

# ILPA information sheet

---

Information sheets provide general information only, accurate as at the date of the information sheet. Law, policy and practice may change over time.

ILPA members listed in the directory at [www.ilpa.org.uk](http://www.ilpa.org.uk) provide legal advice on individual cases. ILPA does not do so. The ILPA information service is funded by the Joseph Rowntree Charitable Trust.

An archive of information sheets is available at [www.ilpa.org.uk/infoservice.html](http://www.ilpa.org.uk/infoservice.html)

**Shauna Gillan** ILPA Legal Officer 020-7490 1553 [shauna.gillan@ilpa.org.uk](mailto:shauna.gillan@ilpa.org.uk)

**Immigration Law Practitioners' Association** [www.ilpa.org.uk](http://www.ilpa.org.uk) 020-7251 8383 (t) 020-7251 8384 (f)

---

## Charging for Healthcare

*January 2014*

The Government intends to bring in new rules about non-permanent residents' access to the National Health Service. In its recent [Response](#), following a consultation on this topic, the Department of Health has set out its specific plans for England, which overlap with the Home Office's [Response](#) to a parallel consultation covering the whole of the UK. As the two sets of plans overlap, this Information Sheet covers both. Full details for the plans are due in March.

While not quite as bad as initially proposed, the proposed new regime is nonetheless likely to have a serious impact. Increased eligibility checks based on immigration status in England will make the overall environment for migrants (and persons suspected of being migrants) more hostile, particularly when set against the context of proposed changes in other areas, for example the new landlord and housing checks proposed in the pending Immigration Bill (see further ILPA's [Information Sheet](#) on this topic).

### Main changes proposed

A positive outcome of the consultation is that the Government was persuaded **GP consultations** in England should remain free for everyone; however all other primary care services, such as minor treatments carried out by a GP, community care, pharmacy, dental and optical care, are to become subject to charges for non-exempt groups (in the same way that secondary care is currently chargeable). Treatment for conditions which carry risks to the public will remain free: infectious diseases, sexual health and mental health services for sectioned patients.

A blanket **health surcharge** or levy is to be imposed anyone without permanent residence in the UK (except EEA nationals), regardless of their NHS use. This proposal is already on its way to becoming law as part of the Immigration Bill and the Government intends to commence charging these levies in Autumn 2014, subject to the Bill being passed. The charge currently proposed is £200 (£150 for students) annually, payable up front per year of proposed stay at the point of applying for a visa. The fee must be paid by each visa applicant, as well as each family member.

**Accident and Emergency (A&E) services** in England will no longer be free to everyone; it is intended that in future visitors will be subject to charges for these services. Where emergency treatment leads to secondary care, this will remain chargeable for non-exempt groups.

New **eligibility checks** are planned for everyone, with the Government proposing that GPs will be responsible for gathering data on a person’s residency status in the UK, information which could later be used to establish if they should be charged for other types of care.

<b>Table of Affected Groups</b>	
<b>Visitors</b>	Persons visiting the UK for less than six months will continue to be expected to pay for all health services received at full cost (unless an exemption category applies). As above, this group will in future also be required to pay for Accident and Emergency services in England
<b>Non-EEA temporary residents</b>	At present non-EEA temporary residents (e.g. students, workers) in the majority of cases have free access to the NHS if they are coming to reside for more than six months. Under the new proposals they will have to pay a compulsory annual levy, regardless of their healthcare needs. This will give them full access to the NHS, although there may be additional charges for discretionary treatments.
<b>EEA Nationals</b>	There will be no change to EEA nationals’ rights to access healthcare which will remain as prescribed by European law: free access on the same basis as a national if they reside for more than three months in the UK
<b>Asylum seekers, refugees and victims of trafficking</b>	These groups are intended to continue to have free access to NHS care, as will children in local care. Those seeking or in receipt of humanitarian protection will also be exempted from the charging regime.
<b>British expatriates</b>	British nationals living abroad currently do not have free access to the NHS on visits back to the UK unless they are returning to resume permanent residence. In practice this is very difficult to police; the Government intends to undertake further analysis of the situation before confirming new rules, which are likely to be brought into force later in 2014.
<b>Irregular Migrants</b>	Those without a legal basis to reside in the UK, such as overstayers or those who have been refused asylum and are liable to removal, will continue to be chargeable for NHS services. The stronger eligibility checks planned for England will make it more likely that this group will be charged in practice. They will also no longer benefit from free (non-GP) primary care in England (e.g. pharmacy, dental, optical care), but will continue to be given emergency treatment.

Despite robust submissions to the consultation, the Government was not persuaded specifically to exempt the following groups:

- *Pregnant women* – there will be no exemption for pregnant women despite the risks to them and to their unborn children. The Government considers that “maternal healthcare tourism” is a problem and could increase if an exemption were applied.
- *Trafficked persons and survivors of domestic violence* – currently only those for whom there are reasonable grounds to believe have been trafficked are exempt. The Government will ‘give further thought’ to the matter, but considers that there are practical difficulties for NHS staff in establishing eligibility for an exemption on these bases.
- *Children* – there will be no exemption for children. The Government believes that this would be a “draw” to families with sick children.