

Campaigning against migrant charging for KONP groups.

The dossier 'Medact (2019) Patients Not Passports: Challenging healthcare charging in the NHS' (<https://www.medact.org/2019/resources/briefings/patients-not-passports/>) provides an excellent compilation of background information, but here are some suggestions for how to start a local campaign. Other useful resources are as follows:

Patients Not Passports toolkit.
<https://patientsnotpassports.co.uk/>

Docs Not Cops.
<http://www.docsnotcops.co.uk/>

Maternity Action legal challenge
<https://maternityaction.org.uk/2019/10/secretary-of-health-faces-legal-challenge-over-charging-destitute-migrant-women-for-nhs-maternity-care/>

Lewisham campaign
<https://keepournhspublic.com/resources/the-hostile-environment-and-charges-for-nhs-care-briefing-for-lewisham-mps-and-councillors/>

There are also useful documents stored on the KONP national website – click on 'resources' then 'resource cabinet' and then open the 'Migrants and health including charges' box.

1. Asking questions - find out what your Trust is doing by submitting a Freedom of Information request.

Go to the Trust website and type 'Freedom of information' into the search box. This should take you to a page providing information about how to submit a request for information. This is usually a simple process that can be done via an e.mail link. There is no requirement to explain why you want the information.

Questions should be short and clear. There are some grounds on which data requests may be refused – usually that to retrieve complex information would be too costly for the Trust.

The following are examples of questions that have been asked by campaigners. This is not a definitive list and there may be local issues that would suggest additional or alternative questions would be useful.

1. When did the Trust begin to apply charges for undocumented migrants?
2. How many people have been charged to date by the Trust?
3. What is the total amount of charges made to date by the Trust?
4. How many women have been charged by the Trust for their antenatal and maternity care since charging began?
5. What is the total amount that has been charged for antenatal and maternity care?
6. How many children have been classified as ineligible for free NHS care by the Trust, where families have been required to pay?

7. What mechanisms are used to establish non-eligibility for free NHS care?
8. Can the trust confirm that Overseas Visitor Managers are trained in relevant Law and Regulations and do not charge those patients eligible for free care?
9. Debt to the NHS of over £500 can lead to the Home Office being notified of individual patients. How many such notifications have there been by the Trust?
10. Clinicians can define some conditions as urgent (and therefore not chargeable), identify exceptions to charging, and challenge charging decisions. How does the Trust involve clinicians in such roles, and what training is provided?
11. Sharing of debt information with the Home Office is not mandatory so why is the Trust doing this?
12. Does the Trust have a written policy on the implementation of charging regulations? (if yes, please provide a copy)
13. Is the Trust using a pre-assessment form to record demographic information which can then be passed to the Home Office?

2. Making demands

What campaigners should ask the Trust to do (these are from the Medact briefing):

1. Suspend upfront charging in the Trust -
 - a. Suspend upfront charging for overseas visitors with immediate effect, and undertake and publish a full public health impact assessment of the charging regulations.

2. Suspend ID checks in the Trust -
 - a. Stop using the appointment pre-attendance form to ask patients to provide unnecessary demographic information which can then be passed to the Home Office. These forms act as a deterrent and stop people attending appointments.
 - b. [if the Trust has a pilot scheme still running] Suspend the pilot scheme requiring patients to bring two forms of ID to their appointment.

3. Call on Government to suspend charging in the NHS -
 - a. Represent the serious concerns of healthcare workers and patients to Government. The impact of charging on patient care and public health must be properly evaluated, nationwide.

4. Properly evaluate the impact of charging on patient care -
 - a. Undertake detailed research into the impact of both charging and ID checks on patients' health and on the Trust's ability to meet its equality duty, and other legal obligations including professional duties of care staff have towards their patients.

5. Stop sharing patient data with the Home Office
 - a. Do not use the Home Office checking service to check patients immigration status
 - b. Stop reporting patient debt to the Home Office, it is known the Home Office then uses this information to aid Immigration Enforcement Teams

c. Refuse to share any data with the Home Office

6. Stop collaborating with the Government's Hostile Environment -

a. [If the Trust has them] Remove all posters and display boards threatening people with charges for their care. They are designed to instil fear and deter people from accessing services.

b. Promote a welcoming environment in the Trust with posters reassuring patients their immigration status will not be challenged when seeking healthcare.

c. Work with community, faith and voluntary sector organisations to ensure that the Trust is a welcoming environment for all who need to access healthcare.

With regard to the last point, contact local refugee support organisations and check with City of Sanctuary UK (<https://cityofsanctuary.org/>) if there are any groups in your city. If your city is already a 'city of sanctuary' councillors may join in opposition to NHS migrant charging and be open to supporting any campaign.

Consider requesting a meeting with the 'Overseas Visitor Manager' for the Trust (the hospital switchboard should be able to put you through to their office) to find out from them how the system works. Some may agree to meet, and be sympathetic to campaigners demands. If don't agree, consider approaching the Patient Advisory and Liaison Service via Trust website.

3. Raising the issue in the Trust - involving the staff trade unions

If you are a member of one of the staff trade unions in the Trust, or have contact with members, ask them to put a motion to the staff side committee that meets with managers in the Trust. The following is a model motion:

Motion to XXX Health Service Branch, for Staff Side Committee

- as part of the 'hostile environment', government requires hospitals to identify anyone considered not 'ordinarily resident' and charge them 150% of the usual costs for treatment
- the policy is contrary to a core component of the Trust philosophy (being patient centred), conflicts with our duty of care towards patients, and by turning clerical and clinical members of staff into an extension of the UK border force, undermines trust and distracts from our role as health care workers
- the policy targets a vulnerable population, threatens public health, and is likely to lead to increased illness and deaths; the potentially damaging effects have not been evaluated nationally
- charging is opposed by all the medical Royal Colleges; we support national campaigns calling for healthcare charging of migrants to be suspended

We call upon the Trust:

- to make a public statement acknowledging the concerns of its staff and supporting the Royal Colleges' call to suspend charging
- not to approach patients while they are receiving emergency or immediately necessary treatment (these are not charged for)
- in all cases of an NHS service being withheld, the Trust should: be able to provide evidence that the classification of care as "non-urgent" was made by a clinician; since this relies on knowing a return date to another country, to ensure the date is factually accurate; if the date is missed, there should then be reassessment by a clinician
- not to use a pre-attendance form or similar before first attendance since this constitutes a barrier to patient contact, and whether treatment is urgent and therefore not charged for must be based on clinical assessment
- make sure that any request for patient information complies with accepted principles and guidance on confidentiality; patient's debt details should not be shared with the Home Office
- to develop a dedicated complaints mechanism for patients or their advocates to challenge decisions to withhold care
- to investigate patients' ability to pay, and consider introducing waivers or repayment schemes for patients who may struggle to manage their debt
- to not pursue family members or next of kin for repayment following a patient's death
- to remove threatening posters warning of non-eligibility for free NHS care from all clinical areas, and replace them with posters that provide reassurance that patients will not be turned away
- to promote a welcoming environment in the Trust with posters reassuring patients their immigration status will not be challenged when seeking healthcare