1. Barriers faced by migrants in accessing NHS care;

2. Entitlement to primary care in England;

3. Safe Surgeries
• Primary care clinic in London for people with difficulty accessing mainstream NHS;
• Staffed by volunteer GPs, nurses & support workers;
• Advocacy service for GP registration and secondary care;
• National helpline for patients, supporters and professionals
• Influencing health policy and practice.
In 2016 we provided social and medical consultations to 1758 people across our UK clinics.

- **Asylum Seekers**: 15%
- **Undocumented Migrants**: 56%
- **Undefined**: 29%

**Country of Origin**

- **Nigeria**: 5.9%
- **India**: 10.6%
- **Bangladesh**: 7.8%
- **Philippines**: 15.5%
- **China**: 11%

49% came from 83 other countries around the world.

- **87%** were living in poverty
- **35%** were living in unstable accommodation
- **89%** were not registered with a GP
- **2 in 5** were refused GP registration due to: lack of ID 39%, lack of proof of address 36%, lack of immigration status 13%
- **5.9 years** the average length of time spent in UK before accessing our services
‘Undocumented’ migrants find themselves without the right documents for a variety of reasons, often beyond their control.

WHO ARE UNDOCUMENTED MIGRANTS?

- Survivors of trafficking
- People who don’t claim asylum due to lack of legal advice
- Refused asylum seekers
- People who came to the UK as children with undocumented parents
- People who came to work without a visa
- People whose visa has expired (student/working)
- Domestic workers on expired visas which their employer doesn’t renew
- People on spousal visas whose relationship breaks down
ACCESSING HEALTHCARE: ENTITLEMENTS AND BARRIERS
“It was difficult to register with a GP. I was only able to in the last four months [but in the UK since 2006]. I don’t know why it was so difficult, but there were times I needed healthcare and couldn’t get it” [Female asylum seeker, London].

“When I tried to register with a GP, I was told “We don’t accept refugees and asylum seekers, that is our policy”” [Female refused asylum seeker, Nottingham].

“So long as you’ve got no status, that fear won’t go…one receptionist will look at you as a human, the next, as a foreigner.”

“When I was released into the community after being detained, I was unable to register with a GP due to being in the country less than 3 months. The GP would not recognise my time in detention as counting towards these three months. I was told that as I am an asylum seeker, I can’t be registered” [Female asylum seeker, London].
“I still have that fear they might contact immigration and they’ll come get me…It’s not just a fear about going to a surgery – it’s about being traumatised…When I found out I was pregnant, I was really frightened. I had no money. I decided I would keep my pregnancy secret and get an abortion” [Female refused asylum seeker, London].

“We had such a fear of being captured by the Home Office. We knew the NHS was linked and share data with the Home Office, so we were afraid we’d be sent home, deported."
Primary Healthcare: Barriers

Over half didn’t try to access NHS due to perceived barriers. Those that tried faced:

- Administrative barriers (ID / proof of address; 22%);
- Lack of understanding of how to access services (16%);
- Language barriers (14%);
- Refusal by NHS staff (14%);
- Fear of arrest (11%).

DoTW service users in 2016:
Outcome of attempts to register patients with an NHS GP

39% registrations refused

Based on 849 attempts to register DoTW service users in 2015-2016
PRIMARY CARE ENTITLEMENT

Primary Medical Care Policy and Guidance Manual (PGM)

Nationality and immigration status are *not* relevant to GP registration:

“anybody in England may register and consult with a GP without charge”.
Inability by a patient to provide proof of address/ID “would not be considered reasonable grounds to refuse to register a patient” or withhold appointments.
GMS Guidance for GMS contract 2017/18:

“Overseas patients are not required to complete the new supplementary questions of the GMS1 [on residency status] in order to register with the practice”. 
Some patients living in the practice area will be unable to prove it.

Some patients will not have any proof of ID.

Immigration status queries intimidate undocumented patients.

Fear of being reported to the Home Office is justified.

- Patient addresses on NHS Spine are used by the Home Office to track down migrants.
Since 2017, there is obligatory upfront charging in:

- hospitals;
- NHS / non-NHS community health services.

Looking ahead: DH has announced intention to charge in primary care and further consult on charging in A&E.

Since 2017, NHS Digital shares patient contact details with the Home Office to trace migrant patients.

- Many patients are too scared to see their doctor;
- Threatens doctor-patient confidentiality and trust.
“In general advice: Welcome people well. Put people first”
[Asylum seeker, London].

“There should be a more humane way of dealing with health in patients who are destitute… I think we’re failing these human beings who come here to seek refuge, and we’re not helping” [TB specialist, Glasgow].

“the government and doctors don’t value you as a human being.” Male asylum seeker, London
Doctors acting as border guards?

70,000
DOCTORS & PATIENTS SAY 'NO' TO SHARING PATIENT DATA WITH THE HOME OFFICE

DETERRING PATIENTS FROM HEALTHCARE IS DANGEROUS
Sign the #StopSharing petition: docsnotcops.co.uk

#PATIENTSNOTPASSPORTS
#STOPSHARING
NHS PATIENT DATA WITH THE HOME OFFICE
U-turn on forcing NHS to hand patients' data to Home Office

 Ministers have suspended controversial arrangements under which the NHS shared patients' details with the Home Office so they could trace people breaking immigration rules. The government's U-turn on a key element of its "hostile environment" approach to immigration came after MPs, doctors' groups and health charities warned that the practice was scaring some patients from seeking NHS care for medical problems.

Margot James, a minister in the Department for Digital, Culture, Media and Sport, announced the rethink during a parliamentary debate on the data protection bill. She confirmed that the government had decided to suspend "with immediate effect" the memorandum of understanding (MOU) under which NHS Digital, the health service's statistical arm, shared 3,000 NHS patients' details with the Home Office last year so they could check immigration status. Patients had given their details when attending GP and hospital appointments.

In future, Home Office immigration staff would be able to use the data-sharing mechanism only to trace individuals being considered for deportation from Britain because they have committed a serious crime, James made clear to MPs.

James paved the way for the U-turn by accepting an amendment, tabled by the Conservative MP Sarah Wollaston and the Labour MP Dr Paul Williams, which called for the MOU to be suspended. Williams, who is also a GP, welcomed "this huge U-turn", adding: "NHS information should only be shared in the event of a conviction or an investigation for a serious crime, not to aid to create a hostile environment where people are afraid to go to their GPs for fear information might be reported to the Department for Work and Pensions for benefit sanctions."

The government backtracked after MPs on the Commons health and social care select committee twice called in unusually strong terms, in January and April, for data sharing to stop. During evidence on the MOU's impact it heard how one pregnant woman did not seek any antenatal care because she was too frightened to attend appointments. NHS staff only found out she was expecting when she turned up at...
GOOD PRACTICE TIPS: RECEPTION STAFF

✓ Don’t ask to see visa or proof of residency.
  • Understand that patients do not have to complete this section of the GMS1 form.

✓ Ensure lack of ID/proof of address is not a barrier.

✓ Use an interpreter. At reception and in consultation.

✓ Consider not storing home address in main record.
  • Use address of friend, day centre or GP practice.

✓ Take a holistic approach. Consider mental health, housing advice, immigration advice, support groups.

✓ Share bad practice/concerns.
A Safe Surgery can be any GP practice which commits to taking steps to tackle the barriers to healthcare access faced by migrants.

They become part of a supportive national network of practices which actively promotes a better NHS.

Supported for successful CQC inspections by helping to deliver an Effective, Responsive and Caring service;

Support staff learning and skills-building through free training, information-sharing and resources.
WE CAN OFFER PRACTICES...

- User-friendly resources for practice staff
  - Quick reference toolkit and translated patient posters
- London, Birmingham and Manchester: Local network events to facilitate learning & collaboration; Free tailored training for clinical and non-clinical staff;
- Visibility and recognition
  - Member case studies; quarterly newsletter; feedback & ongoing support.
You do not have to give your address to register at this surgery

All are welcome! Your nationality or immigration status do not affect your right to register here

We are a Safe Surgery for everyone in our practice area, regardless of their immigration status.

If you are worried about giving us your home address, you can:
- Use the address of this practice as your registration address.
- Use the address of a local organisation you visit, like a day centre, support group, or church. You should ask their permission first.

We are a Safe Surgery for everyone in our practice area.
- Everyone living in England has the right to free care from a GP.
- Ask reception for an interpreter if you find it difficult to communicate in English.
- Our receptionists won’t ask you about your immigration status.
- If you are worried about giving us your address, please let us know.

SAFE SURGERIES TOOLKIT
To join **Safe Surgeries**, arrange training or for more info, get in touch!

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