

The Immigration Bill and Access to Healthcare

Regional Asylum Activism Briefing, November 2013

Summary

- The restrictions on access to healthcare detailed in the Immigration Bill will enable the introduction of charging for primary and emergency healthcare for those who do not have indefinite leave to remain in the UK.
- We believe that this will have undeniably negative outcomes for public health, the public purse and the personal experiences of NHS care for migrants and British nationals alike.
- We are calling on our local MPs to raise these concerns with the Secretary of State for Health and the leaders of their respective parties and demand that the NHS continues to provide care based on clinical need, not the ability to pay.

The Immigration Bill

The Immigration Bill, brought before Parliament on the 10th October 2013, details a range of new legislative measures designed to restrict the access of migrants to a number of different public services. Spanning seven Whitehall departments, including justice, transport, business, health, local government, work and pensions and the Home Office, it is designed to “create a really hostile environment for illegal migrants” (Theresa May). We believe that this bill will create a hostile environment for migrants and resident nationals alike.

This briefing is specifically concerned with the proposed changes in access to primary and secondary healthcare for migrants in the UK, and the potential for these changes to enable the introduction of charges for access to primary and emergency healthcare for anyone who does not have indefinite leave to remain in the UK.

We believe that this Immigration Bill threatens to create an unequal and unfair healthcare system which will be – in the words of Dr Mark Porter, the Chair of the British Medical Association Council – “impractical, uneconomic and inefficient.”

The main healthcare proposals laid out in the Bill are as follows:

1) Scrapping the ‘ordinarily resident test’

Previously, access to free healthcare was qualified by the ‘ordinarily resident test’, which required individuals to have been lawfully present in the UK for a ‘settled purpose.’ The new proposals outlined in the Bill will mean only those with **Indefinite Leave to Remain (ILR)** are guaranteed free access to healthcare in the future.

Some provision of care remains exempt from charges (e.g. the treatment of communicable diseases), as well as care for specific groups such as asylum seekers (in receipt of government support), refugees, victims of trafficking and migrants from the EEA.

2) Migrant Health Levy

The Immigration Bill introduces a pre-entry immigration health charge for temporary migrants and students from outside the European Economic Area. This up-front charge is likely to be initially set at £200 per year for temporary migrants and £150 a year for students.

Primary Healthcare Charges

Whilst the introduction of charges for primary and emergency healthcare for those without ILR was a key part of the consultation process in the summer, these specific proposals have not been included in the Immigration Bill. The Department of Health will announce shortly which of the proposals from the consultation document it plans to take forward. Importantly, the introduction of charges for primary healthcare **would not require primary legislation**. We strongly believe that charging procedures should **not** be extended to emergency or primary healthcare.

Concerns Around Healthcare Proposals

The following information outlines some of the key reasons that many medical and healthcare organisations have criticised the Immigration Bill and the potential expansion of charging to primary and emergency healthcare.

1) Lack of Evidence of Health Tourism

Rather than just being funded by income tax and national insurance contributions, the NHS is funded through both indirect and direct taxation. Migrants are net contributors to the NHS, whether that is through working as doctors, nurses and support staff in the NHS itself or through existing taxation systems. The migrant levy in order to access healthcare will, in effect, act as a double contribution for many migrants and visitors in the UK.

To date, the Government has been unable to provide any reliable evidence of the extent or cost of 'health tourism' to the NHS. [In evidence submitted to the Committee of the Immigration Bill in the House of Commons](#), 33 doctors working for the NHS in London stated that they had never encountered a so-called 'health-tourist' in their professional careers. [Even research conducted by the Department of Health](#) found that only 4 people in a sample of 1000 across 15 different Trusts could be identified as 'health tourists.' The [London School of Hygiene and Tropical Medicine](#) even suggest that more overseas visitors travel to the UK to **pay for** treatment than those who supposedly access it 'illegally'.

Fundamentally, according to the Department of Health's researchers, ["the estimates for health tourism, as for any unlawful activity, are impossible to estimate with confidence."](#)

2) Increased Barriers to Healthcare

We believe that the proposed charges to access primary healthcare which are facilitated by measures in the Immigration Bill will create a series of new barriers to health services for some of the most vulnerable people in society. By forcing front-line medical staff to check the immigration status of their patients, we start to threaten the duty of care that is both integral to doctor-patient relationships and to the Hippocratic Oath.

Many migrants already face barriers in accessing healthcare. A Doctors of the World report found that 73% of the 1449 patients they saw in London were not registered with a GP even though they were eligible for free healthcare. Furthermore, a specialist clinic in Brixton for asylum seekers found that 54% of asylum seeking patients had been turned away, often more than once, from mainstream GP services despite being entitled to free primary healthcare. This is supported by recent research conducted by United for Change on access to GP services in the Salford area of Greater Manchester.

Under the new proposals staff within healthcare settings may be asked to assess the immigration status of their patients, contributing to an ever increasing workload. [The Royal College of General Practitioners](#) and the [British Medical Association](#) have both noted that this administrative burden will make it more difficult for GPs to provide the care their patients need. We fear that this extra strain on medical professionals and potential administrative confusion may exacerbate existing barriers to healthcare for many migrants and resident British nationals, and result in vulnerable people being wrongly charged for essential care, or even being refused care outright.

3) Public Health Outcomes and Emergency Care

Restricting access to free health services to those with ILR will have a number of negative impacts on public health across the UK. According to the [National Aids Trust](#) and many other organisations, primary care is the key site for the diagnosis and prevention of infectious and communicable disease. Thus, whilst the treatment of communicable disease is currently exempt from charges, individuals will still have to access GP surgeries in order to have their condition diagnosed. Due to the threat of charges, many who are unsure of their eligibility for free healthcare or the severity of their illness will not access primary healthcare. According to the [British Medical Association](#) and the [Royal College of Nursing](#), this could result in general delays to treatment until conditions deteriorate, which is less cost-effective than identifying and treating health conditions early.

There are clear financial and social costs to the wider community when access to primary healthcare is limited, particularly as A&E wards will become overburdened with people who need not be there. [Considering the existing strain faced by A&E wards across the country](#), we believe these proposals will further overstretch emergency care capacity.

Preventative care at the level of primary healthcare is cost-efficient and ensures the best healthcare outcomes both in terms of public health and the individual wellbeing of patients. In the words of the Refugee Council, "[depriving people of healthcare doesn't make health problems go away.](#)"

4) Maternal Health

[The Royal College of Obstetricians and Gynaecologists](#) noted that pregnant asylum seeking women are seven times more likely to develop complications during childbirth, and three times more likely to die from childbirth related complications than the general population.

As GPs are by far the most common referral route for maternity services, the introduction of charges for primary healthcare risks further marginalising migrant women from maternity services and endangering the lives of pregnant women and their children. The [Refugee Council](#) has also highlighted how the proposed changes in access to healthcare could further adversely affect the maternal health of asylum seekers and refugees in the UK.

5) Hostile Environment for All

In order to satisfy equality and diversity legislation, every individual accessing the NHS will be forced to divulge their immigration status. The [Immigration Law Practitioners Association \(ILPA\)](#) have raised concerns that this will require identity checks for all those resident in the UK, not just new migrants.

This will affect resident British nationals as much as new migrants, as many will struggle to provide the necessary documentation to prove that they have ILR. Many particularly vulnerable groups, such as [homeless individuals](#), those with [mental health issues](#) and the elderly will struggle to obtain the necessary papers to prove their entitlement to free healthcare.

What Can You Do?

The Immigration Bill has just gone through the Committee Reading stage, and the Committee is due to finish in the House of Commons in early December.

To date, Mark Harper (Minister for Immigration) has deflected many of the concerns voiced regarding access to healthcare, particularly primary healthcare, stating that it is not within the remit of this Bill and that it is a question for the Department of Health. However, the Immigration Bill will enable the introduction of charges for primary and emergency healthcare which can be brought in at a later time without further primary legislation. The Bill currently going through Parliament is paving the way towards turning health professionals into border guards and enacting immigration checks in places of care.

Write to your local MP

We're calling on our local MPs to take our voices to Parliament and convey our concerns to the Secretary of State for Health in order to challenge the introduction of charging for primary and emergency healthcare. **We want to make sure that restricting access to healthcare doesn't become another political tool to 'manage' migration.**

Please find attached a model letter to MPs regarding the new healthcare regulations, which you can tailor to give your own specific message about the issue. Letters from GP practices, doctors, nurses and anyone working within healthcare provision are particularly powerful. You can find out who your local MP is at <http://www.theyworkforyou.com/>.

The National Health Service was designed to provide care based on clinical need, not the ability to pay. We believe the measures which enable the introduction of charges for primary and emergency healthcare threaten some of the core principles of the NHS. These changes to healthcare access are under-researched, unworkable and unwelcome.

We'd very much appreciate it if you could keep us informed of any responses you receive from your MP or the Secretary of State for Health.

If you would like any further information about the Immigration Bill and its impact on access to healthcare, please do not hesitate to get in touch with one of our Regional Asylum Activism Co-ordinators.

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