



Doctors of the World UK
Safe Surgeries QIP training
Understanding migrant rights to NHS care in
Primary Care



LEARNING AIMS

1. Understand what is meant by: refugee, asylum seeker and undocumented migrant;
2. Understand entitlement to primary care;
3. Be aware of the barriers faced by migrants in accessing NHS care;
4. Have an awareness of Safe Surgeries good practice to improve access;
5. Be able to talk about why access to healthcare is important.



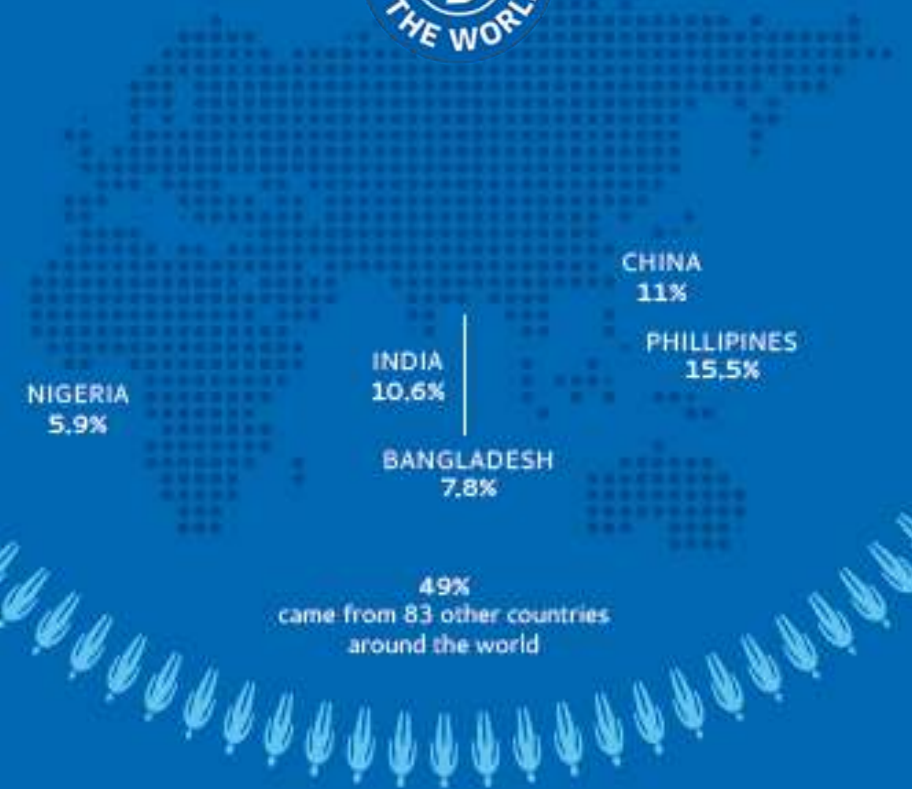
DOCTORS OF THE WORLD UK

- 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;
- Caseworkers help get patients into mainstream NHS services;
- Influencing health policy and practice.

WHO COMES TO THE CLINIC?



- 1,600-2,000 patients are supported by the DoTW clinic every year.
- Most are undocumented migrants (almost 2/3) and asylum seekers.
- Patients had been in UK on average 6 years before coming to us.
- Approx. 1/3 are homeless or live in unstable accommodation.
- Approx. 3/4 live below poverty line.





EXERCISE 1: 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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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 primary care



CASE STUDY: JOSEPHINE

- Josephine (37) fled Uganda because of persecution related to her sexuality.
- In Uganda, her family had forced into a marriage with a man who was abusive and raped her.
- She was 27 weeks pregnant when she arrived in the UK and was able to move in with a friend.
- Her first application for asylum was denied and she is working with her solicitor to begin an appeal.



CASE STUDY: JOSEPHINE

WHAT IS JOSEPHINE'S IMMIGRATION STATUS?

WHAT BARRIERS IS SHE LIKELY TO FACE IN SEEKING HEALTHCARE?



PRIMARY HEALTHCARE: BARRIERS

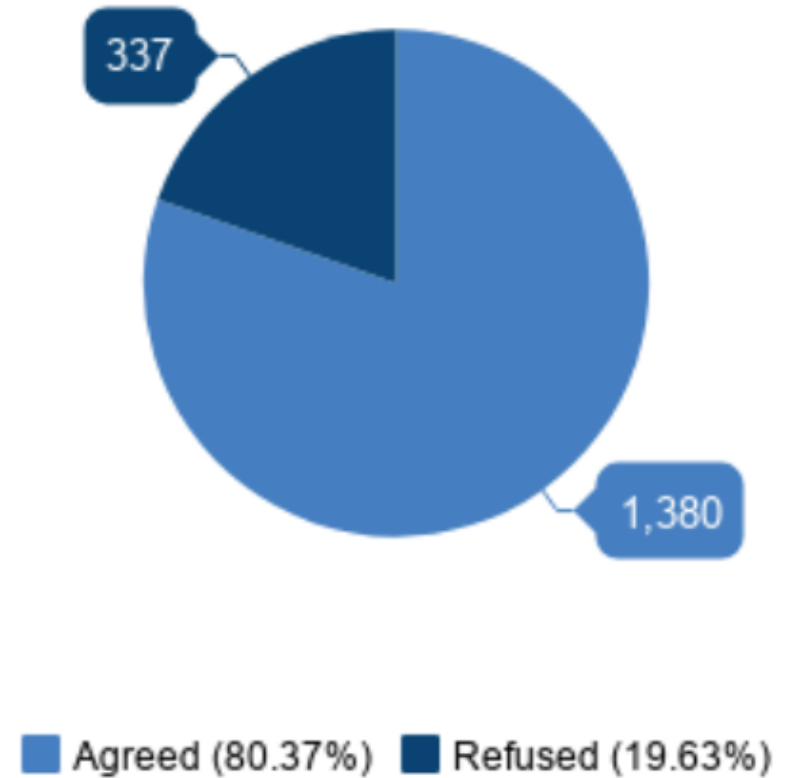
The main reasons our patients haven't been able to register with a GP are:

- Lack of ID / proof of address;
- Lack of understanding of how to access services;
- Language barriers;
- Refusal by NHS staff;
- Fear of arrest.

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)



***Primary Medical Care Policy and Guidance Manual
(NHS England, 2017):***

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

“anybody in England may register and consult with a GP without charge”.



***Primary Medical Care Policy and Guidance Manual
(NHS England, 2017):***

Inability by a patient to provide **proof of address/ID** “would not be considered reasonable grounds to refuse to register a patient” or withhold appointments.

NHS Family doctor services registration **GMS1**

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 if available at the practice for inspection by the HA's authorised officers anditors 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.

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 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 EHC, 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: | |
| On behalf of: | | |

GMS Guidance for GMS contract 2017/18 (August 2017):

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

Do not 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 EHC 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.



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: JOSEPHINE

- Turned away from GP practices 3 times.
- Eventually registered as a temporary patient.
- 35 weeks pregnant before first antenatal appointment.

IS JOSEPHINE ENTITLED TO SECONDARY CARE?

CHARGING IN SECONDARY 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 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 TOP)*
5. Some groups are exempt, e.g. *refugees, asylum-seekers, survivors of trafficking & some types of violence (if proven), children in care, immigrant detainees...*





POLICY CONTEXT: A 'HOSTILE' NHS?

Immigration Act 2014:

- Extended 'hostile environment' for undocumented migrants into schools, banks and the NHS.

Since 2017, there is obligatory upfront charging in:

- hospitals;
- NHS / non-NHS community health services.

Looking ahead: DoH has announced intention to charge in **primary care** and further consult on charging in **A&E**.

| Customer No. | | | Invoice Date | | Payment Terms IMMEDIATE | | Instalments 1 OF 1 | | Due Date | | Page 1 of 1 | |
|---|------|------|---|--|----------------------------|-------------|-----------------------|-------------------|----------|--------------|----------------|-------------|
| Line | Unit | Item | Description | | | Qty Ord. | Qty Inv. | Unit Price GBP | | Total GBP | | VAT Rate |
| 1 | EA | | 4450 - OVERSEAS VISITOR MATERNITY CARE IN [REDACTED] | | | 1 | 1 | 6,500.00 | | 6,500.00 | | 0 % |
| DEPOSIT MATERNITY CARE INCLUDING BLOOD TESTS, SCANS & MEDICINE APPROXIMATELY REF [REDACTED] | | | | | | | | | | | | |
| 2 | EA | | 4450 - OUTPATIENT [REDACTED] | | | 1 | 1 | 339.00 | | 339.00 | | 0 % |
| [REDACTED] RE OUTPATIENT SPELL [REDACTED] UNDER THE CARE OF [REDACTED] | | | | | | | | | | | | |
| FAILURE TO PAY FOR NHS TREATMENT WILL RESULT IN PERSONAL INFORMATION BEING PASSED TO THE HOME OFFICE AND THIS MAY BE DETRIMENTAL TO FUTURE UK IMMIGRATION APPLICATIONS. | | | | | | | | | | | | |

NHS-HOME OFFICE DATA SHARING

- Sharing of non-clinical patient info with Home Office is central to charging processes in hospitals.
 - Debts of £500+ reported to the Home Office after two months – *affects immigration applications.*
 - Exchange of patient info as part of immigration checks.
- Even worse before - MoU (2017) between the Home Office and NHS:
 - NHS Digital shared non-clinical patient information on request for immigration enforcement;
 - Finally withdrawn after wide condemnation.





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).





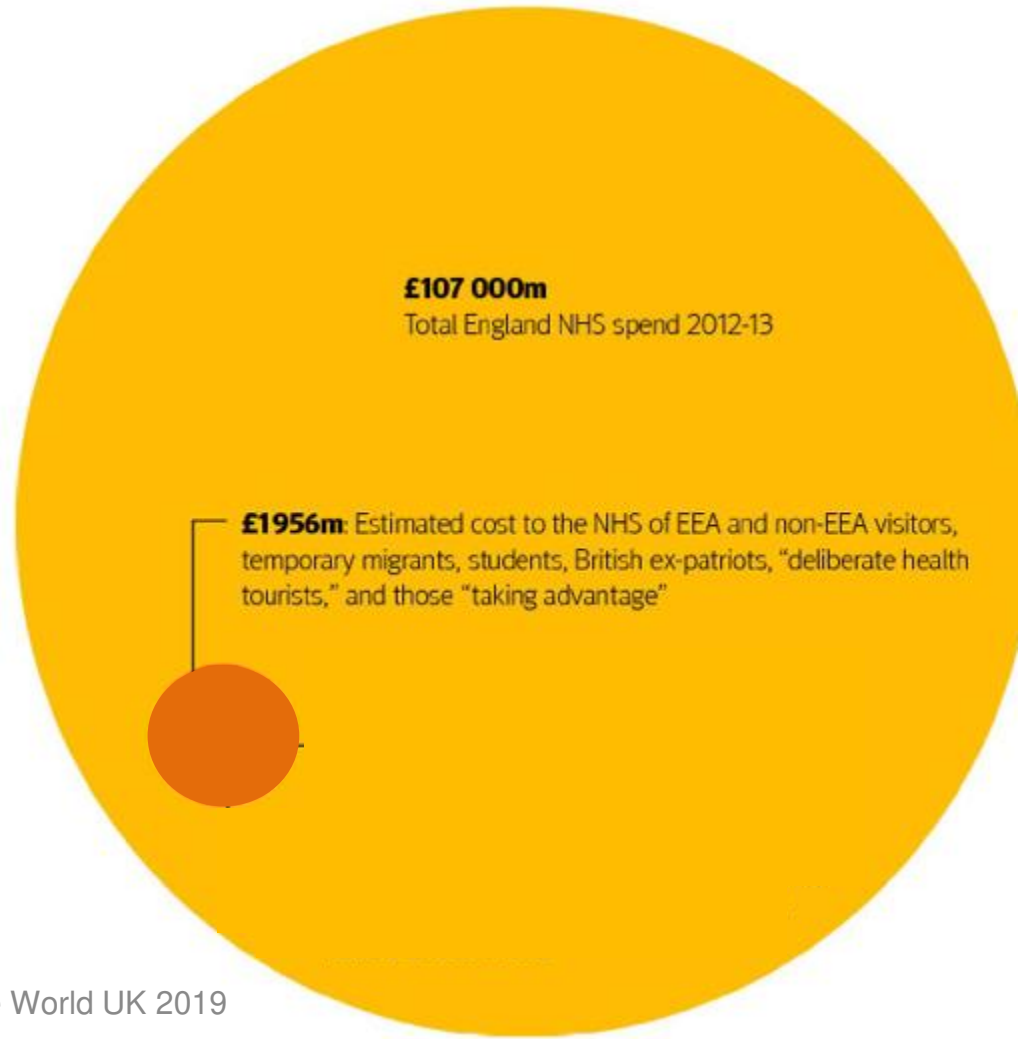
'COST RECOVERY' or 'HOSTILE ENVIRONMENT'?

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: RECEPTION STAFF

- ✓ 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 – reassure patients; consider an alternative address. *E.g. address of friend, day centre or GP practice.*



- ✓ Identify U/IN care and exemptions.
- ✓ Flag up (potential) vulnerability in notes and referrals.
Double appt. slot?
- ✓ Take a holistic approach. *Consider mental health, housing advice, immigration advice, support groups.*
- ✓ Inform about charges, but encourage engagement with treatment.
- ✓ Book follow up appointment. *Likely to disengage with ANC.*
- ✓ Share bad practice/concerns.

The Safe Surgeries initiative can support.

SAFE SURGERIES INITIATIVE



- 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**;
- It supports **successful CQC inspections**.





WORK IN A GP PRACTICE? BECOME A SAFE SURGERY

Sign up is easy!
bit.ly/SSnewmember



SAFE SURGERIES

**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.

SAFE SURGERIES

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.

[Q SEARCH](#)

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

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.

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

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New questions



Interpreters for 'rare' languages
1 votes, 0 answers



Public Health Festival 2019
1 votes, 0 answers



Public Health Festival 2019
1 votes, 0 answers



Interpreters for 'rare' languages
1 votes, 0 answers

Unanswered questions



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](#) guidance & resources.
2. [migrant.health](#) digital tool and Q&A.
3. [‘Healthy London’ homeless](#) health training.
4. [NHS England guidance on GP Registration](#) (from p. 144).
5. [CQC guidance on refugees, asylum seekers and vulnerable](#)
6. Equality & Human Rights Commission [Healthcare access guide for people seeking asylum](#) – rights-based guidance



This training resource was funded by:



Please complete
the evaluation
form:

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For more information:

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