

# asylum matters

## **Healthcare charging: the impact on refugees and people seeking asylum**

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# Common barriers to accessing healthcare for refugees and people seeking asylum

- Difficulties with **GP registration**
- Frontline staff questioning their **entitlement**
- **Language barriers** and communication issues
- No-choice dispersal and **frequent moves**
- Having been **charged for care** in the past or **fear of charging** in the future
- Fear of breaches of **patient confidentiality** with Home Office
- Lack of awareness about **how NHS works**



# Who is entitled to what?



**Refugees:** entitled to free healthcare at all levels of care.

**People seeking asylum:** 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:** charging for secondary care has been in place for some time. This group is now chargeable for many other health services. However, charges do not apply to those receiving Home Office Section 4 support, or those supported by the local authority under the Care Act 2014.

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



# NHS Charging Regulations

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New rules came into force on 23 October 2017 affecting those not 'ordinarily resident' in the UK. These:

- **Extend charging into community healthcare services**

Includes community midwifery, community mental health services, termination of pregnancy services, district nursing, support groups, advocacy services, drug and alcohol services, and specialist services for homeless people and asylum seekers.

Excludes health visitors and school nurses.

- **Introduce up-front charging**

If a patient cannot prove that they are entitled to free care, they will receive an estimated bill for their treatment, and **treatment will be withheld until the patient pays in full, unless it is deemed 'urgent' or 'immediately necessary.'**

**Home Office will be notified of any unpaid bills over £500.**

## Some exemptions apply...

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### 'Chargeable' patients won't be charged for:

- **GP services;**
- **A&E**, including walk-in centres, minor injuries units or urgent care centres (up until the point when patient admitted);
- **family planning services** (does not include termination of pregnancy);
- diagnosis and treatment of specified **infectious diseases** and **sexually transmitted infections;**
- **palliative care services** provided by a registered palliative care charity or a community interest company;
- services that are provided as part of the **NHS111 telephone advice line;**
- treatment required for a physical or mental condition caused by: **torture; FGM; domestic violence; or sexual violence.**

# Other developments preventing refugees and people seeking asylum getting the care they need



## Data-Sharing

**Memorandum of Understanding** has been in place between the **Home Office** and **NHS Digital** since 1<sup>st</sup> January 2017.

**Allows the Home Office enforcement staff to access patient registration data**, including full name, date of birth, gender, last known address and date of NHS registration of patients.



The Home Office made 8,127 requests for data in the first 11 months of 2016 alone. This led to 5,854 people being traced by immigration teams.



## Changes to GMS1 Form

Now includes a 'supplementary questions' section to determine a patient's eligibility for free healthcare.

**How can we change the  
story?**



# Solutions

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**Promote a clear message in Bury and across GM that GPs have a duty to register any patient**, regardless of immigration status or ability to show supporting paperwork (see NHS England Patient Registration Leaflet)

Promote the '**Safe Surgeries Toolkit**' to prevent patient data being shared.

Call on GM Health and Social Care Partnership to invest in a **specialist healthcare service for people seeking asylum across GM**, addressing primary care and mental health needs, and delivered in partnership with voluntary sector.

Call on GM Health and Social Care Partnership to invest in a **specialist advocacy service** to help patients challenge erroneous charges.

Contribute to **impact assessment** of charging and data-sharing in GM.

# Best practice examples...

Allow for longer appointment times

Use NHS England Patient Registration Guidance!!

Health & Wellbeing Boards to develop local strategy for refugees & asylum seekers

Commission specialist services for refugees and people seeking asylum

Training for all staff

Provide face to face interpreting



Focus on mental health

Invest in educating patients about how to navigate NHS and stay healthy

Refer patients facing charging to relevant advice lines:

Doctors of the World: 0207 515 7534

Maternity Action: 0808 802 0029

Advocate for patients and use discretion to provide free treatment wherever possible

A "Champion" within each service or GP practice

# Stay in touch with Asylum Matters!

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