Bristol, North Somerset and South Gloucestershire
Clinical Commissioning Groups

Bristol Health and Wellbeing Board

Title of Report:	**Migrant/refugee and asylum seeker health**
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Date of Board meeting:	**28 October 2020**
Purpose:	Oversight and assurance

1. Executive Summary

The term 'migrants' includes economic migrants, family reunion migrants and asylum seekers and refugees. The key issue is inclusion and accessibility. COVID-19 has added an extra layer of complexity to service pathways which migrants find additionally difficult to navigate. Charging patients for NHS service is currently a blunt tool, with the onus being on the migrant to prove they are not responsible for the considerable bills they are sent. The report makes a number of recommendations: to improve information, to review how charging is delivered and to consider additional funding to ensure equal access to services.

2. Purpose of the Paper

The BAME COVID 19 Steering Group have identified that charging migrants for health care is a COVID risk for migrants in Bristol who may be reluctant to use health services for fear of charging. This report looks at health charging issues for migrants and wider health issues for refugees and asylum seekers.

3. Background and evidence base

Inclusion and accessibility

Migrants and refugees and asylum seekers are unaware of what services are available and how to access them. Asylum seekers and refugees (AS&Rs) struggle to understand primary care and how to navigate pathways into support. There is a need for translated information and advocates who can support them to access services. Asylum seekers and refugees may have no fixed address which is problematic when registering for a GP or seeking support with community and secondary care services such as maternity services. It is important for health providers to signpost people and not turn people away; the Haven can support with registering with GPs and Project Mama can support AS&Rs who are pregnant.

Social workers and foster carers support unaccompanied asylum seeking children and young people (UASC) but they may not know what is available and may struggle to navigate services if the asylum seeking young person has complicated health needs. There is a need for translated information and information for professionals who support AS&Rs to navigate health provision.

There is also an issue of co-ordination. The refugees on the Vulnerable Person's Resettlement programme have high health needs. The support worker brings together consultants and GPs to help the patient to understand their holistic health needs or to organise EHCPs. Outside of the resettlement scheme AS&Rs don't have advocacy or help with co-ordinating their health issues and a patient with complex needs would struggle to understand the varying diagnoses and treatments.

Language barriers

People with English as an additional language struggle with GP triage services. The patient may have bilingual support present when phoning the GP reception, but when a doctor returns the call later in the day, this bilingual support may not be present. Many AS&Rs speak little or no English and struggle with GP triage services. With limited income they may not have enough phone credit to remain on hold long enough to speak to a receptionist. They often rely on bilingual friends, if available, to book appointments for them; having to compromise their privacy. In Bristol the GP will use interpreting for the GP appointment if one is made; language support is needed during the booking process as well.

These issues are exacerbated by COVID social distancing regulations. AS&Rs don't know whether the GP is open, struggle to talk to a doctor on the phone and when they go to the surgery to make an appointment, are sent away. The VPRS support workers are making doctor's appointments for 90 households, many of whom could make appointments for themselves before COVID. There is a need for advocacy as it is harder to get a GP appointment at the moment due to COVID,

Charging

There are numerous anecdotes in Bristol of vulnerable migrants receiving enormous bills for treatment they have received. A number of individuals have received support to challenge these bills from the VPRS team SARI, BCC Asylum Team and others, which has often resulted in the bills being cancelled. There is also anecdotal evidence that vulnerable migrants in Bristol are deterred from seeking healthcare due to fears of charging. Unpaid NHS bills can negatively affect migrants' applications for Leave to Remain. Incorrect charging exacerbates anxiety, creates additional work for professionals and can affect future immigration status.

The Overseas office at Southmead hospital issues letters to charge patients for services received. There is a need for better co-ordination within this team. The service should not send out letters unless they have checked the person is not entitled to health services, at the moment the onus is on the patient to refute the letter. It is also important for people to know that communicable diseases such as TB and COVID are not chargeable but it is difficult to attain these diagnoses without first seeking medical care, leaving them in a catch-22 situation.

Equal Access

The nasal spray flu vaccination offered free to children up to and including year 7 includes gelatine. There is a halal option but the child must be 'vulnerable' to receive this vaccination. Non vulnerable children can pay £14pp for the halal vaccination. This inequality is based on religion rather than migrant status, but many AS&R are Muslim and have limited access to funds and so this issue is being raised within this report.

During the COVID crisis there is ongoing provision of mental health support for looked after AS&R children (i.e. those in social care) through Thinking Allowed. ARC, the equivalent service for AS&R children living with their families, was minimally funded prior to the COVID pandemic and since it's onset all servicesto non-looked after children has been suspended. This has left many young, traumatised children without access to any psychological support during this period of unprecedented stress and upheaval.

Access to dentistry is particularly problematic for migrants. The dentist requires an interpreter for initial appointments and most follow up appointments. Some dentists do not accept telephone interpreting. The dentist does not provide nor pay for the interpreting. For AS&Rs who arrived in Bristol in early 2020, they have been unable to register with an NHS dentist to date. Using the 111 service is very difficult to navigate for a migrant who does not have an advocate.

COVID Response Update

The key issues for AS&Rs since March 2020 are isolation, deterioration of mental health and homelessness. Since the beginning of the crisis, food poverty has subsided thanks to the enormous efforts of the VCS networks within Bristol but mental health remains a key issue. The barriers clients face to accessing services include language issues, tech poverty, and accessibility changes. The Bristol Refugee Forum meets with homelessness services fortnightly to discuss hotel and move on provision and has distributed translated public health information to AS&Rs in the city. The refugee drop-in services remain closed with the VCS offering socially distanced services in the main. The VPRS offered face to face support where needed throughout the lockdown. Public health is supporting Ready Homes to develop best practice COVID procedures and outbreak plans.

4. Community engagement

This report has been co-produced with Anne Gachango and Dr Caroline Crellin Crentsil from the Haven; The Asylum and Refugee Health Service, Dr Mary Griggs from the Traumatic Stress Service, Angela Evans from the BCC Asylum Team, Liz Small from Barnardos and David Barclay from the City Office. Bristol Refugee Forum have been invited to make raise issues vis the Public forum

5. Recommendations

1	For public health to set up a task and finish group to develop • information for professionals and supporters including information on needs in the JSNA • good translated information explaining how primary care services work • Provide ESOL for Health courses • to support the use of community champions and ambassadors to assist with sharing public health messages to specific refugee communities • Organise Community Health Workshops for migrants to learn about specific health issues, e.g Vitamin D deficiency, managing diabetes
2	To develop a shared policy between Bristol's NHS Trusts in regards to migrant healthcare charging which would include have data sharing agreement to prevent the production of charging letters to people who are not required to pay for health services
3	For the Board to engage with national-level campaigns which are advocating for a change in the rules on migrant healthcare charging.
4	For the CCG to purchase • sufficient trauma informed psychological support to AS&R children living with their families • sufficient halal flu vaccinations as an alternative to the nasal spray flu vaccination

6. City Benefits

Across Bristol and in our many different neighbourhoods, residents are working to build communities and secure futures for all of us and our children. We celebrate that it is this hard work that makes us a caring and vibrant city which is greater than the sum of its parts. We also recognise that sharing, taking care of each other, and giving people the support we all need and a home to go to will make a great city even better.

For AS&Rs not supported by the VPRS scheme, the bulk of the burden of responding to the COVID-19 crisis has been borne by exceptional VCS organisations. Without them, services such as The Haven would have struggled to cope with the increased need in the AS&R community at this time. With increased funding, the VCS network will be able to deliver programmes to meet some of the above recommendations. However some of the health specific recommendations in this report are best met by statutory agencies given their public health impact.

7. Financial and Legal Implications

If the Board supports some or all of the recommendations, the team who have put together this report would be pleased to submit costings.

Appendices

Migrant Healthcare Charging

The Policy Context

The Immigration Act 2014, which came into force in 2015, saw the expansion of pre-existing charging regulations for 'overseas visitors' using the NHS. This included broadening the group of people who are chargeable, introducing an 'immigration health surcharge' for those seeking visas to enter the UK, and up to 150% charge for treatment in secondary care.

In October 2017, these regulations were once again expanded. Now, charging has been introduced into some community services, NHS Trusts have a duty to check the eligibility of all patients before providing treatment in secondary care, and, for certain treatments, patients may be asked to pay upfront or risk being turned away.

Charging occurs in secondary care, including hospitals and community services provided by both NHS and non-NHS funded providers. Most primary care, including accessing a GP is still free for everyone. Treatment in A&E, urgent care centres, and walk in centres is also still free.

The way that charging happens works differently in different Trusts. Due to the extension of the 2015 Charging Regulations in October 2017, patients may be charged upfront for the full cost of secondary care, or a proportion of the treatment and charged the rest retrospectively. If treatment is deemed to be 'immediately necessary' or 'urgent', patients may be charged or billed retrospectively. Some Trusts are implementing payment plans on a variable basis, which means that patients may be able repay a small amount on a monthly basis toward the cost of their treatment.

There can be confusion about the charging regulations and who is eligible for free treatment. This confusion comes from the duty for health professionals to identify eligibility for treatment on the basis of the treatment required, the patient's residency and immigration status and the urgency of the treatment.

There are a number of exemptions to the charging regime, including:

- Asylum seekers
- Refugees
- People with leave to remain in the UK (indefinite, temporary)
- Those who have paid the immigration health surcharge with their visa application
- EEA nationals in possession of EHIC or Provisional Replacement Certificate
- Failed asylum seekers with a fresh application for asylum, humanitarian protection or temporary protection recorded by the Home Office
- Looked After Children (LAC) or children with no parental responsibility
- Victims of Modern Day Slavery, or decision of this pending, or if treatment commenced prior to decision was made
- Those in receipt of support under Section 95 of the Immigration & Asylum Act 1999
- Failed asylum seekers and their dependents in receipt of support under s4(2) of 1999 Act, or those in receipt of support from local authority under Part 1 (care and support) of the Care Act 2014, or s35 or 36 of the Social Services and Well-Being (Wales) Act 2014, by provision of accommodation
- Prisoners and immigration detainees
- Those in receipt of compulsory treatment under a court order or detained under the Mental Health Act at the time of treatment

There are also a number of treatments which are exempt from charging, including:

- Family planning (excluding termination of pregnancy)
- Diagnosis and treatment of specified infectious diseases
- Diagnosis and treatment of sexually transmitted infections

- Palliative care services provided by a registered palliative care charity or community interest company
- Services provided as part of NHS111 telephone advice line
- Treatment required for a physical or mental condition caused by:
    - Torture
    - Female genital mutilation
    - Domestic violence
    - Sexual violence

Problems with Migrant Healthcare Charging

Healthcare workers have a primary duty of care to patients. These regulations place a difficult burden on healthcare workers, with individuals making subjective decisions about whether a patient is eligible for treatment that may put patients' health at risk further down the line.

Charging deters people from seeking care or attending screening. This has already been documented amongst migrants living with HIV, despite the fact that HIV treatment is exempt from charging. Research by Doctors of the World shows that 2 in 3 pregnant women who attend their clinic have not had an antenatal appointment by the recommended 10 weeks, and 1 in 4 haven't been seen at all by 18 weeks. Considering BAME women face significantly higher rates of maternal and infant mortality in the UK, placing further barriers to accessing antenatal care such as fear of being charged risks the health of pregnant women.

Receiving bills for treatment (which can be as high as £20,000) can cause enormous stress and mental health challenges.