Doctors of the World Briefing: Government Response to "Making a fair contribution"

February 2017

Doctors of the World (DOTW) UK is part of the Médecins du Monde network, an international humanitarian organisation providing medical care to vulnerable populations. In the UK, we run a volunteer-led clinic and advocacy programme with GPs and nurses that helps the most vulnerable members of the community to get the healthcare they need. In 2015 we saw 1,604 patients, including refugees, asylum seekers, undocumented migrants, victims of trafficking and homeless people.

Summary

The UK Government response to 'Making a fair contribution', a consultation on extending NHS charges for migrants and overseas visitors, announces measures that will make the NHS one of the most restrictive healthcare systems in Europe for undocumented migrants. As of April 2017, the Government intends to:

- **Introduce a legal obligation on hospital trusts to charge upfront for non-urgent care**. This means hospitals will have to check whether every patient coming to hospital should pay and stop their treatment until they do. There has been no pilot or evaluation shared which shows that people without paperwork - such as a passport - aren't being turned away and not receiving essential care.

- **Extend charges into community care and non-NHS providers of NHS-funded care**. This means patients using community services such as mental health services, including those provided by charities, will have their paperwork checked and may be charged.

These changes are subject to negative procedure and will become law without parliamentary debate unless an objection is raised in the House of Commons or House of Lords.

The Government response also outlines plans to charge patients for primary care; remove free prescriptions for children and pregnant women; and to review upfront charging for some maternity services. These measures – opposed by the Royal College of GPs and the Royal College of Midwives - would put primary care, medication and antenatal care out of the reach of vulnerable migrant women and children living in the UK.

DOTW believes that those who can pay should, but extension of healthcare charges can only be considered if a cost-effective, workable system can be implemented without jeopardising care for vulnerable, excluded people living here.

Recommendations

- The proposed measures are not implemented until a full evaluation of the Migrant and Visitor NHS Cost Recovery Programme has been completed, including impact on children and pregnant women.
- An exemption from all healthcare charges for destitute people living in the UK. This will save NHS resources invoicing/chasing those unable to pay and relieve pressure on services as patients access treatment earlier.
- An exemption for mental health, drug and alcohol and termination of pregnancy services, and all community care delivered by the voluntary sector.
- Retain free access to primary, emergency and other essential care for everyone living in the UK.
- Retain exemption for prescription charges for pregnant women, children and those on low incomes living in the UK.

1. Background

1.1 In December 2015 the **Migrant and Visitor NHS Cost Recovery Programme (the Programme)** launched a public consultation, 'Making a fair contribution', on extending charges to overseas visitors and migrants for NHS primary medical care, A&E and prescriptions.

1.2 The Programme is a response to concerns that the NHS is "overly generous to those who only have a temporary relationship with the UK" at a time when NHS budgets are stretched. It also comes at a time when the government has stated its intention to make it "more difficult for 'illegal[i]' immigrants to live in the UK"[ii].

1.3 DOTW and others submitted evidence to the consultation, raising concerns about: (1) of the lack of evidence that the Programme was cost effective for the NHS, (2) public health risks, (3) the administrative and clinical unworkability of extending charges into primary care and (4) the impact of the existing system on vulnerable groups, pregnant women and children[iii].

1.4 Despite numerous commitments, the **Department of Health (DH)** has not published an evaluation of the impact of the Programme on vulnerable groups. The only evaluation carried out concluded it was unable to monitor the impact of the Programme on vulnerable groups and recommended that "DH continues to make efforts to monitor any potential negative impacts arising from an increased focus on cost recovery on an ongoing basis"[iv].

2. Measures to be introduced from April 2017

Legal obligation on hospitals to charge up front for non-urgent care

2.1 ***Government response:*** *We intend to amend the law from April 2017 so that NHS providers must charge patients upfront and in full for any care not deemed by a clinician to be "immediately necessary" or "urgent" and/or cease providing such non-urgent care where full payment is not received in advance.*

2.2 NHS trusts have failed to implement an effective and accurate system to identify chargeable patients which does not disproportionately impact on the most vulnerable and those with protected characteristics under the Equality Act 2010. The Public Accounts Committee's conclusion that "systems for cost recovery appear chaotic"[v] corresponds with the experience of DOTW; mistakes are rife and eligible patients are often denied treatment. It is ill advised to increase pressure on trusts to charge patients before they can apply the existing system properly.

2.3 Upfront payment before treatment means everyone accessing the NHS will have to prove eligibility before receiving treatment. As the NHS sees over a million patients every 36 hours, routine eligibility checks – such as passport checks - will significantly increase NHS staff workload. There are people who are fully entitled to NHS care but do not have a passport - such as homeless people, the elderly, those with learning disabilities and those on a low income - who will experience delays in accessing care or even be denied treatment. There is no single document or piece of information that confirms whether a person should be charged for NHS treatment, meaning passport checks are also not reliable indicator of eligibility.

2.4 DOTW see "urgent" or "immediately necessary" treatment being withheld or delayed under the current system. Often clinicians are not given guidance on the scope of their decision and sometimes decisions are made without any clinical input at all.

2.5 Upfront charging will deter vulnerable people living in the UK from accessing healthcare, driving disease underground and encouraging people to wait until their conditions is acute before accessing care. DH has been provided with evidence of the deterrent impact[vi] of the Programme and committed to carry out an assessment of unintended consequences[vii]. The Ipsos MORI evaluation of the Programme did not evaluate impact on vulnerable groups and recommended further work to achieve this[viii]. This has not happened. DOTW strongly advise against increasing pressure on hospitals to charge upfront before assessing unintended consequences.

Extension into community care and non-NHS providers of care

2.6 ***Government response:*** *We intend to change the law so that… [those] not exempt under the Charging Regulations are charged for all NHS-funded services provided by a non-NHS organisation or outside an NHS hospital …These new rules will mean all providers of acute, mental and community NHS health services … will be required to charge.*

2.7 Out of hospital services play a vital role in protecting public health, managing conditions in the community, for example mental health services, hospices, drug and alcohol services, sexual health services including termination of pregnancy, maternity and children's services, and healthcare targeted at undocumented migrants. We recommend the following services are exempt from charges on public health/interest grounds:

Mental health services

2.8 Migrants and trafficking victims are at increased risk of poor mental health. Many have experienced war or conflict, dangerous journeys to the UK, violence, separation from family, social isolation and time spent in detention[ix]. 25% of people who use DOTW's clinics report their psychological health as bad or very bad. The Faculty for Public Health argues addressing mental health should be key elements of every public health strategy: "neglecting it undermines public health interventions to reduce health inequalities and prevent premature death from preventable conditions[x].

Drug and Alcohol Services

2.9 Drug and alcohol services include blood-borne virus testing and needle exchange schemes and are often delivered by the voluntary sector in the community. They play a key role in preventing the spread of blood borne diseases. If made chargeable, undocumented migrants will not have access to needle exchange services.

Termination of pregnancy

2.10 Abortions are often delivered by the voluntary sector. Many of the women excluded from free NHS care have limited access to contraception; this includes sex workers and trafficking victims[xi]. Undocumented migrants and trafficking victims are at increased risk of sexual violence, including rape[xii]. In DOTW's clinics for pregnant women, 40% had experienced violence and 20% were suspected victims of trafficking. Access to abortion for women who have been raped, work in the sex industry or are unable to access contraception is essential, and restricting access to this service will increase illegal and unsafe abortions.

3. Areas for further development

Identifying and charging patients in primary care

3.1 ***Government response:*** *We will take a phased approach to expending charges into primary care, starting with 'identifying whether a patient is chargeable for secondary care when they register at a GP practice [and then moving] to introduce charging for primary medical services (except GP/nurse consultations).*

3.2 DOTW strongly oppose both charging and identifying chargeable patients in primary care. Primary care is the frontline of early detection of diseases that would, if untreated, have worsened or become more complicated to treat and required expensive secondary or emergency care. A DOTW study into diabetes showed that providing irregular migrants with entitlement to primary healthcare would lead to earlier diagnosis and prevent diabetes-related complications, saving the NHS at least £1.2 million and 832 years of healthy living (quality-adjusted life years) in relation to type II diabetes alone.

3.3 When DH consulted on extending charges in 2013 "all major NHS stakeholders and professionals from health and public health expressed concern that deterring people from accessing care through GPs would have a significant and negative impact on individual and public health and costs to the service of delayed treatment"[xiii]. The Royal College of GPs oppose charging in general practice as it will restrict access to healthcare for vulnerable groups and increase administrative burden for GPs, undermining their ability to protect and promote the health of their patients and the public[xiv].

3.4 The proposal is unworkable from a clinical perspective. We welcome the proposal to retain free access to GP and nurse consultations for all, but are concerned about the impact of charging for diagnostic testing and treatments, such as X-rays, phlebotomy, spirometry, minor surgery and physiotherapy. Dividing primary care in this way undermines its value in preventative and early intervention medicine.

3.5 DOTW is concerned that the process of identifying chargeable patients in primary care will deter people from accessing healthcare. Those who do not have immigration status often fear that the NHS cooperates with immigration enforcement – 11% DOTW's patients had not accessed NHS care because of a fear of authorities - and routine questioning by primary care staff will worsen this situation.

Removing free prescriptions

3.6 ***Government response:*** *We will also move to change the rules… [so that those not eligible for free NHS care] do not benefit from the exemptions that are in place for … Prescriptions.*

3.7 This change will mean that pregnant women, children and destitute people living in the UK without legal status will be required to pay a prescription charge. The majority of these prescriptions will be low cost medications for treating conditions early or managing long-term conditions such as diabetes or heart disease.

Removing some maternity services from "immediately necessary" category

3.8 ***Government response:*** *We intend to work with the Royal College of Midwives and other key stakeholders to determine if there are any maternity services that should, in future, be considered as "non-urgent", such as antenatal classes, and therefore charged in full before they are provided.*

3.9 We strongly oppose the removal of any maternity services from the category of "immediately necessary" care. It is for good, clinical reasons that maternity services, including antenatal care, are always deemed "immediately necessary". This means every woman living in the UK can access maternity services regardless of ability to pay. Antenatal care plays an important role in protecting individual maternal and new-born health and overall population health.

3.10 The Royal College of Midwives expressed concern about the Programme's impact on vulnerable migrants and DH's poor approach in assessing this. 30% of Heads of Midwifery saw a risk to women accessing care in a timely fashion because of the charging regime[xv].

3.11 DOTW see vulnerable pregnant women who, when presented with a bill at antenatal appointments – usually in the region of £6,500 – disengage with antenatal care. A report on pregnant migrant women in the UK showed they already experience reduced access to antenatal care: 98% did not have access to a GP, 62% had their first antenatal appointment late and 50% had five or fewer antenatal appointments[xvi]. Removing antenatal care from the category of "immediately necessary" will simply mean more women do not access it because they cannot pay upfront and in full.

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[i] MdM and its partners strongly disagree with the use of the word illegal to describe a person. No one on Earth is illegal.
[ii] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/249251/Overview_Immigration_Bill_Factsheet.pdf
[iii] DOTW Consultation response 'Making a fair contribution' (2015); DOTW, *Maternity Report: Experiences of Pregnant Migrant Women in the UK* (2015). Subsequent government and parliamentary reports also query cost effectiveness: House of Commons Public Accounts Committee, *37th Report – NHS Treatment for Overseas Patients* (2017), and National Audit Office, 'Recovering the cost of NHS treatment for overseas visitors' (2017)
[iv] Ipsos MORI Overseas Visitor and Migrant NHS Cost Recovery Programme: Formative Evaluation – Final Report (Jan 2017)
[v] House of Commons Public Accounts Committee, *37th Report – NHS Treatment for Overseas Patients* (2017).
[vi] DOTW Consultation response 'Making a fair contribution' (2015); DOTW, *Maternity Report: Experiences of Pregnant Migrant Women in the UK* (2015).
[vii] Following a health inequalities workshop in 2014 DH wrote to participants: 'The [Cost Recovery] Programme recently underwent a Major Projects Authority (MPA) review which resulted in a clear recommendation for a piece of research into the impact of the Programme on vulnerable groups. We have committed to undertake this research and have already begun scoping its form. We will be looking for input and ideas from vulnerable group representatives to ensure the review is robust and representative.
[viii] Ipsos MORI Overseas Visitor and Migrant NHS Cost Recovery Programme: Formative Evaluation – Final Report (Jan 2017)
[ix] J Allsopp et al. Poverty among refugees and asylum seekers in the UK: An evidence and policy review. University of Birmingham Institute for Research into Superdiversity, 2014. ; Burnett, A. & Peel, M. (2001) Health needs of asylum-seekers and refugees. BMJ, 322, 544–546; Burnett A and Fassil Y (2009) Meeting the Health Needs of Refugees and Asylum Seekers
[x] Faculty of Public Health, 'Better Mental Health For All A public health approach to mental health improvement'
[xi] Trafficking victims not yet identified and on the National Referral Mechanism.
[xii] https://www.amnesty.org/en/latest/news/2016/07/refugees-and-migrants-fleeing-sexual-violence-abuse-and-exploitation-in-libya/
[xiii] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/268630/Sustaining_services__ensuring_fairness_-_Government_response_to_consultation.pdf
[xiv] file:///C:/Users/AMiller/Downloads/RCGP-Charging-overseas-visitors-and-migrants-March-2016.pdf
[xv] Royal College of Midwives, *Written Evidence to Public Accounts Committee Inquiry: NHS Treatment for Overseas* (December 2016)
[xvi] Doctors of the World, *Maternity Report: Experiences of Pregnant Migrant Women in the UK* (2015).