

# ACCESS TO HEALTHCARE IN THE UK



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Doctors of the World UK  
August 2015



# HEALTHCARE ACCESS

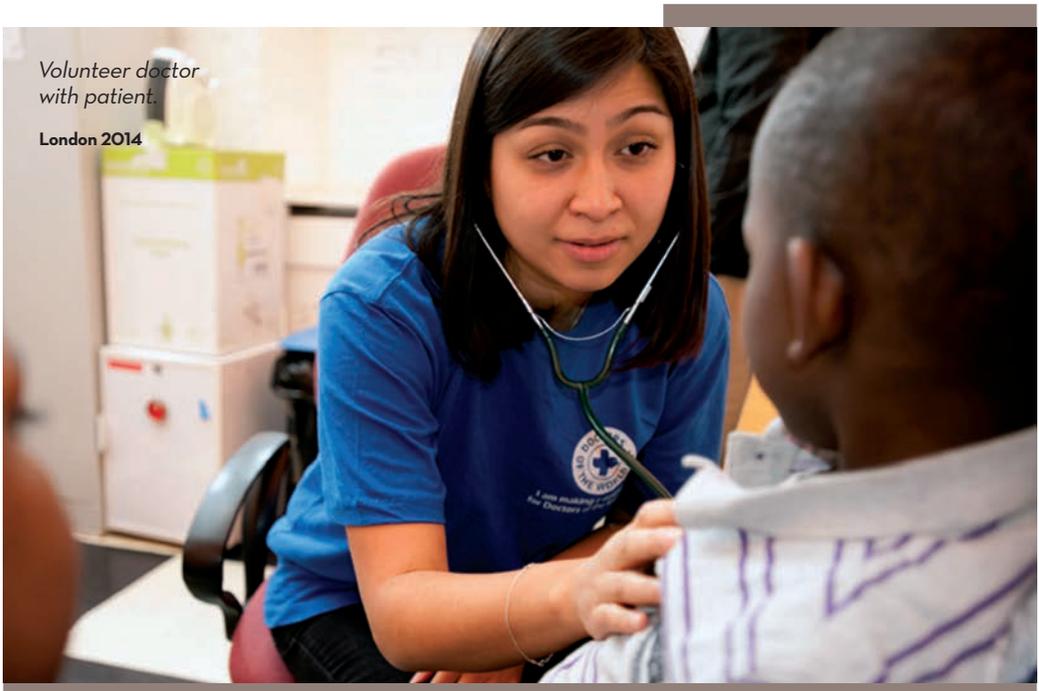
## STATE OF PLAY AND RECOMMENDATIONS

Doctors of the World UK (DOTW) is part of the international Médecins du Monde (MdM) network, which delivers over 350 projects in more than 80 countries. Our vision is of a world in which people affected by war, natural disasters, disease, hunger, poverty or exclusion get the healthcare they need regardless of income or status.

We've been in the UK for 17 years where we run a clinic and advocacy programme providing basic medical care, information and practical support to people facing multiple vulnerabilities. We also run a monthly family clinic for children and pregnant women.

Those who come to our clinics include homeless people, drug users, destitute nationals as well as European citizens, sex workers, undocumented migrants, asylum seekers and Roma communities. All face multiple barriers affecting their access to healthcare such as lack of a permanent address, poor living and working conditions, isolation, uncertain immigration status, exploitation, language difficulties, poverty and hunger.

The majority of patients at our UK clinics are migrants. Despite living in the UK for six years on average, they have difficulty registering with a GP because they don't know how or are refused due to their lack of documentation or misunderstanding of the regulations.



*Volunteer doctor  
with patient.*

**London 2014**

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# 01 | THE LEGAL CONTEXT IN THE UK

Access to primary care, walk-in centres, Accident and Emergency (A&E) and diagnosis and treatment of infectious diseases are free for everybody. Treatment which is immediately necessary or urgent, including antenatal care, must be provided but may be charged for afterwards. Certain groups are exempt from all charges including asylum seekers, refugees and trafficking survivors.

In May 2014, the government passed the Immigration Act, setting out its intention to make it “more difficult for ‘illegal’ immigrants to live in the UK”.

From April 2015, those seeking to stay in the UK for more than six months must pay a healthcare surcharge of £200 per year (£150 for students). The definition of “ordinarily resident” changed so that all those who do not have indefinite leave to remain will be subject to the charge.

The Department of Health also introduced the Migrant and Visitor NHS Cost Recovery Programme that aims to expand charging and identify more existing chargeable patients.

This has led to hospitals routinely asking about someone’s immigration status before they access care and issuing more people with bills for treatment. The government plans to consult about extending charges to further services.

# 02 | BARRIERS TO HEALTHCARE ACCESS

In 2014, DOTW UK volunteers and staff provided 1,454 consultations, seeing a total of 1,395 patients; the findings are published in our recent European Observatory report<sup>2</sup>.

In London, 82.7% of those who came to the DOTW clinic had not been able to register with a GP, the entry point to the healthcare system. This is in a political context where the government is increasingly questioning access to healthcare for migrants.

The most often cited barriers to accessing healthcare are: administrative and legal barriers (29%), lack of knowledge or understanding of the healthcare system and of their rights (17%), language barriers (14%), and fear of being arrested (11%).

### **Of the people we see at our clinic:**

- Three quarters are living below the poverty line
- 83% are not registered with a GP
- 36% are living in unstable accommodation
- 11% are pregnant women
- 6.5 years is the average length of time spent in the UK before accessing our service

1. MdM and its partners strongly disagree with the use of the word illegal to describe a person. No one on Earth is illegal.

2. Chauvin P, Simonnot N, Vanbiervliet F, Vicart M, Vuillermoz C. Access to healthcare for people facing multiple vulnerabilities in health. Paris : Doctors of the World - Médecins du monde International Network, May 2015.

## Medical Conditions

- 50% of the people seen by our doctors and nurses require urgent care
- 63% had at least one untreated health problem
- 39% had at least one chronic condition that had not been checked by a doctor

*Anyone can register and consult with a GP without charge. There is no minimum period that a person needs to have been in the UK before a GP can register them. GPs should register everyone living in their catchment area unless their list is full or they have been removed from the list due to a breakdown in relationship. Practices are not obliged to ask patients for official documentation in order to prove identity or proof of residence and there is no requirement in the regulations for them to do so. Accident and Emergency and walk-in centres are also free of charge and available to everyone in the UK.*

## A | Child Health

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Children of undocumented migrants are one of the most vulnerable groups in the UK. Half of the children we see at our family clinic have not had access to healthcare including no access to essential vaccinations. In addition, all were living below the poverty line. Children experience the same barriers to healthcare as adults and are often turned away from GPs because they don't have formal documents such as ID and proof of address. Children need access to primary care for vaccinations which also protects the whole population. Moreover, contact through health services is a way to pick up any concerns about their safety. We have a duty to safeguard our children and giving them access to essential healthcare is a key way of doing this.

## B | Violence and Mental Health

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At our clinic 44% of our service users have experienced at least one episode of violence including torture, psychological violence and rape. On top of these traumatic experiences and the stress around immigration status, service users also often face difficulties in accessing support. Accessing healthcare is an important opportunity for some to escape situations of violence and exploitation and to be less vulnerable to control by their abusers. 12.4% of those surveyed for our 2015 European Observatory report who had experienced violence perceived their mental health to be very bad versus 1.7% of those who did not report an episode of violence.

### **KISSA, 28, from Uganda, called our helpline in 2014.**

She was trafficked to the UK after being tortured and sexually assaulted. She managed to escape and sought sanctuary with some people from a local church. She needed medical help as she was bleeding and was pregnant following rape. We were able to support her to get legal advice to get assessed as a potential victim of trafficking. Her local GP surgeries refused to register her as she did not have any formal documents, so we escalated her case to NHS England who negotiated with a GP practice. She was able to access counselling and medication through the GP and received antenatal care.

## C | Access to Antenatal Care for Pregnant Migrant Women

Pregnant migrant women are more susceptible to ill health and have higher mortality rates than their UK peers. Delaying antenatal care not only increases health risks but can be more expensive in the long-term as complications are more likely to develop. In a DOTW report<sup>3</sup> released after following up with some of our pregnant service users we found:

- Nearly two-thirds of those surveyed had not had their first antenatal appointment until the second trimester of pregnancy - compared to the three-quarters of women throughout England who receive care in the first trimester.
- Half had five or fewer antenatal appointments - less than the minimum recommended level of antenatal care.
- Nearly one-third were billed for maternity care, one as much as £6,000, some even after their babies died.

*Antenatal care is available to all women in the UK regardless of ability to pay.*



*"I am a lesbian. I had a forced marriage which is why I am pregnant. I had to flee for my life. At the hospital here they gave me an estimate for the cost of my delivery up to £9,793."*

London 2014

© Giorgos Moutafis

3. Shortall, C et al Experiences of pregnant migrant women receiving ante/peri and postnatal care in the UK, (2015).

Volunteer doctor  
with patient.

London 2014



© Katherine Fawcett

**LI, visited the Doctors of the World family clinic when she was 19 weeks pregnant** and had neither registered with a GP nor accessed antenatal services. She is Chinese and had been in the UK for three years without support from her family. She is staying with friends but is going to be made homeless before the baby is born. She was so worried she sent us a text: "I am so sorry to bother you again because I receive 2 letters from NHS, they want me to pay immediate, £5827.5!!!! It's really too much for me, I can't afford."

## D | Access to Urgent and Immediately Necessary Care

Doctors of the World sees patients who have been denied urgent and immediately necessary care because of their inability to pay. People regularly seek support as they are frightened to access essential care because they have received aggressive letters, bills in advance of their care or are worried they will be arrested.

*Care which is immediately necessary or urgent must always be provided regardless of a person's ability to pay. This means all care that cannot wait until the person can be reasonably expected to return home. The decision may be based on the pain or disability a condition is causing, on the risk that delay might require a more complicated or expensive medical intervention, or the likelihood of a substantial and potentially life-threatening deterioration occurring in the patient's condition if treatment is delayed until they return to their own country.*

**A 35-year-old domestic worker from the Philippines,** who had lived in the UK for years came to our clinic for help. She had been diagnosed with a large malignant breast tumour. Her consultant advised urgent chemotherapy (within 1 week) a month previously and treatment had not taken place as the hospital told her she would have to pay in advance. We contacted the hospital and eventually the trust agreed to provide the treatment.

# 03 | DOCTORS OF THE WORLD UK RECOMMENDATIONS

Individuals who are liable for NHS treatment charges and who can pay, should pay. However, Doctors of the World is extremely concerned vulnerable, destitute people are suffering as a result of the current and proposed policies, preventing them from accessing vital healthcare and putting them at risk of serious harm.

**Therefore, Doctors of the World UK continues to demand:**

- Full access to primary, emergency and other essential care for everyone living in the UK.
- Exemptions from healthcare charges for pregnant women and children living in the UK.
- NHS information should not be shared with the Home Office, accessing treatment should never be used as a means of immigration enforcement.
- Health professionals should be supported to take care of all patients regardless of their administrative status.

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FOR MORE INFORMATION ON THESE ISSUES

please contact **Lucy Jones, UK Programme Manager**

at [LJones@doctorsoftheworld.org.uk](mailto:LJones@doctorsoftheworld.org.uk)  
or on +44 (0)20 35 35 79 54

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**Doctors of the World UK, 34th Floor, One Canada Square, London, E14 5AA**  
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