

# HEALTH CARE CHARGES



(Information for  
Refugees, Asylum Seekers,  
Migrants and Organisations  
who support them).

In England Healthcare provision is available at different levels and the rules about who is entitled to free health care depends on a person's immigration status. The new rules known as **'The NHS (Charges to Overseas Visitors) (Amendment) Regulations 2017'** came into force on 23 October 2017 and set out who is entitled to free healthcare.

## PRIMARY CARE

GP and nurse consultations in primary care, treatment provided by a GP/nurse and most primary care services like community pharmacy consultations are **free of charge to all**. It does not matter what your immigration status is. Some other services within primary care like dentists, opticians may require a payment. You may also have to pay for prescriptions depending on if you are not exempt from prescription charges.

# WHO IS ENTITLED TO FREE SECONDARY HEALTH CARE?

Entitlement to free secondary healthcare like planned hospital care is based on immigration status and free to anyone who is classed as ordinarily resident. The government recently changed the rules about who else has to pay to access secondary healthcare and who is entitled to free healthcare. The following groups of people are exempt from secondary care charges.

**Refugees:** All refugees are entitled to free health care. Refugee include those granted asylum, humanitarian protection or temporary protection under immigration rules and their dependants.

**Asylum Seekers:** are entitled to free healthcare (whilst their application for asylum is being processed or any appeal is pending) as well as their dependents.

**Refused Asylum Seekers:** are entitled to free health care even though they have a failed asylum application if they are receiving support:

- i. under section 95 of the Immigration and Asylum Act 1999 (the 1999 Act) from the Home Office
- ii. under section 4(2) of the Immigration and Asylum Act 1999 by the Home Office
- iii. by a local authority under section 21 of the National Assistance Act 1948
- iv. under Part 1 (care and support) of the Care Act 2014

## OTHER MIGRANTS

There are some other classes of migrants who are not ordinarily resident but are entitled to free secondary healthcare. They include:



Children looked after by a local authority



Those receiving compulsory treatment under a court order, or who are liable to be detained in an NHS hospital or deprived of their liberty (for example, under the Mental Health Act 1983 or the Mental Capacity Act 2005) are exempt from charge for all treatment provided, in accordance with the court order, or for the duration of their detention



Prisoners and immigration detainees



Victims, and suspected victims, of modern slavery or human trafficking, as determined by the UK Human Trafficking Centre or the Home Office, plus their spouse or civil partner, and any children under 18 provided they are lawfully present in the UK



Other migrants who come from the EEA/Switzerland and have European Health Insurance Card (EHIC) or those who have paid the immigration health surcharge (non EEA) are exempt from payment in most cases and can use the NHS on the same basis as those ordinarily resident while their visa remains valid although certain services and treatments like prescriptions, dental treatment and assisted conception services will need to be paid for. More information can be found at NHS Choices and Guidance on overseas visitors hospital charging regulations 2017.

## WHICH SERVICES ARE CHARGEABLE AND WHICH ARE EXEMPT?

Most treatment and other services given in hospital settings are now chargeable to anyone who is not exempt. The regulations also now extend charging into community healthcare services. This includes services delivered by NHS providers and charities and social enterprises under contract to the NHS. These services are now chargeable: **community midwifery, community mental health services, termination of pregnancy services, district nursing, support groups, advocacy services.**

Some healthcare treatment and services although provided within secondary care settings like the hospital or in the community are exempt from charges. **These services are still FREE for all:**

- A&E, including walk in centres, minor injuries units or urgent care centres (up until the point when patient admitted);
- Family planning services (does not include termination of pregnancy);
- Diagnosis and treatment of specified infectious diseases and sexually transmitted infections (including TB and HIV);
- Palliative care services provided by a registered palliative care charity or a community interest company;
- Services that are provided as part of the NHS111 telephone advice line;
- Treatment required for a physical or mental condition caused by: torture; FGM; domestic violence; or sexual violence
- Health Visiting
- School Nursing



## PUBLIC HEALTH SERVICES

Some public health services are provided or commissioned by Local Authorities under section 2B of the NHS Act 2006. These services are classed as free if they are an equivalent service to that which may be provided by a GP surgery, on a referral or a first point of contact manner.

**The following public services are exempt from charging and are FREE:**

1. Weighing and measuring of children provided by school nurses
2. Health visitor checks on children under 5
3. Adult Health check assessments
4. Sexual health services – the diagnosis and treatment of sexually transmitted infectious, including routine screening and vaccinations, is expressly exempt from charge
5. Weight Management Services
6. Substance misuse services – where the overseas visitor is required to submit to the treatment by court order there will be no charge or as described above
7. Smoking cessation services

## WHAT HAPPENS IF A PERSON IS CHARGEABLE?

The new rules known as '**The NHS (Charges to Overseas Visitors) (Amendment) Regulations 2017**' came into force on 23 October 2017. These regulations now require that there is now an obligatory up-front charging. This means a person who isn't exempt will now have to pay upfront and before their treatment is started unless the treatment is deemed '**urgent**' and '**immediately necessary**'. Only a clinician **should decide** if a treatment is '**urgent**' and '**immediately necessary**'. Home Office will be notified of any unpaid bills over £500 after 2 months and this may affect future immigration applications.

Maternity care (pre and post-natal, whether delivered in hospital or via community services) is classed as **immediately necessary and urgent treatment** and should never be withheld pending payment.

**Some examples of migrants who may have to pay to access certain health care services are overseas visitors with up to 6 months visas, refused Asylum Seekers not in receipt of support from Home Office, and those with limited leave to remain who have not paid the healthcare surcharge.**

### References

1. <https://www.gov.uk/guidance/nhs-entitlements-migrant-health-guide#main-messages> . Accessed 20/8/18
2. <https://www.refugeecouncil.org.uk/assets/0003/6009/Information-pack-for-refugees-Oct-2015.pdf> Accessed 20/8/18
3. Guidance note: local authority public health services and the NHS (Charges to Overseas Visitors) Regulations 2017 January 2018
4. Healthcare Charging (What do refugee and asylum support projects in England need to know?) <https://cityofsanctuary.org/wp-content/uploads/2018/06/Healthcare-Charging-Briefing-for-refugee-and-asylum-support-groups-FINAL.pdf>. Accessed 19/8/18