



# **Migrant Workers, Refugees and Asylum Seekers- Access to Health**

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‘Into the Mainstream’ Health Project

Refugee Action and Nottingham and

Nottinghamshire Refugee Forum

Inclusive Health and Wellbeing Conference

Nottingham November 2011



# Overview –vulnerable migrants

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- **Definitions** -refugee, asylum seeker, refused asylum seeker, A8 migrant, A2 migrant, undocumented migrant, victims of trafficking
- **Challenges** to accessing healthcare
- **Access** to primary and secondary care
- **Addressing difficulties** nationally and locally
- **Experiences of Into the Mainstream** and useful partnerships
- **Information, resources and networks**

# Who is a refugee?

‘Any person who, owing to a **well-founded fear** of being persecuted for reasons of **race, religion, nationality, membership of a particular social group, or political opinion**, is outside the country of his [or her] nationality and is unable or, owing to such fear, is unwilling to avail himself [or herself] of the protection of that country’ (**Art. 1A(2) 1951 Convention**)



# What's the difference between a refugee and an asylum seeker?

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## **Asylum seeker**

Has made a formal application for asylum under the 1951 Convention and is awaiting a decision

## **Refugee**

Claim allowed by UKBA or at appeal under 1951 Convention. Applicant gets Refugee Status, which lasts for five years. After five years, if it is still unsafe to return, they can apply for Indefinite Leave to Remain (ILR) in the UK





# Other forms of status

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- If you do not meet Refugee Convention criteria - other status may apply - **Humanitarian Protection (HP) or Discretionary Leave (DL)** if removal would breach rights under European Convention on Human Rights (Article 3 or 8)
- If protection granted on human rights grounds- applicant usually gets HP. Initially granted for five years and subject to review
- In some cases, Discretionary Leave is granted. Initially granted for up to three years. Usually used in cases involving children under 18 who cannot be returned to their country of origin



# Refused asylum seeker

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- Someone whose initial claim and subsequent appeals have been rejected
- Many asylum-seekers do not receive **adequate legal advice** and do not have time to gather evidence needed
- Therefore the courts recognise the right to make a second or '**fresh claim**' if new evidence comes to light
- If no new evidence or change of circumstances, refused asylum-seeker expected to make arrangements to leave the UK
- If a person does not leave after claim is refused the UKBA may enforce return



# A8, A2 nationals

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- **2004 – EU Accession 8:** Czech Republic, Estonia, Hungary, Latvia, Lithuania, Malta, Poland, Slovakia, Slovenia (Cyprus and Malta joined but without restrictions)
- **2007 - EU Accession 2** Bulgaria and Romania
- Since April 2011 A8 countries will have the **same rights and entitlements as those from other member states**



# Irregular/Undocumented migrants

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- Undocumented migrants with **no leave to enter or remain** has expired. Can include:
  - **Unsuccessful asylum applicant** who remains
  - **Visa over-stayer**
  - **Irregular entrant** who does not present on arrival
  - **Children** born to irregular migrants
  - Marriage visa individuals but **breakdown due to violence**
  - **Victims of trafficking:** ( recruiting, transporting, transferring, harbouring or receiving a person through a use of force, coercion or other means, for the purpose of exploitation)





# Health needs of migrants

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- Health needs broadly representative of population (Project London Report 2007) with the exception of psychological problems due to:
  - Journey to the UK
  - Home office interviews and appeals
  - Asylum relocation
  - Destitution
  - Many have faced physical, emotional, sexual trauma
  - Lack of family social support
  - Depression, PTSD
- Majority need help accessing primary care or antenatal services



# Obstacles for migrants accessing health care

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- **Misinterpretation of legislation** among primary care providers and **care refused** if ‘not entitled’
- **Conflation** between primary care and secondary care rules on eligibility for overseas visitors
- **Lack of knowledge of how NHS** works or that they could access healthcare
- **Administrative difficulties** providing **documents** such as proof of address or ID
- **Fear** of being reported to UKBA deters irregular migrants from using health services
- **Language difficulties** - Difficulties in negotiating registration process or completing forms
- **Dispersal**



# Primary care rules

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- No law excluding ANYONE from primary care
- No statutory guidance, or case law suggesting people must be 'resident' or have a visa etc.
- **Relevant legislation - GMS Regulations 2004**, Schedule 6, Para 17- specifies wide discretion that GP has to register, or not, whomever they wish but cannot discriminate
- GPs have discretion to accept or refuse any person as an NHS patient. Can refuse only if there are 'reasonable grounds' (patient not in catchment area, list closed, or previous doctor/patient relationship breakdown)



## Primary care rules (cont'd)

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- DH, 2010 Review of Access to the NHS by Foreign Nationals does not propose any changes to primary care access
- This means overseas visitors- regardless for reasons for being in UK should be treated in exactly the **same way as other ordinary residents** for registration purposes
- Secondary care rules are different- determined on basis of 'ordinary residence' (NHS Charges to Overseas Visitors Regulations 1989)



# Requirements for GP registration

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- To register - patients can provide medical card with their NHS number or **complete a GMS1** form (Para 15.3 Sch.6 GMS Regs)
- No requirement for GPs to request any further proof of identification (BMA Oct. 2011 Guidance)
- No requirement for photo ID
- **No requirement or expectation to check other official documentation** (e.g. passport, immigration papers) to establish status.



# Primary care and refused asylum seekers

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‘All asylum seekers have the right to apply to be fully registered with a NHS general practice. GPs have the discretion to register refused asylum seekers, **to the same extent that they have this discretion in relation to registering any patient, irrespective of the patient’s residency status**’

[http://www.bma.org.uk/ethics/asylum\\_seekers/access asylumseekers.jspvices](http://www.bma.org.uk/ethics/asylum_seekers/access asylumseekers.jspvices)



# Secondary care rules and 'overseas visitors'

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- In April 2004 the DoH restricted access to FREE SECONDARY CARE for overseas visitors
- 'Overseas visitor' –someone not considered to be 'ordinarily resident'
- 'Ordinary resident' –a person in a country which he has adopted voluntarily and for settled purposes as part of the regular order of his life'
- Section 175 NHS Act 2006 empowers SSH to make regulations to charge people not 'ordinarily resident' for some hospital treatments



# Entitlement to free secondary care

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- Someone who is 'ordinarily resident'
- Asylum seekers and refugees and 'fresh' claimants
- Those supported under section 4 or 95 of NASS
- Victims of trafficking
- EEA residents
- Nationals of bilateral health agreements
- Someone on a spouse visa
- Student visa for course longer than 6 months
- Work visa plus family
- Volunteers for a particular service (health)





# Providing for migrant health needs - Specialist or Mainstream provision?

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- May ease pressure on services
- More time, knowledge, interest, empathy
- Holistic - advice, outreach, promotion, continuity
- However- other practices do not get experience
- Fluctuating dispersals
- Wide geographical spread
- Perceived segregation
- Example –ASSIST Leicester
- No specialist practice but must be supported in being accessible
- Services providing facilitators to assist in finding GP, information, advocacy and support
- Provides support to service providers
- Examples: ITM, Stoke-on-Trent asylum team, Refugee Health Team Lambeth, Southwark and Lewisham



## Nottingham snapshot

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- 2009 approx 7000 refugees / 800 asylum seekers
- 1100 children in city in asylum process
- No figures for failed asylum seekers or UASC
- 500 or more destitute asylum seekers
- Majority young, male and single between 18-39
- From 47 different countries -English, Farsi, Arabic, Kurdish, Urdu, Mandarin, Mongolian, Amharic, Tigrinian , Somali spoken
- 9000 A8 migrants approx. on the WRS between 2004 and 2010



Nottingham City

## Local partnerships –Refuge Action, Refugee Forum and NHS Nottingham City

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- June 2010 NHS Nottingham City funded the Into the Mainstream Health Project to provide information, advice and practical assistance to migrants on accessing health services
- Over 300 people helped with health access
- We see men, women and children who have suffered of torture, trauma, civil war
- Reasons people come to us include lack of awareness of eligibility; lack of documents for registration procedures; and problems communicating with healthcare staff
- Maximise impact through health promotion and training



## Partnerships (contd)

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- 14 workshops for over 300 health professionals
- Community health events for over 160 people
- Resources booklet for health professionals
- Distributing health literature, leaflets on health entitlements for asylum seekers
- Health Welcome Pack completed and awaiting approval
- Advocating for change with RCGP consultation on access to health for asylum seekers
- Research and focus group work with over 50 participants from 8 communities on their experiences of healthcare in Nottingham



## Examples of good practice nationally - Newham NHS Pacesetters

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- Aimed to develop a for use by staff in primary care to ensure equal access and to eliminate discrimination faced by migrant communities
- Training with practices in Newham
- DVD with information about accessing health information, advice and treatment in Newham and how to register with a GP
- 8 minute DVD in 23 languages produced and disseminated to all 66 GP practices in Newham

<http://health4migrants.info/2011/05/case-study-3/>



# Meeting needs nationally

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## **Project London**

- Volunteer doctors, nurses and support workers provide advice and practical assistance access to mainstream health services
- Provides basic healthcare in the interim period until full integration into NHS

<http://www.doctorsoftheworld.org.uk>

## **Refugee Health Team Lambeth, Southwark and Lewisham**

- Advice and health promotion, GP clinic for destitute asylum seekers
- Team is merger between health access team and refugee clinical team [www.threeboroughs.nhs.uk](http://www.threeboroughs.nhs.uk)



# Why partnerships are important?

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- Restricting access to healthcare **prevents screening**, diagnosis, immunisation and health promotion services
- Communicable diseases spread –**viruses do not discriminate**
- Process of checking and charging **discourages** sick people from getting help at an early stage
- **Cost of excluding** means late presentation for cancer, TB, HIV etc and treatment is more expensive and less effective
- Visit to **A&E** costs 3 times more than visit to GP
- **Illegal private healthcare** system growing in London



# Resources

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Project London

<http://www.doctorsoftheworld.org.uk/projectlondon/default.Asp>

BMA Guidance October 2011

[http://www.bma.org.uk/ethics/asylum\\_seekers/accessasylumseekers.jsp](http://www.bma.org.uk/ethics/asylum_seekers/accessasylumseekers.jsp)

Department of Health Review of Access to the NHS 2010

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_113243.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_113243.pdf)

NHS Lambeth Primary Care Services for Asylum Seekers

[http://www.threeboroughs.nhs.uk/document\\_view.php?PID=0000000206&DID=000000000000000000092](http://www.threeboroughs.nhs.uk/document_view.php?PID=0000000206&DID=000000000000000000092)

Migrant Rights Network

<http://www.migrantsrights.org.uk/files/Access-to-Health-Care.pdf>

Join the Refugee Health Network

[http://www.medact.org/ref\\_about\\_network.php](http://www.medact.org/ref_about_network.php)

Migrant health guide

<http://www.hpa.org.uk/migranthealthguide>