Safe Surgeries QIP: Improving access to primary care
Training Guide

Doctors of the World (DOTW) UK's Safe Surgeries project aims to improve access to healthcare for migrants in vulnerable circumstances in the UK. This guide is intended to support the delivery of the Safe Surgeries QIP training by providing additional information on the topics raised in the training slides. It is NOT a script for delivering Safe Surgeries training but should give trainers the confidence to discuss and expand on issues if needed. In general, the information contained in the slides has not been repeated here, so please use both documents to gain a fuller picture of the topic at hand.

This training module is designed to take approx. 1 hour.

Topic	Talking points
Background on DOTW UK	• DOTW UK is part of the international Médicins du Monde (MdM) network. • Established in 1980, it is an international organisation that provides medical care, strengthens health systems and addresses underlying barriers to healthcare in 80 countries. • The UK programme centres around the DOTW drop-in clinic in East London, a London-based mobile clinic, as well as a number of regular outreach clinics hosted by partner organisations across the city. • DOTW clinic services and the advice line are for people who with difficulty accessing the NHS, and include: short term medical care, GP registration advocacy and advocacy with hospitals around charging. Use the link to read more on our services. • The clinic is open Tuesdays – Thursdays from 10am. If you are a GP referring a patient to the clinic, call the team on 0207 0789 629 or email clinic@doctorsoftheworld.org.uk. • We use data, experience and testimonies from our clinic to inform our policy and advocacy work to improve access to healthcare.
Background on DOTW UK: Who comes to the clinic?	• Up to 2,000 people are supported by the DOTW clinic and advice line in London each year • Our patients are mainly undocumented migrants and asylum seekers. • On average our patients were living in UK for almost 6 years before trying to access healthcare. This contradicts misleading arguments made in the media about the prevalence of health tourism.
Defining legal 'categories' of migrant	• To understand healthcare entitlement, particularly secondary care, you need to have a basic understanding of some of the different possible immigration statuses that exist. See slides for range of legal statuses. • You can learn more here on the common types of immigration status.
Barriers to access in primary care	• Evidence from the clinic gives insight into the barriers our service users faced. • Most of the service users experience difficulties accessing healthcare, and a high proportion were not registered with a GP when they came to our clinic. Registration Refused study: • We recorded the outcome of 2,189 attempts by DOTW volunteers to register

	patients with NHS GPs in England in 2018. • 19% of attempts were refused. • The biggest barrier to GP registration was inability to provide paperwork, cited in almost two thirds of refusal • The reasons for refusal were recorded as follows: lack of proof of address (29%), lack of proof of ID (49%), gatekeeping behaviour (29%), immigration status (7%) and not specified (3%). • In addition, in 32 cases (8%) the practice agreed to a temporary patient registration only. Asylum seekers also face many barriers to primary care when in initial accommodation. This DOTW report details that "Accommodation providers are not required to provide direct support to access healthcare or register with a GP unless the person is in "obvious and urgent" need of medical care". This means that mental health needs are often left ignored, and only 34.4% of people DOTW assessed in initial and contingency accommodation were registered with a GP. ***Relevant resources:*** • *Bureau of Investigative Journalism (2021) Most GP surgeries refuse to register undocumented migrants despite NHS policy* • *DOTW UK (2018) Registration refused: A study on access to GP registration in England* • *DOTW UK (2022) Asylum seekers, health and access to healthcare in initial and contingency accommodation* • Home Office: users guide to living in asylum accommodation • *DOTW toolkit for primary care commissioners and providers - recommendations and support for ICBs and primary care commissioners in supporting access to initial health assessment and primary care for people in Home Office asylum accommodation.*
Primary care entitlement	• If the NHS England guidance was implemented correctly by GP practices, some of the greatest barriers to access for our patients would be resolved. • Unfortunately, practice administrative procedures often clash with the guidance and many practices insist on proof of ID or address in order to register a patient. • If an asylum seeker is unsure of the length of time that they will be in their Home Office Initial Accommodation, NHS guidance recommends that you register this patient as a permanent patient (pg. 151, 4.4.9). • In 2017, new questions on residency status were added to the GMS1 form, which is used to register new patients. While patients are not required to complete these questions, their addition prompts some to carry out checks on immigration status that are not necessary and can be intimidating. In an effort to mitigate the risk that these questions deter undocumented patients, some practices routinely cross out this new section of the form. NHS Low Income Scheme: Asylum seekers, refused asylum seekers, undocumented migrants, and their partners and children, are eligible for HC2 certificates, which provide full help with NHS health costs and prescription medication. HC2 certificates supports these people as they have no recourse to public funds. The guidance is also broken down clearly in this article. ***Relevant resources:*** *NHS England (2017) Primary Medical Care Policy and Guidance Manual* *BMA, NHS Employers & NHS England (2017) Guidance for GMS contract 2017/18.* *Care Quality Commission (CQC) GP mythbuster: Registration and treatment of asylum seekers, refugees and other migrants* *Care Quality Commission (CQC) GP mythbuster: Looking after homeless patients in General Practice*

	DOTW UK (2018). Healthcare Entitlement in England.
Safe Surgeries resources	GP practices who sign up as a Safe Surgery via the form here should review the resources and implement guidance from the toolkit (7 steps) in their registration policy. It is also important to display the posters in the practice and on their website to promote the practice as a Safe Surgery. This video is a useful summary of NHS England guidance and how to make your GP practice more inclusive. ***Relevant resources:*** • Safe Surgeries Toolkit: this is our key guidance document for Safe Surgeries • E-learning module: an online training module on entitlements to primary care • Posters for patient waiting areas: these are available in 11 languages and can be chosen at your discretion to highlight that everyone is welcome at your practice. Poster for reception area: this is a useful poster to remind reception staff of good practice guidelines for registering patients, in line with NHS England guidance and Safe Surgeries advice.
Charging in secondary care	• Access to secondary care depends largely on whether or not a person is eligible to be charged and/or to be charged upfront for their treatment. • Charges are levied at 150% of the NHS tariff e.g., £6,500 for maternity care for an uncomplicated pregnancy and delivery. • Chargeability depends on immigration status. Undocumented migrants (incl. some refused asylum seekers in England) are charged upfront for secondary care delivered in hospitals and by NHS-funded services in the community. • A number of service exemptions from charging also exist, including: primary care; A&E (including walk-in centres, minor injuries units or urgent care centres), up until the point when patient admitted; family planning services (not termination of pregnancy); diagnosis and treatment of specified infectious diseases and STIs; palliative care services provided by a registered palliative care charity or a community interest company; services provided as part of the NHS111 telephone advice line; and treatment required for a physical or mental condition caused by: torture; FGM; domestic or sexual violence. • Non-EEA migrants pay a visa health surcharge rather than being charged upfront. • EEA nationals' (EU + Switzerland) rights to secondary healthcare have changed after 1 July 2021. For free secondary care, a person must be considered 'ordinarily resident' (those with settled and pre-settled status will be considered ordinarily resident). Please see our Access to the NHS for EU citizens guidance below for further explanation ***Relevant resources:*** *DOTW UK. Briefing on Amendment of the National Health Service (Charges To Overseas Visitors) Regulations 2015* *Department of Health (2017) Guidance on implementing the overseas visitor charging regulations.* *DOTW UK (2018). Healthcare Entitlement in England.* *UKHSA Entitlements to NHS services for migrants in England - video* *DOTW UK (2022)* Access to the NHS for EU citizens guidance and briefing

Groups exempt from charging	These are the groups that are exempt from charges altogether: • Refugees and asylum seekers; • A small number refused asylum seekers, i.e., those receiving the following types of government support for which there is a very high threshold: • Section 4(2) – Home Office support for destitute and unable to return to country of origin; • Support under the Care Act - refused asylum seekers who get accommodation from their local authority due to a disability. • Survivors of trafficking (only if recognised); • 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	• Care that is classified as 'urgent or immediately necessary' by a clinician must be given regardless of ability to pay. It should not be denied, delayed or discouraged even if a patient cannot afford to pay.
	• This does not mean it is free, but that the patient does not have to pay in advance.
	• This may be the area in which clinicians have the greatest power to affect their patients access to treatment, as the definitions of 'urgent' and 'immediately necessary' are relatively broad. They are:
	  • 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. The guidance states:
	  • the longer a patient is expected to remain the greater the range of their treatment needs that are likely to be regarded as urgent.
	  • Those for whom there is no viable place of return or for whom there are other conditions beyond their control preventing their departure, should not reasonably be expected to leave until such issues are resolved.
	  • In absence of info, assume undocumented migrants will remain in UK for at least 6 months.
	
	Relevant resource:
	Department of Health (2017) Guidance on implementing the overseas visitor charging regulations, p. 64-65.
	DOTW UK Navigating NHS Charging in Secondary Care

Evidence of the deterrent impact of charging	• Independent research conducted at DOTW clinic showed that hospital charging deters and delays vulnerable migrants from seeking the healthcare that they need. • DOTW UK collected evidence between 2017 and 2021 on health provisions for pregnant women (n=257) accessing DOTW clinic services. - The report found that over 1/3 of women (n=88/233) were charged for their healthcare, with half of the women being charged more than £7000 - Mental health issues were found in over 1/3 of women, potentially exacerbated by these bills. • DOTW launched an audit between 2018 – 2020, assessing 27 individuals who were refused NHS services due to their immigration status, as a result of the NHS Charging Regulations. • 59% (n=16/27) of patients experienced an average delay of over 8 months (36 weeks) to 'urgent' or 'immediately necessary' treatment they required. • As per the Department of Health and Social Care (DHSC), urgent treatment 'cannot wait until the person can be reasonably expected to leave the UK'

	because of the potential for 'life-threatening deterioration', and immediately necessary treatment 'a patient needs promptly: to save their life; or to prevent a condition from becoming immediately life-threatening; or to prevent permanent serious damage', which includes all maternity services. • 22.2% (n=6/27) of these patients requiring 'urgent' or 'immediately necessary' treatment were incorrectly charged. With 96.3% (n=26/27) of the users being destitute, there was no realistic opportunity for these patients to pay for the NHS services they needed. However, as per charging regulations, they can be charged 150% of the tariff for their treatment, which the World Health Organization (WHO) calls a 'catastrophic health expenditure'. ***Relevant resources:*** *Department for Health & Social Care (2022) Guidance on implementing the overseas visitor charging regulations* *DOTW UK (2022) Inequalities in maternity care experienced by migrant pregnant women and babies.* *DOTW UK (2020) Delays & Destitution: An Audit of Doctors of the World Hospital Access Project (July 2018-20).* *DOTW UK (2017) Deterrence, delay and distress: the impact of charging in NHS hospitals on migrants in vulnerable circumstances.* *Equality and Human Rights Commission (2018) The lived experiences of access to healthcare for people seeking and refused asylum* *NICE (2008, updated 2017) Antenatal care for uncomplicated pregnancies. Clinical guideline [CG62]* *World Health Organization (2015)* 'Monitoring Sustainable Development Goals – Indicator'
Policy context and the 'hostile environment'	• NHS charges have existed in various forms since the 1980s. • Recent legislation has increased charging as part of wider policy agenda, developed under Theresa May, to create a 'hostile environment' for undocumented migrants in the UK. • The 'hostile environment' policies were mainly implemented by the 2014 and 2016 Immigration Acts and extended borders via data-sharing and immigration checks into a number of sectors that are essential parts of daily life, such as banks, housing, workplaces, schools, higher education, applying for a driving license and health services. • New rules came into force in August and October 2017, which legally required all hospitals and community services receiving NHS funding - including charities and social enterprises - to check every patient's eligibility for charging before they receive healthcare. • The regulations introduced an obligation to charge up-front for the first time, meaning those who cannot pay will have treatment withheld unless it is classified as urgent or immediately necessary. • Looking to the future, the government has indicated its intention to introduce charges into primary care and to further consult on charging in A&E departments. ***Relevant resources:*** *The Guardian, Amelia Hill (2017) 'Hostile environment': the hardline Home Office policy tearing families apart.* *Department of Health & Social Care (2017) Making a fair contribution: Government response to the consultation on the extension of charging overseas visitors and migrants using the NHS in England.*
The sharing of NHS patient data	• In January 2017, a Memorandum of Understanding (MOU) between Department of Health, NHS Digital and the Home Office came into force which required NHS Digital to share confidential patient information with the Home Office for immigration enforcement. This included a patient's last

with the Home Office	known addresses, date of birth, and GP's details. • From December 2016-November 2017, patient records led to 4,413 people being traced by immigration enforcement, following requests from the Home Office for the details of over 6,000 patients. • There was no public consultation on the MOU or any efforts to establish potential impacts on patients, NHS staff and public health. • Following condemnation from our #StopSharing campaign, a legal challenge headed by Migrant Rights Network and mobilization of medics, key bodies like RCGP & BMA and cross-party MPs following a Health Select Committee inquiry, the MOU was withdrawn in 2018. • The government promised that requests for patient information would now only be approved in much more limited circumstances, primarily in cases involving 'serious criminality'. • This is a significant step forward and means that many more vulnerable people can access healthcare (particularly GP care) without fear of detention or deportation. *However, there are still urgent concerns around NHS data sharing practices for migrant patients.* • Data-sharing with the Home Office is still central to the charging regime – hospitals pass on patient non-clinical info as part of immigration checks and when a patient has a debt of £500+ outstanding for over 2 months. This information is then taken into account for any future immigration applications that the patient makes. • A new (more limited) MOU is in the works but there are indications that its threshold for breaking confidentiality in cases of 'serious criminality' is still much lower than for non-migrant patients (governed by the General Medical Council guidance on confidentiality). • Fear of being reported to the Home Office is still a major factor which deters patients from healthcare and as described, this fear is still justified. ***Relevant resources:*** *DOTW UK (2019) Amending, suspending, unending – the journey of the MoU* *DOTW UK (2018) Submission to PHE Call for Evidence on Data-sharing MoU between NHS Digital and Home Office* *DOTW UK (2018) Response to the Independent Chief Inspector of Borders and Immigration's call for evidence: Impact of NHS-Home Office datasharing due to patient debts.* *Office for Health Improvement and Disparities (2014, updated 2022) Migrant Health Guide – Data Sharing*
Why is access to healthcare so important?	• Healthcare is a human right. The WHO (1946) constitution has an obligation for "the right to the highest attainable standard of health". • The United Kingdom is a founding member of the United Nations. The UN 2030 Agenda for Sustainable Development states that "we must achieve universal health coverage and access to quality health care. No one must be left behind." (para. 26). • One of the three founding principles of the NHS, launched by Aneurin Bevan in 1948, states that the NHS should "be based on clinical need, not ability to pay". • Access to services is essential to protect public health through screening, treatment and vaccination for communicable diseases; drug and alcohol teams; mental health services. • Poor access to healthcare costs the NHS money: health inequalities are estimated to cost NHS £5 billion per year and delayed access to care means conditions are not caught early and require more intensive treatment. • Billing patients costs the NHS money: admin staff and debt recovery agents are costly. FOIs found 1/3 of hospitals spent more on cost recovery admin than they recovered in 2015.

	Relevant resources: *Frontier Economics (2009) Overall costs of health inequalities.* *World Health Organization (2017) Human Rights and Health* *United Nations (2015) Transforming our world: the 2030 Agenda for Sustainable Development*
What is the real impact of migrants on NHS budgets?	• DH research in 2013 is still the most comprehensive available to estimate the cost of migrants to NHS. • Estimated annual cost of all migrants to the NHS was £1956m. This is 1.83% of total NHS budget and includes students, British ex-pats, EU migrants, visitors and undocumented migrants. • Numerous research studies have supported the contention that the cost of migrants to the NHS is widely exaggerated and that 'health tourism' is not a significant drain on NHS resources. ***Relevant resources:*** *Lee, G. (2018) Are migrants causing the A&E crisis? Channel 4 FactCheck.* *Milne, C. (2016) Health tourism: what's the cost? Full Fact.* *Dayan M (2016) 'The facts: EU immigration and pressure on the NHS'. Nuffield Trust and Full Fact briefing.* *The King's Fund (2015) What do we know about the impact of immigration on the NHS? The King's Fund Verdict.* *Department of Health & Social Care (2013) Quantitative Assessment of Visitor and Migrant Use of the NHS in England: Exploring the Data. Summary Report. Prederi.*
Other useful resources	• Safe Surgeries guidance & resources. • BMA Refugee and asylum seeker patient health toolkit • BMA guidance on GP registration • Office for Health Improvement and Disparities Migrant Health Guide • Pathway Homelessness and General Practice • Inclusion Health Self Assessment Tool for PCNs • Equality and Human Rights Commission – Healthcare access guide for people seeking asylum • NHS England guidance on GP Registration (from p. 144). • DH Guidance on implementing charging

SAFE SURGERIES