



## Migrants' Access to Healthcare: Barriers to Wellbeing

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**Abstract:** This briefing addresses the health status of migrants and barriers to migrants' access to healthcare in the UK and Scotland. It recommends that the rights of migrants must be clarified and communicated (particularly in the case of a "Brexit") and collaborations between the NHS and migrant groups could be developed to minimise administrative and cultural clashes.

**Keywords:** Cultural sensitivity, Discrimination, Health, Healthcare, Immigration, Migration, Public Health

### Background

The phenomenon of migration in the UK has grown substantially over the last few decades.<sup>1</sup> Due in part to favourable living conditions, free movement policies in Europe and an increase in asylum requests, Britain today is more multicultural than ever before.

This briefing addresses migrants' access to health services, assessing the situation in the UK with a focus on the legal frameworks surrounding migrants, on barriers preventing migrants from healthcare access and finally on recommendations for future outreach. The term "migrants" here refers to multiple groups: EU citizens living in the UK, migrants from further afield, international students, asylum seekers and refugees.

Recently, more attention has been devoted to the rights and responsibilities of migrants. Access to employment, housing, education and other social services are crucial factors to guaranteeing migrants' wellbeing. However, if migrants are unable to access health services this can add distress to already overwhelming, uncertain circumstances.<sup>2</sup>

Apart from health being one of the main concerns for individuals, the degree of migrants' engagement with healthcare is seen to indicate their level of integration in a host country.<sup>3</sup>

### Key Points:

- Contrary to popular assumptions, migrants' health tends to decline within months of their arrival in the UK due to environmental and social stressors.
- Ordinarily resident individuals and many European citizens are entitled access to NHS care and domestic pricing when moving to the UK. However, for new migrants, categories like asylum seekers and migrants from outside the European Economic Area, immigration health charges and challenges can apply.
- Barriers to migrants' access to healthcare include issues with GP registration, uncertainty about healthcare and migrants' legal status, financial concerns, cultural issues and clashes with staff.
- This briefing recommends further research is conducted to better understand migrants' health situations and needs. Additionally, efforts must be made to improve the information, communication and relationships shared by migrant groups, healthcare providers and the Government.

Moreover, research has challenged the perception that migrants who enter the UK are young and healthy.<sup>4</sup> In fact, migrants' health often undergoes deterioration over time.<sup>5</sup> At the time of their arrival they experience better average levels of health than populations in their origin countries

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or minority populations in the UK; however, studies demonstrate that migrants' health typically deteriorates within six months to five years after their relocation.<sup>6</sup> The causes behind migrants' worsening health have been found to vary, but include: poor living conditions and housing, poor nutrition, stress regarding the situation in their country of origin, distress during the immigration process and uncertainty of legal status.<sup>7</sup> Additionally, some new arrivals take part in so-called "acculturation" (the adoption of health behaviours common to the host population such as drinking and smoking).<sup>8</sup>

The following will outline some of the legal structures shaping migrants' experiences of the healthcare system in the UK, it will proceed to discuss barriers affecting migrants' access to healthcare and conclude with some recommendations for public and third sector entities regarding this issue.

### Legal Frameworks

According to UK law, all who are ordinarily resident are entitled to free primary care, treatment in walk-in centres, Accident and Emergency care, diagnosis and treatment of infectious diseases and free registration with a General Practitioner (GP) practice.<sup>9</sup> In 2014, the Government passed the Immigration Act, intended in part to crack down on undocumented migrants living in the UK.<sup>10</sup> The Act provides a new definition of "ordinarily resident" and introduces an annual immigration health charge for overseas visitors intending to reside in the country for over six months.<sup>11</sup> The charge does not apply to those accessing free primary care services, and exempted from the charge are EU citizens and certain vulnerable groups.<sup>12</sup>

For those coming from European Economic Area countries, engaging with the NHS is more straightforward: thanks to European cross-border healthcare and the European Health Insurance Card (EHIC), some migrants and visitors are subject to the same charges as if they were UK nationals, or are insured by their home country.<sup>13</sup>

### Barriers to Accessing Healthcare

There is a lack of authoritative data and information available regarding the health situation of migrants in the UK.<sup>14</sup> It is necessary to rely on small specific studies, and even then the data is lacking as researchers only tend to take into account individuals' ethnicity or birthplace, not details about their citizenship status or length of residence.<sup>15</sup>

By reviewing research it is nonetheless possible to identify patterns in limitations to migrants' healthcare access. The barriers identified vary from administrative and legal ones to practical difficulties related to language and transport.

Concerning administrative barriers, the issue resides mainly in registration with GPs, considered the entry point to the healthcare system.<sup>16</sup> As mentioned, registration with a medical practice is ostensibly free and open to all residents. Practices must accept anyone in their area – they can only refuse to register a patient on non-discriminatory grounds or because of being at full capacity.<sup>17</sup>

In addition, the NHS guidelines for GP registration, published in 2011, do not specify the need to ask patients for official documentation;<sup>18</sup> nevertheless, registration with practices seems to be an insurmountable obstacle for many migrants living in the UK.<sup>19</sup> The main barriers to registration for this group have been identified as the inability to provide paperwork (such as proof of ID or address), and as a general misunderstanding of guidelines from healthcare representatives,<sup>20</sup> who tend to refuse or only temporarily register those migrants unable to provide documentation. This trend particularly affects vulnerable groups such as undocumented migrants and their children, asylum seekers and recently arrived migrants, who may be denied treatment because they do not yet possess the "necessary" documentation.<sup>21</sup> Consequently, migrants rely on A&E services instead, contributing to a saturation of the service and an increase of healthcare costs.<sup>22</sup>

The uncertainty of migrants' legal status is another critical barrier. Especially after the 2014 Immigration Act and the increase of chargeable

treatments, both healthcare staff and migrants are unsure of how to proceed. In particular, migrants are unaware of their legal entitlements. According to Doctors of the World, a NGO that provides essential medical care and information to marginalised groups, the people who access their clinics in the UK cite a lack of understanding concerning the healthcare system and a fear of being arrested due to their immigration status.<sup>23</sup>

Due to this climate of fear and uncertainty, many migrants access healthcare only when in urgent need, although there have also been cases when migrants have been denied urgent care because of an inability to pay.<sup>24</sup>

In addition, migrants' lack of awareness concerning certain health conditions, along with suspicion towards public healthcare, results in the avoidance of free health-promoting services, such as screenings, immunisations or antenatal care.<sup>25</sup>

Another important barrier is that of language. Studies show that fluency in English is rare among recent migrants to the country.<sup>26</sup> Thus, migrants struggle to access information regarding health services and to communicate with healthcare staff.<sup>27</sup> It has been shown that there is insufficient support available to patients in the forms of translation and interpretation, impacting the experiences of both recent and more established migrants.<sup>28</sup> Services along that vein have been created, although due to uncertainties regarding cost and responsibility, many institutions and clinics still do not use them.<sup>29</sup> The difficulty of communication can add frustration and distress to migrants' lives, especially during medical crises.

Finally, the conduct of healthcare staff represents one more barrier to access. Besides refusing migrants' registration, NHS staff have been described as "hostile" or "culturally insensitive" when dealing with migrants.<sup>30</sup> Groups like Doctors of the World have detected differences in the treatment of British citizens and migrants; for example, migrant women are less likely to be offered antenatal care.<sup>31</sup>

The economic standing of migrants seems to be an issue related to staff conduct. As Doctors of

the World detected, trends in gatekeeping behaviours among healthcare staff include denying services to migrants due to their inability to pay, although these services should be available to anyone regardless of economic status.<sup>32</sup> Migrants report fear and discomfort about accessing essential care because of seemingly aggressive letters or unaffordable bills sent in advance.<sup>33</sup>

Another problem is a lack of cultural sensitivity among healthcare staff. Especially in local services, professionals may not have experience meeting the needs of people with different backgrounds, or they might not be able to acquire information about the cultural and clinical backgrounds of some patients.<sup>34</sup> Cultural insensitivity could have consequences on migrants' health, as it could cause rejection of health advice or distress during intrusive treatments.<sup>35</sup>

### Limitations

The literature reviewed above was restricted to pieces published in the last 10 years concerning the UK and Scotland. As mentioned earlier, there is a need for further investigation into the health status of migrants into the UK and Scotland, and additionally into the effects of immigration and integration on migrants' health.<sup>36</sup>

### Conclusions

Every year, thousands of people come from all over the world to settle in the UK, contributing to its communities and economy. In turn, the UK has a moral and legal obligation to support the health and wellbeing of those living within its borders.

Last month, the UK decided via referendum to leave the European Union. The consequences of a potential "Brexit" are yet to be seen, but it is crucial to address some pressing questions for residents. Legislation must be developed to regulate the status of EU citizens living in the UK, in particular regarding their healthcare access. It has been suggested that the UK's departure from the EU would mean leaving behind the Dublin Regulation, the primary legislation that outlines EU states' responsibilities towards asylum seekers.<sup>37</sup>

Moreover, it must be noted that a “Brexit” will not just affect EU citizens, but also it may affect other migrant categories such as refugees and asylum seekers. As uncertainty of status is already an issue in accessing healthcare in the UK, the uncertainty of which legal framework will be used to regulate refugees and asylum seekers is expected to cause more concerns around an already sensitive question.

Scotland, where the current population of non-UK citizens is approximately 28,000,<sup>38</sup> has developed some good practice in the delivery of health and maternity services, in delivering accessible healthcare to asylum seekers and in developing innovations to address mental health, particularly that of vulnerable migrants.<sup>39</sup> On the other hand, some concerns remain. Confusion around immigration legislation, problems accessing medical care and tensions between the policies of the UK and Scottish governments are the main barriers to accessing healthcare for Scotland’s migrant community (see also the briefing “[Scotland’s Immigration Phenomenon and Insights into Integration](#)”).<sup>40</sup>

## Recommendations

Many organisations advocate for improving the relationship between migrants and the NHS. As noted in this briefing, there is an urgent need to remove all barriers affecting migrants’ access to healthcare, especially concerning communication and registration with GPs. Healthcare staff need to be trained on immigration laws, complete and exhaustive information must be delivered to migrants and a collaboration between the NHS and migrant groups or organisations is desirable in order to minimise cultural clashes.

The legal status and rights of various categories of migrants will be uncertain in the upcoming months, and efforts to clarify and communicate such details much be carried out for the sake of service providers and users.

Additionally, it is recommended that outreach to inform and engage with migrants hoping to access healthcare takes place so that they are aware of their rights, of how to engage with the NHS and of how to respond to or report issues encountered (for example, while attempting to register with a GP).

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## References

<sup>1</sup> H. Jayaweera H. and M. Quigley, "Health status, health behaviour and healthcare use among migrants in the UK: Evidence from mothers in the Millennium Cohort Study", *Social Science and Medicine*, 71:5 (2010), p. 1002.

<sup>2</sup> H. Jayaweera "Health of Migrants in the UK: What do we know?", (Oxford: The Migration Observatory, 2014), <<http://www.ncbi.nlm.nih.gov/pubmed/20624665>>.

<sup>3</sup> Jayaweera & Quigley, 2010, p. 1002.

<sup>4</sup> Jayaweera & Quigley, 2010; Jayaweera, 2014; M. Johnson (2006) "Integration of New Migrants: Health," In "Refugees and other new migrants: A

review of the evidence on successful approaches to integration," (London: COMPAS, 2006): pp.57-68.

<sup>5</sup> Jayaweera & Quigley, 2010, p.1003.

<sup>6</sup> Johnson, 2006, p.57.

<sup>7</sup> National Records of Scotland, *High Level Summary of Statistics: Population and Migration (2016)*, <<http://www.nrscotland.gov.uk/files/statistics/high-level-summary/j11198/j1119806.htm>>.

<sup>8</sup> P. Aspinall and C. Watters, *Refugees and Asylum Seekers: A Review From An Equality And Human Rights Perspective*, (Manchester: University of Kent, 2010), Equality and Human Rights Commission Research Report Series, p.109.

<sup>9</sup> Doctors of the World, *Access to Healthcare in The UK*, (London: Doctors of the World UK, 2015), <[https://www.doctorsoftheworld.org.uk/files/2015-09-18\\_DOTW\\_Access\\_to\\_healthcare\\_final.pdf](https://www.doctorsoftheworld.org.uk/files/2015-09-18_DOTW_Access_to_healthcare_final.pdf)>, p.2.

<sup>10</sup> Doctors of the World, *Registration Refused: A Study On Access to GP Registration in England*, (London: Doctors of the World UK, 2015), <[https://www.doctorsoftheworld.org.uk/files/RegistrationRefusedReport\\_Mar-Oct2015.pdf](https://www.doctorsoftheworld.org.uk/files/RegistrationRefusedReport_Mar-Oct2015.pdf)>, p.2.

<sup>11</sup> UK Government, "Immigration health charge," *Immigration Act 2014*; The National Archives (2014), <<http://www.legislation.gov.uk/ukpga/2014/22/part/3/chapter/2/crossheading/national-health-service/enacted>>.

<sup>12</sup> NHS Inform, "Immigration health surcharge," *Your Health, Your Rights*, (2015), <<http://www.nhsinform.co.uk/rights/usingnhs/access/overseas-visitors/healthsurcharge/>>.

<sup>13</sup> NHS Inform, "European cross-border healthcare," *Your Health, Your Rights*, (2014), <<http://www.nhsinform.co.uk/rights/europe/treatmentandpricing/>>.

<sup>14</sup> Johnson, 2006, p.58.

<sup>15</sup> Johnson, 2006; Jayaweera & Quigley, 2010, p.1009.

<sup>16</sup> DoTW, *Access to Healthcare in the UK*, 2015, p.3.

<sup>17</sup> Aspinall & Watters, 2010, p.19.

<sup>18</sup> NHS London, "GP patient registration," in 'Once for London;' *Pan-London Operating Principles for Primary Care*, 2012, <[http://www.ealingccg.nhs.uk/media/3499/nhs\\_london\\_gp\\_patient\\_registrations\\_operating\\_procedures.pdf](http://www.ealingccg.nhs.uk/media/3499/nhs_london_gp_patient_registrations_operating_procedures.pdf)>.

<sup>19</sup> DoTW, *Registration Refused*, 2015, p.2.

<sup>20</sup> *Ibid.*, p.9.

<sup>21</sup> Aspinall & Watters, 2010, p.20.

<sup>22</sup> *Ibid.*, p.20.

<sup>23</sup> DoTW, *Access to Healthcare in the UK*, 2015, p.3.

<sup>24</sup> *Ibid.*, p.6; Jayaweera, 2014, p.6.

<sup>25</sup> Johnson, 2006, p.63; Jayaweera & Quigley, 2010, p.1008.

<sup>26</sup> Jayaweera & Quigley, 2010, p.1003.

<sup>27</sup> Jayaweera, 2014, p.5; Johnson, 2006, p.61.

<sup>28</sup> Jayaweera, 2014, p.5.

<sup>29</sup> Johnson, 2006, p.61.

<sup>30</sup> Jayaweera, 2014, p.6.

<sup>31</sup> Jayaweera & Quigley, 2010, p.1003.

<sup>32</sup> DoTW, *Access to Healthcare in the UK*, 2015, p.5.

<sup>33</sup> *Ibid.*, p.6; DoTW, *Registration Refused*, 2015, p.5.

<sup>34</sup> Johnson, 2006, p.62.

<sup>35</sup> *Ibid.*

<sup>36</sup> F. Crawford et al., *Migration and Health in Glasgow and its Relevance to GoWell*, (Glasgow: GoWell, 2012), <[http://www.gowellonline.com/assets/0000/0508/Migration\\_and\\_health\\_in\\_Glasgow\\_and\\_its\\_relevance\\_to\\_GoWell.pdf](http://www.gowellonline.com/assets/0000/0508/Migration_and_health_in_Glasgow_and_its_relevance_to_GoWell.pdf)>.

<sup>37</sup> N. Nielsen, "Brexit would prevent UK from returning asylum seekers," *EU Observer* (2016), <<https://euobserver.com/uk-referendum/133902>>.

<sup>38</sup> NRS, 2016.

<sup>39</sup> Aspinall & Watters, 2010, p.109.

<sup>40</sup> *Ibid.*

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