March 2016

‘Overseas visitors and migrants: extending charges for NHS services’

1. The RCGP welcomes the opportunity to respond to the Department of Health’s consultation on the extension of charging overseas visitors and migrants using the NHS in England.

2. The Royal College of General Practitioners (RCGP) is the largest membership organisation in the United Kingdom solely for GPs. Founded in 1952, it has over 52,000 members who are committed to improving patient care, developing their own skills and promoting general practice as a discipline. We are an independent professional body with expertise in patient-centred generalist clinical care.

3. Our response focuses on the impact of these measures on general practice.

Our response

4. The RCGP opposes any change to the eligibility rules for overseas visitors and migrants accessing general practice. We believe that this would be a regressive step for the NHS and would undermine the ability of GPs to protect and promote the health of their patients and the public.
5. Our position has not changed since responding to a similar consultation in 2013 titled ‘Migrant access to the NHS’.

6. Our numerous concerns fall into two groups: those relating to access to healthcare for vulnerable groups, and those relating to the additional administrative burden for GPs. Both areas suggest a negative impact on the wider nation’s health should there be charges for overseas visitors and migrants to access general practice in England.

Access to healthcare for vulnerable groups

7. We are concerned that limiting access to GP services would impact adversely on the health not only of vulnerable overseas visitors and migrants, but also of homeless people, travellers and gypsies, and individuals with chaotic lives – all of whom may struggle to prove eligibility or be deterred by the checks involved. This is likely to extend to groups who are explicitly excluded by the consultation (such as asylum seekers and victims of human trafficking). This runs counter to the government’s duty under the Health and Social Care Act to have regard to the need to reduce health inequalities. Moreover, there is a real risk that the proposals will create structures that encourage a discriminatory approach towards certain groups by frontline practice staff.

8. It is likely that a change in the eligibility rules for general practice would deter early presentation in general practice by a significant number of patients, which may lead to a costly increase in emergency admissions (additional pressure that the urgent and emergency care system can ill afford). There is much evidence that limited access to general practice increases pressure on hospitals and A&E departments.1,2,3,4

1 Irvine, H. and Gomez, J. (2015) Using routinely collected data to figure out where the NHS is going wrong. Available at: http://www.gla.ac.uk/media/media_443695_en.pdf


9. We are concerned that limiting free access to primary care will have adverse consequences for the control of infectious diseases – and therefore for the health of the population as a whole. The UK is currently witnessing a dangerous surge in TB. There is a real risk that these proposals would exacerbate this problem and increase the risk of multi-resistant TB, resulting in both more deaths and increased transmission of the disease. While we note that the consultation proposes to exempt the treatment of infectious diseases from charges, this fails to recognise that diagnosis is a core activity of general practice. Often people suffering from infectious diseases do not know what is making them ill - and it is likely that a significant number of individuals would be deterred from presenting at their GP practice for fear of charges and/or eligibility checks.

10. Similarly, we are concerned that limiting access to primary care would impact detrimentally on immunisation rates as it would be more difficult to engage with and encourage presentation by parents from non-eligible migrant groups.

Administrative burden on general practice

11. The RCGP would strongly oppose the imposition of any new administrative burden on general practice as a result of the proposals under consultation. A new system for checking eligibility - and potentially charging patients – will necessarily increase the administrative pressure on individual GP practices. General practice in the UK is already facing a workforce and workload crisis\(^5\)\(^6\) - GP surgeries simply do not have the capacity to take on an additional administrative burden, nor are they set up to undertake eligibility checks or charge patients.

12. The suggested model is complex, increasing the level of the burden. Practices who have many relevant cases will have significant additional administration, while practices who do not may struggle to understand and implement the rules without guidance.

13. The impact assessment accompanying the consultation indicates that extending charges would require a transition budget of around £16.7m for administrative costs (including those relating to GP services), and annual costs would range from £11.6m

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- £63.2m. In a best case scenario, this results in a fairly meagre £67.8m net benefit over five years, but risks the worst case scenario of a loss of £20.3m. We contend these small and unguaranteed benefits do not warrant risking the manifold problems we have identified with extending charging for GP services. We also call for more detail about how these costs and benefits have been calculated.

14. We further wish to highlight that this costing is likely done on the assumption that the workforce can accommodate this extra burden. While general practice would certainly require appropriate investment to support such a change, the long term difficulty in recruiting and retaining a workforce that is a size and skill level appropriate to respond the increasing pressures on general practice would not be allayed by a modest injection of funds. We fear that in reality, this policy would lead to an increased workload for individual GPs and other practice staff, which they are not equipped to take on.

15. If enacted against our recommendations, the onus should not be on GPs to secure payment upfront, and practices should not be collecting money or policing the system, as there is certainly not the functionality to do this in most cases, yet the proposal suggests that GP practices would be expected to be part of the administration of such a scheme.

16. Practices in England provide an estimated 370 million consultations a year\(^7\), a figure that is rising as more people develop multiple long term conditions. Practices need to focus their resources on providing quality care for these patients. Any distraction from this risks fewer patients being able to secure appointments, and thereby negatively impacts the health of people across the nation.

**Concluding remarks**

17. This consultation is titled 'Making a fair contribution', but the methods it proposes relating to extending charges for use of GP services deviate from the principle of fairness. Enacting this policy would produce an outcome that is less fair to vulnerable groups, including overseas visitors and migrants but also those explicitly named as exempt from charging and others beyond these, as they struggle to access healthcare or avoid using a system that could have helped them. It would also be unfair to GPs and other practice staff, who would be obliged to take on yet

more administrative responsibilities at a time when the workforce dearly needs more support. But it would also be unfair to citizens of England, who through this policy may be at higher risk of exposure to infectious diseases, less benefitted by herd immunity allowed by robust immunisation programmes, and more likely to have difficulty making a general practice appointment.

18. We call unequivocally for the retention of a system that is free for all accessing general practice in England, including overseas visitors and migrants.