

I have written some notes on two meetings that I have been involved in in the last two weeks with Ministers involved in NHS entitlement issues. There may be some useful pieces of information for members of the network in these notes. They are written from memory, and are my interpretation of events.

Jane Kennedy

I attended a meeting on Wednesday 14th December 2005 at Department of Health, Whitehall with Jane Kennedy (Minister for Health), Mike Swaffield (Asylum Seekers and Refugees Civil Servant, Department of Health), Clare Short (MP), Vivienne Nathanson (BMA, ethics) and Julian Sheather (BMA, ethics). Two other people were present, plus a note-taker. I think the two other people may have been Jane's PPS and a civil servant from the Home Office.

Jane has responsibility for sorting out the proposals for removing entitlement to primary care. She says that there are still some issues that they are 'struggling with' ie they have not yet got the proposals right. She asked a lot of questions and was certainly in 'information gathering' mode.

We said that there was no evidence of any health tourism (in fact, evidence to the contrary), and no evidence of there being a problem that needed draconian solutions. Jane said that she was told that 10% of women in London registering for maternity care give a false address. She also said that it was her impression (through constituency surgeries) that many people refused asylum had suffered persecution as a result of 'family feuds'. This was not a perception shared by other people at the meeting.

She said that the Government were not trying to deny people access to health care, just trying to charge people. Everyone present emphasised that charging destitute people was, in effect, denying access to care.

The particular situation of women and children was emphasised, as were the results of audit looking at the experiences of trauma and torture of people refused asylum who were clearly not 'bogus'. The futility of denying primary care and then giving expensive secondary care (and the difficulty in diagnosing cases such as TB when primary care was denied) was expressed.

Jane talked about 'non-returnable' failed asylum seekers and suggested that these were a group that were different to 'returnables'. It was implied (or at least interpreted by me) that future rules could be different for 'non-returnables'. The most feasible way of implementing that, I think, would be for people granted Section 4 support (accommodation and vouchers on the basis that there is no safe route of return home, or they are too ill to travel) to still be entitled to health care. I oppose this for several reasons. I fear that many people do not sign up to Section 4 support because they will not sign something agreeing to comply with efforts to return them home as soon as a safe passage is available (and I would not want access to health care conditional on signing this). I also see many people who are destitute and genuinely afraid to return being denied Section 4 support because there is a theoretical voluntary route home,

despite the UK Government not enforcing forced returns (like in the case of Zimbabwe, Iran, etc.).

The Home Office (who seem to be leading on this) have set up a 'working group' to look at the issue of health and social care for 'non-returnables' and they have invited the BMA to be part of that. The BMA have assured me that they will not agree to any measure that provides care to some vulnerable 'non-returnables', but refuses care to other vulnerable 'returnables'.

Other things were discussed at the meeting, including the recent consultation on NASS 85 (health care for dispersed asylum seekers) which specifically excludes people refused asylum. Jane was particularly interested in BMA initiatives to integrate and provide training for refugee health professionals.

Patricia Hewitt

On Wednesday 21st December 2005 I met Patricia Hewitt, MP for Leicester South and Secretary of State for Health with one of her constituents to talk about proposals to deny failed asylum seekers and others access to primary health care.

Patricia said that there was evidence that if conditions for people granted status are similar to conditions for people refused status, 'people-smugglers' will chose the UK over other countries. From a Government strategy position they need to make being granted status very different from not being granted status. If someone who is refused asylum gets access to health, education, housing, welfare, etc then she thinks more people will come. She mentioned the phrase "stock and flow" a few times, meaning that the way you treat the "stock" - people who are here - has an impact on the "flow" of new people. The question then becomes, if you link entitlement to health care to entitlement to other things like education, housing and welfare payments, "is health care special?". She thinks not, I tried to argue that it was.

I suggested that, therefore, the Governement is removing the right to health care as part of the strategy to force people denied status to leave. Patricia said that it was "not as crude as that". She did say that "the Home Office would like us to do things that we aren't going to go to (sic) in the Dept of Health"

I gave her the example of a female rape victim of the atrocities in Darfur who arrived in the UK a year ago. She would have been accepted as a refugee and given entitlement to health care. Now the HO is successfully arguing to the courts that people from Darfur could safely take 'internal flight' within Sudan and go to Khartoum (Patricia was not aware of this). The same person, who is undeniably not bogus and has been a victim of terrible atrocities, coming to the UK now, would be refused asylum, not be entitled to health care, not be entitled to 'Section 4 support' (as there is a safe route of return), and her return would not be enforced.

Patricia accepted that she would be entitled to nothing. I said that as her doctor, having already established a duty of care to her while she was seeking asylum, there was no way that ethically I could refuse to help her non-urgent nightmares and symptoms of traumatic distress. She agreed, and said "you

need to have discretion". I pointed out that the existing rules allow discretion, but that her proposals did not. I then emphasised that in research findings between 45% and 70% of females refused asylum have been victims of rape. She asked if she could have a copy of these findings, and I sent them to the address that she gave me later that day.

She made the point about the high costs involved - I gave a response saying primary care was much more cost effective than denial of care and then giving expensive secondary care treatment and charging. Prevention is better than cure (esp when treatment costs non-recoverable which she accepted). She volunteered that the new health 'White Paper' will emphasise the cost effectiveness of primary over secondary care. I emphasised that I am a very low referer - and that on the whole refused asylum seekers are low cost, low-demand patients.

She was concerned by "what the Daily Mail reader will think?". She said that "we need to be incredibly careful" and said that "if you raise these issues they can be used destructively by people and the press". She said that she has experience in her constituency of violent attacks on refugees, and I agreed that during the election campaign negative advertising exploiting fears about immigration were linked with an increase in the attacks I saw on my patients from one a week to one a day.

She told me that she had been to a "walk in" centre in South London where there was no charging, and thought that people may still be able to access care in this way. I said in Newham there is an impact assessment taking place and that in a walk-in there there was a poster on the wall charging £20 to anyone who cannot prove entitlement. She said that she will "look into" that (*REALLY sorry Sally to have mentioned this - she asked me directly for evidence when I contradicted her, and I would have seemed like a bullshitter if I hadn't told her.*)

She didn't use any argument about 'health tourism' - she rejected that as not the issue. I gave her my anecdote about 3/1500 of my patients who perhaps had health as part of reason for coming to UK.

She said that nothing has come across her desk on this issue yet. No decisions have been made. She thinks it will be something she has to tackle soonish and that it was timely to hear from me.