to pay the bill i.e., a repayment plan.

- Further resources:
  - Maternity rights
  - You can refer patients to the Doctors of the World UK clinic for advice.

7 IDENTIFY BROADER AREAS WHERE MIGRANTS MAY REQUIRE SUPPORT

- Some patients will be reluctant to share their immigration status or broader issues due to the fear of engaging with statutory services. Sometimes basic signposting will be enough.
- Some patients might need housing and legal advice or signposting to information on how to apply for asylum, or how to get help as an asylum seeker.
- Check if migrants are eligible for the NHS Low Income Scheme and support their application for help with health costs for prescription medication, eye and dental care and transport expenses for hospital appointments (see section **Help with health costs**).

- Further resources:
  - DOTW translated health information hub
  - Consider using DOTW's Safe Surgeries social prescribing template for migrants.
  - Directory of services and organisations for refugees, asylum seekers and migrants



AFTER MEETING WITH A PATIENT

8 FOLLOW UP WITH PATIENT

- Check in with your patient to make sure they were able to access the services you referred them to and the healthcare services they need.
- Provide updates, wherever possible, on topics relevant to your patient (for example, COVID-19 vaccination eligibility, the EU settlement scheme).

9 REFLECT AND SHARE GOOD PRACTICE

- Contribute to the development of a standardised social prescribing model for migrants by sharing your experience.
- Join the Future NHS platform and other social prescribing platforms:
  - London Plus Social Prescribing Network
  - National Social Prescribing Network

- Further resources:
  - VCSE social prescribing toolkit
  - Support for link workers

BUILDING TRUST WITH YOUR MIGRANT PATIENT

Identifying migrants in vulnerable circumstances, and their needs, requires sensitivity. As with any new patient, it can take time for some migrants to establish trust and to disclose difficulties which may be related to their immigration status and migration experience. It is important that they understand:

- why you are asking questions about their personal history, and what you are going to do with this information
- the limited circumstances in which health services share non-clinical information with the Home Office

Migrants with insecure immigration status and those with no immigration status may be fearful of engaging with statutory services, due to the deterrent impact of NHS charging, and fear that they may face criminalisation. In addition to this, some fear that health and statutory services share information with the Home Office, which could result in them being put into a detention centre or deported to another country. All frontline staff should consider this when undertaking routine data collection and be able to offer clear information around how patient data is shared in your area.

DATA SHARING WITH THE HOME OFFICE

Public Health England provides the following advice on patient data sharing:

> “Healthcare professionals will not usually share personal medical information, even if requested by other government agencies. This is because sharing personal medical information is likely to be a breach of patient confidentiality and a violation of

healthcare professional's obligations under the Data Protection Act."Personal data, such as someone's name, address or medical details, will only be shared with other bodies when consent is given or under circumstances of legal necessity. These circumstances are strictly controlled by data protection law, which includes a legal duty to communicate what data is being shared, and when. Under these strictly controlled conditions, personal data, not including medical data, can currently be shared for the following reasons:

- The NHS can seek information from the Home Office about a person's immigration status to inform an assessment of their eligibility for free NHS treatment. They must also share with the Home Office information about overseas visitors who have NHS debt. For services provided on or after 6 April 2016, data is shared if the debt is £500 or more and has been unpaid for two months or more. This debt may affect a person's future immigration application.

- The memorandum of understanding (MOU) between the Home Office and NHS Digital to process information requests for the purposes of tracing immigration offenders was withdrawn on 9 November 2018. NHS Digital can continue to share personal data with the Home Office only in circumstances where requests for non-medical information is in the interests of safeguarding an individual and necessary to protect a person's welfare."

Patient information will not be shared with the Home Office immigration department when your patient accesses an NHS service that is free for everyone, regardless of immigration status. This includes GP services and COVID-19 testing, treatment and vaccination services.

Some NHS hospital and community services not related to testing, treatment or vaccination for coronavirus are not free for people without regular immigration status. These services may share information about your patient, such as name, address and date of birth, with the Home Office immigration department.

This is to confirm their current immigration status or to report unpaid healthcare charges. Information about their health will not be shared.

Here are some recommendations on how to build trust with a migrant in vulnerable circumstances:

1. Try not to introduce yourself as a 'social prescriber' at first; instead, try introducing yourself and what you do in a simple way.

2. Do not ask a patient about their immigration status if it is not relevant to the issue you are trying to address.

3. Using a translator can help patients facing language barriers feel more confident.

4. Consider meeting your patients in a familiar or convenient place, like a children's centres or at a pop-up clinic.

5. Give examples of the types of services you can help them to access.

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HEALTH VULNERABILITIES EXPERIENCED BY MIGRANTS

There are various factors and external influences that increase a person's risk of worse health outcomes and poor access to healthcare services. Due to experience or current living circumstances (for example, destitution, poverty, social exclusion and experience of trauma), migrants may be affected by one or more of these factors and experience health inequalities. For this reason, migrants are considered an Inclusion Health group. Inclusion Health is used to define groups of people like homeless and rough sleepers, migrants in vulnerable circumstances, sex workers, and those from the Gypsy, Roma and Traveller communities, because these groups can face systemic barriers to healthcare services, and have poorer access, experiences and health outcomes.

- Refugees and asylum seekers may have mental health needs as a result of conflict, traumatic events in their country of origin, or socio-political conditions, leading to experiences of criminalisation and discrimination.
- Immigration detainees often have high levels of post-traumatic stress causing anxiety, depression, self-harm, suicidal ideation and suicide attempts.
- Survivors of trafficking or torture have often been exposed to uncontrollable and unpredictable events, which can result in severe and longer-term post-trauma disorder.
- Migrants may have experienced ill-health whilst migrating or when arriving in new countries due to poor living conditions in camps with poor shelter and sanitation, or inadequate access to food, water and sanitation, and increased, ongoing stress.

- Migrants may be living in overcrowded and unsanitary conditions that increase the risk of infectious disease, or they may be travelling from countries with a high prevalence of infectious diseases and poor vaccination and testing programmes.
- In the UK, cancer is more likely to be diagnosed at an advanced stage in refugee patients, leading to worse health outcomes compared with the general population.
- Refugees and migrants have a higher incidence, prevalence and mortality rate for chronic conditions, such as diabetes.

BARRIERS MIGRANTS FACE WHEN ACCESSING HEALTHCARE

Migrants often face the following barriers when accessing healthcare services:

- lack of knowledge of how to access the NHS and what services are available
- administrative difficulties, such as lack of proof of address or ID
- immigration status checks
- barriers around accessibility, for example, language, digital and transportation barriers
- unaffordable charges for secondary healthcare services (hospital and community health services)
- fear of being reported to the Home Office

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ENTITLEMENTS TO HEALTHCARE FOR MIGRANTS

ENTITLEMENTS TO PRIMARY CARE

NHS England's Primary Medical Care Policy and Guidance Manual outlines entitlement to primary care services:

- Anybody in England may register and consult with a GP without a charge. Nationality or immigration status are not relevant to register with a GP.
    - This includes all asylum seekers and refugees, overseas visitors, students, people on work visas and those who are homeless, whether lawfully in the UK or not.
    - There is no set length of time that a patient must reside in the country to register with a GP. A patient does not need to be 'ordinarily resident' to be eligible.
- There is no regulatory requirement to prove identity, address, immigration status or the provision of an NHS number in order to register with a GP.
    - Some GP practices might ask for ID; however, some patients living within the practice boundary may not be able to provide legitimate documents in some circumstances, for example, people fleeing domestic abuse or those residing with friends long term.
    - GP practices can use their own practise address to register patients where necessary, for example, people experiencing homelessness.
    - Inability to provide to provide identification or proof of address is not considered reasonable ground for a patient to be refused registration.
- GP practices cannot refuse to register a patient on discriminatory grounds of race, gender, social class, age, religion, sexual orientation, appearance, disability or medical condition.

- Any refusal to register patients should be documented with their name, date and refusal for registration and a written explanation sent to the patient within 14 days.

HOW TO TACKLE BARRIERS TO PRIMARY HEALTHCARE FOR MIGRANTS

- Wherever possible, directly support migrants' registration with a GP of their choice within the catchment area they live in.
- Help migrants fill in the GMS1 form. Note, the supplementary questions about immigration status are not mandatory.
- It is important that migrants accessing the NHS for the first time are offered permanent registration rather than temporary registration, as this will generate an NHS number.
- Some migrants may be concerned about sharing their home address or immigration status when registering with a GP, fearing that it could be used by the Home Office to put them into detention or to deport them. If a patient is concerned about this, liaise with the receptionists to register them using an alternative address. This could be the practice address, or the address of a mosque, church or community centre where post might reach them. In doing this, neither you or the GP practice are breaching NHS guidance or regulations.
- Share self-advocacy resources with your patients; for example, a GP access card or the NHS leaflet on how to register with a doctor.

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ENTITLEMENTS TO SECONDARY CARE

Entitlement to free secondary care services, including community health services, depends on a person's immigration status, for example:

- Refugees and asylum seekers (with an active application or appeal) and victims of trafficking are eligible for free secondary healthcare services.
- Undocumented migrants, and some refused asylum seekers in England, are charged for some services.

For secondary care services, a person must be considered ordinarily resident in the UK – this means living lawfully in the UK on a properly settled basis and have 'indefinite leave to remain'.

- EU/EEA citizens with settled status or pre-settled status, or a pending claim for settled status are considered ordinarily resident.

Migrants who are not considered ordinarily resident in the UK will be charged for most secondary and community care services. In most cases these charges must be paid before receiving the NHS service. If a person cannot pay in advance, the service may be withheld. However, 'immediately necessary' and 'urgent' services, as defined by a clinician on a case-by-case basis, must be provided, regardless of someone's ability to pay. They will be billed later.

However, some services and some patients are exempt from payment regardless of whether the person is ordinarily resident.

Free services for everyone regardless of immigration status:

- all primary care services
- A&E
- treatment under Mental Health Act 1983
- diagnosis and treatment of specified infectious diseases and sexually transmitted infections, for example, TB, HIV, COVID-19
    - NHS services provided for COVID-19 investigation, diagnosis and treatment, vaccination
- family planning services
  (not including termination of pregnancy or infertility treatment)

- treatment for a physical or mental health condition caused by torture, female genital mutilation, domestic violence or sexual violence
- palliative care services provided by a registered palliative care charity or a community interest company
- services that are provided as part of the NHS 111 telephone advice line

Some patients are exempted from secondary care charging
(even though they are not considered ordinarily resident):

- refugees and their dependants, including people who have been granted:
  - asylum
  - humanitarian protection
  - temporary protection under the immigration rules
- asylum seekers (people applying for asylum, humanitarian protection or temporary protection whose claims, including appeals, have not yet been determined) and their dependants
- people receiving support from the Home Office under section 95 of the Immigration and Asylum Act 1999
- Refused asylum seekers receiving
  - section 4(2) support from the Home Office
  - section 21 support from a local authority
  - support under Part 1 (care and support) of the Care Act 2014
- children looked after by a local council
- survivors, and suspected survivors, of modern slavery or human trafficking, as determined by the UK Human Trafficking Centre or the Home Office, plus their spouse or civil partner, and any children under 18 provided they are lawfully present in the UK
- immigration detainees
- People receiving compulsory treatment under a court order, or who are liable to be detained in an NHS hospital or deprived of their liberty (for example, under the Mental Health Act 1983 or the Mental Capacity Act 2005) are exempt from charge for all treatment provided, in accordance with the court order, or for the duration of their detention.

HOW TO TACKLE BARRIERS TO SECONDARY HEALTHCARE FOR MIGRANTS

- Support patients who would like to register with a GP to do so and ensure patients are aware of their entitlements to free NHS services.
- Check if your patient might be exempt from charges. For refused asylum seekers in England, a simple way to do this is to check if they are supported by the Home Office.
- If your patient would be considered ordinarily resident, or is exempt form NHS charges, make them aware of their entitlement to free secondary care.
- If your patient needs to access a secondary or community care service and you think they may be affected by NHS charging, still encourage them to attend appointments.
- If your patient has received a bill for NHS care that they cannot pay, encourage them to speak to the hospital Overseas Visitors Team to explain their circumstances. They can either:
    - agree a repayment plan, or
    - ask the hospital to 'write off' the bill (this may still have data sharing implications)
- Explain the implications of not engaging with the bill (see section **Data sharing with the Home Office**).
- Signpost for immigration, legal and debt advice for support.

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HELP WITH HEALTH COSTS

Many migrants may not know that prescription medicines, dental and eye care are not usually free in England. Anyone who is on low income is eligible for the NHS Low Income Scheme regardless of immigration status. Migrants on a low income may be eligible for financial help with the costs of prescriptions, dental and eye care, and travel expenses for hospital appointments.

The NHS Business Services Authority website offers more information on the scheme. This includes information on help with health costs in several languages.

Asylum seekers who receive Section 95 support from the Home Office should receive a HC2 certificate to get medicines, dental and eye care for free. This form can also cover some or all the costs towards their eyeglasses or contact lenses. If they don't have this form, or if their form expired, they can contact Migrant Help.

Many GP surgeries and hospitals will have copies of HC1 application forms for the scheme. Wherever possible, have copies of HC1 forms and support your migrant patient to fill in this form.

- NHS Business Services Authority has a Facebook account for enquiries.
- You can check this webpage to see if the exemption certificate for your patient is valid.
- You can check this webpage to see if your patient is eligible for free dental care.

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ABOUT US

Doctors of the World UK is a medical charity that runs a clinic in East London and advocates on behalf of patients in England for safe and equitable access to health care. Our work focuses on excluded people such as destitute migrants, sex workers and people with no fixed address. **www.doctorsoftheworld.org.uk**

The Mayor of London is responsible for making London a better place for everyone who visits, lives or works in the city. During the coronavirus outbreak, it is especially important that we look after our physical and mental wellbeing. **www.london.gov.uk**

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