



## Healthcare entitlement and charging in England – updated 2018

### Primary Care

*Primary care is mostly given by a family doctor or a General Practitioner (GP), but it also includes some dental and ophthalmic services. If you need to see a specialist doctor, your GP can give you a referral.*

Everyone in England is entitled to free primary care regardless of nationality or immigration status.<sup>1</sup>

Therefore, asylum seekers, refugees, people on work visas and overseas visitors, whether they have permission to reside in the UK or not, can all register with a GP practice and see a GP without charge.<sup>2</sup>

GPs cannot refuse to register a patient for reasons that are discriminatory (on the grounds of race, gender, social class, age, religion, sexual orientation, appearance, disability or medical condition).<sup>3</sup>

A GP practice can only refuse to register a patient if: their list is closed to new patients; the patient lives outside the catchment area; or they have other reasonable grounds.<sup>4</sup> In all of these cases, the practice is obliged to provide reasons for the refusal in writing.<sup>5</sup>

Inability to provide proof of address or identity are *not* reasonable grounds to refuse GP registration.<sup>6</sup> So, if a person does not have these documents they should not be refused registration, limited to a temporary registration, or sent elsewhere to access healthcare as a result.

These rules apply to all GP practices in England, not just to specialist health inclusion clinics.

When a patient registers with a GP, they are usually given a 'GMS1 form' to complete. Although there are questions on the back of this form which ask about immigration status, patients are not required to complete these questions to register.<sup>7</sup> Even if a patient chooses to complete the questions, documentary proof of their answers is not required – the practice should rely on self-declaration only.

- When registering with a GP you may be asked to show proof of address or identity. If you do not have these documents you should explain this when you register, but it should never be a reason to refuse registration.
- It is not necessary to provide information about your immigration status to register with a GP and your status should never be a reason to refuse registration.

<sup>1</sup> NHS England (2017) Primary Medical Care Policy and Guidance Manual.

<https://www.england.nhs.uk/publication/primary-medical-care-policy-and-guidance-manual-pgm/> (p.145)

<sup>2</sup> *ibid.*, p. 146.

<sup>3</sup> *ibid.*, p.148.

<sup>4</sup> *ibid.*, p. 149.

<sup>5</sup> *ibid.*, p. 150.

<sup>6</sup> *ibid.*, p. 149.

<sup>7</sup> BMA, NHS Employers & NHS England (2017) Guidance for GMS contract 2017/18.

<https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2014/06/gms-guidance.pdf>



- If a GP practice refuses to register you but you live in their catchment area, you can contact NHS England to complain on 0300 311 22 33.
- If you are not able to register with a GP practice, contact Doctors of the World for advice on 0207 515 7534.

## Secondary Care

*Secondary care is often delivered in a hospital, but can also be provided in the community. It is usually specialist care to which a patient is referred by their GP.*

### Who is charged?

Those who are not 'ordinarily resident' in the UK may have to pay for hospital and community healthcare services.<sup>8</sup> To be 'ordinarily resident' you must be a British citizen, have been granted indefinite leave to remain, or be an EU citizen exercising your treaty rights with public healthcare insurance in your home country.<sup>9</sup>

When the UK leaves the EU, the entitlement of EU nationals to access NHS care may change.

The following categories of people are exempt from all NHS charges:<sup>10</sup>

- Non-EEA nationals who have paid the health surcharge (£200 per year, £150 per year for students) as part of their visa application to enter or remain in the UK;<sup>11</sup>
- Refugees (those granted asylum, humanitarian protection or temporary protection under the immigration rules) and their dependents;
- Asylum seekers (those applying for asylum, humanitarian protection or temporary protection whose claims, including appeals, have not yet been determined), and their dependents;
- Individuals receiving section 95 support and refused asylum seekers, and their dependents, receiving section 4 support or local authority support under Part 1 of the Care Act 2014;
- Children who are looked after by a local authority;
- Victims, and suspected victims, of modern slavery;
- Those receiving treatment under the Mental Health Act;
- Prisoners and those held in immigration detention and;
- Refused asylum seekers in Scotland and Wales.

Victims of torture, female genital mutilation, domestic violence, sexual violence will not be charged for treatment needed as a result of their experience of violence (including mental health treatment).<sup>12</sup>

- If you think you fit into any of the above categories, you must tell your doctor so that you don't get charged for your healthcare.

<sup>8</sup> National Health Service (Charges to Overseas Visitors) (Amendment) Regulations 2017.

<sup>9</sup> Immigration Act 2014, s.38

<sup>10</sup> Department of Health (2017) Guidance on implementing the overseas visitor charging regulations.

<https://www.gov.uk/government/publications/guidance-on-overseas-visitors-hospital-charging-regulations> (p. 12)

<sup>11</sup> Immigration Act 2014, s.38

<sup>12</sup> Department of Health (2017), p. 12



### What services are chargeable?

As of October 2017, secondary care providers have a legal obligation to secure payment for treatment before providing it and can withhold care if payment isn't received.<sup>13</sup>

Some services are exempt from charges. In addition to primary care, the following NHS services are free to everyone regardless of nationality or immigration status: accident and emergency (A&E); contraception (does not include termination of pregnancy); diagnosis and treatment of specified infectious diseases<sup>14</sup> and sexually transmitted infections; palliative care services provided by a palliative care charity or a community interest company; the NHS111 telephone advice line<sup>15</sup> and services provided by health visitors and school nurses.<sup>16</sup>

Any treatment which is considered by a clinician to be urgent or immediately necessary (including all maternity care) must be provided regardless of ability to pay, without insisting on a payment or a deposit.<sup>17</sup> This decision has to be made by a clinician and may be based on the pain or disability a condition is causing, on the risk that delay might require a more complicated or expensive medical intervention, or the likelihood of a substantial and potentially life-threatening deterioration occurring if treatment is delayed until they return to their own country. Patients will be billed for this kind of treatment afterwards.

### Sharing data with the Home Office

Trusts are required to inform the Home Office about patients who owe the NHS a debt of more than £500, outstanding for two months or more.<sup>18</sup>

- Antenatal care is important for your health and the health of your baby. You are advised to attend all of your antenatal appointments even if you don't think you will be able to pay. You should not be prevented from accessing antenatal care even if you can't pay.
- If you need urgent treatment, you should receive even if you can't pay, but you will be billed for it afterwards.
- Hospital bills over £500 and outstanding for over two months may be reported to the Home Office. This may affect future immigration applications to enter or remain in the UK.
- You can contact DOTW or a local free debt advice service for advice and support with hospital bills.

*The information in this document applies to England only. For information about how to access healthcare in Wales, Northern Ireland or Scotland visit the relevant territory's website.*

*Doctors of the World UK, February 2018*

<sup>13</sup> National Health Service (Charges to Overseas Visitors) (Amendment) Regulations 2017.

<sup>14</sup> For a full list see Department of Health (2017), p. 30.

<sup>15</sup> Ibid., p. 30-31.

<sup>16</sup> Ibid., p. 19.

<sup>17</sup> Ibid., p. 64-65.

<sup>18</sup> Ibid., p. 99.