THE JOINT COUNCIL *for* THE WELFARE OF IMMIGRANTS

Coronavirus Bill Second Reading: Universal Access to Healthcare

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JCWI is an independent charity campaigning for justice and fairness in immigration, nationality and asylum policy since 1967.

Universal Access to Healthcare

Kate Green

To move the following Clause –

"**Universal access to healthcare**

(1) Section 39 of the Immigration Act 2014 is omitted.
(2) A reference in the NHS charging provisions to persons not ordinarily resident in Great Britain shall not include a reference to a person who is physically present in Great Britain.
(3) The "NHS charging provisions" are –

(a) section 175 of the National Health Service Act 2006 (charges in respect of persons not ordinarily resident in Great Britain);

(b) section 124 of the National Health Service (Wales) Act 2006 (charges in respect of persons not ordinarily resident in Great Britain);
(c) section 98 of the National Health Service (Scotland) Act 1978 (charges in respect of persons not ordinaraily resident in Great Britain);
(d) article 42 of the Health and Personal Social Services (Northern Ireland) Order 1972 (S.I. 1972/1265 (N.I. 14)) (provision of services to persons not ordinarily resident in Northern Ireland).

(4) The Secretary of State shall cease all data sharing between the Home Office and NHS Digital, any NHS Trust, or any other part of the National Health Service where it takes place in connection with:

(a) NHS charging;
(b) the compliant environment; or
(c) any other immigration function.

(5) The Secretary of State shall take appropriate steps to communicate the effect of this section to people who, but for the provisions of this section, would have been considered under the NHS charging provisions to be persons not ordinarily resident in Great Britain or in Northern Ireland.
(6) In taking the steps in subsection (5) the Secretary of State shall have regard to the following:

(a) the public interest in and public health benefits of all persons physically present in the United Kingdom feeling safe in presenting to medical officials if they fall ill; and
(b) the particular needs and vulnerability of the groups in question.

Member's explanatory statement: This amendment is intended to safeguard public health by ensuring every person in the United Kingdom is able to access NHS care without incurring a financial penalty or immigration sanction.

JCWI, Medact, and Liberty support this new clause. On 10th February 2020 the Department of Health and Social Care recognised the urgent need to adapt NHS charging policy to the emerging threat of Coronavirus, and thus added COVID-19 to the list of conditions exempt

from charges under the *National Health Service (Charges to Overseas Visitors) Regulations 2015 & 2017.*

Whilst this is a welcome and necessary step, it does not go far enough to ensure that all people who need care as a result of this public health crisis are able to access it, to ensure that the NHS is able to effectively meet the significant challenges COVID-19 presents.

To adequately respond to COVID-19 the Government needs to take the following action.

1. **Suspend the NHS Charging Regulations and Section 39 of the Immigration Act 2014**

This will ensure that people in the UK are not deterred from seeking care because of the threat of being charged or falling into debt. For example, there is evidence that the current NHS charging policy has a deterrent effect on people with TB, despite TB being an exempt condition. This deterrent effect has led to delay in diagnosis and to the increase in time between diagnosis and treatment. It was estimated that people born outside the UK were 37% more likely to have a delay in diagnosis following the introduction of the current NHS charging policy [1]. These findings are supported by a wide body of evidence showing the deterrent effect of healthcare charging and ID checking on migrant populations [2].

The exemption for COVID-19 only applies up until a person receives a negative diagnosis, at which point charging commences for any other condition they may have that does not meet another exemption. For many people, the potential exposure to large bills if they are found not to have coronavirus is likely to be a significant deterrent to them seeking care in a timely way. These charges include emergency care outside of A&E, i.e. in intensive care, and will be demanded upfront if the condition is not urgent or immediately necessary.

2. **End data-sharing between the NHS and the Home Office**

The Department of Health and Social Care has given no assurance that NHS data will not be shared with the Home Office and used for immigration enforcement, including for those people with a confirmed coronavirus diagnosis. It is well documented that fear of being reported to the Home Office is a significant deterrent for migrant populations [3]. Simply exempting COVID-19 from charging will not answer these legitimate fears.

This has now been done by the Irish government as part of their response to COVID-19. The Minister for Health, Simon Harris, has said *"On the specific issue of people who are undocumented, and I have heard this a number of times, as the Minister for Health I want to provide an assurance to those people that the health service will treat them with dignity and with absolute privacy and patient confidentiality"*. We must do the same.

3. **Mount an information campaign to inform the public and NHS staff of these changes**

The current NHS charging regime is characterised by fear, misunderstanding, and misapplication. Leaked evidence from the Government's early review of the charging regulations showed that at least 22 people had been incorrectly charged when their chare should have been urgent [4]. As witnessed during the Windrush scandal, the NHS charging guidance is routinely misapplied, often with devastating consequences. For above measures to work to ease the public health crisis presented by COVID-19, they must be accompanied by a clear and widespread information campaign to assure the public - including all migrants - that it will be free and safe for them to access the care they need. NHS staff will also need to

be informed of the changes, both to prevent them inadvertently sharing data with the Home Office, and to relieve the administrative pressure that the charging regulations place on them by having to check the immigration status of everyone that attends for care.

[1] Potter, J et al (2017). Have recent changes to health policies increased diagnostic delay amongst migrant patients with active tb? British Medical Journals, Thorax (2017);72:A20. Available from: https://thorax.bmj.com/content/72/Suppl_3/A20.1.info

[2] Legido-Quigley H, Urdaneta E, Gonzalez A, La Parra D, Muntaner C, Alvarez-Dardet C, Matrin-Moreno J M & McKee M (2012). Erosion of universal health coverage in Spain. The Lancet. 2012; 382(9909): p1977. Available from: https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(13)62649-5/fulltext

Seedat F, Hargreaves S, FriedlandJ S. Engaging new migrants in infectious disease screening: a qualitative semi structured interview study of UK migrant community health-care leads. PLoS One 2014; 9: e108261. doi:10.1371/journal.pone.0108261

Poduval S, Howard N, Jones L et al. . Experiences among undocumented migrants accessing primary care in the United kingdom: a qualitative study. Int J Health Serv 2015; 45:320–33. doi:10.1177/0020731414568511.

[3] Martinez O, Wu E, Sandfort T, Dodge B, Carballo-Dieguez A, Pinto R & Chavez-Baray S (2015). Evaluating the Impact of Immigration Policies on Health Status Among Undocumented Immigrants: A Systematic Review. Journal of Immigrant and Minority Health / Center for Minority Public Health. 2015; 17(3): 947–970. Available from: https://doi.org/10.1007/s10903-013-9968-4

[4] Migrants wrongly told to pay for NHS care upfront, minister admits