



Doctors of the World UK
Safe Surgeries peer-to-peer training
Understanding migrant rights to NHS care



LEARNING 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 (and everyone) is important.



DOCTORS OF THE WORLD UK

- 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.



WHO COMES TO THE CLINIC?

In 2017 our service users were


11%
ASYLUM
SEEKERS


60%
UNDOCUMENTED
MIGRANTS


29%
UNDEFINED

COUNTRY OF ORIGIN



- 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.



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.



EXERCISE 1: DEFINING TERMS

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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:

1. 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?



PRIMARY HEALTHCARE: BARRIERS

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.

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

“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.

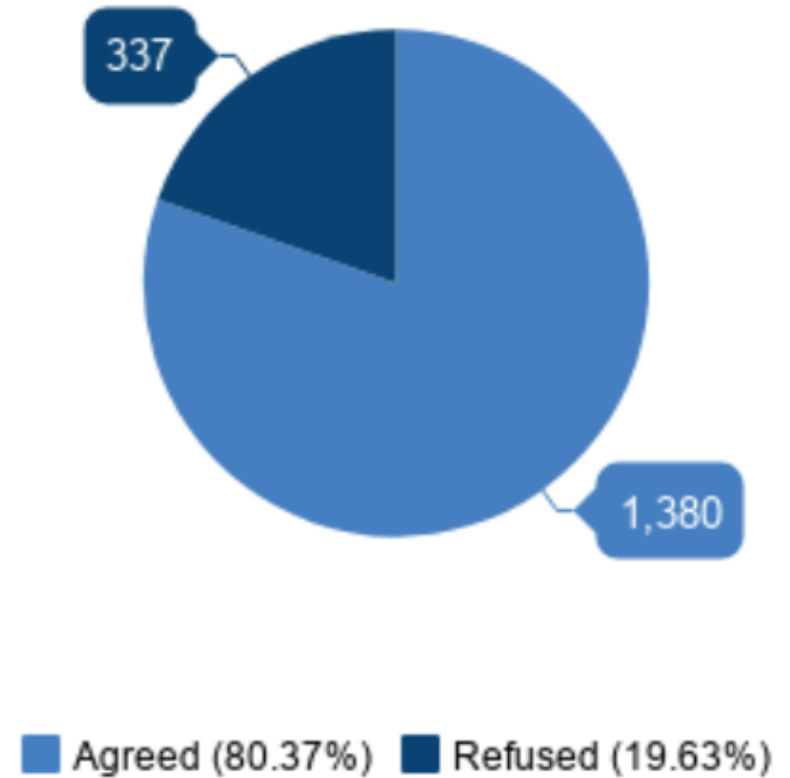
Kalani, an asylum-seeker, who didn’t know that her husband was entitled to free prescriptions with a HC2 certificate.

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

REGISTRATION REFUSED

A study on
access to GP
registration in
England

Update 2017



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 CARE ENTITLEMENT



**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)



WHY ARE THESE PROTECTIONS 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.
- Fear of being reported to the Home Office is justified.
- The universal right to health(care) is protected by international and UK law.



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.



ACCESSING HEALTHCARE:

2. Secondary care



Department
of Health

Guidance on implementing the overseas visitor charging regulations

CHARGING IN 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**.

CHARGING FOR NHS CARE

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**.



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 assisted delivery with complications, up to 2 scans, 4 outpatients appointments)	171
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.

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?

WHY IS 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).





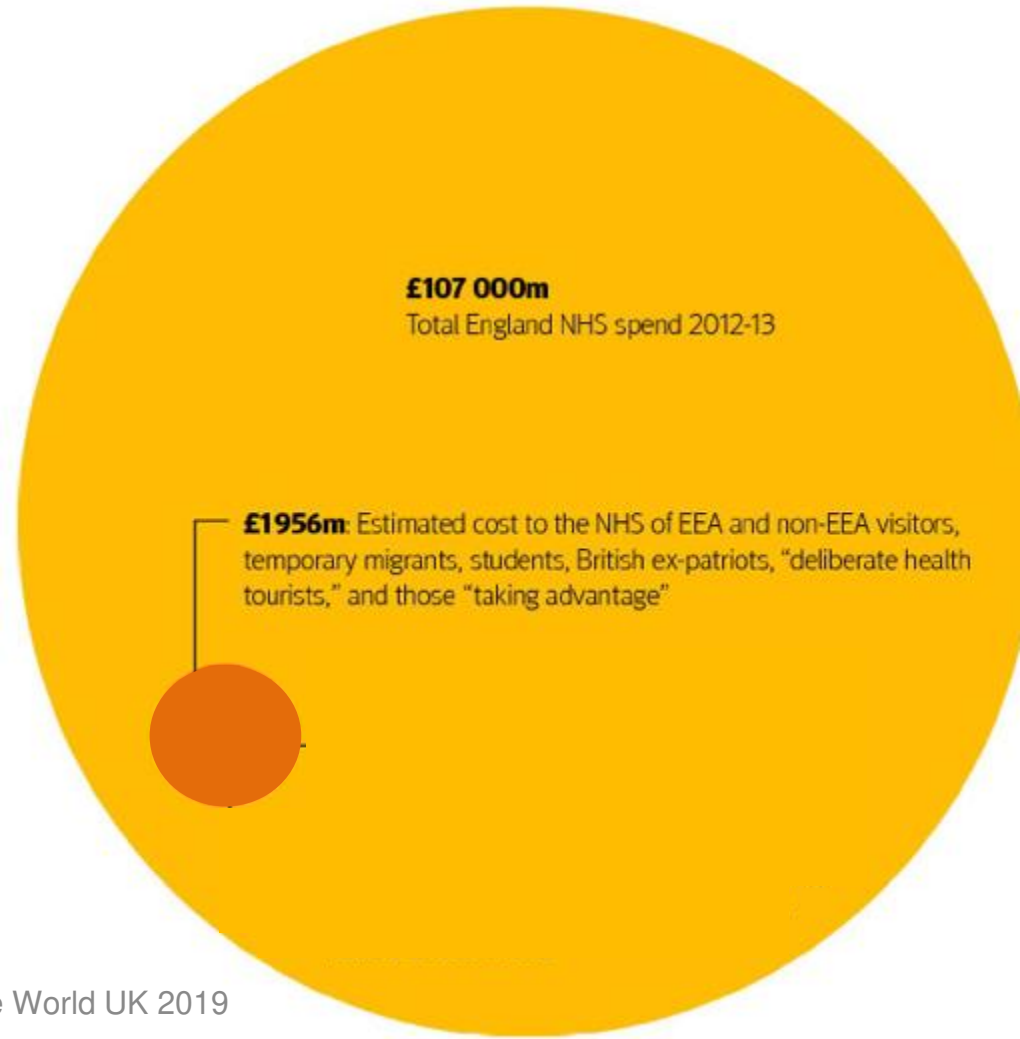
'COST RECOVERY' or 'HOSTILE ENVIRONMENT'?

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.

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

We won't ask for immigration documents.

All are welcome!
Your nationality or immigration status do not affect your right to register here

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

- Everyone living in England has the right to free care from a GP.
- Ask reception for an interpreter if you find it difficult to communicate in English.
- Our receptionists won't ask you about your immigration status.
- If you are worried about giving us your address, please let us know. Your information is safe with us.

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.

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

MIGRANT.HEALTH

A tool for everyone in UK primary healthcare working to support new migrant patients, and a community to ask and respond to colleagues.

Watch the video

RESOURCES

Practical guidance about how to deal with specific problems



- Factsheets**
Overview of specific topic areas, with key facts
- Tools and in**
Nationwide orga
- How-tos**
Practical guides on issues facing primary care staff
- Country A -**
From Public Hea

of the top topics below, by the [Topic A-Z](#) or [Country A-Z](#).

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Entitlements to primary care



Antenatal and maternity care

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Urgent and immediately necessary care



Social prescribing

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Access to healthcare



Using interpreters

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.



Interpreters for 'rare' languages
1 votes, 0 answers



Public Health Festival 2019
1 votes, 0 answers



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Interpreters for 'rare' languages
1 votes, 0 answers



Any GP practices in the London area interested in joining the Safe Surgeries network?
-1 votes, 0 answers



Anyone local to Sheffield willing to



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](#)
5. Equality & Human Rights Commission [Healthcare access guide for people seeking asylum](#) – rights-based guidance



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the evaluation
form: bit.ly/dotwp2p

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