

Access to Health & Substance Misuse Treatment for Homeless Migrants



Healthcare & the Hostile Environment



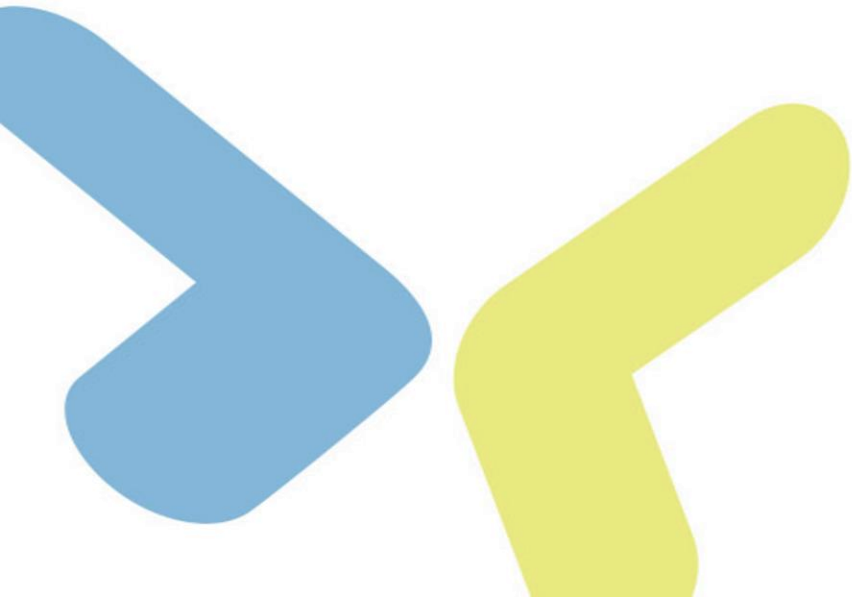
- The Hostile Environment was initially a series of measures designed to put pressure on undocumented migrants to leave the UK by denying them services
- Increasingly, it is becoming a series of measures designed to discourage migration, legal or otherwise
- Immigration checks & the ability to evidence immigration status become increasingly important in accessing a range of services, including healthcare

Primary care v Secondary care

- There are key differences on ability of migrants to access healthcare depending on whether the care is classed as **primary care** or **secondary care**
- Primary care should be available to all
- Access to secondary care is more complex and some groups of people are excluded from access to secondary care



Primary Care



What is primary care?

- Primary care services provide the first point of contact in the healthcare system, acting as the ‘front door’ of the NHS
- Primary care includes general practice, community pharmacy, dental, and optometry services, health visitors & community nurses



Primary care

- Health care (including secondary care) is not a ‘public fund’ for immigration purposes.
- **Everyone** is entitled to free primary care
- **Everyone** is entitled to register with a GP

What, everyone?

Yes, everyone!



How to register with a GP

- NHS UK [How to register with a GP surgery - NHS \(www.nhs.uk\)](https://www.nhs.uk):
 - *Anyone in England can register with a GP surgery to access NHS services. It's free to register.*
 - *You do not need proof of address or immigration status, ID or an NHS number.*
- British Medical Association guidance for GPs:

Anyone, regardless of nationality, residency or immigration status, may register and consult with a GP without charge. Practices can only refuse to register a patient if they have "reasonable grounds" to do so and any decision must not be discriminatory.

Refused GP registration

- GPs can refuse in certain circumstances – see NHS guidance
- If refused registration the GP practice should give reasons in writing within 14 days
- Practices must provide immediately necessary treatment to any person refused registration for up to 14 days
- If refused improperly, complain

Free prescriptions

- Some categories of people are entitled to free prescriptions, e.g. people in receipt of certain benefits, children, pregnant women, people with certain health conditions
- Anyone on a low income can apply for an HC2 certificate to access free prescriptions if they would not otherwise be entitled
- There is no immigration related eligibility requirement
- To obtain an HC2 certificate, complete an HC1 form [Apply online for help with NHS costs - Apply online for help with NHS costs - NHSBSA](#)
- The form needs renewing annually

Secondary Care



What is secondary care?

- Secondary care, is essentially care provided by an NHS Trust or hospital
- In 2014 and 2017 laws were introduced to allow for the NHS to charge certain categories of people for secondary care
- The current rate is 150% of the cost of the treatment to the NHS

Difficulties accessing secondary care

- Hospitals have a duty to check entitlement to care – Overseas Visitors Charging Officers
- Entitlement is complex
- Many migrants fear there may be consequences to trying to access healthcare which will impact negatively on them
- 80% of undocumented migrants reported fear of possible consequences as a deterrent from seeking care, and around 30% of asylum seekers stated that having been denied healthcare previously was a barrier to accessing further care

Ordinary residence

- Anyone who is deemed to be “ordinarily resident” in the UK is not subject to health care charging
- “ordinary residence” is not strictly defined and is not simply a matter of nationality
- Generally, a person is ordinarily resident if they are residing lawfully in the UK for settled purposes as part of the regular order of their life
- As a rule of thumb, most UK, Irish & EU citizens living lawfully in the UK will be deemed to be ordinarily resident unless they have recently returned from living abroad
- For an EU citizens (& their family members), living lawfully in the UK generally means having settled or pre-settled status through the EUSS or having applied to the EUSS & be awaiting a decision.

Not ordinarily resident

If you are **not** deemed to be ordinarily resident, you may still be able to access health services without charge if either,

- You are an **exempt person**; or
- The treatment you are accessing is an **exempt treatment**



Exempt people

The following 'categories of people' are exempt from charges and can receive free secondary care:

- Refugees
- Asylum seekers
- Refused asylum seekers in receipt of s4 support (or others in receipt of asylum support)
- Victim or suspected victim of trafficking or modern slavery (must have been referred to NRM)
- Paid the Immigration Health Surcharge or received exemption from the charge
- Unaccompanied children in the care of local authorities
- Prisoners & people being held in immigration detention
- Anyone compulsorily detained under a court order or under s3 of the Mental Health Act
- Anyone from a country with whom the UK has a bi-lateral health agreement (though may be restricted to immediately necessary treatment) [UK reciprocal healthcare agreements with non-EU countries - GOV.UK \(www.gov.uk\)](#)

Exempt treatment

Secondary care will always be free for the following services

- A&E treatment (until admitted)
- Walk in centres and minor injuries centres
- NHS 111 advice line
- Diagnosis & treatment of communicable diseases
- Diagnosis & treatment of sexually transmitted infections
- Treatment necessary as a result of torture, FGM, DV or sexual violence
- A continuing course of treatment
- Compulsory detention under the Mental Health Act
- Palliative care when provided by a charity or community interest company

Not exempt?

- If charging regulations apply to a person and they are not in an exempt category it may still be possible for them to receive secondary care
- A person can receive secondary care, when the charging regulations apply and they do not fit in to an exemption, IF a clinician deems that the treatment is **urgent or immediately necessary**
- However, they will be charged for the treatment provided

Urgent or immediately necessary

- **Urgent** – “treatment which is not immediately necessary but which cannot wait until the person can be reasonably expected to leave the UK”
- **Immediately necessary** – treatment which is necessary to:
 - Save the patient’s life
 - Prevent a condition from becoming immediately life-threatening
 - to prevent permanent or serious damage from occurring to the patient or the wider community
- Maternity care is always immediately necessary.
- Care received on this basis must be provided without delay.

Not urgent or immediately necessary

If secondary care is deemed not urgent or immediately necessary then treatment will not be provided unless the patient can pay up front



Challenging refusals of secondary care

- Ask for the decision in writing urgently
- Find a public law solicitor for advice on challenging the decision to refuse secondary care.



Dealing with hospital bills

- Do not ignore hospital charges
- If the person can afford to pay back a small amount each month, they can set up a repayment plan
- If not, or if hospital is not accepting offered repayment plan, seek advice from a debt advisor
- Hospitals are legally obliged to make efforts to recover the costs
- A person can ask the NHS to write off their debt if it would not be cost effective to pursue payment of the debt BUT the NHS may ask the person to repay the debt if their financial situation improves

Accessing Substance Misuse Services



The Toolkit

GLA commissioned Homeless Link to produce a toolkit focussing on access to substance misuse services for migrants

[GLA Toolkit Guidance.pdf](#)
[\(kxcdn.com\)](#)



Substance misuse – Primary care services

Tier 1 Services	Tier 2 Services	Tier 3 Services
<ul style="list-style-type: none"> • Alcohol and/or drug-related information and advice • Screening and assessment 	<ul style="list-style-type: none"> • Harm reduction intervention to reduce BBVs (including needle exchange) • Interventions to minimise risk of overdose • Brief psychosocial interventions • Drug-related aftercare support after care-planned structured treatment • Outreach service to engage people into treatment/reengage people dropping out of treatment 	<ul style="list-style-type: none"> • Community-based specialised assessment • Care planning, coordination and review in structured treatment, including keywork • Community care assessment and case management • Prescribing interventions, including for stabilisation and oral opioid maintenance • Community-based detox • Structured psychosocial interventions • Structured day programmes

Secondary care – Inpatient detox

- Inpatient detox is **not** an exempt treatment
- Therefore, if person is not ordinarily resident & not an exempt person, they can be charged for inpatient detox
- If the person's life is at risk the treatment will be deemed “immediately necessary” & will be provided but charged for
- Local drug & alcohol commissioners may have some discretion so it can be worth contacting them to check

Secondary care – Residential Rehab

- Not only is residential rehab secondary care, but bedspaces are usually paid for through Housing Benefit
- Therefore, there are two eligibility criteria to consider:
 - Is the person entitled to free secondary care?; and, if yes,
 - Is the person entitled to Housing Benefit?
- Any person not entitled to free secondary care will almost certainly not be entitled to Housing Benefit, BUT a person can be entitled to free secondary care but NOT be entitled to Housing Benefit

Who may be eligible for secondary care but not Housing Benefit?

- Some EU citizens & family members who hold only pre-settled status or who are awaiting an EUSS decision;
- People who have leave to remain in the UK which is subject to a condition of No Recourse to Public Funds
- Asylum seekers, refused asylum seekers, those in receipt of asylum support
- Victims or suspected victims of trafficking referred to the NRM

Other possibilities

- Under the Care Act 2014, social services may have a duty to person with a need for care and support. This can extend to accommodation & support and could potentially cover accommodation in residential rehab
- Immigration advice may be helpful in identifying a way to gain/improve immigration status – e.g. changing from pre-settled to settled status under the EUSS
- Again, commissioners may have some flexibility/discretion and it may be worth checking this

Other resources

- Join us on slack by clicking [here](#)
 - Community of Learners channel; and
 - 2nd tier advice slack channel
- Sign up to Homeless Link's quarterly newsletter [here](#)

