June 2010

Dear Colleague

Review of Access to the NHS by Foreign Nationals: A Consultation Response from the Yorkshire and Humber Regional Migration Partnership

Please find attached a copy of our response to the Department of Health on the current consultation 'Review of access to the NHS by foreign nationals'.

This response was shaped by consultation with health professionals within Yorkshire and the Humber who form a Migrant Health subgroup within our regional Strategic Migration Group. It sets out, constructively, how we can work with Government to improve public health outcomes and appropriately deliver migrant health services in the region.

We are grateful for the input of a wide range of partners in helping us develop this response.

For more information on our response, please contact Pip Tyler, Research and Policy Manager at the Partnership on **t:** 0113 395 2438 **e:** pip.tyler@migrationyorkshire.org.uk.

Yours sincerely

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Chair

Enc.

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Yorkshire & Humber
Regional Migration Partnership
shaping migration in the region

Review of Access to the NHS by Foreign Nationals: A Consultation Response from the Yorkshire and Humber Regional Migration Partnership

Introduction

1. We welcome the opportunity to contribute to the Department of Health review and encourage the department to consider the long term implications of any changes made upon migrants (particularly those who are the most vulnerable), supporting organisations and the local host community.

2. This consultation response was submitted by the Yorkshire and Humber Regional Migration Partnership (the Partnership). It was shaped through discussions with health professionals in the wider region following a Department of Health presentation to our Migrant Health subgroup. Members of the group discussed what impact the proposals might have upon their own practice and the migrant clients with whom they work, and established a common position on the main proposals.

3. The response of the Migrant Health group has been discussed and signed off by our Strategic Migration Group on behalf of the region.

4. The views expressed here are the views of the region, but do not include input from UKBA and Department of Health representatives on the Partnership since they broadly belong to the consulting organisation. Background on the Partnership can be found at: www.migrationyorkshire.org.uk/?page=aboutus.

5. The views expressed to us relate mainly to the consultation's Question 5 about charges to failed asylum seekers for NHS hospital treatment. Therefore not all aspects of the consultation are responded to in detail here.

6. Of course, not every individual in each organisation may agree with our submission in its entirety. It is, however, a fair representation of regional views expressed to us.

Response to the Consultation

7. Agreement
We support the proposal to reinstate provision of free secondary healthcare for supported failed asylum seekers (Question 5 of the consultation).

8. Concerns
Continuing to base access to health care for asylum seekers on sub-groups of immigration status is of significant concern. This is for a range of reasons as outlined below.

   - It is unethical. To create categories of extremely vulnerable people in society - failed asylum seekers who have exhausted their appeal rights - who are not eligible for health services is ethically unacceptable. While we recognise that this consultation seeks to preserve proper use of NHS resources and prevent health

tourism, this most vulnerable group of society are not the primary target group and should not be penalised. Group members have given examples of both London and local projects with asylum clients who need healthcare but do not request it immediately upon arrival, suggesting that they are not health tourists and are not aware of the UK's NHS, and may even be afraid of seeking healthcare for fear of being charged.

- It is an uneconomical approach to the use of scarce NHS resources. Treatment via A&E is always free to the patient but can be costly to the NHS when it could have been prevented by earlier intervention. Promoting an approach to help-seeking behaviour that waits until a personal health issue is an emergency is inappropriate both for patient and for the NHS. There may also be implications for the wider public – in communicable disease control, unmanaged and worsening mental health issues and use of resources that could have been better deployed elsewhere within the health economy.

- It is confusing both to health care practitioners and to patients. Group members report that this confusion has been a barrier to accessing health care across the health community, reporting cases including GPs, secondary care, midwives, pharmacists and dentists.

- It is intimidating. Group members report that the fear of being billed has been a barrier to accessing health care. Hospitals understandably must account for costs incurred; they must raise an invoice and notify the patient of the charge. Hospitals also have the discretion to pursue this debt and to write off a debt that is unlikely to be paid. The requirement to pursue such a debt from a failed asylum seeker who clearly cannot pay the bill results in avoidable anxiety for the patient (often with pre-existing mental health problems) and is a waste of NHS resources. The group was concerned about the current impact of this policy which will not be addressed by these proposals.

- It is administratively cumbersome and an avoidable use of scarce NHS resources.

- Most importantly this strategy will widen health inequalities and leave some of the most vulnerable in society without access to health care. Tackling health inequalities is a key strategic priority and emerging policy should not undermine this aim. Many of those not eligible for free secondary care are living destitute and with absolutely no resources, including families with children. The health impacts of destitution are well documented – it is clear that within this group there will be health need, and under these proposals that health need may remain unmet.

- It is inequitable. Policy varies across the countries of the UK. The level of free care available to a person is therefore dictated by the process of dispersal, rather than based on need.

- Keeping maternity services as chargeable for unsupported failed asylum seekers is of great concern to the group. While unsupported failed asylum seekers can receive maternity services under the 'Urgency of Treatment' guidelines, this conflicts with the national standard of 12 week access to antenatal care for all other pregnant women - a standard currently being implemented rigorously across the country because of the strong evidence base for poor health outcomes associated with late/no antenatal care. The group has specific concerns, arising

from professional experience with this client group, about fear of payment being a barrier to accessing antenatal care. In addition it remains distressing for expectant and new mothers to be charged for these services when they clearly cannot pay, which again may contribute to poor (mental health) outcomes for mother and child. Charges may also discourage future engagement with other (healthcare) services.

Recommendations

9. We request that the Department of Health considers the following recommendations:

- All asylum seekers (including refused asylum seekers) should be eligible for free secondary health care.

- With reference to consultation question 12 (on transferring data to UKBA to support debt recovery and implement agreed immigration sanctions) UKBA should be explicit regarding the long term effect of being an NHS debtor upon immigration status. Members were concerned that patient data would be transferred onto the information held by UKBA, and wanted to know for how long this status is kept on record, and whether it would affect an immigration decision.

- Training or information for GPs should be made available to ensure all GPs realise that they have the right to register asylum seekers as patients on their register, while training for other health professionals, such as midwives, pharmacists and dentists, is also needed regarding migrant entitlements.

- Hospitals could investigate alternatives to invoicing patients who clearly will not be able to pay for their treatment, such as creating a virtual NHS account rather than sending an invoice to the patient.

- Hospitals require resources for treating patients who cannot pay for their treatment. Some hospitals will have a disproportionate number of patients in this circumstance, reflecting the dispersal of asylum seekers to that area.

- An exemption should be made so that maternity services are not chargeable for any asylum seeker.

Yorkshire and Humber Regional Migration Partnership
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