Right to Healthcare training

Improving access to primary and secondary care for people in vulnerable situations

by [Name Surname]

Doctors of the World UK, ***part of the Médecins du Monde network***

AIMS

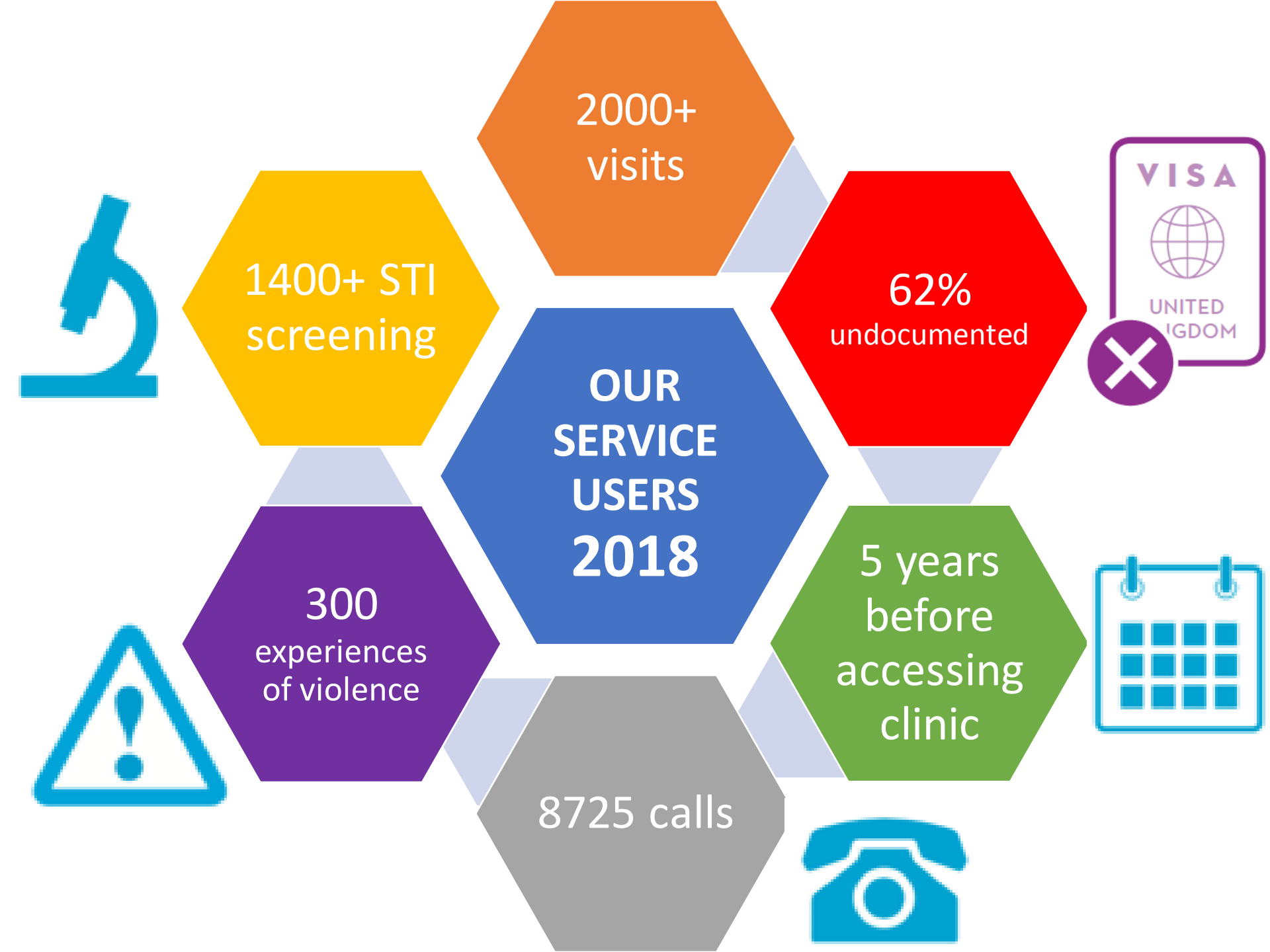
1. Understand what is meant by: refugee, asylum seeker and undocumented migrant;
2. Understand entitlement to NHS care in England;
3. Be aware of the barriers faced by migrants in accessing NHS care;
4. Have an awareness of good practice to improve access to NHS care;
5. Be able to talk about why access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

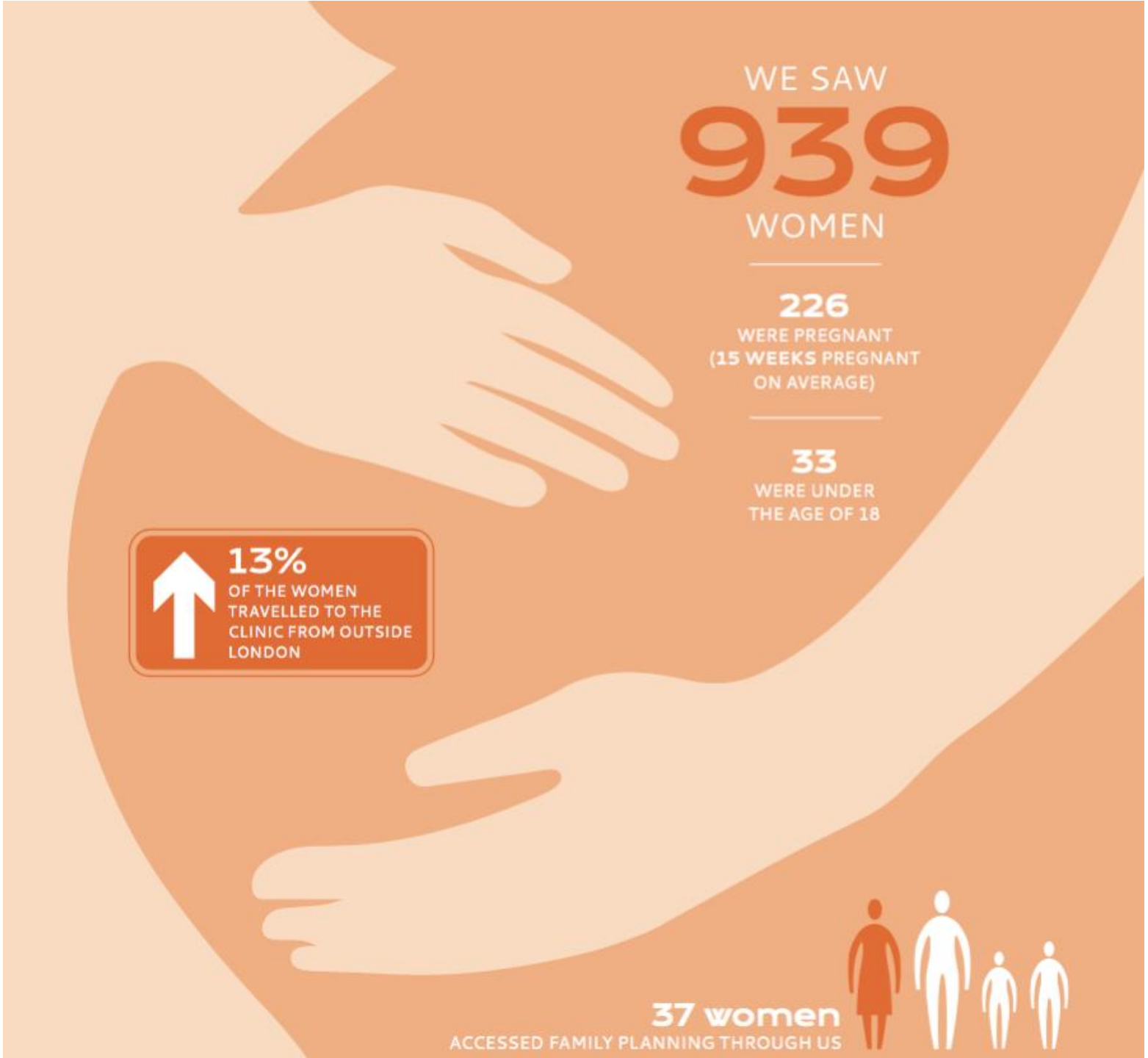
DOCTORS OF THE WORLD UK

- Primary care clinic in East London for people with difficulty accessing mainstream NHS;
- Staffed by volunteer GPs, nurses & support workers;
- Advocacy service for GP registration and secondary care;

⬇ ⬇ ⬇

Influencing health policy and practice.


2000+ visits
1400+ STI screening
62% undocumented
OUR SERVICE USERS 2018
300 experiences of violence
5 years before accessing clinic
8725 calls
VISA
UNITED
IGDOM


WE SAW
939
WOMEN
226
WERE PREGNANT
(15 WEEKS PREGNANT
ON AVERAGE)
33
WERE UNDER
THE AGE OF 18
13%
OF THE WOMEN
TRAVELLED TO THE
CLINIC FROM OUTSIDE
LONDON
37 women
ACCESSED FAMILY PLANNING THROUGH US

Test your knowledge with a Quiz!

DEFINING TERMS

Asylum seeker

Refugee

Refused asylum seeker

Undocumented migrant

Someone who enters or stays in the UK without the documents required under immigration regulations.

A person whose asylum application has been unsuccessful.

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.

A person who has left their country of origin and applied for asylum in another country but whose application has not yet been concluded.

Case Study: Miriam

- Miriam (28) fled Eritrea after escaping conscription into national military service.
- Imprisoned in Libya; became a street homeless and a victim of sexual assault in Italy.
- Smuggled to “the Jungle” in Calais and then to London.
- Street homeless in London, after 2 months taken to a church by a lady she met on the street.

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)

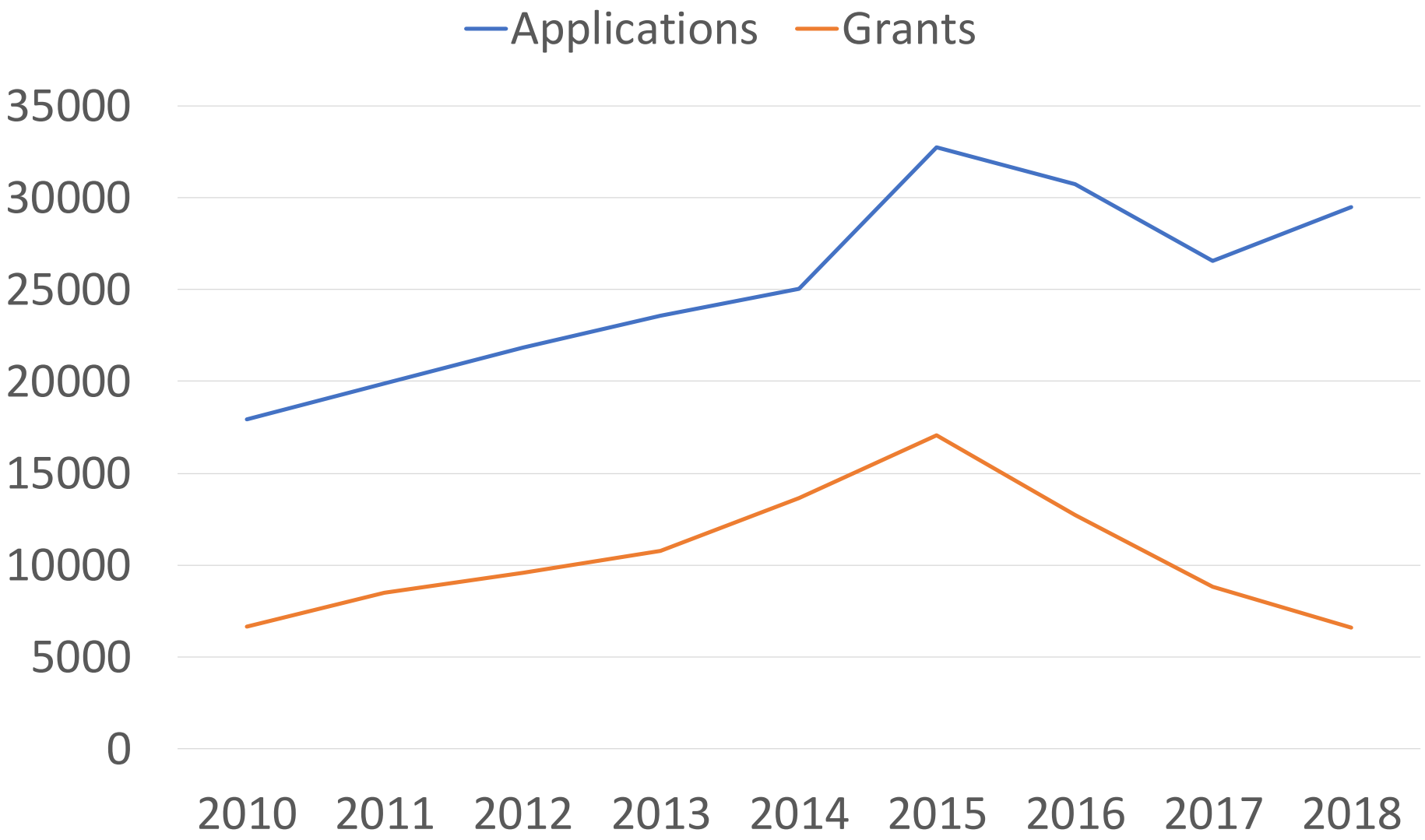
People who came to the UK as children with undocumented parents

Survivors of trafficking

People on spousal visas whose relationship breaks down

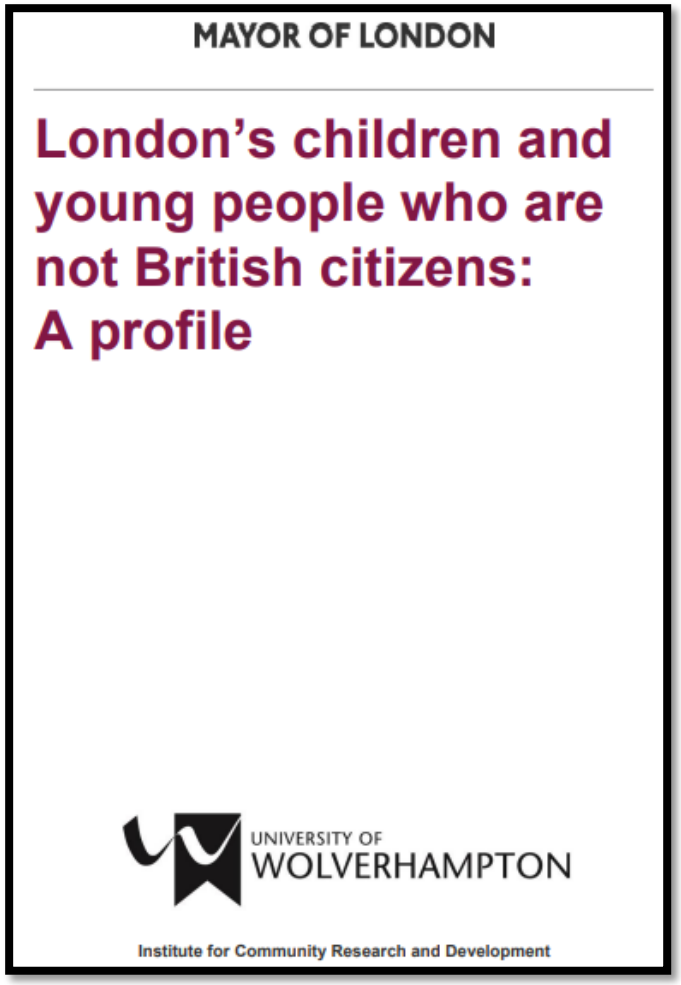
Domestic workers on expired visas which their employer doesn’t renew

Asylum applications lodged & protection granted in the UK



	2010	2011	2012	2013	2014	2015	2016	2017	2018
Refusal rate:	**73%**	**65%**	**63%**	**62%**	**56%**	**60%**	**68%**	**71%**	**58%**

Undocumented migrant population



UK undocumented population

- 674,000

London

- 397,000

Children

- undocumented children in the UK increased by almost 56% between 2011 and 2017
- Almost half of the undocumented children with insecure immigration status is born in the UK

ACCESSING HEALTHCARE:

ENTITLEMENTS AND BARRIERS

Primary care

Case Study: Miriam

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- Imprisoned in Libya; became a street homeless and a victim of sexual assault in Italy.
- Smuggled to “the Jungle” in Calais and then to London.
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What were the barriers Miriam likely faced in registering with a GP?

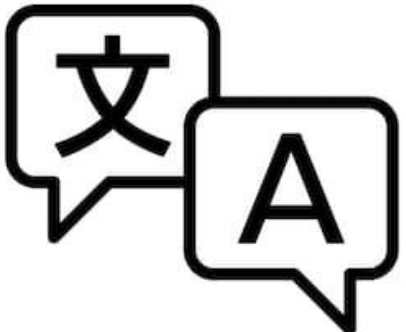
Key barriers faced

Lack of ID / proof of address

Immigration status

Fear of arrest / data sharing

Language barrier



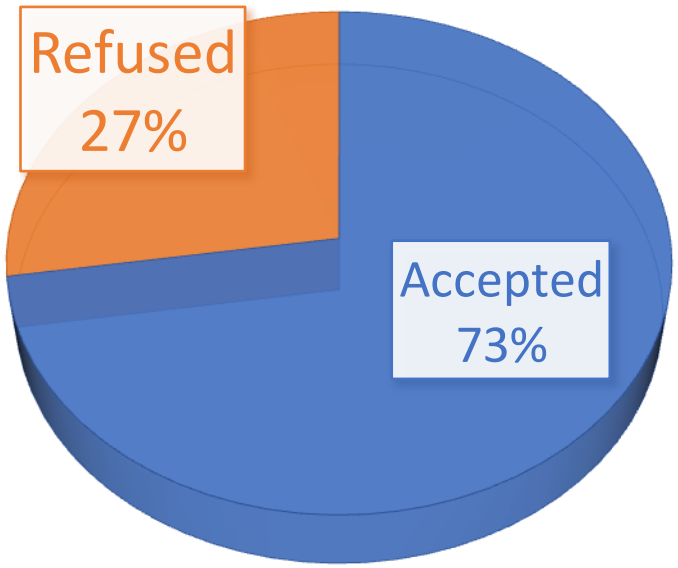
CASE STUDY: MIRIAM

- Miriam was turned away from GP practices 3 times.
- Came to DoTW clinic in 2015 and was registered with a GP.
- 29 weeks pregnant before first antenatal appointment.

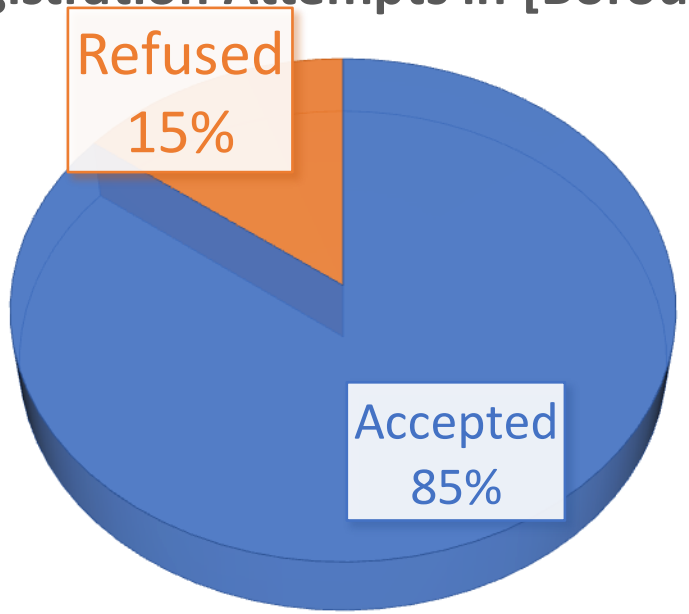
Registration Refused Report 2019

- Out of the **2873** attempts by DOTW to register patients with their local GP in 2019, 787 were **refused.**

Registration Attempts in England

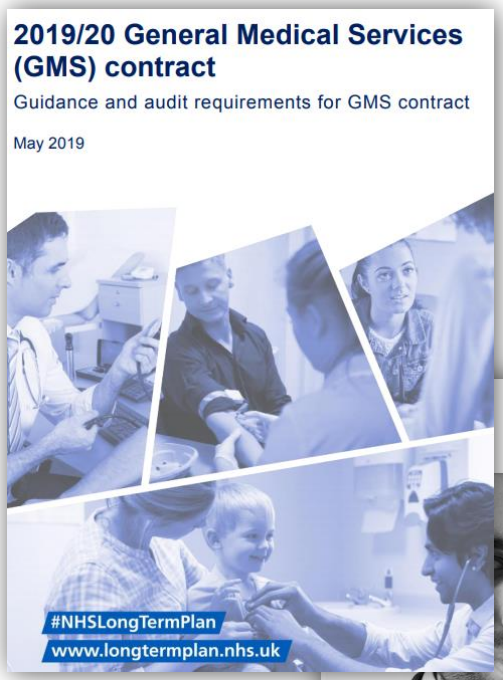


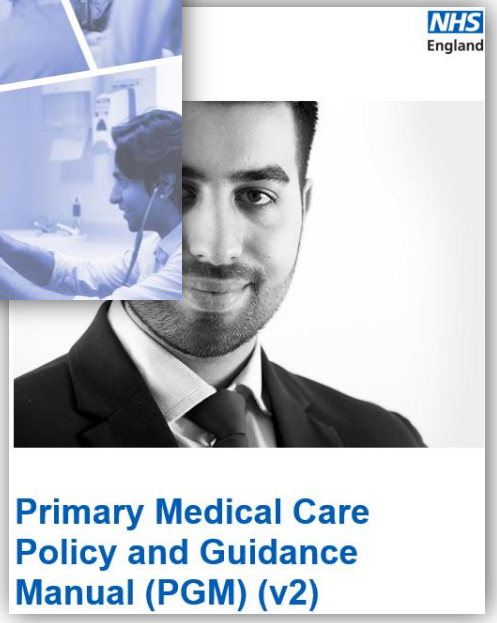
Registration Attempts in [Borough]



- Out of the **109** attempts by DOTW to register patients with Tower Hamlets in 2019, 16 were **refused.**

NHS England Guidance on Registration

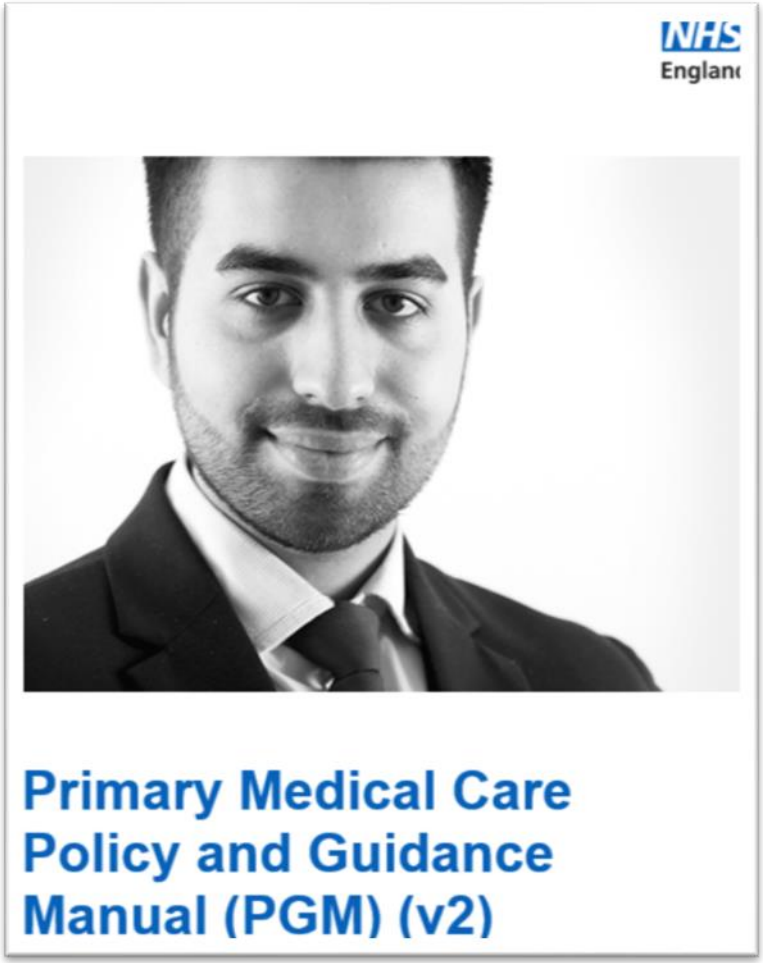




Nationality and immigration status are ***not*** relevant to GP registration:

- "**anybody** in England may register and consult with a GP without charge"
- "**all** asylum seekers and refugees, overseas visitors, students, people on work visas and those who are homeless, **whether lawfully in the UK or not**, are eligible to register with a GP practice"
- "A patient does not need to be **'ordinarily resident'** in England to be eligible for NHS primary medical care"

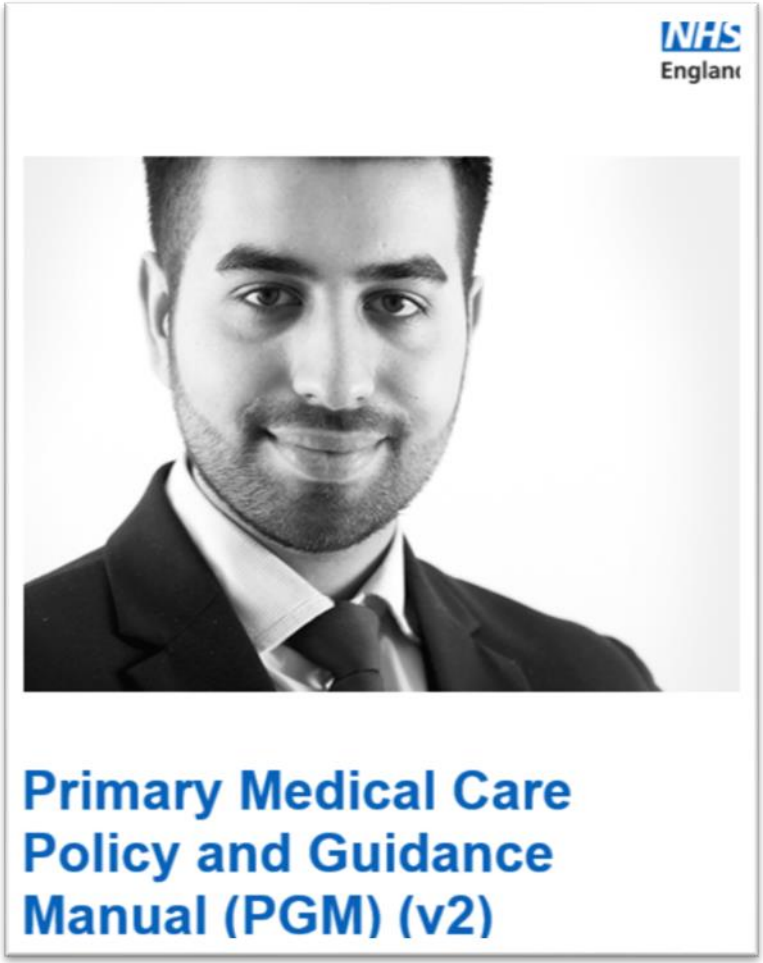
NHS England Guidance on Registration



Documentation for registration?

- *"**there is no regulatory requirement** to prove identity, address, immigration status or the provision of an NHS number in order to register"*
- Lack of **proof of address/ID** *"would not be considered reasonable grounds to refuse to register a patient"* or withhold appointments
- "Where necessary, (e.g. homeless patients), the ***practice may use the practice address*** to register them if they wish"

NHS England Guidance on Registration



Refusing registration

- “If a practice refuses any patient registration then they must record the name, date and reason for the refusal and write to the patient explaining why they have been refused, within a period of 14 days of the refusal”.

- “This information should **be made available to commissioners on request.**”.

What can be done?

SAFE SURGERIES

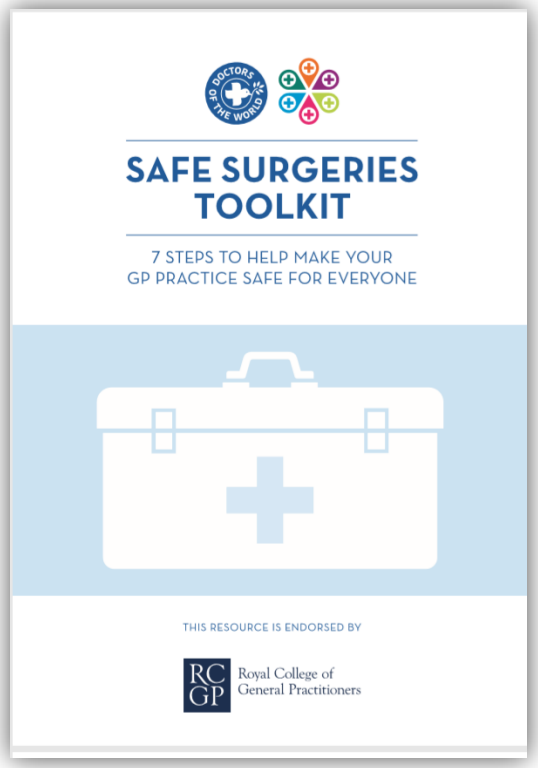
In recognition of the increasing workloads faced by GP practice staff and the widespread barriers to registration, DOTW UK launched the Safe Surgeries Initiative in May 2018.

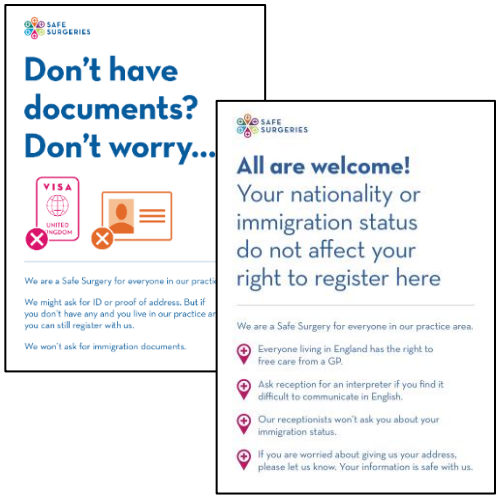
SAFE SURGERIES

- 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.

For inclusive and protective patient registration..

Our aim is to improve GP registration practices nationally, and bring them in line with NHS guidance.





7 Steps for Safe patient registration..

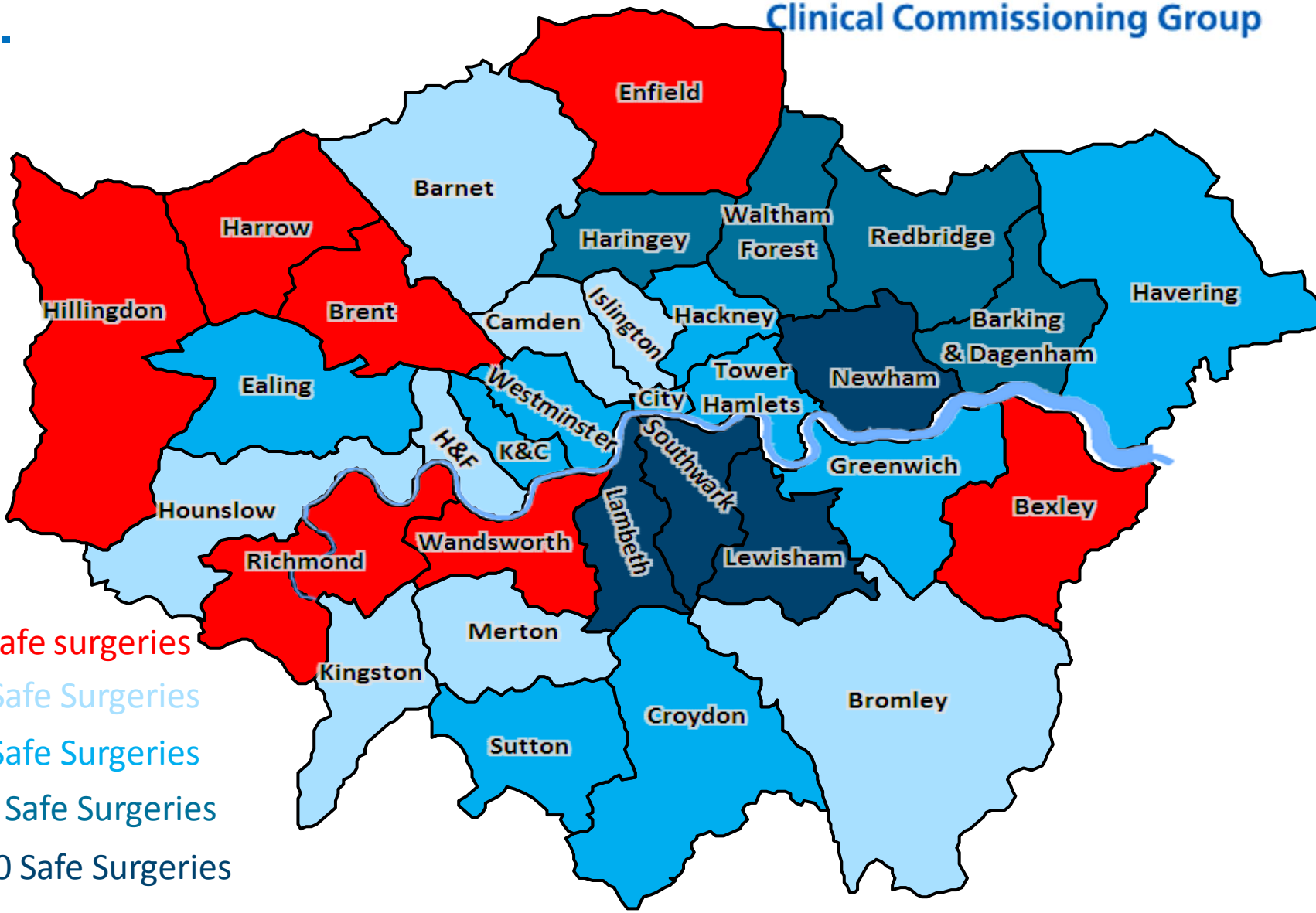
- Don't insist on proof of address
- Don't insist on ID
- Never ask about immigration status
- Keep information safe
- Use an interpreter
- Display Posters
- Empower frontline staff

Why are these protections so 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.
- New rules (charging and checks) in hospitals limit access to specialist care.
- Fear of being reported to the Home Office is justified.

128 London Safe Surgeries, and increasing support from LAs and CCGs..

NHS
Waltham Forest
Clinical Commissioning Group



Why become a Safe Surgery?

- Comply with NHS policy
- CQC approved
- Improve reception time management and communication
- Improve patient experience and meet the needs of your community

In 2019, the Safe Surgeries initiative was listed as an evidence-based intervention in the NHS long term plan.

BMA

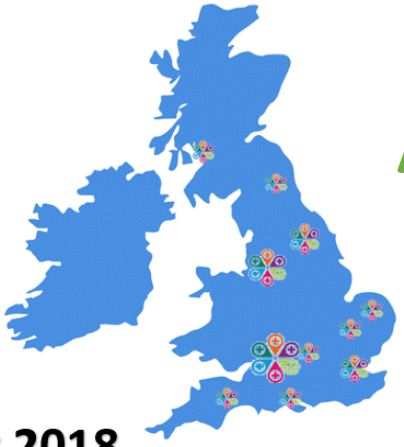
Royal College of Nursing

RCN ACCREDITED

RC GP Royal College of General Practitioners

36

Safe Surgeries



A growing community: Safe Surgeries

August 2018

WHAT CAN I DO?

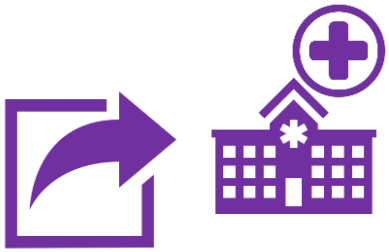
- Sign up at www.bit.ly/newsafesurgery or use QR code above
- Engage with your CCG, other practices, community organisations and safeguarding team

Secondary Care Charging

- There are restrictions on some secondary care services dependant on a person's immigration status

- But, some secondary care services are free for all patients (or must not be withheld)

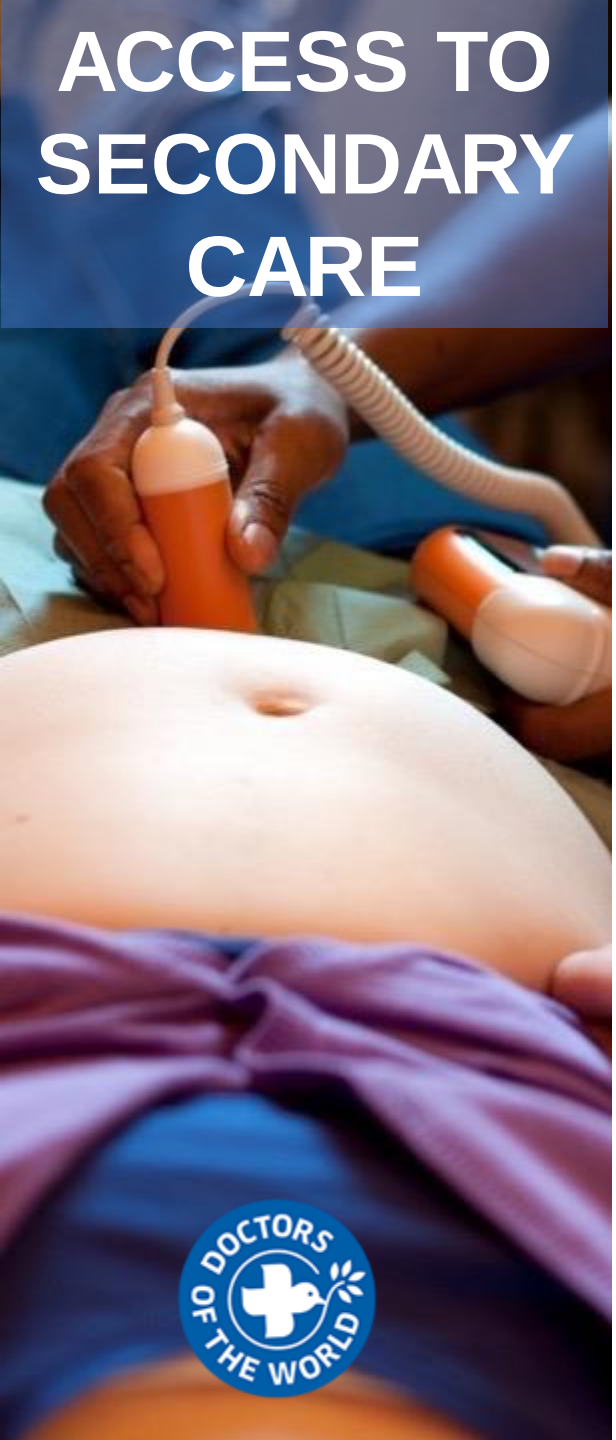
- GP practices must **ALWAYS** refer patients to secondary care regardless of immigration status



- Hospitals have teams who will work out patients entitlement to secondary care after they have been referred.

Access to Secondary Care

ACCESS TO SECONDARY CARE



There are restrictions on some secondary care services dependant on a person's immigration status:

- Undocumented migrants are charged for some services – *this includes refused asylum seekers in England*
- Charges must be paid before treatment.

But:

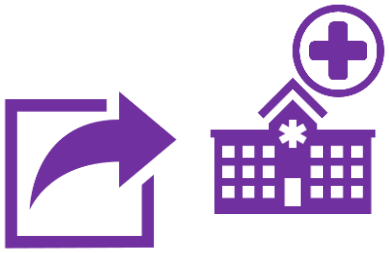
- Some services are always free - *A&E, communicable diseases and family planning.*
- **"Urgent or immediately necessary"** treatment to be provided regardless of ability to pay

GROUPS EXEMPT FROM CHARGES

- Refugees and asylum seekers
- Refused asylum seekers receiving “section 4” support - *those destitute and prevented from returning to country of origin*
- Survivors of trafficking
- Children looked after by a local authority
- People treated under the Mental Health Act
- People in immigration detention.

- Treatment caused by sexual or domestic violence, FGM, or torture

Secondary care



- GP practices must ALWAYS refer patients to secondary care regardless of immigration status.

- Hospitals have teams who will work out patients entitlement to secondary care after they have been referred and secondary care clinical staff assess urgency of care needed.

How can you help your patient?

OVMs sometimes don't identify people as **asylum seekers, refugees, or victims of trafficking** and charge them

- If your patient falls into one of these groups and is entitled to free care, include this in a referral letter.

OVMs often don't identify treatment for conditions resulting from **torture, sexual abuse, domestic abuse** or **FGM** and charge patients

- If your patient's treatment is caused by one of these types of violence, include this in a referral letter.

If your patient is **refused treatment:**

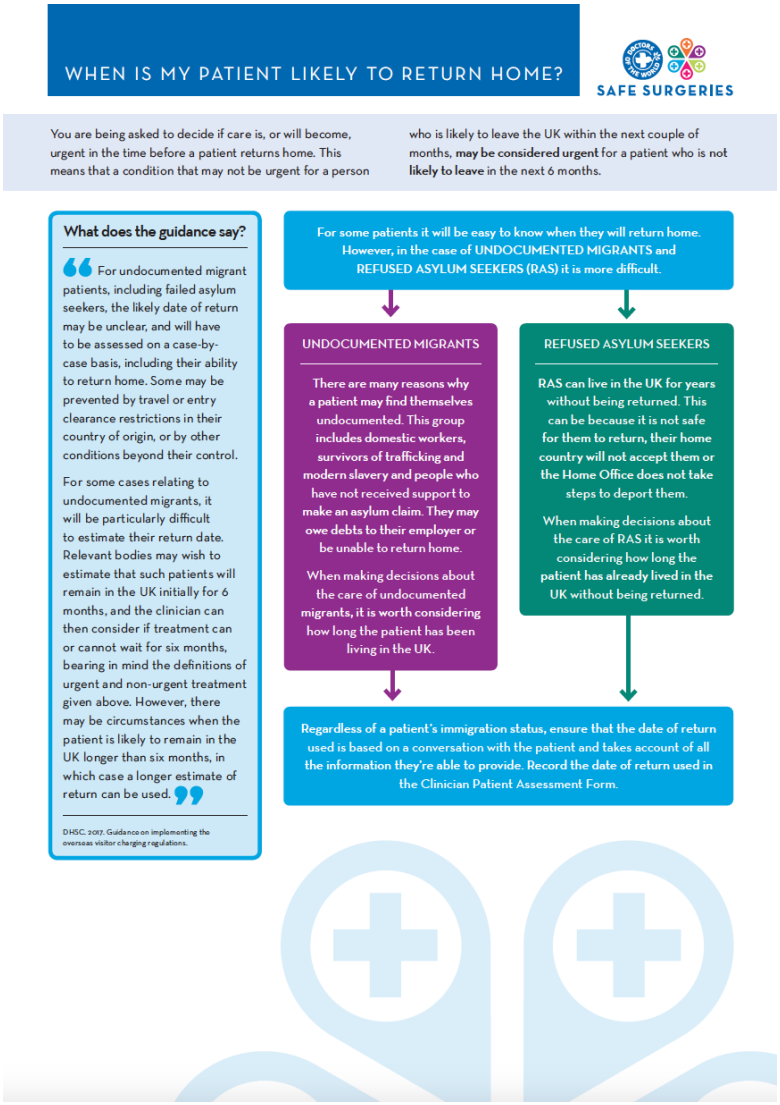
- Refer them to DOTW's casework team

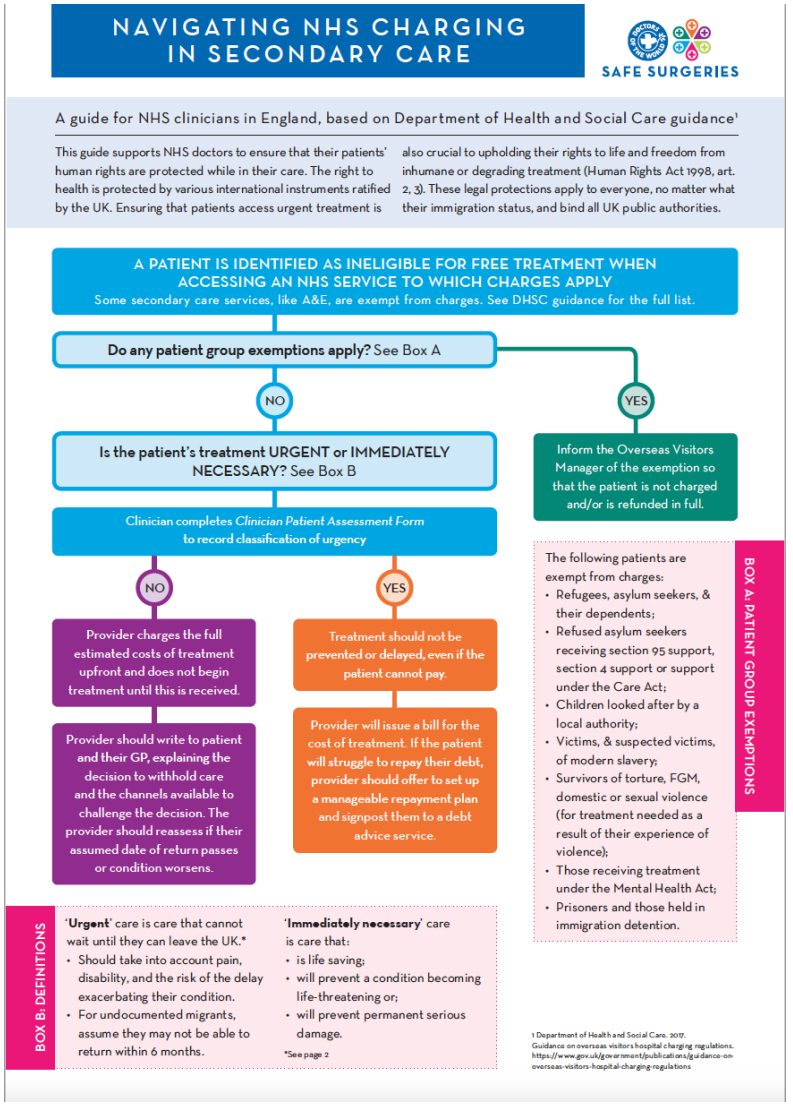
"an OVMs should accept: ***confirmation from a medical professional who is aware of the patient's health record*** *that the patient is a victim of torture / sexual violence / domestic violence / FGM,* ***including a referring GP*** *…and that the treatment accessed is attributable to this."*

"Provision of treatment should be holistic, ***include medical and psychological care****, and may include measures such as medical, physical and psychological rehabilitative services."*

Department of Health, ***Guidance on implementing the overseas visitor charging regulations***

Use our Secondary Care Guide





Access to Secondary Care

CASE STUDY: MIRIAM

- At the hospital the Overseas Visitors Manager identifies Miriam as an undocumented migrant.
- She is sent an invoice for her ANC.

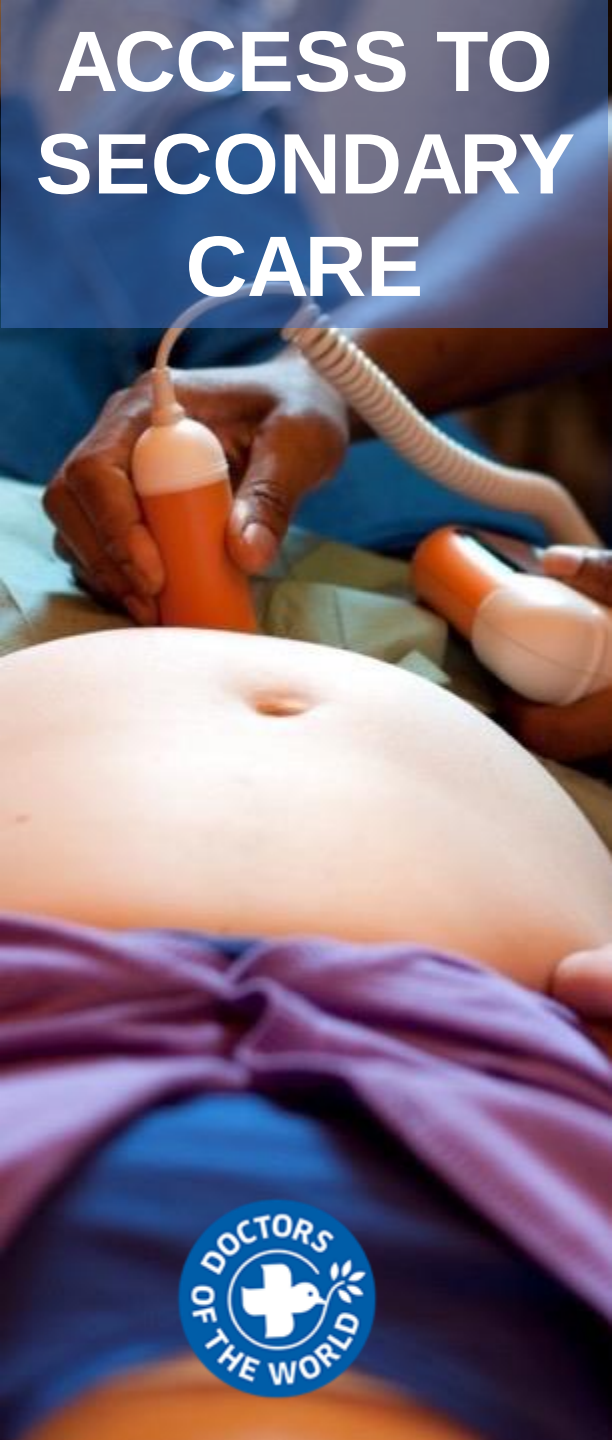
Is the Overseas Visitors Manager correct?

Case Study: Miriam

As un undocumented migrant, Miriam was chargeable for secondary care. **But:**

- Maternity services are ‘immediately necessary’ so should not be denied, delayed or discouraged.
- If pregnancy is as a result of rape, it’s not chargeable.

ACCESS TO SECONDARY CARE



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GROUPS EXEMPT FROM CHARGES

- Refugees and asylum seekers
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- Survivors of trafficking
- Children looked after by a local authority
- People treated under the Mental Health Act
- People in immigration detention.

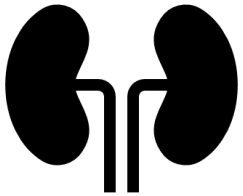
- Treatment caused by sexual or domestic violence, FGM, or torture

What is “immediately necessary” care?

“Life saving, will prevent a condition becoming life-threatening or will prevent permanent serious damage.”

- Maternity services are always “immediately necessary”.
- Everything else is based on the treating clinician's decision.

Examples in Department of Health guidance:



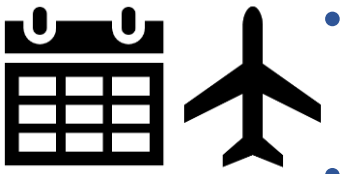
- Acute renal disease requiring 3x dialysis a week

£

Immediately necessary care must be given regardless of ability to pay but patient will be charged after receiving care.

What is "urgent" care?

"Care that cannot wait until the person leaves the UK. Should take into account **pain**, **disability**, and the **risk of the delay** exacerbating their condition."



- First, the OVM establishes date they are "reasonably expected to leave the UK".
- This is not "fitness to fly" test.

- **For undocumented migrants** *"the likely date by which the person can reasonably be expected to leave the UK may be unclear, and will have to be **assessed on a case-by-case basis.** … [Trusts] may wish to **estimate that such patients will remain in the UK initially for 6 months**, … However, there may be circumstances when the patient is likely to remain in the UK longer than 6 months, in which case **a longer estimate can be used**."* (Department of Health guidance)

What is “urgent” care?

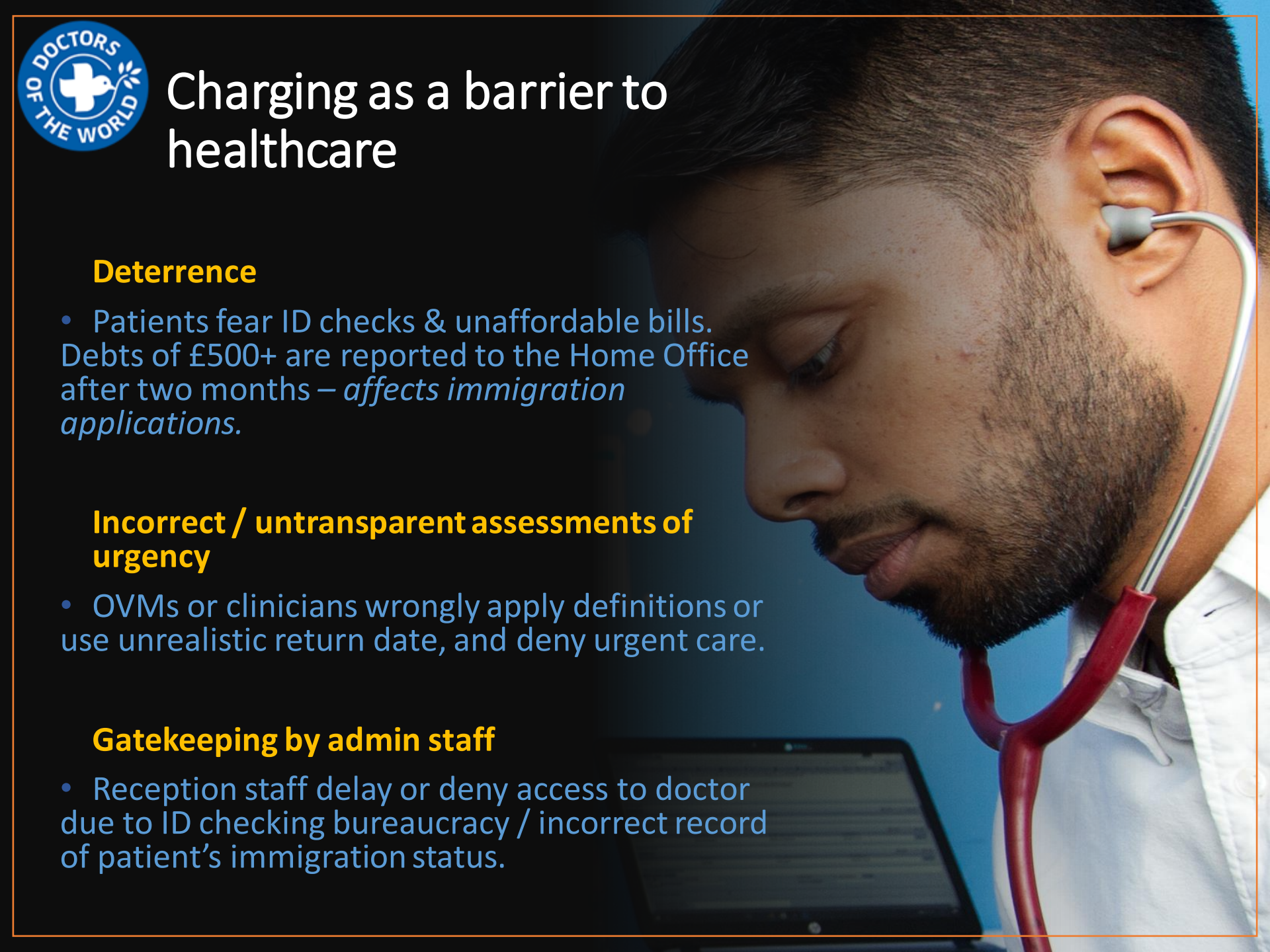
- Then clinician makes assessment if care is “urgent” or if it can wait.
- *“If the person is unlikely to leave the UK for some time treatment which clinicians might otherwise consider non-urgent is more likely to be considered by them as urgent.”* (Department of Health guidance)

Examples in Department of Health guidance:

- Undocumented migrant unlikely to leave the UK in the next year with a non-melanoma skin cancer – treatment (cryotherapy) is urgent
- An undocumented migrant unlikely to leave the UK in the next 6 months with bunions - treatment (osteotomy) is urgent

£ Urgent care must be given regardless of ability to pay but patient will be charged for the care.

Charging as a barrier to healthcare



Deterrence

- Patients fear ID checks & unaffordable bills. Debts of £500+ are reported to the Home Office after two months – *affects immigration applications.*

Incorrect / untransparent assessments of urgency

- OVMs or clinicians wrongly apply definitions or use unrealistic return date, and deny urgent care.

Gatekeeping by admin staff

- Reception staff delay or deny access to doctor due to ID checking bureaucracy / incorrect record of patient's immigration status.

Policy Context: A 'Hostile' NHS?

Immigration Act 2014: Extended 'hostile environment' for undocumented migrants into schools, banks and the NHS.

Since 2017, there are obligatory immigration checks and upfront charges in hospitals & community health services.

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

What can be done?

Best practice for clinicians

THINK: Is your patient exempt from charges?

Are they an **asylum seeker or refugee?**

Are they a victim of **modern slavery or trafficking**?

- This includes trafficking in human beings; slavery; servitude; or forced or compulsory labour.
- Health services are a good place to identify victims of trafficking
- The Home Office or UK Human Trafficking Centre provide a letter confirming status of officially recognised as victims / suspected victims
- Individuals still in a trafficking situation, those awaiting a decision and those who do not apply to be recognised as a victim are not exempt from charges.
- If you suspect your patient is a victim of slavery or trafficking, talk to your safeguarding lead for advice.

Best practice for clinicians

THINK: Is your patient's treatment exempt from charges?

Is it diagnostics/treatment for **communicable disease** or **family planning**?

Is treatment a result of **torture, sexual or domestic violence or FGM**?

- Trusts often fail to identify victims of violence but clinical staff (including GPs) can play a role in informing OVMs:
- If you think your patient's treatment is caused by one of these types of violence include it in your referral letter / inform the OVM.
- Includes mental health services
- See DOTW's resource: "Navigating NHS Charging in Secondary Care"

*"an OVMs should accept: **confirmation from a medical professional who is aware of the patient's health record** that the patient is a victim of torture / sexual violence / domestic violence / FGM, **including a referring GP** …and that the treatment accessed is attributable to this."*

*"Provision of treatment should be holistic, **include medical and psychological care**, and may include measures such as medical, physical and psychological rehabilitative services."*

Department of Health, *Guidance on implementing the overseas visitor charging regulations*

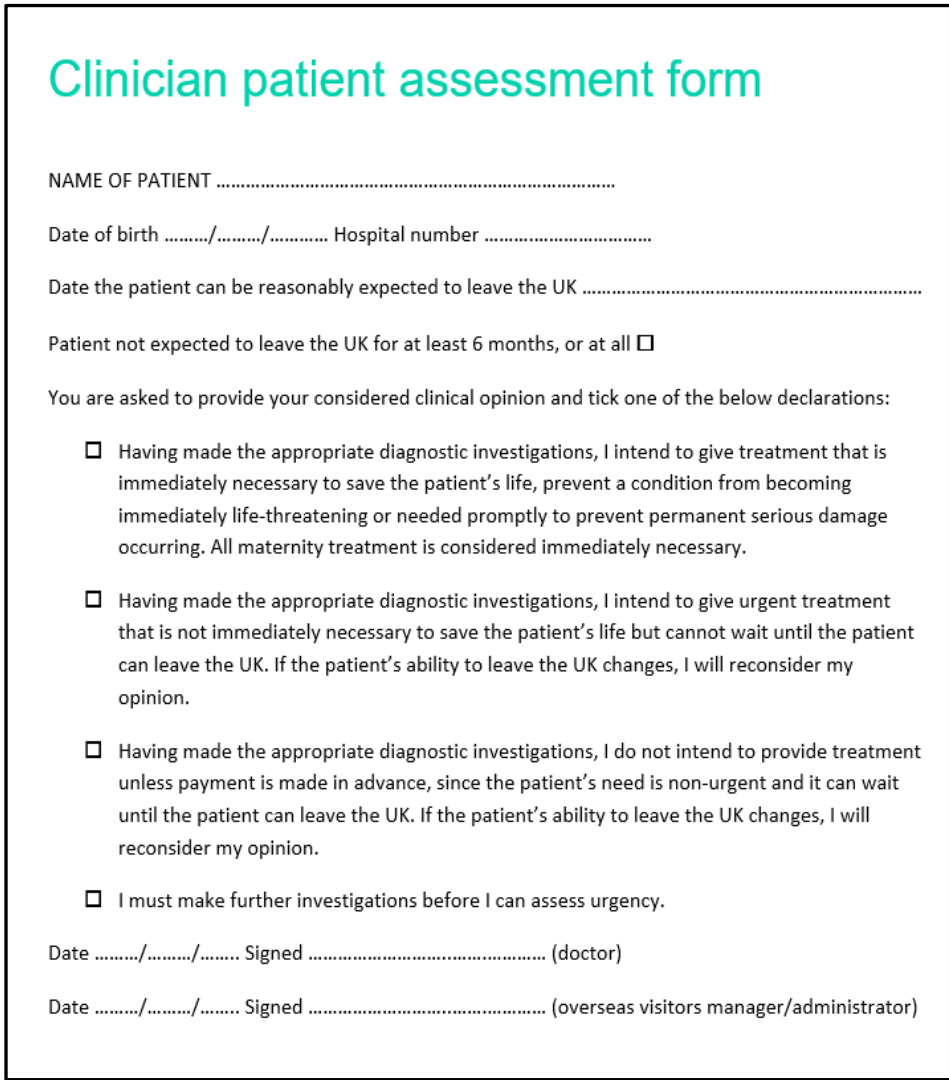
Best practice for clinicians

THINK: Is your patient's care "urgent" or "immediately necessary"?

This decision must be **made by the treating clinician**, not the OVM.

- Care should not be withheld until the clinician confirms that it is non-urgent care (see Clinical patient assessment form).

- Diagnostics required to establish whether a service is "Urgent" or "immediately necessary" should not be withheld.



Clinician patient assessment form

NAME OF PATIENT .....

Date of birth ...../...../..... Hospital number .....

Date the patient can be reasonably expected to leave the UK .....

Patient not expected to leave the UK for at least 6 months, or at all ☐

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

- ☐ Having made the appropriate diagnostic investigations, I intend to give treatment that 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 that is not immediately necessary to save the patient's life but cannot wait until the patient can leave the UK. If the patient's ability to leave the UK 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 the patient can leave the UK. If the patient's ability to leave the UK changes, I will reconsider my opinion.
- ☐ I must make further investigations before I can assess urgency.

Date ...../...../..... Signed ..... (doctor)

Date ...../...../..... Signed ..... (overseas visitors manager/administrator)

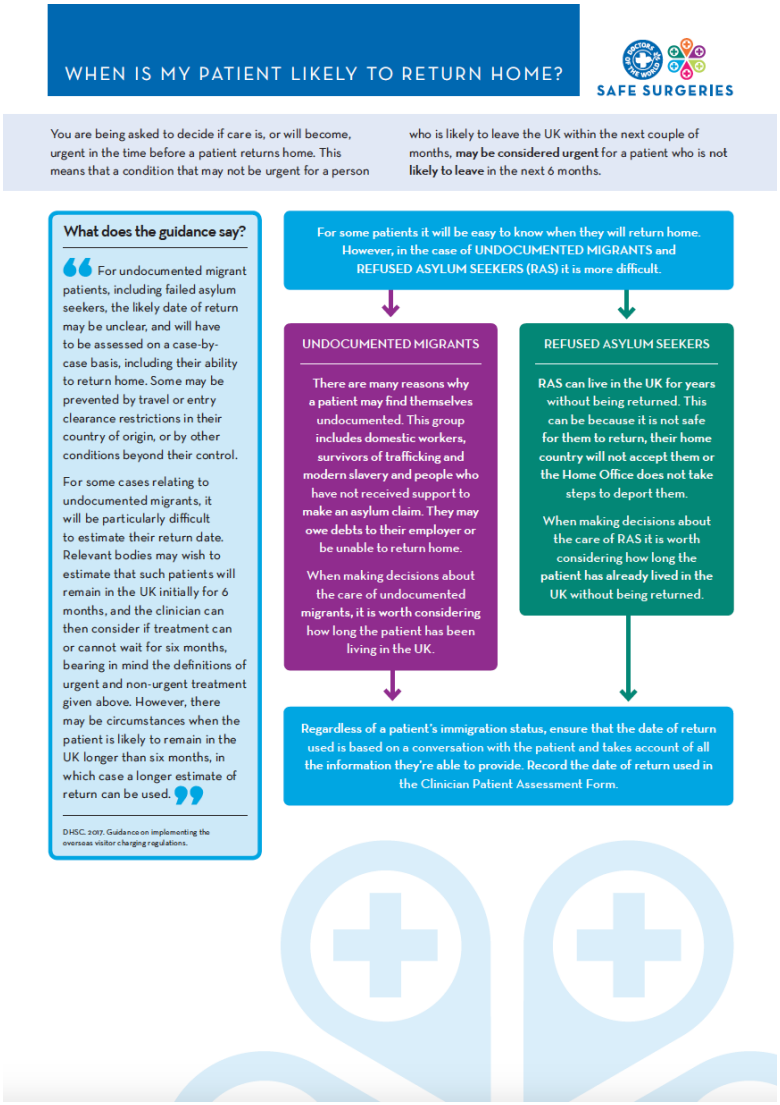
Best practice for clinicians

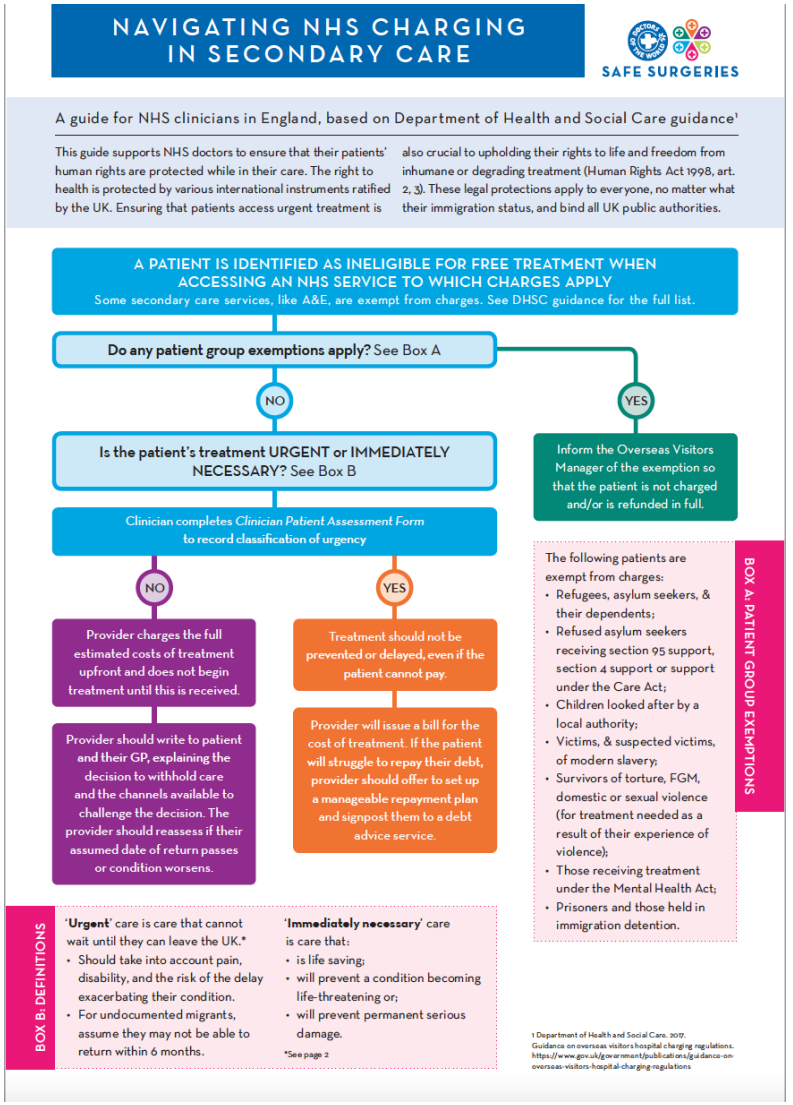
THINK: Is your patient's care "urgent" or "immediately necessary"?

When will your patient realistically return home?

- To decide whether care is urgent, an accurate date of return is essential. The OVM will establish the date of return.
- Remember: this is not a fitness to fly test.
- Remember: refused asylum seekers and undocumented migrants often face many obstacles to leaving the UK.
- Challenge the date of return if you think its not reasonable.
- See DOTW's guide *"When is my patient likely to return home?"*

Use our Secondary Care Guide





Our Advocacy Work on Secondary Charging

- Reform healthcare charges to make them **affordable** for all, including an exemption for people living in destitution or on a low income, and refused asylum seekers.
- **Exempt children and pregnant women** from all charges.
- Remove the obligation on NHS Trust to charge patients **upfront**.
- Implement a **full-scale, independent review** of all NHS Charging Regulations which includes the equality impact on all migrant groups and British citizens, patient outcomes, and public health implications.

Exercise: *True or false?*

1. GPs can refuse to register a person if they cannot prove they live in their catchment area.
2. GPs can accept any person as an NHS patient and give them free care.
3. NHS England requires GPs to check new patients' residency status when registering them.

Exercise: *True or false?*

1. It is the role of the OVM alone to determine who should pay upfront for treatment.
2. Urgent or immediately necessary care is always provided free of charge in the NHS.
3. Refugees and asylum seekers should never be charged for NHS care.

Exercise

Vignettes

For each, what steps could a GP take to help to ensure they access the treatment they need?

Case Study: Miriam

- Miriam (28) fled Eritrea after escaping conscription into national military service.
- Imprisoned in Libya; street homeless in Italy and was raped by a group of men.
- Smuggled to “the Jungle” in Calais and then to London.
- Street homeless in London, after 2 months taken to a church by a lady she met on the street.
  - *‘I started to beg her, my feet were swollen and I had been walking up and down for 2 days… She could see that I was pregnant.’*

CASE STUDY: MIRIAM

- Miriam was turned away from GP practices 3 times.

What were the barriers Miriam likely faced in registering with a GP?

- Came to DoTW clinic in 2015 and was registered with a GP.
- 29 weeks pregnant before first antenatal appointment.

Would she be charged for antenatal care?

CASE STUDY: MIRIAM

- At the hospital the Overseas Visitors Manager identifies Miriam as an undocumented migrant.
- She is sent an invoice for her ANC.

Is the Overseas Visitors Manager correct?

Case Study: Miriam

As un undocumented migrant, Miriam was chargeable for secondary care. **But:**

- Maternity services are ‘immediately necessary’ so should not be denied, delayed or discouraged.
- If pregnancy is as a result of rape, it’s not chargeable.

Case Study: Anil

- Anil is a 35-year-old man from Kerala. He has a wife and 2 children in Kerala, India.
- He came to the UK on a tourist visa but with the intention of seeking work to send money to his family. He has been in the UK for several months.
- He has been working in a restaurant as a kitchen hand.
- He came to the DOTW clinic because he was unable to work because of a painful foot. He asked for help with GP registration.

Case Study: Anil

- When asked by the clinic supervisor and the Clinic Support worker, he said that he had no other medical problems.
- The CSW asked the GP to see Anil.
- He had an obvious infection of his toes with cellulitis.
- Anil then told the GP that he had diabetes and had been taking tablets sent from his family but had had no diabetes monitoring for several months.
- He was sent straight to hospital, was admitted and subsequently had several toes amputated.

Case Study: Anil

- He should not be charged in advance for immediately necessary treatment, and will be chargeable for long term care.
- As he accumulates debts, he will need to discuss this with the Overseas Visitor Manager.
- As he is only paid if he works he will be destitute and may lose his accommodation.
- His family will lose his financial support.
- He may have a debt to the ‘agent’ who helped with his journey to the UK.

Lucy

Having been misinformed by an agent, Lucy, 22, came to the UK on a student visa but was then unable to pay her university fees. After her visa expired she paid an agent to get her a new visa. The agent took her money and passport without securing her any papers.

Lucy came to the DOTW clinic when she was 3 months pregnant. She had been too scared to see a GP, but was experiencing abdominal pain. DOTW sent her immediately to A&E, where she was found to be healthy.

After her first antenatal check, she was sent a bill for £329 and returned to DOTW for advice.

Lucy

What fears were likely to have prevented Lucy from registering with a GP ?

Is Lucy required to pay the bill ?

What options were available to the hospital to mitigate the challenges she was facing ?

MARIA

Maria is 39 years old from the Philippines. She has been in the UK for 5 years.

She and her husband fled the Philippines after violence and death threats. They have 2 children who they left in the care of their grandmother. Her house has been set on fire, and there are continuing threats of violence against the children.

Maria and her husband have been denied asylum after two appeals. They have been detained for several months in the past.

While the appeal was in process, they were housed and registered with a GP, so Maria has an NHS number.

Maria

Since their last appeal was rejected, they have been living in fear of further arrest.

Maria came to the clinic when she was 30 weeks pregnant. She wanted to be referred for antenatal care, and to register with a GP, but was unwilling to give her address.

How did we overcome this obstacle , and help Maria manage her future ?

Maria

- The hospital did accept a referral, with Maria classed as homeless.
- Maria was very frightened to attend appointments. At her first scan there was a policeman in the waiting room, and she wanted to leave. She would not let her husband go to the hospital with her. She had nightmares about being chained to the bed while in labour.
- She was signposted to a charity who helped with clothes and equipment for her baby. She was referred to a partner organisation for housing advice.
- She needed a Caesarian delivery, so was given an invoice for several thousand pounds. She was put in contact with another charity for advice on how to manage payment.

Tavish

- Tavish is a 27-year-old man from Sri Lanka, who fled to the UK after having been arrested and tortured because of his involvement with a political group.

- After claiming asylum Tavish was moved to Birmingham. He then managed to get in touch with one of his brothers in London, and has been living with him ever since.

- Tavish's physical and mental health deteriorated as a result of the torture he suffered. He suffers pain in his lower back, has little appetite and has bad dreams every night.

- Tavish tried to register with his brother's local GP, but was refused as his Home Office papers all had the Birmingham address. Tavish was eventually registered and is having regular counselling with Freedom from Torture.

- **1. Is the GP acting in accordance with NHS England guidance?**
- **2. If Tavish were referred to secondary care by his GP, what barriers may he face?**

MIRAN

Miran is a DOTW service user originally from Palestine. He has made two claims for asylum, both of which have been refused. He is working with his lawyer to prepare an appeal, but this has not yet been lodged with the Home Office.

Miran's mental health has been declining as a result of his precarious situation. Last month he was sectioned under the Mental Health Act. Whilst in hospital, a problem was detected with his heart and he was referred to a cardiologist for further care. Miran has received a bill for £3000 from the hospital for his cardiac treatment.

Is Miran required to pay the bill ?
Should he expect a similar bill for the mental health care he received ?

OMAR

- Omar, 17, came to the UK with his family from Somalia for a better life. They have been living as undocumented migrants in London for one year when the GP found a tumour in Omar’s shoulder and referred him to hospital for treatment.
- At the hospital the Overseas Manager identifies Omar as an undocumented migrant and refuses treatment unless Omar's family pays in advance. They cannot afford to pay and request to pay in installments is denied. Omar is discharged without treatment.

OMAR

- Following discharge, Omar's GP issued repeat prescriptions for painkillers. Omar came to DOTWs clinic 3 years later in constant pain, dependent on painkillers and with visible wasting of his left arm.
- Was the hospital correct to withhold treatment ?
- What were the options available to

a) Omar's GP

b) the hospital clinician

c) The hospital OVM

ZACHARY

- Zachary, 17, is from Somalia. He has been living undocumented in London since 2007 with his mother and four siblings. Early last year , he started complaining about mild headaches. His GP gave him migraine medication, but the pain persisted to the point that he was rushed to A&E. After a series of tests, doctors found that he was suffering from meningitis.
- After Zachary's recovery, his mother received bills totaling over £555 for her son's treatment. They were told that they had to pay immediately.

Is Zachary's mother required to pay the hospital bill ?

If the bill goes unchallenged, what are the likely consequences for Zachary and his family ?

Why is migrant access to healthcare important?

It is a human right

It is important for Public Health

It is cost-effective

There are barriers for this group in accessing healthcare

Access to healthcare is a human right

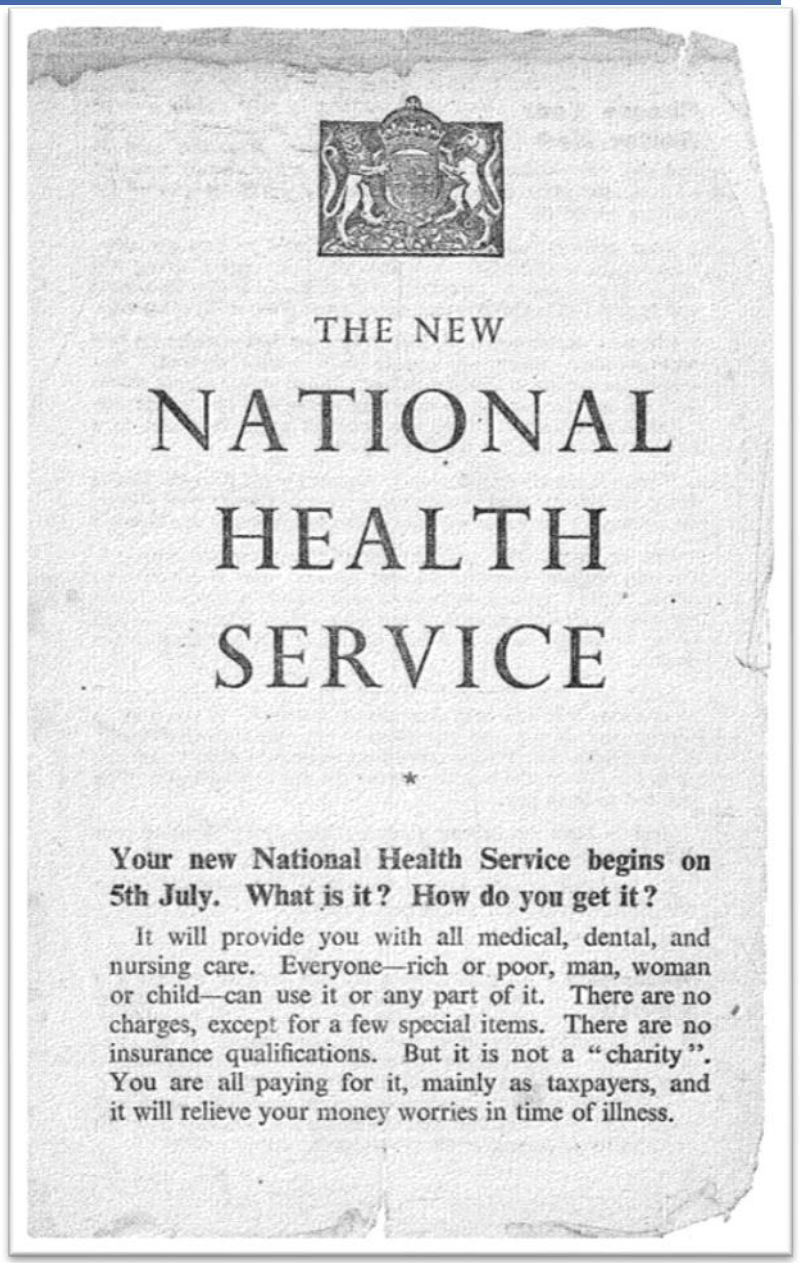
It is a basic human right

- International Covenant on Economic, Social and Cultural Rights.

Medical ethics & NHS principles and values

- NHS treatment “based on clinical need, not ability to pay” (1948).
- NHS value: “everyone counts: make sure nobody is excluded, discriminated against or left behind.”

Sustainable Development Goals



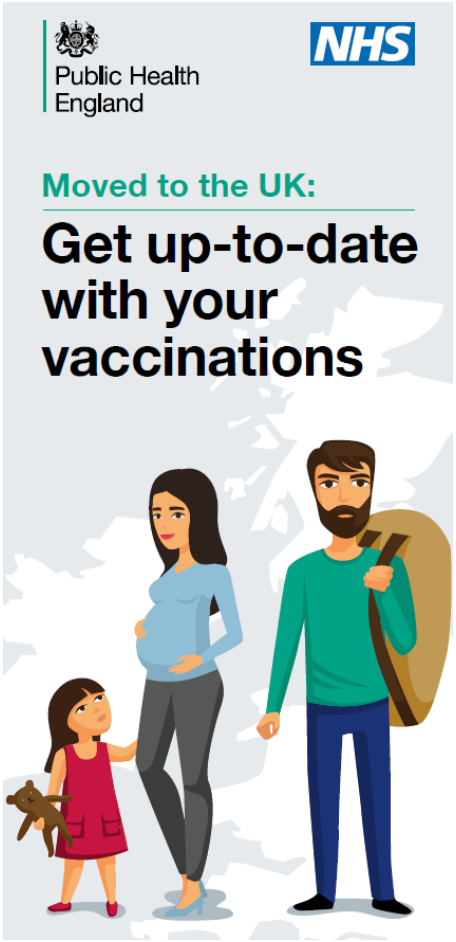
THE NEW

NATIONAL HEALTH SERVICE

*

Your new National Health Service begins on 5th July. What is it? How do you get it?

It will provide you with all medical, dental, and nursing care. Everyone—rich or poor, man, woman or child—can use it or any part of it. There are no charges, except for a few special items. There are no insurance qualifications. But it is not a “charity”. You are all paying for it, mainly as taxpayers, and it will relieve your money worries in time of illness.



Mental Health

Public Health

It is financially efficient

- Delayed access to treatment & Inappropriate use of services
  - Early diagnosis and treatment save lives and cut treatment costs
- Health inequalities cost
  - In England, the cost of treating illness and disease arising from health inequalities has been estimated at £5.5 billion per year
- Resource burden of checking & charging patients
  - Operating an overseas visitors charging system is costly

How much do migrants cost the NHS?


GOV.UK

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Independent report

Overseas visitors and migrant use of the NHS: extent and costs

Findings of qualitative and quantitative research into the extent and costs of migrant and overseas visitor use of the NHS.

Published 22 October 2013
From: Department of Health and Social Care

£107 billion

Total NHS England spend 2012-13

£1.95 billion

Estimated cost to the NHS of EEA and non-EEA visitors, temporary migrants, students, British ex-patriots, “deliberate health tourists” and those “taking advantage”

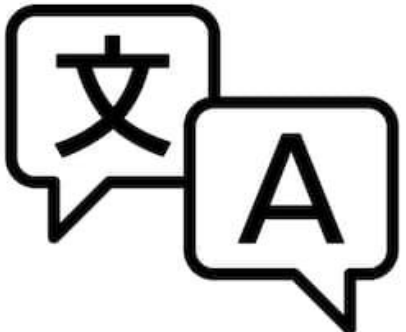
There are barriers to access healthcare: Key barriers faced

Lack of ID / proof of address

Immigration status

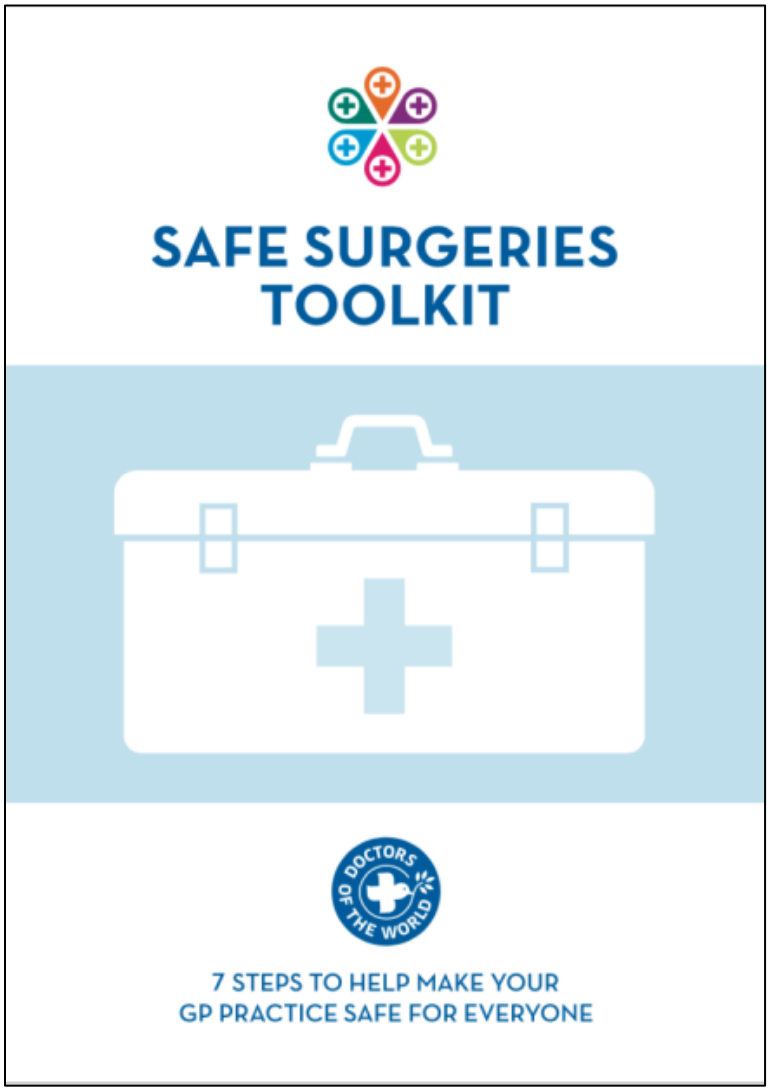
Fear of arrest / data sharing

Language barrier



WHAT IS THE SAFE SURGERY QIP?

- ST3 led Quality Improvement Project
- Designed to disseminate the Safe Surgeries Initiative across GP practices
- Aims to improve access to healthcare for migrants in vulnerable circumstances.
- ST3 will assess current practices, implement the Safe Surgeries training, reassess the success of the training and present their findings



WHAT WILL HAPPEN AND WHEN?

Everyone in the practice admin and clinical fill out the knowledge and attitudes questionnaire

↓

1 hour training session for both admin and clinical staff

↓

ST3 observe/interview admin staff to assess current practices over 1-2 weeks.

↓

A new patient registration policy will be implemented in the practice and the practice will join the Safe Surgeries network

↓

3 months re-assessment

↓

Present your findings

Up for a final Quiz? Use your mobile device to connect

More info: www.bit.ly/safesurgeries

Trust for London
Tackling poverty and inequality

Join Safe Surgeries Network:
www.bit.ly/newsafesurgery

Contact us:
SafeSurgeries@DoctorsOfTheWorld.org.uk

@DOTW_UK