

Brief on healthcare charging in the UK for people with insecure immigration status

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'Society becomes more wholesome, more serene, and spiritually healthier, if it knows that its citizens have at the back of their consciousness the knowledge that not only themselves, but all their fellows, have access, when ill, to the best that medical skill can provide.' Aneurin Bevan, one of the founders of the NHS.

Background and current situation

NHS England charges for NHS services for those with no leave to remain in the UK were introduced in April 2015.

Respondents to a government consultation which preceded these charges voiced concerns that to introduce charges for migrants which are not fully understood would result in more loss of care for vulnerable immigrants including those seeking protection in the UK.

In 2017 the government announced its intention to extend charging for many more frontline services (except primary care) and to introduce a duty for health services in England to check a person's immigration status before treating.

Overseas 'visitors' are charged 150% of the cost of any NHS treatment they receive.

Immediately necessary and urgent treatment must be provided before charging the patient (see below). This includes all maternity care. The NHS is required to recover payment after the treatment has been provided.

Primary care is free to all. Immigration status does not affect entitlement to register with a GP (and therefore receive an NHS number) and no ID or proof of address is required.

A+E services (but not follow-up in-patient care), are free to all as are contraception but not abortion, treatment of listed infectious diseases including STIs, and treatment of a physical or mental condition caused by torture, FGM, domestic violence or sexual violence.

Secondary care is free to asylum seekers with a current claim, those refused asylum seekers who are receiving home office support (such as those with dependent children) and unaccompanied children in the care of the local authority. Modern slavery victims or suspected victims as determined by the National Referral Mechanism are exempt from charges.

Migrants who are subject to upfront charges include refused asylum seekers who are not receiving home office support, people who entered illegally and did not claim asylum, and those who have overstayed their visa. Any course of treatment should be continued if it is under way at the time when asylum is refused.

Ironically if a refused asylum seeker or other immigrant with insecure immigration status is sectioned under the Mental Health Act, detained for immigration purposes or in prison they are not charged.

Those who are subject to charges must be given treatment that is *immediately necessary* to save life, prevent a condition from becoming life-threatening or prevent permanent serious damage. Treatment that is *urgent*, that cannot wait until the person is reasonably expected to return home, must also be provided. Only non-urgent, elective treatment should be withheld until the estimated full cost of treatment has been received.

Since Oct 2017, the total upfront charges reclaimed by NHS England have been around 2,890,000: 19.8% of over 14,000,000 total charged in over 6000 individual charges.¹

‘The financial impact of restricting care has been investigated by three recent studies across Europe that found providing universal access to preventative healthcare, including access for undocumented migrants, is more cost effective than restricting access to people with certain migration statuses thus forcing them to rely on emergency care.’²

‘In reality the people most likely to be charged for care are those who are least able to pay, many of whom will be long-term residents who have been unable to regularise their immigration status.’²

‘It is important to understand that a person’s immigration status can change easily and quickly, with them one day being entitled to NHS care and the next being chargeable. The rules change frequently and have doubled in length since 2010. This complexity coupled with cuts to legal aid support mean people are increasingly unable to navigate the immigration system.

When the Home Office makes a decision to refuse a person’s application for asylum, that person is able to appeal the Home Office’s decision. Just under half of these decisions are overturned at appeal stage suggesting serious flaws in the way the Home Office handles these applications. The average waiting time for an appeal was around 52 weeks. It has greatly increased as a result of the pandemic. During this time appellants are unable to lawfully work, offered minimal financial support, and moved around the country to live in cramped and low-quality asylum accommodation.’²

‘The problems people face when they can no longer access vital public services are exemplified by what happened to people from the Windrush Generation as a result of changes in the Immigration Act 2014 and the ensuing Hostile Environment policies. Many people that had migrated to the UK before 1973 had no official documentation to prove they had indefinite leave to remain and as a result of the changes could no longer demonstrate their entitlement to free NHS care. This led to people being denied access to care [and] communities deterred from seeking care...’²

In Scotland, Wales and Northern Ireland, refused asylum seekers are entitled to free healthcare.

Effects on health of immigrants including asylum seekers and refugees

In practice, inadequate levels of support, destitution and the charging regime impede and discourage access to healthcare across the UK. This has real and profound consequences. The Confidential Enquiry into Maternal and Child Health, ‘Why Mothers Die’, published in 2004 by the RCOG found that ‘black African women, especially including asylum seekers and newly arrived refugees, had a mortality rate seven times higher than white women and had major problems in accessing maternal health care’.

The Royal College of Midwives commented in 2019 on a report by the charity Maternity Action: ‘Women affected by these charges are some of the most vulnerable people in our society. Research has shown us that charging for maternity care reduces the likelihood of vulnerable migrant women receiving care. These women are at greater risk of poor maternal health outcomes, including maternal deaths, and premature birth.’³

A report from the National Audit office in 2016 reported that the policy had a risk of unintended undesirable consequences and that some people are wrongly charged. ‘...some staff have expressed concerns that the programme may, for example, discourage people from seeking necessary treatment, increase public health risks and undermine trust between clinical staff and patients.’⁴

Similar findings were revealed in a report and review of evidence published by the Equality and Human Rights Commission in 2018.⁵

Doctors of the World reported in 2020 that ‘medical care charges are being applied to those least able to pay – people who are homeless, destitute, and already struggling to meet their basic needs...This is leading to lengthy treatment delays for migrants already living in extremely vulnerable circumstances, including those with life-threatening or serious health conditions who are having ‘immediately necessary’ or ‘urgent’ NHS services withheld for months and, in some cases, years.’⁶

A few days before his 30th birthday, Simba Mujakachi, a refused asylum seeker from Zimbabwe who came with his family to the UK aged 14 and lives in Sheffield, suffered a life-changing stroke that led to two weeks in a coma in intensive care. Simba had stopped attending appointments for a blood clotting condition a few months beforehand as he could not afford the cost of specialist treatment. When he woke up, he was presented with a bill for £93,000.⁷

Effects on NHS staff

These 'policies make healthcare workers complicit in a system that causes harm to patients by default. ...concerns [have been] repeatedly raised by healthcare workers about the implications of the policy, both on their own practice and on the NHS more broadly.'⁸

'In December 2018 the Royal College of Physicians, the Royal College of Paediatrics and Child Health, the Royal College of Obstetricians and Gynaecologists, and the Faculty of Public Health released a statement calling on the DHSC to scrap both the 2015 and 2017 regulations and conduct an independent review into NHS charging policy.'⁹

Advocacy on healthcare charging to which CMF Global has been a signatory

Letter to Home Secretary re protecting migrants from Covid-19, April 2020¹⁰

First of six demands was to ensure **access to healthcare** - this means **immediately suspending all NHS charging and data sharing with immigration enforcement** and **launching a public information campaign** that makes clear that healthcare services are available and safe for all migrants to use.

'We believe the Home Office should urgently work with other government departments and take steps to: Immediately suspend all NHS Charging and data-sharing with the Home Office for the purposes of immigration enforcement and mount a public information campaign reassuring people that it will be safe for them to access care during this global public health emergency.

There is significant evidence that both NHS charging and data-sharing between the Home Office and the Department of Health and Social Care stops migrants from accessing healthcare, even in the case where exemptions exist for infectious diseases.

There is clear evidence the Hostile Environment deters individuals with tuberculosis from accessing care and that migrants are deterred from accessing healthcare advice for fear that they will be charged for treatment, or that interaction with the NHS could lead to them being targeted by immigration enforcement.

Whilst the government has introduced an exemption for COVID-19 diagnostic tests and treatment, the charging system still acts as a deterrent for migrants that will be charged for other tests and treatment for any comorbidities that are not exempt.

The threat of charging is not the only deterrent and neither the Home Office nor the DHSC will give assurances that patient data will not be shared for immigration enforcement purposes.

Healthcare practitioners including the Faculty of Public Health have long raised concerns about underdiagnosis and undertreatment of infectious diseases arising from charging policy.

At a time when COVID-19 presents an increased risk to public health, it is vital that all those who need treatment are able to access healthcare without fear and without incurring charges. Simply adding COVID-19 to the list of exempt conditions is not enough, to be effective this must be accompanied by commitments to end data-sharing and a public information campaign designed to reassure people that accessing care is safe.'

Campaign re COVID vaccine for those with insecure immigration status, Feb 2021¹¹

Although everyone is eligible to receive the vaccine significant barriers exist for many migrants, including some people in the asylum system.

The hostile environment 'fosters a culture of discrimination in the NHS and creates fear and mistrust. The only viable solution is the immediate repeal of all Hostile Environment policies and the creation of an NHS that truly lives up to the principle of universal access for all.' (Aliya Yule, Migrants Organise)

A coalition of 140 organisations wrote to ministers on 8th Feb 2021 urging concrete action to end the 'hostile environment' so that an estimated 1.3 million people with insecure immigration status would be confident to come forward to accept the COVID-19 vaccine.

The role of Christian healthcare professionals and resources for training and advocacy

There is a clear Biblical mandate for advocacy on behalf of the disadvantaged including vulnerable foreigners.¹²

There are many useful resources online for training and information on healthcare for asylum seekers and other immigrants with insecure immigration status:

<https://health.cityofsanctuary.org/wp-content/uploads/sites/47/2015/06/NHS-healthcare.pdf>

<https://www.bma.org.uk/advice-and-support/ethics/refugees-overseas-visitors-and-vulnerable-migrants/refugee-and-asylum-seeker-patient-health-toolkit/>

<https://www.doctorsoftheworld.org.uk/what-we-stand-for/supporting-medics/safe-surgeries-initiative/safe-surgeries-toolkit/>

<https://www.nhs.uk/nhs-services/gps/how-to-register-with-a-gp-surgery/>

<http://www.healthliteracyplace.org.uk/tools-and-techniques/access-to-healthcare-gp-registration-cards/>

<https://migrant.health/>

A toolkit to support advocacy for individual patients facing charges and to inform local campaigns against NHS charging is available at <https://patientsnotpassports.co.uk/>

References

1. <https://www.google.com/maps/d/u/0/edit?mid=1HBK6DxPmXNewPO6p4k23CSW4ftVGrw3A&usp=sharing>
2. <https://www.medact.org/wp-content/uploads/2020/10/Patients-Not-Passports-Challenging-healthcare-charging-in-the-NHS-October-2020-Update.pdf>
3. [Our research reports and publications - Maternity Action](#)
4. [Recovering the cost of NHS treatment for overseas visitors \(Summary\) \(nao.org.uk\)](#)
5. [Making sure people seeking and refused asylum can access healthcare: what needs to change? \(equalityhumanrights.com\)](#)
6. [Press release: New report reveals the devastating impact of NHS charging on migrants in vulnerable circumstances - Doctors of the World](#)
7. <https://www.channel4.com/news/zimbabwean-man-faces-93000-nhs-bill-after-two-weeks-in-coma>
8. <https://www.medact.org/wp-content/uploads/2020/10/Patients-Not-Passports-Challenging-healthcare-charging-in-the-NHS-October-2020-Update.pdf>

9. <https://www.rcplondon.ac.uk/news/royal-colleges-support-suspension-nhs-overseas-visitor-charges-pending-review>
10. [Protecting migrants from Covid-19 | Joint Council for the Welfare of Immigrants \(jcw.org.uk\)](#)
11. [The Call | Vaccines For All \(vaccineforall.co.uk\)](#)
12. <https://cmfblog.org.uk/2017/10/24/healthcare-for-immigrants-an-issue-of-justice/>