# CLOSING THE GAPS IN HEALTHCARE ACCESS: THE UNITED KINGDOM

Doctors of the World UK | 2017 Report

This publication was produced by the European Network to Reduce Vulnerabilities in Health, which brings together Médecins du Monde programmes, partner NGOs and academics seeking to reduce EU-wide health inequalities. It provides a snapshot of access to healthcare in the UK, drawn from the Network's 2017 European Observatory Report, produced in partnership with the Institute of Global Health at University College London.[1] This report describes legal entitlement to healthcare for migrants in the UK and presents data on the barriers that prevent access to NHS services, concluding with recommendations for change.

# DOCTORS OF THE WORLD UK

Doctors of the World (DoTW) UK is part of the Médecins du Monde network, an international humanitarian organisation providing medical care to vulnerable populations across the world. In the UK, we run a volunteer-led clinic and advocacy programme providing basic medical care, information and practical support for people facing multiple vulnerabilities. We also run a specialist clinic for women and children.

People who come to our clinic include undocumented migrants, asylum seekers, homeless people, drug users and sex workers. All face multiple barriers affecting their access to healthcare such as lack of a permanent address, poor living and working conditions, social isolation, uncertain immigration status, exploitation, language difficulties, poverty and hunger.

The majority of our patients are migrants. Despite living in the UK for six years on average, they often have difficulty registering with a GP or accessing secondary care because they lack understanding of the healthcare system, experience language barriers, or are refused because of a lack of documentation or misapplication of the law.

EUROPEAN NETWORK TO REDUCE VULNERABILITIES IN HEALTH

MÉDECINS DU MONDE

# THE LEGAL CONTEXT IN THE UK

The following NHS services are free to everyone in the UK regardless of nationality or immigration status: primary care;[2] accident and emergency (A&E); family planning (does not include termination of pregnancy); diagnosis and treatment of specified infectious diseases[3] and sexually transmitted infections; services provided for the treatment of a condition caused by torture, female genital mutilation, domestic violence or sexual violence; palliative care services provided by a palliative care charity or a community interest company; and the NHS111 telephone advice line.

Those who are not 'ordinarily resident' in the UK have to pay to access NHS hospital, community[4] or specialist care. To be considered 'ordinarily resident' a person must have leave to remain in the UK.

The following categories of people are exempt from all NHS charges:

- EU/EEA citizens who are exercising their treaty rights in the UK and have public healthcare insurance in their home country;
- 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;
- 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 immigration detainees; and
- Refused asylum seekers in Scotland and Wales.

Undocumented migrants, including refused asylum seekers in England, are charged 150% of the NHS tariff for hospital and community healthcare services. As of October 2017, hospital trusts have a legal obligation to secure payment for treatment in advance of providing it. Any treatment which is considered by a clinician to be urgent or immediately necessary (including all maternity care) must be provided without waiting for payment or a deposit.

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. On request, NHS Digital can also provide the Home Office with non-clinical patient information, including home address, to facilitate immigration enforcement.

**01** Aldridge R, A. K. Miller, B. Jakubowski, L. Pereira, F. Fille and I. Noret. Falling through the Cracks: *The Failure of Universal Healthcare Coverage in Europe*, European Network to Reduce Vulnerabilities in Health Observatory Report. London: 2017.
**02** including primary medical services, primary dental services and primary ophthalmic services.
**03** for full list see Schedule 1 of The National Health Service (Charges to Overseas Visitors) Regulations 2015.
**04** including those provided by charities and social enterprises.

# GAPS IN HEALTHCARE ACCESS

In 2016, DoTW UK volunteers and staff supported 1,924 people to access healthcare and provided over 2,000 consultations. Data gathered from 1,623 people attending the DoTW clinic were included in the 2017 Observatory Report published by the European Network to Reduce Vulnerabilities in Health.

The vast majority of people (89%) who came to the DoTW UK clinic had not been able to register with a GP, despite being entitled to free primary care. We supported patients who were refused lifesaving secondary care, such as cancer treatment and cardiac surgery, and pregnant women too afraid to access antenatal care.

Over half of our patients (53%) had not tried to access NHS care because of perceived barriers. The most common barriers experienced when trying to access services were: administrative barriers (i.e. being refused access for not having proof of address or ID; 22%); lack of understanding of the healthcare system (16%); denial of access by NHS admin staff (14%); language barriers (14%) and; fear of being arrested (11%).

**NHS ENGLAND, *PRIMARY MEDICAL CARE POLICY AND GUIDANCE MANUAL:***

As there is no requirement under the regulations to produce identity or residence information, the patient MUST be registered on application unless the practice has reasonable grounds to decline. These circumstances would not be considered reasonable grounds to refuse to register a patient and neither should registration or access to appointments be withheld in these circumstances. If a patient cannot produce any supportive documentation but states that they reside within the practice boundary then practices should accept the registration.

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

The introduction of upfront charging in NHS hospitals creates even greater barriers to healthcare. Routine passport and immigration status checks make many of our patients too afraid to attend appointments, and care is often denied when a patient cannot pay in advance. Many clinicians are unaware that they should provide urgent and immediately necessary care, regardless of a patient's ability to pay.

Some patients (11%) told us that they did not approach NHS services because they feared being arrested, reflecting the increasing use of healthcare services for immigration enforcement. In 2017, Department of Health and NHS Digital signed a Memorandum of Understanding giving the Home Office access to patients' personal details, such as home addresses, in order to track down, arrest and deport undocumented migrants.[5] NHS patient data given to the Home Office in 2016 led to 5,854 people being traced by immigration teams.[6]

**DEPARTMENT OF HEALTH, *GUIDANCE ON IMPLEMENTING THE OVERSEAS VISITOR CHARGING REGULATIONS:***

Only clinicians can make an assessment as to whether a patient's need for treatment is immediately necessary, urgent or non-urgent. Immediately necessary treatment is that which a patient needs promptly: to save their life; or to prevent a condition from becoming immediately life-threatening; or to prevent permanent serious damage from occurring. All maternity services (antenatal, intrapartum and postnatal) must be treated as being immediately necessary. Urgent treatment is that which clinicians do not consider immediately necessary, but which nevertheless cannot wait until the person can be reasonably expected to leave the UK. Clinicians may base their decision on a range of factors, including the pain or disability a particular condition is causing, the risk that delay might mean a more involved or expensive medical intervention being required, or the likelihood of a substantial and potentially life-threatening deterioration occurring in the patient's condition if treatment is delayed until they return to their own country.

Source: *Guidance on implementing the overseas visitor charging regulations (2017) Department of Health*

## VULNERABILITIES IN HEALTH & HEALTHCARE ACCESS

The people attending our clinics were often living in difficult and precarious circumstances that affected their ability to access healthcare services, as well as their health. The vast majority were living below the poverty threshold (87%) and most were unemployed (68%). Ten per cent of people were street homeless, or living in unstable accommodation such as squats, emergency shelters or hostels.

Most of our patients are migrants. In 2016, over half were undocumented migrants (56%), including victims of trafficking and people whose asylum application had been unsuccessful. We also saw short term migrants with a visa or work permit (17%), asylum seekers (15%) and refugees (2%).

Echoing the barriers to healthcare evidenced by these figures, in 2017 the UN Committee on Economic, Social and Cultural Rights reported that "refugees, asylum seekers and refused asylum seekers, as well as Roma, Gypsies and Travellers, continue to face discrimination in accessing health-care services [in the UK]" and noted that the Immigration Act 2014 "has further restricted access to health services by temporary migrants and undocumented migrants (art. 12)."[7]

## HEALTH CONDITIONS

Many of our patients are in urgent need of healthcare. Over one quarter of medical conditions recorded by our doctors were acute (26%), and half of our patients had a long-term, chronic condition. The most frequently recorded health conditions were musculoskeletal (15%), followed by digestive (13%), psychological (12%) and circulatory (11%). Over a quarter of patients (27%) also reported poor or very poor psychological health.

**05** Home Office, Department of Health, and NHS Digital. *Memorandum of Understanding Between Health and Social Care Information Centre and the Home Office and the Department of Health*. 2016.

**06** Travis, Alan. "NHS hands over patient records to Home Office for immigration crackdown." The Guardian, April 20, 2017, (accessed on January 24, 2017, https://www.theguardian.com/uk-news/2017/jan/24/nhs-hands-over-patient-records-to-home-office-for-immigration-crackdown).

**07** United Nations Committee on Economic, Social and Cultural Rights. *Concluding observations on the sixth periodic report of the United Kingdom of Great Britain and Northern Ireland*. 2016.

**Nipuni, 84, is from Sri Lanka. She came to the UK to visit her daughter, Hiruni, and her grandchildren.** Shortly after arriving in the UK Hiruni noticed that her mother's health was starting to deteriorate.

"Me and my sister noticed that my mum was not my mum. She wouldn't talk much, she would stay in a corner, she wouldn't say anything. The only time she lit up was with the grandkids."

Nipuni was suffering from high cholesterol and high blood pressure, she also showed signs of anxiety and depression. Hiruni sought immigration advice to enable Nipuni to stay in the UK so she could care for her. But there was no way to renew Nipuni's six-month visitor visa. Hiruni tried to register her mother with her GP, but was told that was not possible on a 'visiting visa'. Without access to healthcare Hiruni took responsibility for her mother's health, monitoring her blood pressure daily and buying medication from a doctor in Sri Lanka.

"I was doing her blood pressure and everything at home, keeping a chart, getting all the medicine sent here. I did it for one and a half years".

Family suggested that Hiruni should go to Doctors of the World to seek advice. Doctors of the World provided Nipuni with a letter showing proof of address, to help her register with the GP practice. When they tried to register, the Practice Manager refused to do so without seeing a valid visa.

"You won't believe how I felt, it was like something I have never ever done in my life, like a criminal, like I had murdered somebody. And then I basically gave up hope".

Doctors of the World approached the GP practice on Hiruni's behalf and they finally agreed to register Nipuni and monitor her health status. Nipuni's blood pressure and cholesterol medication are now managed by her GP and she is also receiving cataracts treatment.

"It was as though the Practice Manager was a different person. He assisted in the registration and asked if any urgent appointments needed to be made. I still have that message on my phone. I don't want to delete it because it makes me so happy".

## MATERNITY CARE

In 2016, the UK Secretary of State for Health launched a Safer Maternity Care Action Plan which aims to halve rates of stillbirths, neonatal deaths and maternal deaths by 2030.[8] One of the most essential means of reducing the risk of complications during pregnancy and birth is antenatal care,[9] and evidence suggests that migrant women in the UK have much worse maternal outcomes than their UK peers, with poorer access to antenatal care.[10,11] The National Institute for Health and Care Excellence (NICE) recommends first contact with antenatal services should be made early, ideally at 10 weeks for uncomplicated pregnancies.

In our Women and Children's clinic we saw 132 pregnant women in 2016. Most had not accessed any antenatal care (83%). Department of Health guidance states that "no one must ever be denied, or have delayed, maternity services due to charging issues".[12] However, passport checks in hospitals and the likelihood of incurring large debts make many of our patients too afraid to go to antenatal appointments. With charges for maternity care starting at £6,500 for uncomplicated pregnancies, hospitals are presenting patients will large bills and sometimes even withholding antenatal care until a deposit is paid. Destitute patients are pursued aggressively by debt collecting agencies after they have given birth.

# DOCTORS OF THE WORLD UK RECOMMENDATIONS

Everyone must have equitable access to healthcare coverage, regardless of their immigration status or economic resources. To achieve universal coverage, healthcare services must be available, accessible, acceptable, and of adequate quality. This principle is in line with the UN International Covenant on Economic, Social and Cultural Rights of 1966 and the ambitions of the UN Sustainable Development Goals[13] and the World Health Organisation.[14]

## In the UK, this can be achieved by:

- Granting full access to primary, emergency and other essential care for everyone living in the UK;
- Exempting pregnant women and children from healthcare charges;
- Removing administrative barriers and discrimination within healthcare services, including raising awareness of rights and entitlement amongst patients and healthcare workers; and
- Establishing a data firewall between the Home Office and health, welfare and special protection services.

**08** Department of Health. *Safer Maternity Care: Next steps towards the national maternity ambition.* 2016.
**09** World Health Organisation (WHO). *"WHO recommendations on antenatal care for a positive pregnancy experience."* Sexual and Reproductive Health, 2016.
**10** International Organisation of Migration. *Maternal and Child Healthcare for Immigrant Populations.* Brussels; 2009.
**11** Jayaweera H. Health of Migrants in the UK : What Do We Know ? Migration Observatory Briefing. University of Oxford, UK; 2014.
**12** Department of Health. *Guidance on implementing the overseas visitor charging regulations.* 2017.
**13** United Nations. *"Sustainable Development Goal 3: Ensure Healthy Lives and Promote Well-Being For All at All Ages."* Sustainable Development Knowledge Platform, 2017 (accessed on September 22, 2017, https://sustainabledevelopment.un.org/sdgs).
**14** WHO. *"Universal Health Coverage."* Health systems, 2017 (accessed on September 22, 2017, www.who.int/healthsystems/universal_health_coverage/en/).

**FOR MORE INFORMATION ON THESE ISSUES**

please contact Anna Miller, UK Policy & Advocacy Manager,
at AMiller@doctorsoftheworld.org.uk

Epim
European Programme for Integration and Migration

**Doctors of the World UK**
**29th Floor, One Canada Square, London, E14 5AA**
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