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Access to Healthcare for Asylum Seekers, Refugees and Vulnerable Migrants: a response to the recent review carried out by RAMFEL on behalf of Healthwatch Redbridge

healthwatch Redbridge

Introduction

Last year Healthwatch Redbridge commissioned the Refugee and Migrant Forum Essex & London (RAMFEL) to look into issues around access to healthcare for vulnerable migrants. As part of our work programme, they were asked to look at *'Ensuring people have access to the right health and care services they need to stay well.'*

RAMFEL works with a range of vulnerable migrants that have different entitlements to healthcare along with varying needs. For example an undocumented migrant would not automatically have entitlement to secondary care, but they may in fact be an undocumented migrant who is an asylum seeker or victim of trafficking after which they would have entitlement to secondary care. The rules are complicated for us to understand at RAMFEL as professionals in this field, so for healthcare professionals, vulnerable migrants themselves and those administering access it can be very confusing.

Methodology

9 individuals gave in depth interviews regarding their experience of accessing healthcare and 11 people (separate to the in-depth interviews) completed questionnaires as part of this small research project.

RAMFEL added anonymous case studies based on individuals they had worked with. RAMFEL spoke with their staff and other organisations in Redbridge regarding their experience of supporting clients who had difficulty accessing healthcare.

Further Work

As part of the follow up for the original report[1], Healthwatch Redbridge and RAMFEL met with members of the Barking & Dagenham, Havering and Redbridge Clinical Commissioning Group (BHRCCG) and presented the findings with a number of case studies to 22 attendees, including 17 GPs.

Findings

- **Vulnerable migrants are deterred from accessing medical services**
  Vulnerable migrants especially those with insecure immigration status are being put off accessing medical services even when they need them as they are worried about the consequences.

  None of the people interviewed understood the difference between primary and secondary health care, no one was able to explain exactly their entitlement to healthcare and at least 3 clients felt they weren't entitled to support that they in fact were, a common theme though was one of fear of being denied care, of being unable to pay

[1] http://healthwatchredbridge.co.uk/sites/default/files/ramfel-_access_to_healthcare_for_vulnerable_migrants.pdf

for care or of receiving treatment leading to future immigration applications being denied.

> ***"I have recently heard that if you are an "overstayer" or with "no recourse to public funds" and need medical operation you have to pay the medical bill from the hospital, even for childbirth… I am very worried".***

> ***"I avoid using healthcare services which may incur a cost. It's hard to go to get treatment when you have no status because you have no money."***

- **Poverty, destitution and low income**

Those interviewed were a mix of asylum seekers, refugees and other vulnerable migrants with and without status, therefore the financial means of the clients varied. However in different ways financial issues did affect their ability to access healthcare.

38% of those interviewed mentioned issues with transport affected their ability to access healthcare however **43%** of clients said they experienced financial difficulties.

> ***"I have a budget of £5 for day to live on. It's difficult for me to pay for travel to and from hospital appointments"***

> ***"If I don't have money I walk to the GP even though it's far away".***

- **Lack of access to correct and understandable information**

Many of the clients interviewed spoke enough English to complete the interview or questionnaire. However, 3 respondents said that lack of interpreting and translation was an issue when accessing services.

> ***"Language is a major barrier for non-English speakers. I find it difficult to know where to go or find the location of the GP."***

> ***"Unable to access online services as I can't read English".***

> ***"Accessing healthcare in Ilford is not good, a lot of problems, no interpreters"***

> ***"Everything was good [but], they don't provide interpreters"***

- **Psychological effect of the "hostile environment"**
  One mother who had recently given birth by caesarean felt hounded by the home office in the days after giving birth, the home office used discharge information to find her current address and performed an immigration raid which left her "physically shaking" afterwards. Struggling at the time with homelessness and her new born baby as a first time mum, the immediate intervention of the Home Office and the collusion with medical services certainly engendered a feeling of hostility at an already difficult time. The child in question is a British citizen, and the mum now has leave to remain.

  Another mother interviewed was diagnosed with cancer, shortly after which she was presented with a bill for treatment of the cancer and of the cost of giving birth 6 years ago, that she had up until that point been unaware she needed to pay for.

- **Lack of advice and support**
  Mohammed was unable to apply to renew his HC2 certificate through the asylum support related services who he informed us should process this for him and was unable to pay for medicine at that time.

  Other interviewees had similar experiences and there was no clear point at which the NHS would provide them with the necessary information, to ensure they understood their rights and entitlements.

  RAMFEL is also concerned that whilst asylum seekers have a right to access medical care as well as clients with leave to remain with 'no recourse to public funds' attached, they may fall foul of unsophisticated attempts to screen people who may have to pay for medical treatment.

  > ***"Belinda is concerned about what will happen once the maternity card runs out this April because she has no status. She's concerned as she is destitute."***

  All clients interviewed had been able to register with a GP, although this result may be slightly misleading in that all individuals interviewed were clients of RAMFEL.

Response from BHR CCG

Healthwatch Redbridge and RAMFEL presented the findings from the original report to members of Barking & Dagenham, Havering and Redbridge Clinical Commissioning Group (BHRCCG) on 4 April 2019.

GP attendees at the meeting provided a number of examples from their own practices.

A GP raised the issue of a person being treated for a renal condition. They required routine secondary care support to manage the condition appropriately, but this was not provided by the hospital due to confusion about their immigration status.

The GP said they continued to provide what they could but this led to the patient's condition becoming so serious that they suffered renal failure and ended up being admitted to an Intensive Care bed.

The GP was concerned that he was seeing the patient every week and raised this with the hospital. In the end, the hospital took the decision to treat the patient regardless of their confirmed status. The GP said ***'it was silly and costing the NHS much more than the initial treatments would have.'***

- **RAMFEL responded by saying that denying someone care often means they deteriorate to the point they're then entitled to emergency care.**
- **They provided a further example of a migrant with mental health conditions not being able to access support until the condition became so bad that they were sectioned under the Mental Health Act. Although this intervention supported the patient for a while, once released the ongoing support was not provided and the patient was stuck in a permanent destructive cycle.**
- **As an organisation, RAMFEL have become increasingly aware that the costs associated with treating a person with an emergency condition can be much higher than treating the original condition within secondary care itself. If preventative support could be offered sooner, the costs for further interventions would be minimised.**

Another GP said they were concerned that they had a lack of knowledge around the entitlement to free medical support. They added they did not feel it was their role to act as a gatekeeper.

- **RAMFEL said it was a concern and the level of knowledge needed is increasing. They work closely with 'Doctors of the World[2], an organisation that runs clinics and advocacy programmes in London.**

- **Denying someone care often means they deteriorate to the point they're then entitled to emergency care.**

A GP recounted the concerns he raised for one of his patients, an asylum seeker who, after blood tests and other investigations, was diagnosed with a lymphoma. She was refused treatment from secondary care. The issue 'went back and forth' at consultant level for a decision as to whether she required chemotherapy. The delay extended for over six months with the effect that the patient died before any treatment could be provided.

'The practice had to live with that. From an ethical, clinical and moral point of view; it's wrong.'

- **RAMFEL responded that the asylum seeker, should in this case, have had access to secondary health care.**

A GP said there was a major gap in the provision of healthcare services whereby primary and emergency care is offered free at the point of delivery, but the problems begin when secondary care is not being offered; this leads to greater cost pressures being faced through emergency care.

A GP mentioned she was concerned there appeared no fast-track system for checking status.

A GP spoke about his concerns whereby he was seeing many patients with high mental health needs but the services weren't there. He said mental health (secondary care) should be an option for patients.

A GP spoke about a patient referred by the police due to abuse and trafficking concerns. After being placed in a safe house, services were provided. The GP said, although they had done what they could, she was aware that they were being asked to provide a large amount of input.

- **RAMFEL responded that they had the same issues in referring into mental health, stating that, in a recent survey RAMFEL had found that 86% of their clients had stated they had mental health problems. Very few were offered talking therapies.**

[2] https://www.doctorsoftheworld.org.uk

A GP suggested more work needs to be done locally to identify what services are provided for asylum seekers.

- **RAMFEL responded that most people (asylum seekers, refugees, people with no recourse to public funds) will have access to all health care. The only categories for refusal to some services are people who have been refused asylum seekers and those with no status.**

- **They agreed that it was a complex system and difficult to navigate.**

RAMFEL was happy to share its contact details with BHR CCG in order to support GPs with any issues or concerns they might have.

Recommendations

- **Promote the safe surgeries initiative from Doctors of the World (DOTW)** https://www.doctorsoftheworld.org.uk/what-we-stand-for/supporting-medics/safe-surgeries-initiative/safe-surgeries-network/#
- **Fund DOTW mobile clinic, which RAMFEL can host in Redbridge**
- **Fund training of staff in understanding immigration status, entitlements and the impact on those affected**
- **Work with RAMFEL to identify how immigration status and eligibility is established and what to do in cases where it is not easy to establish immigration status. Accident and Emergency**

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Contact Details:

Healthwatch Redbridge Cathy Turland - Chief Executive Officer 020 8553 1284 cathy@healthwatchredbridge.co.uk	RAMFEL James Tullett – Chief Executive Office