Witness Name: Anna Miller, Doctors of the World UK
Statement No :1
Exhibits:14
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UK COVID-19 INQUIRY

WITNESS STATEMENT OF ANNA MILLER, DOCTORS OF THE WORLD UK

I, Anna Miller, will say as follows: -

1. I am Head of Policy and Advocacy at Doctors of the World UK ("**DOTWUK**"). I make this statement in response to the Request for Evidence by the Chair of the UK Covid-19 Inquiry under Rule 9 of the Inquiry Rules 2006 (Reference: M1/DOTWUK/01).

2. In accordance with the request, my statement will speak to the state of the UK's pandemic planning, preparedness and resilience, at the time that the Covid-19 pandemic struck.

Brief overview of history, legal status and aims of the organisation

3. Médecins du Monde is an international and independent humanitarian organisation that aims to empower access to medical care to vulnerable and excluded populations. The organisation was established in 1979 and today operates or supports over 400 projects in over 70 counties.

4. Doctors of the World UK ("**DOTWUK**"), the UK office of Médecins du Monde, was established in 1998 and is a registered charity in England and Wales (charity number: 1067406) and company limited by guarantee (company number 1067406). The purpose of DOTWUK is to improve access to healthcare and health outcomes for vulnerable and excluded communities.

5. DOTWUK runs busy volunteer-led clinics with GPs, nurses, midwives and caseworkers that assists the most vulnerable members of the community to get the healthcare they need. DOTWUK also run national advocacy programmes aimed at overcoming barriers to GP registration and access to secondary NHS care in hospitals. They also provide accessible information and resources to assist communities to understand and access their healthcare rights. The majority of patients DOTUK assists are people without formal immigration status who have lived in the UK for a number of years. They are often living in extreme poverty and experiencing acute social isolation.

6. DOTWUK draws from its grassroots work and wider experience to conduct qualitative and quantitative research, often in conjunction with academic institutions; to publish regular evidence based policy reports; and to conduct parliamentary advocacy.

State of the UK's pandemic planning, preparedness and resilience, at the time the Covid-19 pandemic struck in respect of vulnerable migrant communities

NHS charging and data sharing

7. It is the view of DOTWUK that immigration policies which cut a vulnerable part of the population out of access to healthcare services, and repeated failures to account for the public health consequences of these policies significantly undermined the government's planning, preparedness and resilience for a pandemic at the time Covid-19 struck.

8. The National Health Service (Charges to Overseas Visitors) Regulations 2015 ("**NHS charging regulations**") remove entitlement to NHS services for a proportion of the population, undocumented migrants. The accompanying policy of data sharing between the NHS and the Home Office allows information to be shared between these two public bodies, which can lead to serious immigration consequences for certain people seeking healthcare. The impact of these immigration policies is that patients without immigration status often believe they are not able to access the NHS at all or avoid NHS services for fear of immigration enforcement.[1] DOTWUK's data

[1] Doctors of the World UK, Research briefing: *'Deterrence, delay and distress: the impact of charging in NHS hospitals on migrants in vulnerable circumstances'*, October 2020

pre-dating the Covid-19 pandemic showed that, over 1 in 3 (34.3%) of patients subject to NHS charging regulations were deterred from seeking timely health care through the NHS because of charging.[2]

9. The NHS charging regulations exempt services for communicable diseases from charges. This measure was introduced to protect public health, however, prior to the onset of Covid-19 the government ignored evidence showing this exemption failed to ensure migrant patients had good access to public health and communicable disease services, with migrant patients experience late diagnosis and treatment for TB[3] and HIV[4] and suboptimal levels of vaccination.[5] Indeed, Public Health England warned the government as early as 2013 that exemptions would not be sufficient public health policy for controlling communicable diseases and highlighted the particular risk in relation to the spread of respiratory pathogens:

> *Restricted and delayed access to health care (especially primary care) can lead to delayed diagnosis and therefore increased risk of further transmission of not only the chronic diseases discussed above but also of acute infectious diseases (e.g. respiratory pathogens such as influenza, SARS and MERS-CoV), which can rapidly case serious public health situations and incur significant health service and economic costs.* (AM/1- INQ000142177).

10. This evidence is in line with DOTWUK's experience that narrow exemptions for individual services do not work in practice. Patients present with symptoms, not diagnosis, and it is often impossible for them to know in advance if the service they require is a communicable disease service or not. Further, patients rarely distinguish between different NHS services, meaning that in order for them to access any service they need to trust the NHS as a whole. DOTWUK provided the government with evidence that the communicable disease exemption was failing to work on multiple occasions before the Covid-19 pandemic.

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[2] Doctors of the World UK, *Delays and Destitution: An Audit of Doctors of the World's Hospital Access Project (July 2018-20)*, October 2020
[3] Potter, J.L., Burman, M., Tweed, C.D. *et al.* The NHS visitor and migrant cost recovery programme – a threat to health?, *BMC Public Health* 20, 407 (2020).
[4] National Aids Trust, *HIV and migration: Understanding the barriers faced by people born abroad living with HIV in the UK*, 2021
[5] S Hargreaves, J Carter, A Mehrotra, F Knights, A Deal, AF Crawshaw, F Wurie, Y Ciftci, A Majeed, 'Exploring barriers to vaccine delivery in adult migrants: a qualitative study in primary care', *European Journal of Public Health*, Volume 32, Issue Supplement_3, October 2022

11. A wealth of evidence shows refugees, asylum seekers and migrants have poor health outcomes and inequality in access to NHS services.[6] DOTWUK data shows NHS charging regulations increases wait time for 'urgent' and 'immediately necessary care' (which, by law, cannot be withheld from any patient) by an average of 37.3 weeks for those subject to the charging regime.[7] DOTWUK's data shows that 96.3% of patients charged for NHS services were destitute, (i.e. did not have adequate accommodation or any means of obtaining it or could not meet their other essential living needs).[8] Women are particularly impacted as access to antenatal and maternity care are subject to the charging and data sharing polices.[9] Successive Confidential Enquiries into maternal deaths by MBRRACE[10] have found migrant and asylum seeking women to be at higher risk of maternal deaths[11] and that the deaths of some women may have been related to concerns over the costs of care and the impact of their immigration status[12].

12. The impact of these polices extend beyond the undocumented migrant population in the UK. Evidence shows that that asylum seekers[13] and people from BAME communities[14] avoid NHS service due to fear being charged or reported to the Home Office.

13. The government's failure to address the public health consequences of their NHS charging regulations and NHS and Home Office data sharing policies put the UK in a position at the beginning of the pandemic where a proportion of the population did not trust the NHS and avoided NHS services. The polices also meant that we entered into the Covid-19 pandemic with some of the most vulnerable people with the worst health outcomes unable to access NHS services and being forced to manage medical conditions unsupervised by medical professionals.

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[6] Dr Laura Nellums, Kieran Rstage, Dr Sally Hargreaves, Prof Jon S Friedland, Anna Miller, Dr Lucinda Hiam, Deman Le Deaut, 'The lived experience of access to healthcare for people seeking and refused asylum', *Equality and Human Rights Commission: Research Report 112*, 2018
British Red Cross *'Poor health, no wealth, no home: a case study of destitution'*, 2015;
Megan Waugh, The mothers in Exile project, Women Asylum Seekers' and Refugees' Experiences of Pregnancy and Childbirth in Leeds, *Women's Health Matters,* March 2010;
Medicines Du Monde, Left behind: the state of universal healthcare coverage in Europa, *2019 Observatory Report,* 2019 page 40.

[7] Doctors of the World UK, *Delays and Destitution: An Audit of Doctors of the World's Hospital Access Project (July 2018-20)*, October 2020

[8] *Ibid.*

[9] Heslehusrt, N., Brown, H., Pemu, A., Coleman, H. and Rankin, J. (2018) Perinatal health outcomes and care among asylum seekers and refugees: a systematic review of systematic reviews. *BMC Medicine* 16:89.

[11] MBRRACE – UK, Saving Lives, Improving Mothers' Care: Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2017-2010, *Oxford: National Perinatal Epidemiology Unit, University of Oxford*, November 2021

[12] *Ibid.*, p28

[13] Dr Laura Nellums, Kieran Rstage, Dr Sally Hargreaves, Prof Jon S Friedland, Anna Miller, Dr Lucinda Hiam, Deman Le Deaut, 'The lived experience of access to healthcare for people seeking and refused asylum', *Equality and Human Rights Commission: Research Report 112*, 2018

[14] The Independent, *'My patient avoided NHS treatment for three years because he didn't want to become another Windrush Victim,* Dr Dolin Bhagawati, 17 February 2019

14. We do not understand that there was any specific government planning to address the public health risk of the NHS charging regulations or data sharing policies, nor their impact on health equalities in the event of a pandemic prior to January 2020. In our view, this resulted in a limited and largely failed response to these issues by the government when Covid-19 struck, which put public health at risk and exacerbated existing inequalities. Government messaging encouraging undocumented migrants to access Covid-19 services and vaccines was limited and failed to address or undo the mistrust in the NHS built up over years.

GP registration

15. Everyone is entitled to access all NHS primary care services and receive an NHS number regardless of immigration status. However, refugee, asylum seeking and migrant patients have poor access to primary care and low levels of GP registration.[15] People accommodated in asylum accommodation face particular challenges accessing primary care and an NHS number because of the Home Office policy on access to healthcare in asylum accommodation.[16]

16. Primary care plays a key role in delivering public health services. Many public health services, such as cervical screening, immunisations and NHS health checks are provided by GPs. Many primary care public health services are accessed through online NHS systems, such as the NHS booking system, however these online systems cannot be accessed by patients without an NHS number. Primary care also plays a key role in addressing health inequalities by providing preventive healthcare, giving children the best start in life and identifying welfare and safeguarding concerns.

17. For many years DOTWUK have provided evidence and details on the reasons why refugee and migrant patients are unable to register with a GP, which include GP practices refusing registration to patients without identity, residency and immigration documents and lack of knowledge on entitlement to NHS care amongst these

[15] Dr Laura Nellums, Kieran Rustage, Dr Sally Hargrave, Peof Jon S Friedman, Anna Miller, Dr Lucinda Hiam, 'Access to healthcare for people seeking and refused asylum in Great Britain', *Equality and Human Rights Commission: Research report 121*, November 2018
[16] Home Office , Asylum Accommodation and Support, Schedule 2, Statement of Requirements

populations.[17] GP registration is the main way[18] by which new migrants, asylum seekers and refugees receive an NHS number, meaning that those who have never been registered with a GP do not have an NHS number.

18. We do not understand there was any planning or consideration by central government or healthcare services in respect barriers to GP registration in the event of a pandemic and in turn no measures were taken during Covid-19 pandemic to adequately address this issue. The low levels of NHS numbers amongst refugee and migrant patients would become a particular challenge for the Covid-19 vaccine programme, which was delivered by GPs and the national booking system.[19]

Absence of translated public health information

19. The UK is a multilingual society; in England and Wales over 4 million people speak a main language other than English with 864,000 speaking little to no English. Many face barriers to learning English due to challenges in the accessibility, availability, sufficiency and flexibility of the ESOL offer, given the context of a real term cut of almost 60% in funding spent on ESOL since 2008.

20. Before the COVID-19 pandemic, the government, NHS England and Public Health England did not routinely translate health information into languages other than English. The failure to translate health information meant that refugees, asylum seekers and migrants with limited literacy in English had limited access to information about NHS services and NHS guidance on medical conditions. We do not understand any planning measures were in place in respect of communicating public health measures to the non-English speaking population in the UK in the event of a pandemic. Previous failings and lack of planning in this regard meant that when Covid-19 arrived in the UK, government and the healthcare system did not have processes in place to produce translated public health resources in a timely way. At times during the first wave of the pandemic there was a 2-week delay in essential information about Covid-19 and public health restrictions being available in languages other than English.

[17] Doctors of the World UK, *Registration Refused: A study on access to GP registration in England*, Updated 2018
[18] In England an NHS number which is obtained either by being born in the UK or registering with a GP for the first time. Overseas visitors who pay the Immigration Health Surcharge as part of an out of country visa application may be automatically issued with an NHS number.
[19] Doctors of the World UK, *Booster Jab and COVID Pass briefing for people not registered with a GP/lacking and NHS number* , 2021

Asylum support policy and NRPF policy

21. The level of asylum support allowance and No Recourse to Funds ("**NRPF**") policy both drive poverty in migrant communities. Both policies create a situation where individuals and families struggle to meet their basic needs, are at risk of exploitation and debt, and have little or no financial reserves for when a crisis occurs.

22. We do not understand that any government pandemic planning occurred in respect of these policies. DOTWUK saw that people who were reliant on asylum support and those with a NRPF were extremely ill prepared to cope when the Covid-19 pandemic hit, with no financial resilience. Throughout the pandemic, DOTWUK saw patients who were unable to afford basic necessities such as soap, face masks and phone data (to access public health information) to protect themselves from the virus.[20]

Local authority engagement

23. Between 2015 and 2020, 16 local authorities and local healthcare commissioners across England have worked with DOTWUK to improve GP registration levels. This has included DOTWUK providing GP registration training to frontline staff and incentivising GPs to join DOTWUK's Safe Surgeries Network (a network of GPs which welcome refugee and migrant patients). As a result of this work with local authorities and healthcare commissioners, 317 GP practices joined the safe surgeries network by March 2020. In light of what I have said above in relation to the impact of GP registration in vulnerable migrant communities, this engagement is relevant to the government's pandemic preparedness in respect of the communities we represent.

Adequacy of pandemic planning and emergency preparedness in respect of vulnerable migrant communities

[20] Doctors of the World UK, *A Rapid Needs Assessment of Excluded People in England During the 2020 Covid-19 Pandemic*, May 2020; Doctors of the World UK, '*They just left me: Asylum seekers, health and access to healthcare in initial and contingency accommodation*', April 2022

24. It is the understanding of DOTWUK that the government made no consideration of vulnerable migrant communities, or of public health implications in a pandemic of their immigration health policies. We commend the 'Everyone In' policy and the pause of evictions from asylum accommodation, which gave people who would have otherwise been homeless the opportunity to following Covid-19 guidance. Having said this, we understand these policies came to light following the onslaught of the pandemic and cannot be considered as part of the government's planning.

25. DOTWUK believe that the following steps and decision making would have significantly improved the government's pandemic preparedness, particularly in protecting vulnerable migrants communities:

    a. Following Public Health England's advice[21] that NHS charges and data sharing with the Home Office risk public health, and ending both policies prior to the onslaught of Covid-19, or at the lowest as soon as the pandemic was declared.

    b. Carrying out a campaign to rebuild migrant and BAME communities trust in NHS services.

    c. Setting up systems for rapid and regular translation of public health information and NHS guidance into a range of languages commonly spoken in the UK.

    d. Amending the Asylum Accommodation 'Statement of Requirements' to require accommodation providers to support all residents to register with a GP and obtain an NHS number.

    e. The Department of Health and Social Care, NHS England and Public Health England issuing clear guidance to primary care on GPs obligation to register patients regardless of status or paperwork. This should have been accompanied by NHS England running a GP registration awareness campaign targeted at GP practices and refugee and migrant communities; as well as enforcing GPs contractual obligation not to refuse patient registrations.

[21] Public Health England, *NHS Digital National Back Office (NBO) review Public Health England response*, Feb 2017

f. Alleviating poverty in migrant communities by uplifting asylum support and ending the NRPF policy to enable people to better meet their basic needs and to have a degree of financial resilience for when crises hit.

g. Ensuring emergency planning was in place in respect of suitability of asylum accommodation for use in a pandemic.

Correspondence sent to the government in respect of access to health care for vulnerable migrant communities

26. DOTWUK have made significant communication with the government in various forums on the exclusion of vulnerable migrant communities from NHS health services since 2013. Of particular relevance to the Inquiry's investigations in Module 1, we have on several occasions provided evidence in respect of the public health implications of 2 key immigration policies (i) NHS charging regulations and (ii) data sharing between the NHS and the Home Office. Although the communications were not explicitly framed around pandemic preparedness, the implications of our evidence in this regard ought to have been clear to the government. Had the government addressed our serious and repeatedly raised concerned about the exclusion of vulnerable migrant communities with protected characteristics from mainstream healthcare provision in the years prior to January 2020 the impact of the pandemic both in respect of these communities and public health could have been reduced significantly.

27. Prior to January 2020, DOTWUK made the following relevant communications with the government:

Response to NHS charging consultation: *'Sustaining services, ensuring fairness: A consultation on migrant access and their financial contribution to NHS provision in England'*, 2013 (AM/2- INQ000142183)

28. In our response to this consultation, DOTWUK urged the government to take public health into account in their consideration of the proposed extension of NHS charging, and raised concerns about the risk of late presentation for the control of infectious diseases such as HIV and TB.

29. We additionally put forward evidence that the proposed changes would increase healthcare inequalities in respect of race, disability, maternity and sex.

30. In the government's response to this consultation (AM/3 - INQ000142184) it was acknowledged that many other respondents raised the same concerns as us. Nonetheless they were not factored into the government's decision to implement their extension of NHS charging.

Response to NHS changing consultation: '*Making a fair contribution*' , 2015 (AM/4 - INQ000142185)

31. DOTWUK responded to the government's consultation on a proposed extension to their National Health Service (Charges to Overseas Visitors) Regulations 2015 including, *inter alia,* extending NHS charging to GPs, A&E services and community NHS service.

32. In our response DOTWUK provided evidence that charges for and within healthcare services prevented and deterred patients from accessing medical care, and that this in turn presented a risk to public health and would widen health inequalities (impact negatively on those who already have poor health outcomes), as well as evidence that public health exemptions and exemptions for vulnerable groups do not work as NHS trusts were applying charges to infectious disease services and to vulnerable individuals who should have been exempt.

33. We additionally warned that exempting certain types of treatment or appointments within an NHS service does not work as people are deterred from approaching the whole service if there is a risk of being charged.

34. DOTWUK also raised concerns that the proposals would impact on vulnerable people by increasing discrimination. We highlighted that previous equality assessments in relation to the NHS charging regulations had identified the risk of discrimination through application of racial (including linguistic) profiling by staff.

35. The concerns we raised were echoed many other respondents to the consultation.

36. The government responded to the consultation in a document entitled, '*Making a fair contribution Government response to the consultation on the extension of charging overseas visitors and migrants using the NHS in England*', February 2017 (EXB AM/5 - INQ000142186). In their response, the government stated their intention to 'proceed with the extension of charging overseas visitors for most NHS services they can currently access for free' except for charging for A&E and ambulance services which they were 'still considering.'

Response to the Department of Health and Social Care formal review of 'The National Health Service (Charges to Overseas Visitors) (Amendment) Regulations 2017 (AM/6 - INQ000142187)

37. In November 2017, Lord Hunt tabled a Motion to Regret on the 2017 Following a debate in the House of Lords on the National Health Service (Charges to Overseas Visitors) (Amendment) Regulations 2017("**NHS charging regulations 2017**") , which read that the House regrets that they 'do not clarify how upfront charging can work without increasing barriers to healthcare for vulnerable groups, how they will not breach equality legislation through the potential use of racial profiling as a means to identify chargeable patients.'[22] In response, Lord O'Shaughnessy for the government committed to a full, formal review of the NHS charging regulations 2017.

38. DOTWUK responded to the review when it was published, providing evidence of the public health risks associated with NHS charging regulations. This included evidence from research conducted into the DOTWUK clinic between 2016-2017 that showed, 1/3 of services users impacted by the NHS charging regulations had deterred seeking healthcare and delayed treatment as a result. We highlighted, in relation to community health services, that these services are essential in the protection of public health in their offering of frontline, specialist services for hard-to-reach and vulnerable groups and creating additional barriers to these services threatens their ability to conduct vaccination and screening programs among groups who, due to their social and living situations, are potentially at higher-risk of contracting some communicable diseases.

[22] *Hansard* HL Deb, vol.785 col.224, 16 November 2017

39. The government responded in a written statement made by Stephen Hammond MP, the then Health Minister, entitled 'Review of amendments made to NHS Overseas Visitor Charging Regulations in 2017', made on 12 December 2018 (AM/7 - INQ000142188). In the statement the government set out their findings that there was no significant evidence in the review that the NHS charging regulations 2017 have led to overseas visitors being deterred from treatment or that they have had an impact on public health. They caveated this finding by stating that more could be done to ensure that some groups of vulnerable overseas visitors understand their entitlements and treatment options. The government later disclosed an internal report in the context of a judicial review claim (AM/8 - INQ000142189) which acknowledged they had found evidence of deterrence. However it was determined that the deterrence was caused by the NHS charging regulations, rather than the proposed amendments to the same.

Oral evidence to the 2018 Health and Social Care Committee's inquiry into memorandum of understanding on data sharing , 16 January 2018 (AM/9 - INQ000142190)

40. During the Inquiry DOTWUK and others, including Public Health England raised serious concerns about the public health risk of NHS data sharing with the Home Office. The concerns raised focused particularly on the policy's potential for deterrence and delay in access to healthcare and treatment.

41. In the course of the review, NHS England and the government were dismissive of public health concerns raised, on the basis that they were not statistical.

42. In their final report on the memorandum of understanding on data sharing (AM/10 - INQ000142178), the Health and Social Care Committee concluded that the government had ignored Public Health England's advice on public health risk and that, in their view, a further review from Public Health England was not necessary as sufficient evidence of the public health risk already existed.

Response to Public Health England's review of data sharing memorandum of understanding between the Home Office and NHS digital, April 2018 (AM/11 - INQ000142179)

43. DOTWUK provided our most comprehensive evidence on the impact of both data sharing and NHS charging regulations in this review. Our evidence highlighted, again, that both policies pose a risk to public health in deterring vulnerable migrant communities from seeking healthcare advice and treatment.

44. DOTWUK understand that Public Health England wrote a report in response to the review, although it was never published. We believe the findings in the report would be relevant to the Inquiry's investigations.

45. Following January 2020, DOTWUK made the following relevant communications with the government:

Response to Department of Health and Social Care internal assessment into the National Health Service (Charges to Overseas Visitors) Regulations 2015 (as amended) in relation to the most vulnerable groups of overseas visitor, 28 September 2020 (AM/12 - INQ000142180)

46. DOTWUK highlighted in our response to this consultation the government's lack of planning and preparedness for the Covid-19 pandemic in respect of the public health implications of the NHS charging regulations. We highlighted that we had carried out a 'rapid needs assessment' of our service users in relation to the impact of Covid-19 and had identified 9 interviewees who cited NHS charging regulations as a barrier to accessing Covid-19 related healthcare for migrants and asylum seekers.

47. In their response to the consultation (AM/13 - INQ000142181) the government acknowledged that the NHS charging regulations leads to patients avoiding or delaying treatment, even groups that would qualify for exemptions. In response to this the government committed to reviewing and updating existing communications materials 'with a view to ensuring vulnerable and seldom heard groups are informed about relevant provisions, such as protections for destitute migrants, and receive accurate information about processes such as data sharing.' In order to tackle avoidance and delay in accessing healthcare, the government also committed to ensuring that information and guidance on data sharing with the Home Office and

possible immigration consequences of NHS debt is accurate and clear. To date, the promised actions have not been carried out. During the pandemic, the Department of Health and Social Care failed to provide any reassurance to patients that their data would not be shared with the Home Office is they accessed Covid-19 vaccinations and other free Covid-19 services.

Written evidence to the Home Affairs Select Committee inquiry into Home Office preparedness for Covid-19 (AM/14 - INQ000142182)

48. In this evidence, we highlighted the government's lack of preparedness in respect of public health implications for their NHS charging regulations, data-sharing between the NHS and the Home Office, lack of translated Covid-19 guidance and barriers to accessing NHS 111 in vulnerable migrant communities.

List of relevant articles and reports

49. DOTWUK has published the following further reports relevant to pandemic planning and emergency preparedness in respect of vulnerable migrant communities:

a. DOTWUK report, Access to Healthcare in the UK, (2015)
b. DOTWUK report, Experiences of Pregnant Migrant Women receiving Ante/Peri and Postnatal Care in the UK: A Longitudinal Follow-up Study of Doctors of the World's London Drop-In Clinic Attendees (2015)
c. DOTWUK report, Registration refused: A study on access to GP registration in England (2015)
d. DOTWUK evidence to the Public Accounts Committee Inquiry on 'Recovering the cost of NHS treatment for overseas visitors' (2016)
e. DOTWUK evidence to APPG on Refugees inquiry: "Refugees Welcome?" (2016)
f. DOTWUK report, Deterrence, delay and distress: the impact of charging in NHS hospitals on migrants in vulnerable circumstances (2017)
g. DOTWUK and Fair Trials briefing: Right to Health for All: Why the Home Office should not have access to NHS patients' data, and why NHS professionals should not be expected to guard our borders (if we are to take human rights seriously) (2017)
h. DOTWUK report, Migrant Health Needs Assessment (asylum accommodation in Birmingham) (2017)
i. Equality and Human Rights Commission report (co-authored with DOTWUK), Access to healthcare for people seeking and refused asylum in Great Britain: A review of evidence (2018)

j. Equality and Human Rights Commission report (co-authored with DOTWUK), The lived experiences of access to healthcare for people seeking and refused asylum (2018)
k. DOTWUK report, Registration Refused: Access to GP services for migrants in vulnerable circumstances (2019)
l. DOTWUK report, A Rapid Needs Assessment of Excluded People in England During the 2020 COVID-19 Pandemic (2020)
m. DOTW report, Delays & Destitution: An Audit of Doctors of the World's Hospital Access Project (July 2018-20) (2020)
n. DOTWUK and University of Birmingham report, Barriers to Wellbeing: Migration and vulnerability during the pandemic (2020)

Learning for future pandemics

50. Cutting healthcare access for a part of the population presents a public health risk. During a pandemic, we need the whole population (regardless of immigration status) to follow public health rules and guidance, and to engage with and access testing, treatment and vaccination services in a timely manner. Any policy that prevents or delays people from accessing services, be it legal restrictions, practical barriers (such as lack of an NHS number) or lack of trust in the healthcare system, undermines our ability to respond to a pandemic. Integrating everyone into the healthcare system needs to be done before a pandemic. Trust in healthcare services is established over time. Even the administrative side of integrating excluded populations into healthcare services takes time (when the pandemic hit, GP practices were overwhelmed and unable to cope with the admin side of registering new patients).

51. Attempts to protect public health and vulnerable individuals with narrow exemptions for specific NHS services within a policy that removes entitlement to the majority of NHS services do not work in practice. The current NHS charging regulations includes exemptions for public health services and vulnerable individuals. These exemptions do not work because NHS trusts fail to identify vulnerable patients and public health services and automatically charge and / or withhold care from any patient who they suspect does not have secure immigration status. Patients are rarely aware of these exemptions so tend to avoid treatment they cannot pay for. When patients or professional advocates try to enforce exemptions, they face resistance from NHS trusts who interpret the exemption narrowly and require unrealistic levels of evidence (for example, for the sexual violence exemption, an NHS trust has requested evidence of a successful rape conviction before applying the exemption).

52. Public health should be prioritised over immigration policies. The use of NHS services and NHS staff to deliver immigration policies has eroded migrant population's trust in all healthcare services and the NHS as a whole. This mistrust has spread to people in BAME communities more broadly, with BAME patients disproportionately impacted by immigrations status checks in NHS services and individuals who are unsure about their status avoiding healthcare services.

53. In summary, policies that cut out or deter access to medical care present a public health risk. People need to trust whole system, can't punish people for accessing one part of the NHS and then expect them to come forward to another. Exemptions for individual services don't work, people need to trust the whole healthcare services.

Statement of Truth

I believe that the facts stated in this witness statement are true. I understand that proceedings may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief of its truth.

Signed: Personal Data

Dated: 12 May 2023

INDEX OF EXHIBITS

AM/1- INQ000142177– Government Consultation: Migrants' access to the NHS. Public Health England Response, 2013.

AM/2- INQ000142183– DOTWUK response to NHS charging consultation: *'Sustaining services, ensuring fairness: A consultation on migrant access and their financial contribution to NHS provision in England'*, 2013.

AM/3 - INQ000142184– 'Sustaining services, ensuring fairness': Government response to the consultation on migrant access and financial contribution to NHS provision in England, 2013.

AM/4 - INQ000142185 – DOTWUK response to Department of Health consultation on the extension of charging overseas visitors and migrants using the NHS in England, 2015.

AM/5 - INQ000142186- 'Making a fair contribution': Government response to the consultation on the extension of charging overseas visitors and migrants using the NHS in England', 2017.

AM/6 - INQ000142187– DOTWUK response to the Department of Health and Social Care's formal review of The National Health Service (Charges to Overseas Visitors) (Amendment) Regulations 2017.

AM/7 - INQ000142188– Written statement of Stephen Hammond MP, government response to review of amendments made to the NHS Overseas Visitor Charging Regulations in 2017, December 2018.

AM/8 - INQ000142189 - CO/4870/2017 – Witness statement exhibit MSX2-1, 2018.

AM/9 - INQ000142190– Transcript of oral evidence to the 2018 Health and Social Care Committee's inquiry into memorandum of understanding on data sharing , January 2018.

AM/10 - INQ000142178– House of Commons Health and Social Care Committee report on Memorandum of understanding on data-sharing between NHS Digital and the Home Office, 2018.

AM/11 - INQ000142179 – DOTWUK'S response to Public Health England's review of data sharing memorandum of understanding between the Home Office and NHS digital, 2018.

AM/12 - INQ000142180– DOTWUK's response to Department of Health and Social Care internal assessment into the National Health Service (Charges to Overseas Visitors) Regulations 2015 (as amended) in relation to the most vulnerable groups of overseas visitor, 2020.

AM/13 - INQ000142181– Department of Health and Social Care - NHS (Charges to Overseas Visitors) Regulations – Internal Policy Assessment, 2020.

AM/14 - INQ000142182– DOTWUK written evidence to the Home Affairs Select Committee inquiry into Home Office preparedness for Covid-19, 2021.