

Impact of proposal to extend charging for NHS in England

Forced displacement due to conflict, violence, and human rights violations is at record levels, with the UN High Commissioner for Refugees predicting that the number of people displaced will exceed 60 million in 2016. Medical practitioners need to address the challenge of providing equitable care for this vulnerable group.

Application for asylum in the UK is complex. Asylum seekers often experience long periods when their application is classed as "failed", but 42% of appeals were allowed in January to March, 2016. At present, asylum seekers are legally entitled to primary and emergency health care, including the right to register with a general practitioner and to access emergency services. However, a UK Government proposal plans to introduce charges for people whose asylum appeal is refused, including for emergency, ambulance, and maternity services. These individuals do not have the permission to work or financial support. Although the proposal includes exemptions from charging, groups that will be exempt are ill defined.

Although we acknowledge the finite resources of the UK National Health Service (NHS), we think that the introduction of such charges will not save money and will lead to increased long-term spending. Opportunities for cost-effective preventive care and early intervention will be missed. Restriction of access to primary care is harmful to vulnerable individuals, detrimental to public health, unfeasible, and ethically unsound.

Health care is a fundamental human right.¹ A central principle of the NHS Constitution is that health care should be available to all, based on clinical need and not the ability to pay. The proposal to introduce charges for asylum seekers risks these rights for people who are highly susceptible to ill

health but are not entitled to the full democratic rights of citizens.

The proposal will have the greatest impact on the most disadvantaged.² For example, pregnant women seeking asylum are seven times more likely to develop intrapartum complications and three times more likely to die than women in the general population.³ Introduction of charges adds to health-care barriers by compounding existing confusion among health-care professionals around eligibility.⁴ The requisite checking of all people perceived as foreigners risks delays in their diagnosis and treatment. Anxiety about accruing unmanageable debt deters potentially vulnerable people from seeking care⁵ and adds to their mental health burden.⁶ Population health inequalities widen, adding to public health concerns.

An impact assessment accompanying the consultation showed the financial risk for the NHS presented by the proposal. New information systems, and extra administrative and interpretation costs, are substantial. People who are refused asylum are usually unable to pay for health care, making costs unrecoverable and creating a net economic loss to the system.

Already overworked clinicians are unlikely to welcome the responsibility for gatekeeping, and potential conflicts of this proposal with the duties of a doctor are pertinent. Most NHS clinicians consider it unethical to withhold care solely on the grounds of the ability to pay. Management of destitute asylum seekers under these proposals would create moral dilemmas: how should doctors act in patients' best interests? Is it ethical to wait for the patient's condition to deteriorate to a state where they require emergency care?

We declare no competing interests.

Rebecca Farrington, *Sepeedeh Saleh, Sam Campbell, Ayman Jundi, Estelle Worthington
ssaleh@doctors.org.uk

University of Manchester, Manchester, UK (RF, SC); School of Public Health, Health Education North West, Liverpool L3 4BL, UK (SS); Lancashire Teaching Hospitals NHS Foundation Trust, Preston, UK (AJ); Syrian British Medical Society, UK (AJ); and Regional Asylum Activism Project, Refugee Action, Manchester, UK (EW)

- 1 UN General Assembly. International covenant on economic, social and cultural rights. United Nations, 1966.
- 2 Nyiri J, Eling P. A specialist clinic for destitute asylum seekers and refugees in London. *Br J Gen Pract* 2012; **62**: 599–600.
- 3 The confidential enquiry into maternal and child health. Saving mothers' lives: reviewing maternal deaths to make motherhood safer—2003–2005. London: Confidential Enquiries into Maternal Deaths in the United Kingdom, 2007.
- 4 NHS England. Patient registration: standard operating principles for primary medical care (general practice). Leeds: Primary Care Commissioning, 2015. <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/11/pat-reg-sop-pmc-gp.pdf> (accessed July 5, 2016).
- 5 Doctors of the World briefing: Department of Health consultation on further NHS charging—"Making a fair contribution". London: Doctors of the World, 2016. https://www.doctorsoftheworld.org.uk/files/DOTW_briefing_DH_consultation_on_further_NHS_Charging_Feb_2016_FINAL.pdf (accessed July 5, 2016).
- 6 Vostanis P. Meeting the mental health needs of refugees and asylum seekers. *Br J Psychiatry* 2014; **204**: 176–77.

UK surgical trainees will continue to support European research collaboration

Trainees (equivalent to residents in the USA) are committed to continuously improve patient care. In the past 10 years, trainee-led surgical research collaboratives in the UK¹ have developed a track record in running high-quality randomised controlled trials.^{2,3} As our experience has grown, so has our collaboration with our European colleagues. We recognise that international collaboration is essential to running efficient, rapid trials that are generalisable across health systems and able to change practice.

We have actively worked with trainees across Europe to develop international research networks. Building grassroots engagement and



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For the **UN High Commissioner for Refugees report** see <http://www.unhcr.org/uk/statistics/unhcrstats/56701b969/mid-year-trends-june-2015.html>

For more on **asylum appeals** see http://www.refugeecouncil.org.uk/latest/news/4648_latest_asylum_facts_and_trends

For the **UK Government proposal** see <https://www.gov.uk/government/consultations/overseas-visitors-and-migrants-extending-charges-for-nhs-services>

For the **NHS Constitution** see <https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england>

For the **impact assessment** see https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/482648/Impact_Assessment.pdf

For the **duties of a doctor registered with the UK General Medical Council** see http://www.gmc-uk.org/guidance/good_medical_practice/duties_of_a_doctor.asp



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