

# **Sustaining service, ensuring fairness**

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**Consultation response from The Big Life group**

**Fay Selvan**

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For more information please contact:

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**The  
BigLife  
group**  
business changing lives

# Sustaining services, ensuring fairness

## A consultation on migrant access and their financial contribution to NHS provision in England

Please send your completed response to [migrantaccess@dh.gsi.gov.uk](mailto:migrantaccess@dh.gsi.gov.uk) or by post to:

International Healthcare Team  
Department of Health  
Fifth Floor, Wellington House,  
133-155 Waterloo Road  
London SE1 8UG

## Response template

### Overarching principles

**Question 1: Are there any other principles you think we should take into consideration?**

**Response:**

*The fundamental principle of the NHS is that it is free at the point of access. We believe this should be enshrined in any proposals re: the NHS. The principle is undermined by these proposals, which suggest the introduction of eligibility and charging into the NHS at service entry level – primary care, A&E and hospital services. The health and wellbeing of visitors to and undocumented residents of this country are as significant to public health as that of any other person.*

*This is a really important principle because it means that there are no barriers to accessing health care when it is needed. Our experience is not that people take advantage of the NHS, but that migrants, children of migrants, travellers, homeless people and other groups who face social exclusion, don't access health services enough.*

*Even without the fear of charging or ineligibility, the people we work with are unsure how the system works, are often scared of authority (including doctors and hospitals), and de-prioritise their own and families health needs because of lack of information, awareness or simply coping with the stress of day to day living. This often means that they are sicker and die earlier than other people (see: Marmot, M. (2010) Fair Society, Healthy Lives: Strategic Review of Health Inequalities in England post 2010, [www.marmotreview.org](http://www.marmotreview.org)).*

*If the NHS is about ensuring that health of everyone living in the UK is cared for, then the principle that it be free at the point of access needs to be central to any future proposals about the NHS. Creating additional barriers to access for some in society will have repercussions*

across all of society.

**We disagree with the principle of ‘A system where everybody makes a fair contribution to the NHS’. Access to the NHS has never been reliant on people making a contribution.**

*Children, people living with lifelong conditions that mean they cannot work, and new migrants have a need to access healthcare regardless of whether they have made a contribution. The NHS is based on an aspiration to live in a country where everyone’s health is cared for, regardless of their ability to pay or contribute.*

*At Open Door in Grimsby, we are commissioned by the NHS specifically to reach out to communities which least access health services in a planned way – the homeless, migrants and ethnic minorities. If we are required to check their eligibility to services we will find it even more difficult to encourage people to access services.*

*The NHS is a provider of universal health services, not a gatekeeper.*

**Question 2: Do you have any evidence of how our proposals may impact disproportionately on any of the protected characteristic groups<sup>1</sup>?**

**Response:**

*We know that homeless people, travellers, and ethnic minorities, are often reluctant to access services and/or access services later than other sections of society. This is why they are often more sick and die earlier than other people. (Marmot, 2010)*

*The proposal to check people’s eligibility to health services at point of access will be another barrier to these groups to access services. These barriers to access will not just have detrimental effects on the people against whom they are imposed but will also put public health at risk.*

*We are also concerned by the BMA’s statement that imposing extra measures and responsibilities on NHS staff will cost the NHS more than any levy could raise. (<http://bma.org.uk/about-the-bma/what-we-do/lobbying/westminster/migrant-access-to-nhs>)*

## Who should be charged?

**Question 3: Do you have any views on how to improve the ordinary residence qualification?**

**Response:**

*The Big Life group is concerned with the health and wellbeing of the people we work with, we cannot make a professional comment on immigration law.*

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<sup>1</sup> As defined in the Equality Act 2010: age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership, and pregnancy and maternity

**Question 4: Should access to free NHS services for non-EEA migrants be based on whether they have permanent residence in the UK?**

**(Yes / No / Don't know)**

**Response:**

*The fundamental principle of the NHS is that it is free at the point of access. We believe this should be enshrined in any proposals re: the NHS.*

**Question 5: Do you agree with the principle of exempting those with a long term relationship with the UK (evidenced by National Insurance contributions)? How long should this have been for? Are there any relevant circumstances under which this simple rule will lead to the unfair exclusion of any groups?**

**Response:**

*The fundamental principle of the NHS is that it is free at the point of access. We believe this should be enshrined in any proposals re: the NHS.*

**Question 6: Do you support the principle that all temporary non-EEA migrants, and any dependants who accompany them, should make a direct contribution to the costs of their healthcare?**

**Response:**

*We disagree with the principle of 'A system where everybody makes a fair contribution to the NHS'. Access to the NHS has never been reliant on people making a contribution.*

**Question 7: Which would make the most effective means of ensuring temporary migrants make a financial contribution to the health service?**

- a) A health levy paid as part of the entry clearance process
- b) Health insurance (for NHS treatment)
- c) Other – do you have any other proposals on how the costs of their healthcare could be covered?

**Response:**

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*We disagree with the principle of 'A system where everybody makes a fair contribution to the NHS'. Access to the NHS has never been reliant on people making a contribution.*

**Question 8: If we were to establish a health levy at what level should this be set?**

- a) £200 per year
- b) £500 per year
- c) Other amount (please specify)?

**Response:**

*We disagree with the principle of 'A system where everybody makes a fair contribution to the NHS'. Access to the NHS has never been reliant on people making a contribution.*

**Question 9: Should a migrant health levy be set at a fixed level for all temporary migrants? Or vary according to the age of the individual migrant?**

- a) Fixed
- b) varied

**Response:**

*We disagree with the principle of 'A system where everybody makes a fair contribution to the NHS'. Access to the NHS has never been reliant on people making a contribution.*

**Question 10: Should some or all categories of temporary migrant (Visa Tiers) be granted the flexibility to opt out of paying the migrant levy, for example where they hold medical insurance for privately provided healthcare?**

**(Yes / No / Don't know)**

**Response:**

*We disagree with the principle of 'A system where everybody makes a fair contribution to the NHS'. Access to the NHS has never been reliant on people making a contribution.*

**Question 11: Should temporary migrants already in the UK be required to pay any health levy as part of any application to extend their leave?**

**(Yes / No / Don't know)**

**Response:**

*No.*

*We disagree with the principle of 'A system where everybody makes a fair contribution to the*

*NHS'. Access to the NHS has never been reliant on people making a contribution.*

**Question 12: Do you agree that non-EEA visitors should continue to be liable for the full costs of their NHS healthcare? How should these costs be calculated?**

**Response:**

*The fundamental principle of the NHS is that it is free at the point of access. We believe this should be enshrined in any proposals re: the NHS.*

**Question 13: Do you agree we should continue to charge illegal migrants who present for treatment in the same way as we charge non-EEA visitors?**

**Response:**

*We disagree with the principle of 'A system where everybody makes a fair contribution to the NHS'. Access to the NHS has never been reliant on people making a contribution.*

*As the Overseas Visitors Charging Review notes, often those in greatest need will be "unable to pay charges levied for urgent treatment." Apart from any moral or legal concerns that might arise, denying treatment to those in need poses a significant risk to public health.*

**Question 14: Do you agree with the proposed changes to individual exemptions? Are any further specific exemptions required?**

**Response:**

*The fundamental principle of the NHS is that it is free at the point of access. We believe this should be enshrined in any proposals re: the NHS.*

## What services should we charge for?

**Question 15: Do you agree with the continued right of any person to register for GP services, as long as their registration records their chargeable status?**

**Response:**

*The fundamental principle of the NHS is that it is free at the point of access. We believe this should be enshrined in any proposals re: the NHS.*

*We agree with the continued right of any person to register for GP services.*

**Question 16: Do you agree with the principle that chargeable temporary migrants**

**should pay for healthcare in all settings, including primary medical care provided by GPs?**

**(Yes / No / Don't know)**

**Response:**

*No.*

*We disagree with the principle of 'A system where everybody makes a fair contribution to the NHS'. Access to the NHS has never been reliant on people making a contribution.*

**Question 17: Do you have any comments or ideas on whether, and if so how, the principle of fair contribution can best be extended to the provision of prescribing, ophthalmic or dental services to visitors and other migrants?**

**Response:**

*We disagree with the principle of 'A system where everybody makes a fair contribution to the NHS'. Access to the NHS has never been reliant on people making a contribution.*

**Question 18: Should non-EEA visitors and other chargeable migrants be charged for access to emergency treatment in A&E or emergency GP settings?**

**Response:**

*No. The fundamental principle of the NHS is that it is free at the point of access. We believe this should be enshrined in any proposals re: the NHS.*

**Question 19: What systems and processes would be needed to enable charging in A&E without adversely impacting on patient flow and staff?**

**Response:**

*The Big Life group is concerned with the health and wellbeing of the people we work with, we cannot make a professional comment on health service administration.*

*We are however concerned by the BMA's statement that imposing extra measures and responsibilities will have a detrimental impact on existing services and provisions.*

*(<http://bma.org.uk/about-the-bma/what-we-do/lobbying/westminster/migrant-access-to-nhs>)*

**Question 20: Do you agree we should extend charges to include care outside hospitals and hospital care provided by non-NHS providers?**

**Response:**

No. The fundamental principle of the NHS is that it is free at the point of access. We believe this should be enshrined in any proposals re: the NHS.

**Question 21: How can charging be applied for treatment provided by all other healthcare providers without expensive administration burden?**

**Response:**

*The fundamental principle of the NHS is that it is free at the point of access. We believe this should be enshrined in any proposals re: the NHS.*

## Making the system work in the NHS

**Question 22: How else could current hospital processes be improved in advance of more significant rules changes and structural redesign?**

**Response:**

*The fundamental principle of the NHS is that it is free at the point of access. We believe this should be enshrined in any proposals re: the NHS.*

*We disagree with the principle of 'A system where everybody makes a fair contribution to the NHS'. Access to the NHS has never been reliant on people making a contribution.*

*As the Overseas Visitors Charging Review notes, often those in greatest need will be "unable to pay charges levied for urgent treatment." Apart from any moral or legal concerns that might arise, denying treatment to those in need poses a significant risk to public health.*

*We are concerned by the BMA's statement that imposing extra measures and responsibilities will have a detrimental impact on existing services and provisions. (<http://bma.org.uk/about-the-bma/what-we-do/lobbying/westminster/migrant-access-to-nhs>)*

**Question 23: How could the outline design proposal be improved? Do you have any alternative ideas? Are there any other challenges and issues that need to be incorporated?**

**Response:**

***The fundamental principle of the NHS is that it is free at the point of access. We believe this should be enshrined in any proposals re: the NHS.** The principle is undermined by these proposals, which suggest the introduction of eligibility and charging into the NHS at service entry level – primary care, A&E and hospital services.*

*We are also concerned by the BMA's statement that imposing extra measures and responsibilities on NHS staff will cost the NHS more than any levy could raise.*



<http://bma.org.uk/about-the-bma/what-we-do/lobbying/westminster/migrant-access-to-nhs>

*We think the proposals pose a challenge to the fundamental principles of the NHS. They could and should have a much greater evidence base.*

**Question 24: Where should initial NHS registration be located and how should it operate?**

**Response:**

*The Big Life group is concerned with the health and wellbeing of the people we work with, we cannot make a professional comment on health service administration.*

**Question 25: How can charges for primary care services best be applied to those who need to pay in the future? What are the challenges for implementing a system of charging in primary care and how can these be overcome?**

**Response:**

*The fundamental principle of the NHS is that it is free at the point of access. We believe this should be enshrined in any proposals re: the NHS.*

**Question 26: Do you agree with the proposal to establish a legal gateway for information sharing to administer the charging regime? What safeguards would be needed in such a gateway?**

**Response:**

*The Big Life group is concerned with the health and wellbeing of the people we work with, we cannot make a professional comment on health service administration.*

## Recovering Healthcare Costs from the European Economic Area (EEA)

**Question 27: Do you agree that we should stop issuing S1 forms to early retirees and stop refunding co-payments and if not, why?**

**Response:**

*The Big Life group is concerned with the health and wellbeing of the people we work with, we cannot make a professional comment on health service administration.*