Department of Health consultation: Review of Access to the NHS by Foreign Nationals

1. I write with regard to the Department of Health Review of Access to the NHS by Foreign Nationals.

2. The Royal College of General Practitioners is the largest membership organisation in the United Kingdom solely for GPs. It aims to encourage and maintain the highest standards of general medical practice and to act as the ‘voice’ of GPs on issues concerned with education, training, research, and clinical standards. Founded in 1952, the RCGP has over 38,000 members who are committed to improving patient care, developing their own skills and promoting general practice as a discipline.

Access to Primary Care

3. The RCGP strongly takes the view that that General Practitioners have a duty of care to all people seeking healthcare, and that GPs should not be expected to turn people away from access to care when they are at their most vulnerable. We welcome the fact that this document does not propose to introduce any restrictions for individuals accessing primary care. The document rightly states the current position with regard to access in primary care in Annex D – that there is no formal requirement to prove identity or immigration status.
4. GPs have discretion to register or refuse to register patients, regardless of their immigration status, so long as they do not discriminate in so doing. If their list is open, and they accept a UK citizen in their catchment area, but refuse to register a foreign national in their catchment area, then they are likely to be acting discriminatorily. GPs are well placed to take account of the healthcare needs of their local community and play pivotal role in the provision of public health services as demonstrated by the recent response to the threat of pandemic influenza. It is important that no barriers are placed in the way of GPs and primary care teams offering non-discriminatory care to their local communities.

**Access to Secondary Care**

5. The RCGP welcomes the proposal in the consultation document to no longer exclude from free secondary care refused asylum seekers who are receiving support under Section 4 or 95, and to ensure that unaccompanied children are exempt from NHS treatment charges. However, there are still a great number of vulnerable individuals who would be denied care or charged for care in hospitals under these proposals.

6. There remain some ethical problems with the proposals regarding the role of hospital employees, including administrators and doctors. Under these proposals NHS authorities may ask hospital officers and doctors to cooperate in assessing, in writing, patients’ eligibility for free NHS care and to pass judgment on whether care is immediately necessary, or not, in the knowledge that this information may be forwarded to payment enforcement officers. Deciding that a treatment is not medically immediately necessary can have far reaching consequences. For instance when poor or destitute patients perceive that there is a threat of enforcement of payment or debt collection by NHS authorities or when patients believe that their details may be passed on to the Border Agency or other authorities, it is likely to result in a number of cases where patients avoid to seek or continue care with subsequent harm to their health and possibly with adverse public health implications.

7. A further problem is that often, investigations need to be carried out first, and firm diagnosis or diagnoses need to be made before it can be decided that care is immediately necessary. Forcing clinicians to sign statements early, may wrongfully lead to patients foregoing diagnostic tests and procedures and care, as they are faced with charges.
Transmission of disease

8. Non-eligible asylum seekers may be destitute ii iii iv, and more prone to illness and occupational and sexual exploitation, ands become both infected and a source for infection with a variety of communicable diseases.

9. Of great concern remains the requirement to pay for antiretroviral therapy, including perinatal therapy to prevent pregnant women passing the virus on to their child at birth. This affects both mother – and child, who need protection both on ethical grounds and on the basis of the Rights of Child and other international agreements.v

10. To ask for payment by the seriously deprived presents a major barrier to ensuring basic health screening is undertaken. This is especially the case for children.

Proposals to the Government

11. The RCGP urges the Government to undertake the following before any restrictions to access to healthcare for migrants are implemented:

- to commission independent and wide ranging social, race, health and impact assessments of any proposed changes before the current situation with regard to access s changed. The assessments should include, but not exclusively cover, issues such as vaccination coverage, outbreaks of communicable diseases, antenatal, perinatal, infant and child health including mortality; maternal health and mortality; and the health and social wellbeing of women and men who are abused or exploited at home or elsewhere, sexually or in other ways. These assessments should also include effects on inequalities in health.

- to examine the compatibility of any new proposals with the international human rights obligations of the UK, including those, but not exclusively, covering children;

- to re-examine the proposals in the light of the evidence generated by the above assessments;

- to commission independent, continuous, monitoring of access to health care and of the health needs of refugees and undocumented migrants;

- to explore and implement modes of mitigating or reversing adverse effects of excluding migrants from free access, such as non-compliance with necessary prevention and treatment for fear of being presented with bills that cannot be paid. Mitigating measures may include annulment or non-enforcement of payment
requests and compensation for Hospitals, General Practices and other NHS organizations from central funds;

- To issue guidance to overseas visitor managers and similar officers in NHS organisations and general practices that they shall deal with vulnerable migrants in a sensitive way that will not undermine migrants’ health;

- To monitor the approach of vulnerable migrants by health care professionals, other staff and overseas visitor managers and similar officers in NHS organisations and general practices;

- To particularly commit itself to the protection of children and pregnant women.

Yours sincerely

Professor Amanda Howe
Honorary Secretary of Council

References


