

Briefing on Issues Affecting the Health of Refugees and People Seeking Asylum

For: Health and Wellbeing Boards, Clinical Commissioning Groups, Directors of Public Health, and Health and Social Care Service Providers.

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1. Overview

This briefing looks at the health and social care needs of refugees and people seeking asylum. It is especially important to address these needs in the face of the global refugee crisis, which is leading to increasingly vulnerable people arriving in the region. The Greater Manchester Health and Social Care Devolution agenda also offers unprecedented opportunities to tackle health inequalities and think differently about how to deliver services to refugees and people seeking asylum. However, proposed legislative changes in entitlement to free healthcare for overseas visitors and migrants threaten to increase barriers to healthcare for refugees and asylum seekers. All this means that ensuring adequate access to appropriate healthcare for this group should be a priority for Health and Wellbeing Boards, Commissioners, and Health and Social Care Service Providers.

2. Definitions

Refugees have been forced to flee their home countries – places like Syria, Iran, Eritrea and Somalia - due to conflict and persecution. Many arrive in the UK after having been threatened, detained, beaten or tortured.

It is important to note that “Asylum seekers and refugees are not a homogenous group but one that is diverse in its configuration comprising a population differentiated by culture, religion, beliefs and social norms. Consequently, their social, economic and health needs cannot be addressed with a generic approach but should be considered within the context of an individualized, holistic model of care and service provision.” [Asylum Seekers and Refugees Sexual Health Needs Assessment](#), NHS Bolton May 2011.

A refugee is a person who 'owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion, is outside the country of his nationality, and is unable to or, owing to such fear, is unwilling to avail himself of the protection of that country' (Article 1, [1951 Convention Relating to the Status of Refugees](#))

An asylum seeker is someone who has applied for asylum and is waiting for a decision. In other words, in the UK an asylum seeker is someone who has asked the Government for refugee status and is waiting to hear the outcome of their application. Someone who seeks asylum in the UK is asking for protection under well-established international law (the [1951 Refugee Convention](#) and its Protocols). If they are accepted, they are granted refugee status.

Resettled Refugees - Refugees who arrive via resettlement programmes (such as the Gateway Programme or the Syrian Vulnerable Persons scheme) have their status recognised by the UK government before arriving in the UK and often have a dedicated package of support to assist in orientation and integration and, in some cases, help offset costs to health and social care services.

Refugee communities from around the world have settled in Greater Manchester over the decades. Greater Manchester is also a 'dispersal area' under the Government's COMPASS asylum accommodation contract (delivered by Serco). The latest data available from the Home Office (as at the end of Quarter 2, 2015) shows the North West had a total of 7,407 asylum seekers in receipt of Section 95 support/ accommodation. This represents roughly a quarter of all asylum seekers in the UK. Bury was host to 381 asylum seekers in receipt of S95 support. Research in 2013 by [British Red Cross](#) estimates there are 2,000 destitute asylum seekers in Greater Manchester. Under the current proposals, this group would be chargeable for primary, community and emergency healthcare.

3. Health needs of refugees and people seeking asylum

Due to their experiences in their country of origin, their perilous journey to safety and their experience of claiming asylum in the UK, some asylum seekers have multiple and complex health needs. Experiences of trauma in their home countries are often compounded by their experiences seeking safety in the UK.

According to the [Faculty of Public Health](#), common **physical health needs** include diabetes, hypertension, dental disorders and conditions that are consequences of injury and torture.

People seeking refugee protection may have significant **mental health needs** arising from their experience of persecution, war and conflict. The [Faculty of Public Health](#) note that depression, anxiety and post-traumatic stress disorder are common amongst asylum seekers in the UK. This is often exacerbated by feeling a lack of control over their circumstances (having no choice over where to live, no right to work, and risk of destitution); and separation from culture, language, family and friends, meaning their usual avenues of support are unavailable. The Royal College of Psychiatrists has noted that **“the psychological health of refugees and asylum seekers currently worsens on contact with the UK asylum system.”** Indeed, a survey carried out by Oldham Unity (further details below) found 62% of destitute asylum seekers had been treated for anxiety or depression during the last twelve months. Moreover, [asylum seekers and refugees are among the highest risk categories for suicide in the UK](#).

Maternal health needs: [The Royal College of Obstetricians and Gynaecologists](#) have reported that **asylum seeking women are three times more likely to die in childbirth than the general population**. The [Royal College of Midwives](#) have also raised serious concerns about the impact of low levels of asylum support on the health outcomes of expectant mothers and young children in the asylum system, noting that “poverty is associated with higher stillbirth rates, more pre-term births, lower birth weights and higher infant mortality rates.” Frequent moves as a result of the Home Office’s asylum dispersal policy have been identified as another factor in undermining maternal health. Positively, the Home Office has recently issued [new guidance](#) about dispersing pregnant asylum seekers.

Health needs resulting from poverty and homelessness: People seeking asylum do not have permission to work in the UK and so are forced to rely on the Home Office for accommodation and financial support. This amounts to **just £5.28 a day to cover all their essential living needs**, including food, toiletries, clothes, travel, and phone calls. This is the equivalent to just 52% of mainstream income support, and well below the poverty line. Many asylum seekers report missing meals and being unable to afford warm winter coats and shoes. Accommodation and financial support is withdrawn from asylum seekers following a refusal. Asylum seekers’ **experience of destitution can adversely affect their health and wellbeing**. Recent research from the [British Red Cross in South Yorkshire](#) found that out of 32 research participants who had been destitute for over 1 year, 59% stated that their health had worsened. Wellbeing amongst participants was worse than the national average. A 2012 report on the [health needs of homeless individuals](#) in the UK found that being homeless for even a short period of time increases the risk of long term health problems. Oldham Unity is one of a number of local projects providing food support for destitute asylum seekers as part of the Greater Manchester wide Red Cross destitution project. A recent survey of the health needs of their destitute service users found that 23% of respondents were not registered with a GP. All the destitute asylum seekers who were not registered with a GP had attended A&E in the last 12 months. This demonstrates the extra pressure that emergency services are put under when people cannot access primary care. Destitute refused asylum seekers are currently expected to pay for their secondary healthcare, despite having no recourse to public funds and no permission to work.

According to [‘Sexual Health, Asylum Seekers and Refugees. A handbook for people working with refugees and asylum seekers in England’](#) the main **sexual health issues** affecting asylum seekers and refugees include suffering the consequences of sexual violence, torture and rape; being pregnant as a result of rape; suffering the consequences of female genital mutilation (FGM); and being HIV positive (diagnosed or undiagnosed). People seeking asylum may also have fled persecution because of their sexual orientation. As a means of escaping persecution, or as a consequence of being destitute in the UK, asylum seekers may become involved in the sex industry or be at risk of being drawn into sexually exploitative relationships.

Because of the problems refugees and asylum seekers experience accessing healthcare, there are cases of **self-medication** and a reliance on prescription **drugs or alcohol** to cope with mental and physical health problems. According to [‘Drug prevention for young asylum seekers and refugees’](#) there is little existing research on **drug use amongst young refugees and asylum seekers**, especially outside London, and very few studies on the particular

experiences of unaccompanied minors and drug use. However, young asylum seekers are vulnerable to mental health problems, particularly those with unaccompanied minor status, and this can pose a serious risk to problematic drug use.

4. Entitlement to healthcare

Refugees are treated as resident British nationals as soon as they receive leave to remain in the UK. They are therefore **entitled to free healthcare at all levels of care**.

People seeking asylum are **entitled to free healthcare at all levels of care** whilst their application for asylum is still being considered or any appeal is pending.

Refused asylum seekers have different entitlements. They are *currently*¹ entitled to free primary and emergency healthcare. For those who have had their **application refused or are not in receipt of some form of statutory support** (Home Office Section 4/ Section 95 support or Local Authority support), **charges apply for secondary healthcare** (i.e. non-emergency hospital treatment). However, chargeable patients are not charged for the continuation of a course of treatment that started when they were exempt from charges.

Regardless of the patient's chargeable status, all immediately necessary and urgent treatment must be provided, though the patient may later be charged.

5. Barriers to accessing healthcare

Despite being entitled to free primary healthcare – and despite repeated attempts by NHS England and other bodies to clarify this entitlement – **refugees and people seeking asylum encounter significant barriers to accessing health services**. Research conducted by [Doctors of the World and Demos](#) states that current NHS charging procedures are already deterring vulnerable people from accessing the care that they need. This is supported by regional research about barriers to accessing primary care services in [Salford](#) and [Liverpool](#). These barriers include encountering hostile or poorly informed practice staff, confusion over entitlements, being asked for identity documents that cannot easily be obtained, and lack of access to interpreters. In turn, asylum seekers may also lack awareness of how the NHS operates, and may be deterred from accessing services due to fear of being charged or unwillingness to disclose key information because they worry this will be shared with the Home Office.

In 2012, the Department of Health stated that there was “confusion among both GPs and PCTs” in relation to the current entitlement to free healthcare. It also noted “a **prevailing incorrect belief that a person must be ordinarily resident in the UK in order to qualify for free primary medical services**. Some practices have deregistered or failed to register people they believe to be ‘ineligible’ in some way due to their immigration status. This has resulted in legal challenges from those denied access.”

NHS England has recently issued [new guidance](#) on how to register new patients at GP surgeries. **The guidance explicitly states that patients should not be required to show photo ID or proof of address in order to register with the surgery**. It was developed in response to the concerns many advocates have raised about the current system and is “designed to clarify the position for all patients, in particular though this issue is affecting migrants and asylum seekers who do not have ready access to documents.” Fundamentally, the guidance confirms that all people – regardless of immigration status – have the right to register with a GP: “A patient does not need to be ordinarily resident in the country to be eligible for NHS primary medical care - this only applies to secondary (hospital) care. In effect, therefore, anybody in England may register and consult with a GP without charge [...]”

Difficulties accessing primary care services lead to delayed treatment, increased A&E admissions, and, ultimately, higher costs for the National Health Service. Barriers at primary care level can lead to failure to diagnose and treat infectious diseases such as TB and HIV, with negative consequences for individual health and clear risks to public health. GPs are the most common referral route for maternity services. Early access to screening and risk assessment is key to ensuring the health of pregnant women and their children, so these barriers can also increase inequalities in

¹ See section 6 for details of proposed future changes to entitlement.

relation to maternal health. Likewise, lack of access to GPs can also prevent mental health issues from being identified and the appropriate support put in place.

Despite the issues outlined above, there are **examples of good practice in the delivery of primary care services to people seeking asylum**. These include pro-actively setting aside extra time to register new patients and explain how both the practice and National Health Service works; not insisting on identity documents that cannot be obtained; the provision of longer GP and nurse appointments; the provision of face-to-face interpreting; offering alternatives to booking appointments by phone; offering regular training on the needs of people seeking asylum for all practice staff; having a 'practice champion'; having a GP with a special interest in the health and mental health needs of asylum seekers, and a good working knowledge of the asylum system; making referrals to refugee support organisations, CABs etc to help meet the welfare, social and mental health needs of vulnerable patients. **It should be noted, however, that research suggests the commissioning of specialist practices for asylum seekers is the most effective way to meet these needs.**

6. Changes to entitlements:

There have been several initiatives in recent years to change the existing charging arrangements for overseas visitors and migrants using the NHS.

The **Immigration Act 2014** and subsequent secondary legislation have made significant changes to how overseas visitors and migrants are identified and charged for their healthcare. This includes the introduction of the **Immigration Health Surcharge** for nationals of countries outside the European Economic Area who intend to stay in the UK longer than six months. New ways to **identify and recover debt from chargeable patients at secondary care level** have also been introduced.

Between December 15 – March 16, the Department of Health ran a **consultation on proposals to introduce charging to primary care, community care, and emergency services** for overseas visitors and migrants.

Under these new proposals, anybody who does not have Indefinite Leave to Remain in the UK will become chargeable for all the care they receive from the NHS – apart from GP and nurse consultations – unless they have paid the Immigration Health Surcharge. This will include introducing charges to primary care, community care and emergency care (including ambulance services, A&E and walk in centres).

Under the new proposals, people seeking asylum and refugees will continue to be exempt from charging, however, most **refused asylum seekers will be chargeable, despite having no means to pay**. It is also likely that any new charging procedures will deter *all* refugees and asylum seekers from accessing the care they need due to fear of being charged and confusion over entitlement.

Local responses to the consultation from Councils, refugee support organisations and healthcare professionals have raised serious concerns about the proposals, including:

- **The current charging system – which applies to secondary healthcare – is already deterring refugees and people seeking asylum from accessing the healthcare they are fully entitled to.** Whilst the announcement that people seeking asylum and refugees will be fully exempt from charging under the new proposals is welcome, the fact remains that many vulnerable people are wrongfully refused registration at GP practices due to widespread confusion over entitlements and others are wrongfully charged for the secondary care they receive.
- **Restricting access to primary and emergency healthcare will be a false economy that prevents early intervention and will lead to increased costs to the NHS for acute care and administration.** Access to primary care is crucial for the provision of timely and cost-effective preventative treatment. Creating further barriers to primary care will result in increased presentation at A&E, which will increase waiting times and potentially compromise the care all patients receive. This contradicts overarching commitments to improving preventative care as set out in the NHS Five Year Forward Strategy not to mention the GM Health and Social Care Devolution strategy. Moreover, this **Refused asylum seekers – who would be chargeable under these proposals – would have no means to pay.** Precious resources and staff time would thus be wasted pursuing debt that cannot be recovered.

- **Any new charging procedures will worsen health inequalities and undermine public health amongst the general population.** In order to avoid reliance on racial profiling and contravening the Equality Act 2010, healthcare providers will be duty-bound to frequently check the immigration status of all patients. Many vulnerable people - including the elderly, the homeless, and those living with mental health conditions - will struggle to prove their entitlement to free care and could be blocked from accessing the care they need, thus further increasing health inequalities. Failure to provide access to primary care and sexual health services for certain groups in society undermines comprehensive immunisation programmes and can prevent the detection of communicable diseases.
- **The Impact Assessment which accompanied the consultation revealed a high level of financial risk and was unable to satisfactorily demonstrate how the charging system would save the NHS money.** Taking the introduction of charging at primary care level alone, the purchase of new data systems and credit card machines, cost of staff training, extended time required to register new patients, cost of using interpreters, and the need for non-medical appointments to explain charges and treatment options would all amount to significant extra financial costs which have not been taken into account. Moreover, charging for diagnostic tests and prescriptions has the potential to impact clinical judgement, leaving GPs open to costly legal challenges.

7. Recommendations

Recommendations for Health and Wellbeing Board

- To write to the Department of Health, urging them not to implement proposed charging regime. To also raise the issue with local MPs.
- To undertake to explore the potential impact of these proposals on health services in Bury, and the associated individual and public health risks.
- To include measures to improve healthcare for asylum seekers and refugees in the Joint Health and Wellbeing Strategy and Joint Strategic Needs Assessment.
- To raise awareness of these proposals via the Greater Manchester Combined Authority and GM Health and Social Care Devolution strategy, and to advocate for investment in specialist primary care services in Greater Manchester for people seeking asylum.
- To call on Serco, the Home Office and Urgent Care 24 to provide more information about the health needs of asylum seekers dispersed to Bury.
- To invest in an education programme to help new arrivals understand how to access and navigate the NHS.

Recommendations for CCG and Local Primary Care Practices

- To implement the 'best practice' guidance outlined in section 5 of this briefing.
- To implement NHS England's new patient registration guidance.
- To work with Hospital Trusts, the Home Office and Serco to implement the new 'Health needs and pregnancy dispersal guidance.'

Further reading:

- Appendix 1: 'Making a Fair Contribution' Consultation Response, Oldham and Bury
- Appendix 2: Further Evidence on Issues Affecting the Health of Refugees and People Seeking Asylum.
- '[Patient Registration Standard Operating Principles for Primary Medical Care \(General Practice\)](#),'
- '[Healthcare Needs and Pregnancy Dispersal Guidance v3.0](#),' UK Visas and Immigration,
- 'How to Win the Argument briefing on Healthcare,' [Regional Asylum Activism](#)

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