Overseas visitors and migrants: extending charges for NHS services

Consultation response from the National Children's Bureau and the Children's HIV Association of the UK & Ireland (CHIVA)

Working with children, for children

Contact: Keith Clements, Policy Officer, NCB. 020 7843 6332 kclements@ncb.org.uk

Introduction

NCB and CHIVA are concerned about plans to extend migrant charging to new areas of care because it could hinder access to vital services for children (including for those not subject to charging), will have public health and safeguarding implications and may compound existing health inequalities. Proposals could also contravene children's rights under the UN Convention of the Rights of the Child, of which the UK Government is a signatory.

Both children and pregnant women should be exempt from charging for health services, including primary care, A&E, ambulance and dental health services and should maintain existing exemptions from prescriptions charges.

While we welcome the proposed protections and exemptions they do not go far enough and their complexity may limited their effectiveness. We are concerned that government has not adequately considered the wide range of impacts the proposals set out in this consultation may have.

CHIVA also supports the response to this consultation from NAT (the National AIDS Trust).

About NCB

The National Children's Bureau is a leading charity that for over 50 years has been working to improve the lives of children and young people, reducing the impact of inequalities. We work with children and for children to influence government policy, be a strong voice for young people and practitioners, and provide inspiring creative solutions on a range of social issues. We undertake a range of work in partnership with statutory services and decision makers to improve children and young people's health and wellbeing. NCB is one of 21 voluntary sector strategic partners to Public Health England, the Department of Health and NHS England.

About CHIVA

The Children's HIV Association of the UK & Ireland (CHIVA) is a registered charity. Currently CHIVA:

- manages a network for professionals committed to providing excellence in the care and support of children, young people and families living with HIV
- develops and updates a website that stands as a centralised hub for information, guidance and online support for professionals, families and young people living with HIV
- runs an annual support camp for HIV positive teenagers

- is active in policy and practice development, as well as national projects to ensure as much support as possible is available for children and families living with HIV.

Children have a right to healthcare and good health (Question 2)

The UN Convention on the Rights of the Child (UNCRC) is a legally binding instrument ratified by the UK Government in 1991. Under this Convention the Government must undertake all appropriate legislative, administrative, and other measures for the implementation of the rights it sets out[1]. It is therefore vital that these rights are respected by any policy that results from this consultation.

The UNCRC gives children the right to health treatment and rehabilitation facilities regardless of their or their care-givers national origin, birth or other status. Specifically:

Article 24.1 requires that:

> States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.

Article 2.1 requires that:

> States Parties shall respect and ensure the rights set forth in the present Convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child's or his or her parent's or legal guardian's race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.

Proposals set out in the consultation document suggest that children who are non-EEA migrants will be denied almost all NHS services if their parents or carers are unable to pay a charge or levy. We are therefore concerned that the proposals set out in this consultation may be contrary to children's rights under the Convention.

Complex rules are likely to hinder access to services, regardless of charging status (Questions 3-6)

The consultation document states that the most important mitigations of the proposed changes are 'that GP consultations will remain free to all, and immediately necessary and urgent treatment must always be provided'. However, our concern expressed in response the Department of Health's 2013 consultation remains: that young people, children's parent/carer(s) and pregnant women may be deterred from accessing services that they are entitled to access without charge, where associated services are chargeable. They may misunderstand their entitlements; be deterred by the prospect of charges for investigations, treatment or care; or fear being reported to immigration authorities. If healthcare providers do not implement the rules accurately, children, young people and parents/carers may be stopped at the point of reception and unable to access consultations.

[1] UN Convention on the Rights of the Child Article 24 (2)(b)

Furthermore, the need for immediately necessary or urgent treatment is not always obvious to patients or professionals (undiagnosed HIV being an important example). The two mitigations are important but, it in the context of the proposed system, are insufficient to protect children's health.

There is evidence that GP practices struggle to comply with current rules on eligibility for registration and treatment. Examples of eligible people being denied GP registration are detailed in a response to this consultation by Doctors of the World (DOTW). In 2014 DOTW recorded 109 instances where a GP surgery asked about someone's immigration status and refused to register them on this basis despite them being fully entitled to do so. They report that such cases have continued into 2016 despite new guidance being issued being last year.

The proposals to extend questions about immigration status and charging into primary care will increase confusion, and decrease the proportion of vulnerable families who will access doctor and nurse consultations. It will likely affect access not only for those who would be chargeable but also those vulnerable families who should be exempt such as asylum seekers, refugees and homeless UK citizens.

Complex rules on access to primary care will increase health inequalities (Question 2)

Studies have pointed to a higher prevalence of unmet health needs among migrant children, often related to reduced use of healthcare services and delayed or inadequate preventative medicine[2]. This is a situation that would only be worsened by creating barriers to accessing care through charging for children. The Department of Health have acknowledged that 'anything that limits access to primary care will have a disproportionate effect on children as they are heavily reliant on primary care services for both prevention services (surveillance, screening and immunization) and treatment.'[3] Furthermore, women who commence antenatal care early in their pregnancy have better maternal and child health outcomes that those commencing care later and reduced need for costly interventions.

Having to produce paperwork and go through administrative processes is inevitably more of a challenge for some of the most vulnerable or disadvantaged families. Poorer families will often have increased pressures on their time which will make finding time to complete such processes harder. This will be particularly true for single parent families and/or those in low paid jobs who have to work long hours to make ends meet. Keeping paperwork such as birth certificates and proof of address will be harder for those who do not own their own home and move regularly or are homeless. People with communication difficulties or poor literacy may also need particular help to ensure their children are properly registered. These are all factors that could impact on parents and carers' ability to demonstrate their child's eligibility for free NHS care, or for a young person to do this independently. They illustrate the potential for a negative impact on inequalities in access to health services from the increased administration and checking proposed.

2 IOM. Maternal and Child Healthcare for Immigrant Populations. Background Paper. Brussels: International Organization for Migration, 2009

[3] Department of Health. Sustaining services, ensuring fairness: Government response to the consultation on migrant access and financial contribution to NHS provision in England. London: Stationery Office; 2013

It is also very likely that BME children will be affected more by the policies than their white counterparts. Despite plans to check the eligibility of all patients, it is inevitable that in high-pressure healthcare settings, the temptation will always be there to check people who do not look or sound 'European' in order to reduce administrative burden.

It is worth noting that in 2013 NHS England and PHE both raised serious concerns about the impact of charging proposals on public health and worsening inequalities and further research has shown these proposals are likely to impact upon undocumented migrants living without legal status in the UK, who are often marginalised, vulnerable to abuse and exploitation, and have poor health outcomes[4][5][6][7].

Barriers to accessing primary and emergency care will hinder efforts to keep children safe (Questions 3-6, 8, 18, 19, 21)

As we have argued above, while GP and nurse consultations will be made free and charges issues for urgent treatment are to be dealt with retrospectively, access to these services may still be denied by confused or non-compliant staff, and migrants may avoid contact with NHS out of fear of charging or immigration challenges.

When families avoid all contact with services, this undermines the key role universal NHS services play in identifying children who are being or at risk of being harmed. GPs are one of the key professionals who can have the continuity of contact with children and young people to identify safeguarding issues including abuse.This is why, for example, health agencies are subject to the statutory guidance *Working Together to Safeguard Children*, and the Government's Multi-Agency Practice Guidelines stats that GPs and Practice nurses are well placed to identify and protect those who may be at risk of Female Genital Mutilation[8].

Migrant children are at particular risk not just of FGM but also trafficking and sexual exploitation of children. In a paper submitted at a 2004 meeting of the Population Division of ESA, UNICEF reported that child trafficking for labour is attractive because children are 'easier to abuse, less assertive, and less able to claim their rights than adults'[9]. The same vulnerable families who are eligible for services but may be put off or prevented from accessing primary care by eligibility checks (see above) are also more likely to be struggling to care for their children and need intervention from statutory services to keep their children safe. While free services for FGM victims and particular vulnerable groups are welcome, identification of their needs relies on a trusting relationship with statutory services which would be undermined by these proposals.

4 Prederi. Quantitative Assessment of Visitor and Migrant use of the NHS in England: Exploring the data. London: Prederi, 2013

5 Deblonde J, et al. Restricted access to antiretroviral treatment for undocumented migrants: a bottle neck to control the HIV epidemic in the EU/EEA. BMC Public Health 2015; 15: 1228.

6 Britz JB, McKee M. Charging migrants for health care could compromise public health and increase costs for the NHS. European Pub Health 2015; doi: 10.1093/pubmed/fdv043

7 Poduval S et al. Experiences Among Undocumented Migrants Accessing Healthcare in the UK. International Journal of Health Services; April 2015 vol. 45no. 2 320-333

8 Department of Health. Multi-Agency Practice Guidelines: Female Genital Mutilation. 2011

9 McLeish JD. Protecting Children in the Context of International Migration: Children in migration require greater protection from violence, exploitation, and discrimination. Child abuse & neglect 2013;37(12):1056-68.

Barriers to access to public health interventions need to be avoided (Question 3-6)

The Department of Health, in its response to the 2013 consultation on migrant access and financial contribution to NHS provision in England ('Sustaining services, ensuring fairness') acknowledged that:

> "From a public health perspective there are many vital services which are accessed through primary care, including infectious disease clinics, screening and childhood vaccination programmes. Even if these continued to be free to all, the threat of a fee could dissuade those who are unsure of their status from seeking care."[10]

Limiting access to primary care also creates particular problems for children by undermining efforts to achieve herd immunity to a range of infectious diseases.

Primary care is also the site of immunisation programmes, for example for MMR, where 95% herd immunity is needed. If a pregnant woman and/or her child are not registered with a GP (because of confusion about eligibility on the part of the patient or the GP practice) they risk not receiving scheduled immunisations.

The consultation document is not clear whether immunisations are exempt from charging. Our understanding is that immunisations are funded and provided as a health protection measure as opposed to an NHS treatment, and therefore under different legislation and may be exempt for that reason. This needs to be clarified. Migrants eligibility for other key public health services such as health visiting also needs to be made clear, and consideration taken of how changes in eligibility for free primary care may affect access.

While the consultation proposes that treatment for certain diseases such as HIV and TB remain free, the benefits of treatment to the individual, and in terms of preventing onward transmission, can only be gained if the infection is first diagnosed. Rates of undiagnosed HIV and late diagnosed HIV are 25% and 50% respectively. Mother-to-child transmission of HIV is associated with undiagnosed HIV and/or late access to antenatal care or initial presentation in labour. Aside from the human costs of HIV transmission to children, the financial cost to the NHS of lifelong treatment for a child born with HIV is significantly greater than the costs of a mother's antenatal care.

The temptation to disrupt or delay care poses risks to children's development (Questions 8, 18, 19, 21)

Prescription charges have never been a means for recouping the cost of care, but a way of discouraging demand for over the counter or unneeded medication. The existing exemptions from prescription charges reflect medical need, public health priorities and also the vulnerability of certain groups, and these criteria apply equally to chargeable non-EEA residents. They ensure that patients do not delay getting their medication because of money issues and therefore treatment plans can be complied with. This is vital for pregnant women and children as any hesitation or delay can disrupt a child's development with long term consequences. We strongly believe that pregnant women, children should retain free prescriptions, even if they are otherwise chargeable migrants

[10] Department of Health, *Sustaining services, ensuring fairness: Government response to the consultation on migrant access and financial contribution to NHS provision in England*, December 2013, para 54.

NCB and CHIVA are very concerned that pregnant women who are chargeable or may believe they are chargeable will avoid using ambulance services, even when these are needed to ensure the safety of the woman and/or her child, including to prevent transmission of HIV during labour.

Government needs to undertake further analysis of the likely impact of this policy (Question 37)

Much of NCB and CHIVA's concern about this policy, and the concern of others, focuses on individuals being deterred from seeking healthcare or wrongly turned away or charged, leading to late diagnosis and treatment of health problems. The potential costs of this are not addressed in the accompanying impact assessment for this consultation. Furthermore, the uncertainty around the implementation of key elements of the Programme means that the impact upon NHS staff has not been fully quantified and as such the costs of implementation described in the impact assessment are likely to be insufficient and the savings overestimated. These are significant shortcomings, given evidence of difficulties in implementing current rules cited above.

In the Equality Analysis accompanying the 2015 charging regulations it is stated 'the Department will consider on how best to undertake a review of the potential unintended consequences on vulnerable groups once the Regulations come into force'[11]. Such a review will be vital to better understand the potential impacts of extending charging to new areas of care and should be completed before any further changes are put into effect.

11 (https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/474853/equality-analysis-charges-ovs-visitors-acc.pdf).