

## **CPHVA RESPONSE TO THE PROPOSALS TO EXCLUDE OVERSEAS VISITORS FROM ELIGIBILITY TO FREE NHS PRIMARY MEDICAL SERVICES.**

The Community Practitioners' and Health Visitors' Association (CPHVA) welcomes the opportunity to respond to the consultation document *Proposals to Exclude Overseas Visitors from Eligibility to Free NHS Primary Medical Services*. We understand that this consultation covers England only but our comments reflect the views of our membership in England, Scotland, Northern Ireland and Wales.

The Community Practitioners' and Health Visitors' Association is an autonomous section of the AMICUS Trade Union with over 20,000 members. It is the third largest professional nursing union and is the only trade union which has public health at its heart.

We are concerned that the measures proposed here do not give details on the size of the problem, nor elaborate on the main types of treatments accessed by these visitors. While the CPHVA shares the DOH's concern re access to free healthcare to visitors from overseas, in an already over-stretched service, the consultation document is asking for feedback to recommendations without any benchmarks for comparison. We believe that these proposed measures are likely to be costly in terms of implementation and administration of any systems and there is a need to balance the cost/benefit ratio. One aspect that we feel should be considered is the true cost of provision versus the cost to the nation's public health. The CPHVA believes that it would be prudent to provide treatment regardless of ability to pay when it relates to particular illnesses or diseases which may/will have an impact on the nation's public health over time. Preventative measures and early interventions are more cost effective.

We are not convinced that the implementation of these proposals will not lead to more racial discrimination, we believe those who will be asked to demonstrate/prove eligibility will more likely be from more visible minority groups.

It will not be possible to implement these proposals in a non-discriminatory way, as it is only clinical staff who can make the judgement regarding the seriousness of a patient's condition yet their first point of contact in primary care is not usually with a clinician.

**These are our answers to the questions posed in the document:**

## **Who will be eligible for free NHS primary medical services?**

### **3.1 Do you agree that strengthening the rules around access to free NHS medical services for overseas visitors, to better match those for hospital treatment will bring clarity to both the overseas visitor and frontline staff working in practices and PCTs?**

The CPHVA believes that there is a need to exclude failed asylum seekers and refugees from overseas visitors or 'health tourists' as the issues affecting them are different. The overseas visitors or 'health tourists' we believe these proposals aim to capture, are relatively small in number.

There are anomalies within the new Guidelines for Hospital Trusts that need to be addressed - for example our understanding is that a person may receive free treatment in the Accident and Emergency Department as an emergency, but when transferred to other departments/wards will have to pay during the same attendance visit. The logistics of doing this seem absurd. Would that person be turned away if they were unable to demonstrate ability to pay? Testing people for eligibility in a stressful emergency situation does not seem appropriate.

### **3.2 If not, please specify your reasons.**

If people are not allowed to be treated, unless in an emergency, we will not be meeting our moral and physical obligations which could also lead to a greater cost for emergency treatment which outweighs the provision of non-emergency treatment.

We are concerned that there may be double standards in place here. The government rightly finances much needed aid for other countries in need, this needs to be reflected in the provision of health care to vulnerable groups at home.

We believe that public health will be undermined. The cost of good early public health interventions and provision are less than the expense of acute interventions and the treatment of the morbidity and residual chronic conditions that can result.

We believe that the nation's Public Health will be compromised due to lack or loss of access to treatment in some of these groups.

The CPHVA is very concerned that there will be more pressure on health staff to act as Home Office officials' by screening people for eligibility.

The actions of health care staff should be concerned with protecting the whole population. Our duty is to care and by withholding treatment we could be doing harm and acting unethically.

We would not support refusal of treatment if no proof of eligibility or inability to pay were demonstrated to health care staff. This is not the role of health professionals. This is an administrative function not a caring one. It should occur away from the care/treatment setting.

## **Primary medical services for visitors ineligible for free NHS care**

### **3.3 Do you agree that a system of charging should be introduced?**

If the overseas visitor definition was refined to exclude groups previously mentioned, we feel that it could be appropriate to introduce charges in a similar way to other countries have payment systems. We would expect that the full cost of these changes would not increase the cost to the NHS but demonstrate a saving.

We are very concerned that people will not be allowed to have simple preventative treatment. To refuse treatment in some cases will inevitably lead to later emergency care this needs to be balanced. This is discriminatory as many of these people come from poorer countries or developing countries.

## **How would the proposed new scheme operate?**

### **3.6 Should the onus of proving eligibility for free NHS primary medical services be the responsibility of the overseas visitor?**

Asylum Seekers and refugees should not be included in this. For other overseas visitors this would be appropriate.

### **3.8 What practical difficulties do you envisage that practices would have in operating the proposals outlined in this document?**

We are concerned that changes will lead to more instances where staff will focus on peoples' appearance and accents as to who can register and get treatment.

It will also have an impact on the individual's right to confidentiality, as GP practice reception areas are very public and reception/admin staff will need to ask more personal questions.

If you do not have a birth certificate or passport are you unable to register? Many people who are eligible do not have these.

There will be need to increase time for processing paperwork in surgeries. This is inappropriate use of NHS resource.

**3.9 What other measures do you think the Government should consider which would reduce the instances whereby persons who are not ordinarily resident in this country access and receive free NHS primary medical services?**

Not able to comment as we are totally against asylum seekers being included with other overseas visitors.

We are concerned that these changes may also make access to care difficult for those who are eligible but mobile.

**3.10 Would you agree that a form of self-certification would help reduce the number of people who receive free NHS primary medical services to which they may not be legitimately entitle?**

We do not see any value in this.

**3.11 If not, please specify your reasons.**

We see this as an increase in unnecessary administration. The NHS is already over burdened with administration. More people would have to be employed to carry this out costing more money. Resources would be better put into patient care. We see this as Home Office administration encroaching on clinical care. These actions may deter people from coming forward leading to an increase in the need for more emergency interventions.

**3.12 Should members of EEA countries or "insured" Swiss residents visiting the UK be required to carry a form E111 completed by their home country, or from 1 June 2004, the European Health Insurance Card?**

We do not have a problem regarding the E111. However we are very concerned about the introduction of ID cards and how these may be used.

**How would eligibility be confirmed?**

**3.14 Are there any other options that the Government should consider for checking a person's eligibility, and if so, what are they?**

Currently we have no other suggestions.

## **Existing overseas visitors who currently receive free primary medical services**

### **3.15 Do you agree with this approach to existing overseas visitors who currently receive free services?**

We are concerned that this may negatively effect returned citizens living in developing countries.

## **Public Health**

### **3.18 Are there any primary medical services, which you consider should continue to be freely available on public health grounds?**

Yes	HIV testing and treatment
	Immunisation and vaccination
	All maternity care
	Reproductive health
	Mental health
	All communicable diseases

All of the above have an impact on the wider population's health and should therefore be available.

Should you have any questions or need further clarification on points raised please contact Obi Amadi, Lead Professional Officer, Health Visiting

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