



Doctors of the World UK

Access to healthcare for Migrants

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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?



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.



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)

Survivors of trafficking

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



MEDECINS DU MONDE HISTORY

- 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



DOCTORS OF THE WORLD UK

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

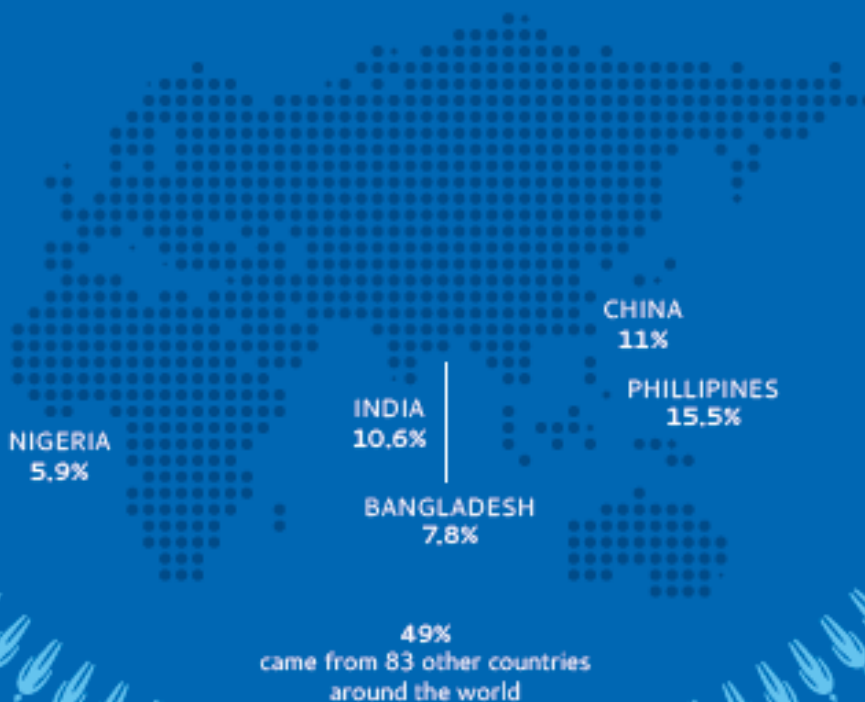
In 2016 we provided
social and medical consultations
to **1758** people across our UK clinics


ASYLUM
SEEKERS
15%


UNDOCUMENTED
MIGRANTS
56%


UNDEFINED
29%

COUNTRY OF ORIGIN




87%
WERE
LIVING
IN
POVERTY


35%
WERE LIVING
IN UNSTABLE
ACCOMODATION


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 UK before
accessing our services



ACCESSING HEALTHCARE: ENTITLEMENTS AND BARRIERS

1. Primary care



***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.



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”.

NHS Family doctor services registration *GMS1*

Patient's details Please complete in BLOCK CAPITALS and tick as appropriate

<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Surname
Date of birth	First names
NHS No.	Previous surname/s
<input type="checkbox"/> Male <input type="checkbox"/> Female	Town and country of birth
Home address	
Postcode	
Telephone number	

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

Your previous address in UK	Name of previous doctor while at that address
Address of previous doctor	

If you are from abroad

Your first UK address where registered with a GP	Date you first came to live in UK
If previously resident in UK, date of leaving	

SUPPLEMENTARY QUESTIONS

PATIENT DECLARATION I am resident in the UK

Anybody in England can register with a GP. However, if you are not 'ordinarily resident broadly speaking' in most cases, nationals of countries outside the UK will have to pay for NHS services. Some services, such as infectious diseases and any other specified diseases, are free of charge to all people, while some services for people who are resident here are exempt from payment. More information on how to register and paying for NHS services can be found in the Patient and Migrant patient leaflet, available from your GP practice.

You may be asked to pay for a service, you will always be asked to pay for a service, otherwise you may be charged for treatment or payment.

The information on this form will be used for the purposes of your chargeable status, including with NHS secondary care services (e.g. hospital care) for the purposes of valuation and cost recovery. You must provide information on behalf of the patient when requested.

Please tick one of the following boxes:

- a) I understand I need to pay for NHS treatment in my GP practice
- b) I understand I am exempt from paying for NHS services. For example, an EEA national with a valid Immigration Health Charge (IHC) includes for the purposes of valuing services when requested
- c) I do not know my status

I declare that the information on this form is correct and complete. If you are a parent/guardian you are declaring on behalf of a child under 16.

Signed: _____ DD MM YY

Print name: _____

On behalf of: _____

NEW GMS 1



PRIMARY HEALTHCARE: BARRIERS

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

CHARGING IN 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.

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**.



BARRIERS TO SECONDARY CARE

2013/14	
Non complex pregnancy (no complications, up to 2 days stay, 2 scans, 4 outpatients appointments)	5,176
Complex pregnancy (with complications, up to 5 days stay, 4 outpatients appointments)	9,235
Booking	422
Out patients visit only - no scan	160
Per Scan	953
Less than 12 hours admission (non-delivery stay)	4,432

- 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.

PRACTICAL PROBLEMS

- 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/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 (Doctor)

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.

I WILL RESPECT THE
PRIVACY
OF MY PATIENTS
The Hippocratic Oath
#STOPSHARING



DATA SHARING

Customer No.		Invoice Date		Payment Terms		Instalments		Due Date		Page
[REDACTED]		[REDACTED]		IMMEDIATE		1 OF 1		[REDACTED]		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 & MIDWIFERY APPOINTMENTS 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

- 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





PROBLEMS WITH DATA SHARING MoU

- 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



EVIDENCE OF DETERRANCE

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



2013/14	
	Total to be charged
	E
Non complex pregnancy (normal or assisted delivery without complications, up to 2 days stay, 2 scans, 4 outpatients appointments)	5,176
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

CASE STUDIES



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'



Maria

- 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?'



Department
of Health

Guidance on implementing
the overseas visitor charging
regulations

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



Guidance on implementing the overseas visitor charging regulations

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’



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



WHAT CAN YOU DO?



Safe Surgeries Toolkit



1

Individual

- Advocate
- Be informed
- Support DotW

2

GP Practice or work place

- Safe surgeries
- GMS 1 form

3

National

- Tweet!
- Protest
- Write to your MP
- Write to college/union





AS INDIVIDUALS

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

RELATED



PATIENTS IN EUROPE ARE FALLING THROUGH THE CRACKS



PRATHEEP

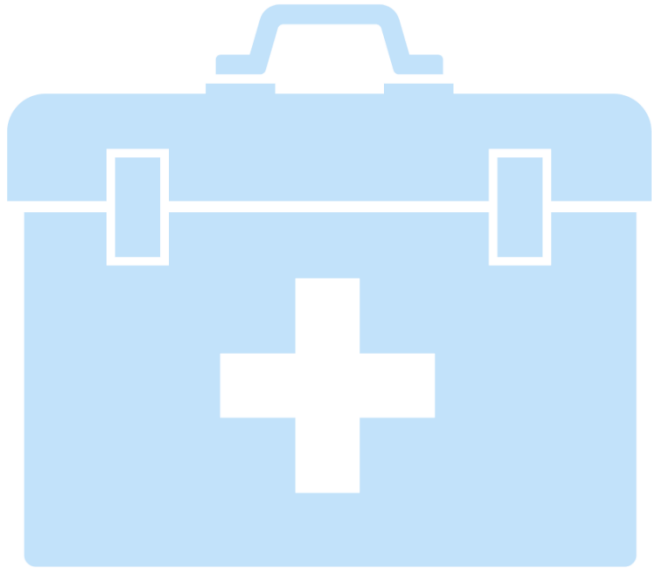


NEW RESEARCH SHOWS HOW NHS CHARGES DETER PATIENTS IN NEED



THANK YOU FOR YOUR SUPPORTIVE MESSAGES FOR AHMAD

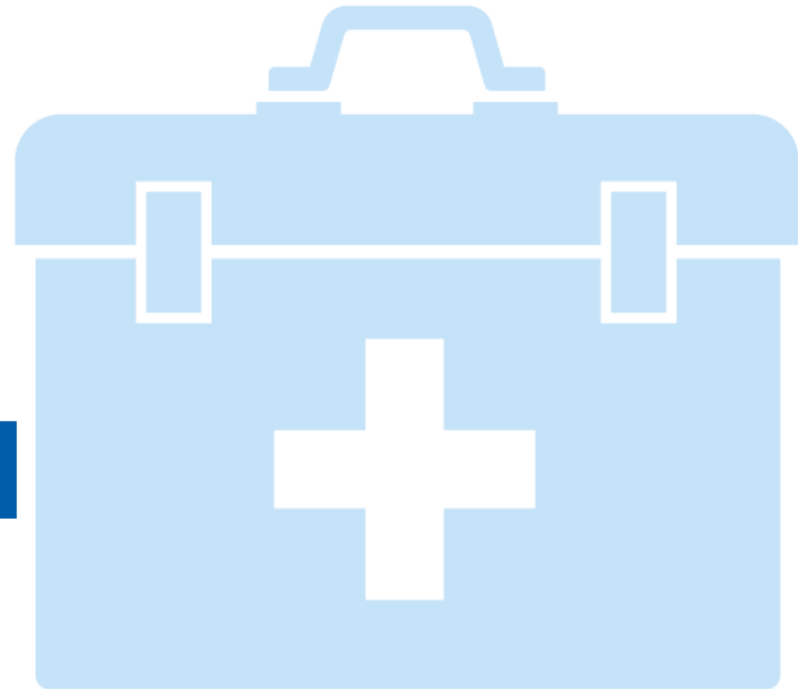
BE INFORMED



AT YOUR WORKPLACE



Safe Surgeries Toolkit

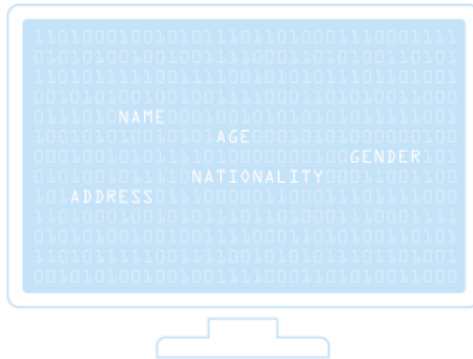


How to make your GP practice safe for everyone

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







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



- ✓ 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.



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



Stop using NHS patients' personal information to carry out



5,145 of 6,000 signatures

Sign the petition

First Name *



Last Name *

Email *

Postcode *

Tick here if you are a healthcare professional

Tick here to hear more from
Doctors of the world

SIGN



- 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."

Stop sharing confidential information for immigration enforcement purposes



31 January 2018

The Chair of the Health Committee, Dr Sarah Wollaston, says NHS Digital immediately withdraws from its understanding with the Home Office of patients' addresses for immigration enforcement purposes



[Home](#)

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



Public Health
England



FIND OUR CLINICS

VOLUNTEER

DONATE

MENU ☰

CALL FOR CASE STUDIES ON PROBLEMS ACCESSING NHS CARE FOR MIGRANTS

www.doctorsoftheworld.org.uk



Doctors of the World @DOTW_UK · 3h

Have you signed our protest letter to @Jeremy_Hunt yet about new #NHS ID checks and charges? Deadline 5pm today.



The UK is forcing health workers to be proxy border guards

From October, school nurses, trauma counsellors and charity workers will have to turn away some migrant patients. Sign our protest letter to Jeremy...

doctorsoftheworld.org.uk



Doctors of the World @DOTW_UK · 3h

If 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/ ...



The power of Twitter

PROTEST



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/ycaupzup>

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

* Required

Email address *

WRITE TO YOUR MP



**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.

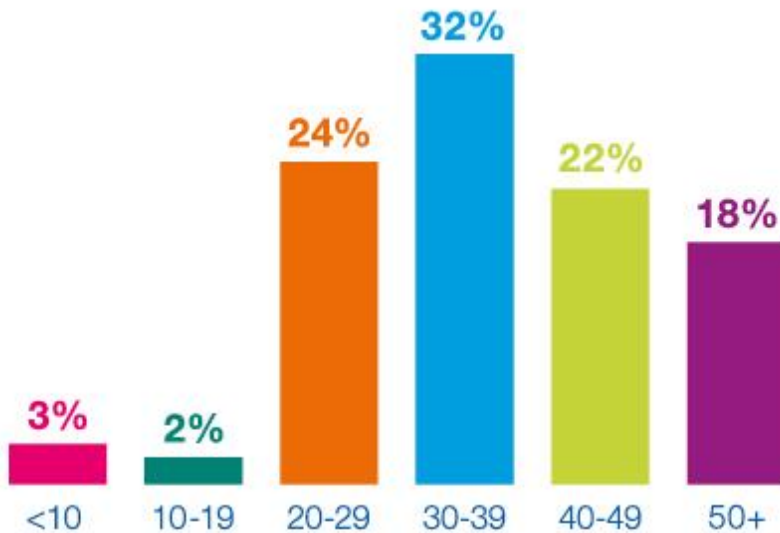
It's enshrined in medical ethics & NHS principles.

- Responsibility to protect and promote the health of all patients;
- NHS founding principle: treatment “based on clinical need, not ability to pay” (1948).

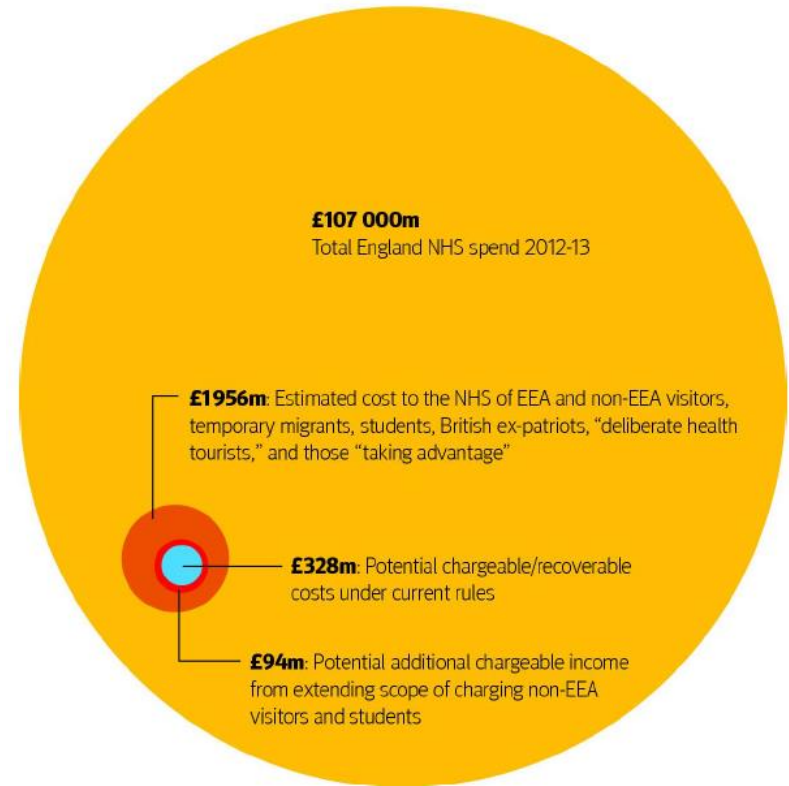




AVERAGE LENGTH OF TIME PATIENTS HAD BEEN LIVING IN UK BEFORE ACCESSING OUR SERVICES



Age of patients



'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)





TAKE HOME MESSAGES

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

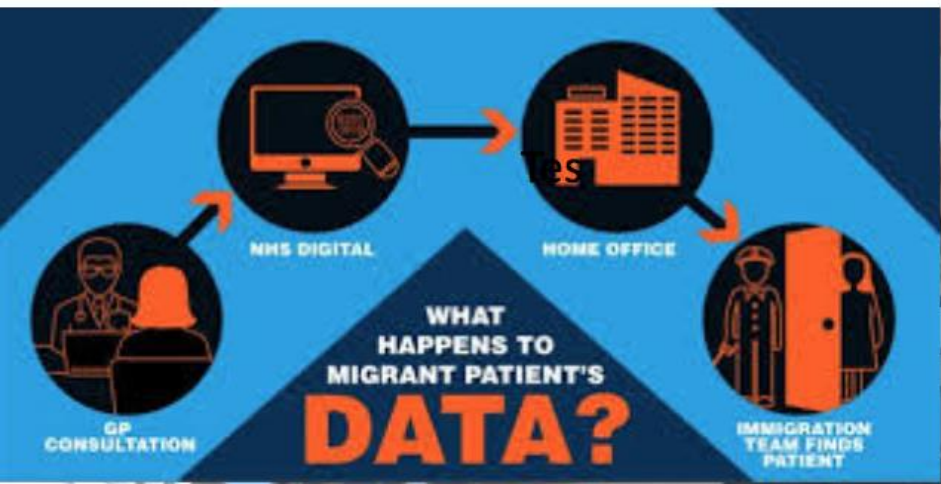
The @ukhomeoffice is accessing school pupils' and #NHS patients' data. Join @Schools_ABC & @libertyhq's #BoycottSchoolCensus campaign today



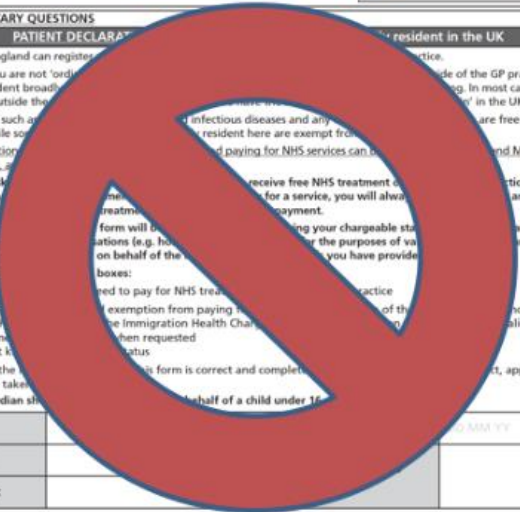
Safe Surgeries Toolkit



Liberty @libertyhq
Parents everywhere are refusing to help Govt build lists of foreign kids. #BoycottSchoolCensus today! Place of birth: Planet Earth!



SUPPLEMENTARY QUESTIONS	
PATIENT DECLARATION	
Anybody in England can register for NHS services. However, if you are not 'ordinarily resident' broadly defined, you are not eligible for NHS services. In most cases, nationals of countries outside the UK are free of charge to receive NHS services. Some services, such as specialist services, are free of charge to all people, while some are free of charge to those who are ordinarily resident here are exempt from paying for NHS services. More information on NHS services can be found on the patient leaflet. You may be asked to pay for NHS services. You may be asked to pay for NHS services. You may be asked to pay for NHS services.	resident in the UK
Please tick one box: a) <input type="checkbox"/> I understand my NHS services are free of charge to me. b) <input type="checkbox"/> I understand my NHS services are not free of charge to me. I am paying for my NHS services. c) <input type="checkbox"/> I do not know.	
I declare that the information provided on this form is correct and complete.	
Signed:	
Print name:	
On behalf of:	





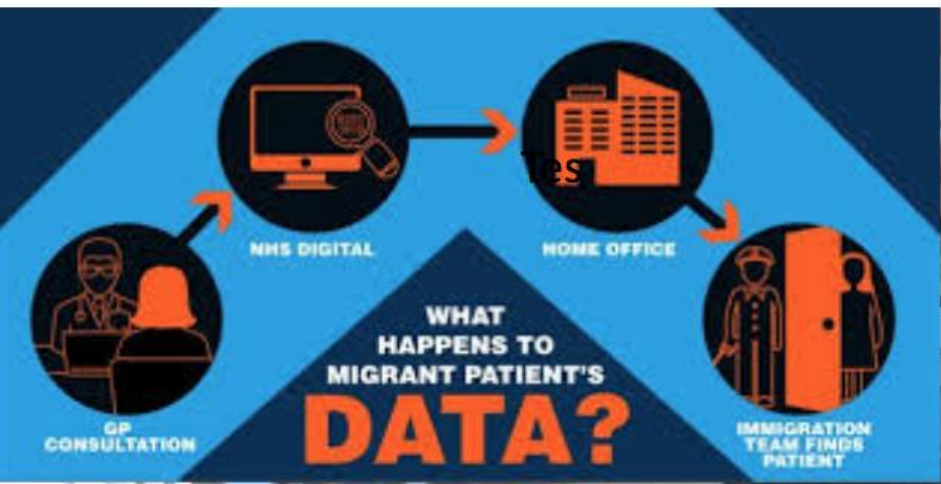
Doctors of the World @DOTW_UK · Oct 5
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PATIENT DECLARATION

Anybody in England can register with a GP practice. However, if you are not 'ordinarily resident' broadly defined, you may not be eligible to register with a GP practice in the UK. In most cases, nationals of countries outside the UK are free of charge to register with a GP practice. Some services, such as those for infectious diseases and any other services that are exempt from charges, are free of charge to all people, while some services are free of charge to those who are ordinarily resident here and are exempt from charges. More information on the charges for NHS services can be found on the patient leaflet, 'NHS Charges for Services'.

You may be charged for NHS services if you are not ordinarily resident in the UK and you are not paying for NHS services. You will always receive free NHS treatment of an emergency nature, otherwise you may be charged for the service, you will always pay for the service.

The information you provide on this form will be used for your chargeable status for the purposes of your recovery. You will be asked to provide the following information:

Please tick one of the following boxes:

a) I understand that I am not ordinarily resident in the UK and I am not paying for NHS treatment of an emergency nature. I am not paying for NHS treatment of an emergency nature.

b) I understand that I am not ordinarily resident in the UK and I am not paying for NHS treatment of an emergency nature. I am not paying for NHS treatment of an emergency nature.

c) I do not know.

I declare that the information provided on this form is correct and complete.

Print name: _____

On behalf of: _____

TESTIFY TO THE INTOLERABLE



THANK YOU – Any questions?

Dr. Lu Hiam

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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