



Rt. Hon Patricia Hewitt MP
The Secretary of State for Health
Department of Health
Richmond House
79 Whitehall
London SW1A 2NS

24 May 2005

Dear Secretary of State

Statutory Instrument 2004 No. 614 and consultation document *Proposals to exclude overseas visitors from eligibility to free NHS Primary Medical Services*

Firstly, may we congratulate you on your recent appointment as Secretary of State.

I am writing today regarding the above mentioned existing and proposed restrictions of access to free NHS health care for failed asylum seekers. As part of a wide coalition of NGOs, refugee organisations and health professionals monitoring these issues, Medact would like to share our deep concerns regarding the issue of denying failed asylum seekers and other vulnerable groups access to free NHS health care. Specifically, these concerns are as follows:

1. Despite being pressed to do so on several occasions, the Government has been unable to offer any data to indicate that failed asylum seekers are 'health tourists'. In addition the Health Select Committee has said: '*The Government has no estimates of the numbers of people likely to be involved in health tourism, or of what they might be costing the NHS.*'
2. Failed asylum seekers are often unable to leave the UK because they are medically unfit to travel or their country of origin is too dangerous for them to return. Since in many cases these people have suffered violence, torture and rape and carry both the physical and mental scars of these events, their health needs are very real. The majority have no funds and would simply be unable to pay for treatment. Intentionally or not, the impact of current legislation has been to deter many asylum seekers who are entitled to NHS services from accessing these services. They fear an apparent connection between immigration and health services, the humiliation of questioning and being asked for payment.
3. The status of an asylum seeker is decided by the Home Office and may not be clear to a manager who is required to take a decision as to whether that person is entitled to free NHS health care. We have documented cases of people being refused treatment who had every legal right to access health care, and we are currently aware of several cases in which people have been turned away by non-clinical staff without the relevant health professional being consulted. In one case a

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pregnant woman with a symptom of pre-term bleeding was refused treatment without seeing either a midwife or doctor. It is unethical that a patient is turned away, to return at a later date when the untreated condition has worsened.

Many conditions if left untreated can become life threatening. Asthma, diabetes and respiratory infections are examples of such conditions. Above and beyond the public health concerns and human cost of failing to treat until someone's very survival is threatened there are good financial reasons to treat such conditions within a primary care setting to avoid costly emergency care later.

4. In denying failed asylum seekers free NHS secondary care services and then removing their entitlement to primary care the Government would in effect be depriving them of access to any health care. The Department of Health has asserted '*that in making these rule changes it must be stressed that we will continue to meet our international health obligations*'. Medact believes these to be clearly set out in the International Covenant on Economic Social and Cultural Rights. According to Article 2 of the ICESCR 'States Parties to the present Covenant undertake to guarantee that the rights enunciated in the present Covenant will be exercised without discrimination of any kind as to race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status'. While the International Covenant on Economic Social and Cultural Rights is not at present incorporated in UK law we believe the Government has at the very least a moral obligation to abide by its precepts.

5. The former Secretary of State John Reid has on several occasions commented that the NHS is a national and not an international health service. He further commented that failed asylum seekers were 'effectively stealing treatment from the people of this country'. The irony of these comments will not be lost on those working in the NHS. At least 42,000 overseas nurses worked in the UK in 2003. At the same time migrants paid a total of £2.5 billion more in taxes and National Insurance than they consumed in benefits and public.

6. Attached to this letter is a statement calling on the Government to conduct an impact assessment on the effects of existing restrictions to free secondary care, and of the potential effects of restriction of free primary care services. Such an assessment should seek to measure the effects in terms of the impact on the individual, on health services and front-line staff, the voluntary sector, and on public health and social exclusion. Medact calls for a detailed review by an independent body of the existing and proposed entitlement restrictions on failed asylum seekers and other vulnerable groups.

We should greatly welcome the opportunity to discuss these important issues with you together with other representatives of the coalition.

Yours sincerely

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UK Affiliate of International Physicians for the Prevention of Nuclear War (IPPNW) Nobel Peace Prize 1985
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