Doctors of the World UK
Access to healthcare for Migrants
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@DOTW_UK @lu_hiam
OVERVIEW

- Doctors of the World
- Entitlement to primary care in England
- Entitlement to secondary care and charging
- Data sharing in the NHS
- Case studies from DotW clinic
- What can we do?
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.
‘Undocumented’ migrants find themselves without the right documents for a variety of reasons, often beyond their control.

- Survivors of trafficking
- People who came to the UK as children with undocumented parents
- 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)
- Domestic workers on expired visas which their employer doesn’t renew
- People on spousal visas whose relationship breaks down
• Founded 1980 by Bernard Kouchner, also a co-founder of MSF

• MDM’s principles: to go where others will not, to **testify to the intolerable**, and to volunteer

• DOTW UK founded in 1998

• Today - 14 independent chapters, 80 countries, 350 programmes, 3,000 volunteers
DOTW has run a clinic in London for 12 years

- Short-term medical care provided by volunteer GPs and nurses
- GP registration advocacy
- Holistic approach: signposting to housing and immigration advice, and community support groups

**Service users include**

- Migrants in vulnerable situations, sex workers and homeless
- 1,758 patients seen in 2016—a 20% increase from 2015

**Influence health policy and practice**
In 2016 we provided social and medical consultations to 1758 people across our UK clinics.

- Asylum seekers: 15%
- Undocumented migrants: 56%
- Undefined: 29%

Country of Origin:

- Nigeria: 5.9%
- India: 10.6%
- Bangladesh: 7.8%
- Philippines: 15.5%
- China: 11%

49% came from 83 other countries around the world.

- 87% were living in poverty
- 35% were living in unstable accommodation
- 89% were not registered with a GP
- 2 in 5 were refused GP registration due to:
  - Lack of ID: 39%
  - Lack of proof of address: 36%
  - Lack of immigration status: 13%
- 5.9 years: the average length of time spent in the UK before accessing our services
ACCESSING HEALTHCARE: ENTITLEMENTS AND BARRIERS

1. Primary care

Nationality and immigration status are not relevant to GP registration:

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

### Family doctor services registration

**Please complete in BLOCK CAPITALS and tick ✓ as appropriate**

<table>
<thead>
<tr>
<th><strong>Patient's details</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Surname</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Date of birth</strong></td>
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<tr>
<td><strong>NHS No.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Previous surname</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Male</strong></td>
<td>□</td>
</tr>
<tr>
<td><strong>Female</strong></td>
<td>□</td>
</tr>
<tr>
<td><strong>Town and country of birth</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Home address</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Postcode</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Telephone number</strong></td>
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</tbody>
</table>

### Please help us trace your previous medical records by providing the following information

- **Your previous address in UK**
- **Name of previous doctor**
- **Address of previous doctor**

### If you are from abroad

- **Your first UK address where registered with a GP**

### If previously resident in UK

- **Date you first came to live in UK**

### SUPPLEMENTARY QUESTIONS

**PATIENT DECLARATION**

Anybody in England can register with a GP practice. Being ordinarily resident broadly means being resident and habitually domiciled in England. In most cases, nationals of countries outside the EEA who come to England are considered to be inordinately resident.

Some services, such as a prescription for antibiotics for infectious diseases and antihypertensive drugs, are free of charge to everyone, while some services are chargeable. In most cases, nationals of countries outside the EEA who come to England are not resident in the UK, and may be required to pay for services where non-EEA citizens are chargeable.

More information about what is free and what may be chargeable can be obtained from the NHS leaflet, and from the Migrant patient leaflet, which is available from the practice or online.

You may be asked to provide information to help your GP provide the best care for you. You do not have to answer these questions, but if you do not answer them, your GP may not be able to provide all the care that you need.

The information you provide will be held by your GP and kept confidential. It is used to help to plan and provide care, and to maintain a record of your health and care.

If you are providing information about someone else, you do not have to provide a signature. You can provide a statement that the information is correct and complete.

A parent/guardian should sign on behalf of a child under 16.

**Signed:**

Print name:

On behalf of:
DotW patients in 2016:

Over half didn’t try to access NHS due to perceived barriers. Those that tried faced:

- Administrative barriers (ID / proof of address: 22%)
- Lack of understanding of how to access services (16%)
- Language barriers (14%)
- Refusal by NHS staff (14%)
- Fear of arrest (11%)
ACCESSING HEALTHCARE: ENTITLEMENTS AND BARRIERS

2. Secondary care
1. Chargeability in secondary care depends on immigration status. Undocumented migrants (incl. refused asylum seekers) are charged.

2. Charges must be paid before treatment, which can be withheld if a patient can’t pay.

3. “Urgent or immediately necessary” treatment to be provided regardless of ability to pay (charged for after).

4. Some services are exempt: A&E, some communicable diseases and family planning.

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 sexual or domestic violence, FGM, torture
  ➢ only for treatment related to experience of violence;
• Survivors of trafficking;
• Children looked after by a local authority;
• People being treated under the Mental Health Act;
• People held in immigration detention.
### 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**.

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*Source: Guidance on implementing the overseas visitor charging regulations, p. 64-65.*
• Patients fear bills they cannot pay.
  • Debts of £500+ reported to the Home Office after two months – *affects immigration applications*.

• Patients fear detention or deportation due to ID checks and data-sharing.

• Poor implementation of charging rules:
  • pressure to pay for U/IN care upfront;
  • billing or denying care to exempt groups.
2 assessments must be made:
- Eligibility (OVM)
- Urgency (Clinician)
- Poor understanding of the regulations
- DotW advocacy

**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**.
Dear Doctor

NAME OF PATIENT

Date of birth ________________ Hospital number ______________________

We have determined that this patient is an overseas visitor as defined in the National Health Services (Charges to Overseas Visitors) Regulations 2015. As such, the patient is liable for charges as an overseas visitor unless and until there are any applicable changes in their situation.

Government advice to safeguard NHS resources is to obtain payment where possible before treatment is given. In this case, the patient has declared that he/she will not be able to pay prior to receipt of the treatment.

However, relevant NHS bodies¹ must also ensure that treatment which clinicians consider to be immediately necessary is provided to any patient, even if they have not paid in advance. Failure to do so may be unlawful under the Human Rights Act 1998. Urgent treatment which clinicians do not consider immediately necessary, but which nevertheless cannot wait until the person can be reasonably expected to return home, should also be provided to any patient, even if deposits have not been secured.

The patient is likely to return home on or around ______________________

You are asked to provide your considered clinical opinion and tick one of the declarations.

☐ Having made the appropriate diagnostic investigations, I intend to give treatment which is immediately necessary to save the patient’s life or prevent a condition from becoming immediately life-threatening or needed promptly to prevent permanent serious damage occurring. All maternity treatment is considered immediately necessary.

☐ Having made the appropriate diagnostic investigations, I intend to give urgent treatment which is not immediately necessary to save the patient’s life but cannot wait until the patient returns home. If the patient’s ability to return changes I will reconsider my opinion.

☐ Having made the appropriate diagnostic investigations, I do not intend to provide treatment unless payment is made in advance, since the patient’s need is non-urgent and it can wait until they return home. If the patient’s ability to return changes I will reconsider my opinion.

☐ I must make further investigations before I can assess urgency.

Where treatment is given (or has been given already), the relevant NHS body is obliged to raise an invoice for the cost of such treatment, and to recover the cost of treatment where possible. Debts are written off by this hospital as losses where unrecoverable.

Date ____________________ Signed ____________________

Chart Area

Date ________________ Signed ____________________ (Overseas Visitors Manager)

¹ Relevant NHS bodies are NHS trusts, NHS foundation trusts, special health authorities (SpHAs) and local authorities in the exercise of public health functions.
DATA SHARING
MoU (2017) between the Home Office and NHS:

- NHS Digital shares non-clinical patient information for immigration enforcement
- affects all records on NHS Spine
- 2017: 3,000 NHS patients had their data shared with the Home Office
• Violation of patient confidentiality
• Conflict with medical ethics and doctor-patient relationship
• Deterring vulnerable people from accessing healthcare
• Impact on Public Health
• Impact on the NHS
• Lack of consultation
Pregnant women

- 2 in 3 had not been seen by 10/40
- 1 in 4 not seen by 18/40
- 1 case not accessed by 37/40

1 woman presented to DotW in labour

Seriously ill:

- Fear of being reported prevents accessing healthcare
<table>
<thead>
<tr>
<th>Description</th>
<th>Total to be charged £</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non complex pregnancy (normal or assisted delivery without complications, up to 2 days stay, 2 scans, 4 outpatients appointments)</td>
<td>5,176</td>
</tr>
<tr>
<td>Complex pregnancy (normal or assisted delivery with complications, up to 5 days stay, 2 scans, 4 outpatients appointments)</td>
<td>9,233</td>
</tr>
<tr>
<td>Booking visit only - no scan</td>
<td>771</td>
</tr>
<tr>
<td>Out patients visit only - no scan</td>
<td>402</td>
</tr>
<tr>
<td>Per Scan</td>
<td>160</td>
</tr>
<tr>
<td>Less than 12 hours admission (non delivery stay)</td>
<td>953</td>
</tr>
</tbody>
</table>
Patricia

- 6m pregnant with no antenatal care

‘I feel trapped. I’m in a situation where I need to go to the hospital but I can’t because I feel my information might not be confidential’
• Found a lump in her breast
• Referred for emergency biopsy, but she did not go

‘I felt like I was carrying the weight of the whole world during those days. I was so worried that if I went to the hospital, then the immigration authorities would know about it – maybe they would get me and deport me. But if I didn’t go to hospital, then what about the lump?’
Deidre

• Elderly women from the Caribbean
• 2016, diagnosed with cancer
• Advised too sick to fly home
• Confirmed chemotherapy ‘urgent’
• Hospital demanded 5 figure sum before starting treatment
• Care was refused
• DotW supported Sally
• Deidre remains at home in pain
Djibril

2016 diagnosed with cancer
’very scared and desperate [...] and worried that [his] days were numbered’

17yrs UK after fleeing political persecution

Told needed surgery – cancelled

Declined unless paid upfront

Came to DotW—supported to get legal help and had surgery

‘felt like I was born again’
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: DH has announced intention to charge in primary care and further consult on charging in A&E.
WHAT CAN YOU DO?
1. Individual
   - Advocate
   - Be informed
   - Support DotW

2. GP Practice or workplace
   - Safe surgeries
   - GMS 1 form

3. National
   - Tweet!
   - Protest
   - Write to your MP
   - Write to college/union
USEFUL RESOURCES

TOOLS FOR HEALTHCARE PROFESSIONALS

SAFE SURGERIES TOOLKIT
The "Safe Surgeries" toolkit gives GP practices concrete ways to defy the sharing of NHS patient information with the Home Office by keeping their patients' addresses off NHS records, including using the GP practice address as c/o address. All suggestions are in line with NHS guidelines.

SAFE SURGERIES PEER-TO-PEER TRAINING RESOURCES
Our Safe Surgeries peer-to-peer training modules are designed to be delivered by NHS healthcare professionals and medical students, to improve their colleagues' understanding of migrant rights to healthcare in England. They should be delivered at trainers' workplaces, universities or within their professional networks. Resources include: slides tailored to primary care, secondary care and general audiences; training guidelines and a guide with background info.

HEALTHY LONDON PARTNERSHIP 'MY RIGHT TO ACCESS HEALTHCARE' CARDS
These cards can be carried by people who can have difficulty accessing primary healthcare, such as homeless people and migrants. They can be used to remind GP receptionists and other practice staff of the national patient registration guidance from NHS England.

MULTILINGUAL APPOINTMENT CARD GENERATOR
Online tool helping non-English-speaking patients understand when their next appointment is.

DOTW POLICY GUIDES

BE INFORMED
AT YOUR WORKPLACE
How to make your GP practice safe for everyone

This is a toolkit for healthcare professionals and GP practices who want to provide confidential and welcoming services for all their patients including refugees, asylum seekers and undocumented migrants. This advice complies with NHS England guidance on GP registration¹ and NHS guidance on secondary care.² Taking the suggested steps in this guide will also help GP practices demonstrate to the CQC that their service is responsive to patient’s needs.
How can I take a stand against this?

Any information recorded on the NHS spine may be shared with the Home Office without a GP practice’s consent. But you can take concrete steps to stop a patient’s address being shared and to make them feel welcome.

Step 1 Make sure patients know they don’t need to give a personal address

Step 2 Display a poster declaring your surgery a safe space

Step 3 Never ask to see a passport, visa or identity document

Step 4 Don’t ask for proof of address documents

Step 5 Make sure frontline staff know the rules

Step 6 Check your registration policy

Safe Surgeries Toolkit
You do not have to give your address to register at this surgery

This practice is a safe space for everyone, regardless of their immigration status, social status, or any other such factor.

If you do not feel comfortable providing your home address, you can:

- Use the address of this practice as your registration address.
- Use the address of a local organisation you visit. This could be a day centre, support group, or church. Ask their permission first.
GOOD PRACTICE TIPS: RECEPTION STAFF

✓ Don’t ask to see visa or proof of residency

  • Understand that patients do not have to complete the supplementary questions section of the GMS1 form

✓ Ensure lack of ID/proof of address is not a barrier

✓ Use an interpreter

✓ Consider not storing home address in main record

✓ Think about where to send referral letters/test results

  • Use address of friend, day centre or GP practice
GOOD PRACTICE TIPS: CLINICIANS

- 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 Share bad practice/concerns.

*The Safe Surgeries Toolkit can support all of these actions.*
This is my protest sign!

I'm so angry I made a sign

NATIONALLY
#STOPSHARING
PATIENT INFORMATION
To: The Government

Stop using NHS patients’ personal information for immigration enforcement.

Campaign created by
Anna @ Doctors of the World UK

#STOPSHARING
PATIENT INFORMATION

Stop using NHS patients’ personal information to carry out
• January 2018
• Evidence from Data Guardian, DotW, National AIDS Trust, Public Health England, Justice for Domestic Workers
• For data sharing: Home office, DH, NHS Digital
• Dr Sarah Wollaston, Tory MP and Chair, sent a letter to NHS Digital:
  • strongly condemning the data-sharing agreement
  • calling for its immediate suspension.
Inadequate consultation

There was inadequate consultation during the formulation of the MOU and a failure to pay due regard to the underlying ethical considerations and potential unintended consequences for public health. This has resulted in a situation where data-sharing is taking place in a manner which is incompatible both with the guidance on confidentiality given by the GMC and the NHS Code of Confidentiality and which could lead to serious unintentional consequences for both individuals and wider public health. The Committee finds this situation unacceptable.

Call for full review of original MoU

Chair of the Committee, Dr Sarah Wollaston, says,

"We are seriously concerned about the way NHS Digital has approached its duty to respect and promote confidentiality. We call for a halt to the present system of information sharing and a full review of the original MOU with the Home Office. If this does not happen, we intend to hold further public evidence sessions requiring the Chief Executive to provide a very much more convincing case for the continued operation of this MoU than has been presented so far.

Whilst we recognise the public interest in assisting on a case by case basis where a serious crime is being investigated, we do not agree with NHS Digital’s assertion that their current arrangements for the purpose of immigration tracing requests constitute case by case data sharing. There has been a failure to appreciate the wider implications of their actions for the individuals concerned, for clinicians, and for wider public health. Their actions not only undermine public confidence in confidentiality but put at risk the efforts to build support for data sharing in other vital areas such as medical research."
Open consultation

Data-sharing MoU between NHS Digital and Home Office: call for evidence

Published 15 February 2018
Last updated 20 February 2018 — see all updates
From: Public Health England

Summary

We're seeking views on the impact of data-sharing arrangements under the memorandum of understanding on the health and healthcare-seeking behaviour of migrants.

This consultation closes at 5pm on 30 March 2018

Related content

More open consultations about public health from Public Health England
Consultation description

Public Health England (PHE) is seeking evidence on the public health impact of the Memorandum of Understanding (MoU) on data sharing between NHS Digital, the Home Office and the Department of Health, particularly on the healthcare-seeking behaviour and health outcomes of the migrant population.

Evidence can be:

- peer-reviewed publications
- narrative accounts
- case studies
- more formal analyses using qualitative, quantitative or mixed methods

Ways to respond

Email to:

data-sharingreview@phe.gov.uk
CALL FOR CASE STUDIES ON PROBLEMS ACCESSING NHS CARE FOR MIGRANTS

www.doctorsoftheworld.org.uk
The power of Twitter

Do you agree that sharing confidential patient information is unacceptable, sign our #stopsharing petition today: bit.ly/2FL8Fkx #SafeSurgeries @pulsetoday

Jennie Corbett @jenniecorb
GP patients 'should expect' data to be shared with the Home Office, says Government #SafeSurgeries pulsetoday.co.uk/your-practice/ ...
PROTEST

- No borders in the NHS
- Keep your racism out of my womb
- No human suffering
- Health without borders
- WHO YOU ARE WHERE YOUR STEMS I AM YOUR DOCTOR
- Systemic racism in the NHS
- DocsNotCops.co.uk
Open Letter to Jeremy Hunt: Withdraw The National Health Service (Charges to Overseas Visitors) (Amendment) Regulations 2017

Please add your details below to endorse the Open Letter to Jeremy Hunt protesting The National Health Service (Charges to Overseas Visitors) (Amendment) Regulations 2017 and asking the government to withdraw the regulations.

The letter can be viewed here: https://tinyurl.com/ycanpzup

The letter will be sent directly to Secretary of State for Health, Jeremy Hunt, and will also be press-released.

* Required

Email address *
WHY IS 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.
  • **Delayed** access to treatment;
  • Inappropriate use of services;
  • **Resource burden** of checking & charging patients;
  • Health inequalities cost.

It’s enshrined in medical ethics & NHS principles.
  • Responsibility to protect and promote the health of all patients;
  • NHS founding principle: treatment “based on clinical need, not ability to pay” (1948).
Age of patients

Average length of time patients had been living in the UK before accessing our services:

- 3% <10
- 2% 10-19
- 24% 20-29
- 32% 30-39
- 22% 40-49
- 18% 50+

£107,000m
Total England NHS spend 2012-13

£1956m: Estimated cost to the NHS of EEA and non-EEA visitors, temporary migrants, students, British ex-patriots, "deliberate health tourists," and those "taking advantage"

£328m: Potential chargeable/recoverable costs under current rules

£94m: Potential additional chargeable income from extending scope of charging non-EEA visitors and students
‘I did not hear, and I have not heard in my time as Health Secretary, enormous amounts of worry about the pressure of migration on NHS services, because on the whole migrants tend to be younger and fitter people…’

Jeremy Hunt (July 2016)
1. Join the #stopsharing campaign
   • Sign the petition
   • Safe Surgeries toolkit
   • Social media

2. Submit case studies
   • Online form to DotW
   • To PHE

3. Know the entitlements

4. Call DotW if needed!
Doctors of the World • @DOTW_UK · Oct 5
The @ukhomeoffice is accessing school pupils' and NHS patients' data. Join @Schools_ABC & @libertyhq's #BoycottSchoolCensus campaign today

Liberty • @libertyhq
Parents everywhere are refusing to help Govt build lists of foreign kids. #BoycottSchoolCensus today! Place of birth: Planet Earth!
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TESTIFY TO THE INTOLERABLE
THANK YOU – Any questions?

Dr. Lu Hiam
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LHiam@doctorsoftheworld.org.uk  @lu_hiam

London GPs: If you would like Right to Care training for your practice staff or for clinical staff, please e-mail JCorbett@doctorsoftheworld.org.uk