

## Healthcare Charging

### What do refugee and asylum support projects in England need to know?

#### Who is entitled to what in England?

**Refugees:** entitled to free healthcare at all levels of care.

**People seeking asylum:** entitled to free healthcare at all levels of care (whilst their application for asylum is still being considered or any appeal is pending).

**Refused asylum seekers:** have been chargeable for in-patient hospital care since 2004, but are now chargeable for many other services (see right). However, charges do not apply to those receiving Home Office Section 4 support, or those supported by the Local Authority under the Care Act 2014.

BUT, regardless of the patient's chargeable status, all immediately necessary and urgent treatment must be provided, though the patient may later be charged. Only a clinician can assess the urgency of treatment and should do so using the definitions provided in the relevant guidance.

Maternity care (pre and post-natal, whether delivered in hospital or via community services) is classed as immediately necessary and urgent treatment and should never be withheld pending payment.

When someone is granted refugee status, any charges still held against them must be dropped and if any charges have been paid, they should be paid back to the individual.

#### Some exemptions also apply to people with certain statuses...

Charges do not apply to those who have paid the **health surcharge** and to those with an European Health Insurance (**EHIC**) card or equivalent. **Overseas visitors may also qualify for an exemption** from charging on a number of other grounds, including.

- Child looked after by Local Authority (but not families cared for under Section 17 of Children's Act);
- Victims, and suspected victims, of modern slavery who have been referred to the National Referral Mechanism;

#### NHS Charging Regulations

New rules, known as the 'The NHS (Charges to Overseas Visitors) (Amendment) Regulations 2017' came into force on 23 October 2017. These regulations:

- **Extend charging into community healthcare services**  
Includes services delivered by NHS providers and charities and social enterprises under contract to the NHS. Services include community midwifery, community mental health services, termination of pregnancy services, district nursing, support groups, advocacy services, drug and alcohol services, and specialist services for homeless people and asylum seekers.  
Excludes health visitors and school nurses.

- **Introduce obligatory up-front charging**  
If a patient cannot prove that they are entitled to free care, they will receive an estimated bill for their treatment, and treatment will be withheld until the patient pays in full, unless treatment is deemed 'urgent' or 'immediately necessary.'

Home Office will be notified of any unpaid bills over £500 after 2 months and this may affect future immigration applications.

#### GP and A&E services remain free to all!

**'Chargeable' patients – which include most refused asylum seekers – will still be able to access the following services and treatments for free:**

- **GP services;**
- **A&E**, including walk-in centres, minor injuries units or urgent care centres (up until the point when patient admitted);
- **family planning services** (does not include termination of pregnancy);
- diagnosis and treatment of specified **infectious diseases** and **sexually transmitted infections (including TB and HIV)**;
- **palliative care services** provided by a registered palliative care charity or a community interest company;
- services that are provided as part of the **NHS111 telephone advice line**;
- treatment required for a physical or mental condition caused by: **torture; FGM; domestic violence; or sexual violence**.

- An overseas visitor who has been granted leave to enter the UK outside the immigration rules, in whose case the Secretary of State for Health determines there to be exceptional humanitarian reasons to provide a free course of treatment;
- Anyone receiving compulsory treatment under a court order or who is detained in an NHS hospital or deprived of their liberty;
- Prisoners and immigration detainees.

See Department of Health and Social Care [Guidance on Implementing the Overseas Visitor Charging Regulations](#) for full list of exemptions.

### Wider context and our concerns

- The 2017 Amendment Regulations are part of the Government's 'hostile environment' agenda. The powers to extend charging were introduced by the 2014 Immigration Act;
- The Regulations were laid without evaluation of their impact on health outcomes and health inequalities and without sufficient Parliamentary scrutiny or public consultation;
- They are unworkable. Many vulnerable migrants (especially refused asylum seekers) have no means of paying bills. Vulnerable people are being deterred from accessing care. Life-saving care has been withheld because of the rules about up-front payment;
- Widespread confusion over entitlements is exacerbating current health inequalities;
- The charging rules and the sharing of information about debts with the Home Office undermines relationships of trust between patients and medical professionals. We also have evidence of the deterrent effect of charges and reporting of debts on people with serious conditions;
- There is a risk of racial profiling being used to identify chargeable patients;
- The charging rules will be costly to the NHS. The Government's Impact Assessment projected small financial savings for the NHS but failed to take into account the administrative burden, cost of staff training and impact of increased patient waiting times. Confusion around eligibility is resulting in late diagnosis and treatment amongst groups most at risk. Emergency interventions undertaken after an individual's health has deteriorated and they require urgent treatment are more costly to the NHS, and patients in this situation are also more likely to need to stay longer in hospital. Deterring patients from seeking care also undermines investment in public health initiative such as the TB prevention strategy.

### Campaigning against the charging rules

Asylum Matters has been campaigning against the charging rules, together with local and national partners.

**How can you help?** We need your help to evidence the unworkability of the charging rules and demonstrate the negative impact on patients. If you have any case studies about people who have experienced delayed treatment or have been erroneously charged, please get in touch. We are also looking for individuals who would like to speak to the media about their experiences.

Please get in touch with Estelle Worthington at Asylum Matters, E: [estelle@asylummatters.org](mailto:estelle@asylummatters.org) | T: 07557 983 264

### Where to get help and advice on individual cases

You can refer patients facing charging to the following advice lines:

**Doctors of the World:** 0207 515 7534

**Maternity Action:** 0808 802 0029

**We also recommend that individuals make their MP aware of any charging issues they are experiencing.** You can search for your local MP using your postcode [here](#).

Further information about an individual's rights and entitlements can be found in section 5 of

[Know Your Rights – A Guide for Migrants](#) and in [Doctors of the World's briefing Healthcare Entitlement and Charging in England](#)