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Cost Recovery Programme
Department of Health
506 Richmond House
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14 April 2016

Royal College of Nursing response to the Department of Health: Making a fair contribution. Consultation on the extension of charging overseas visitors and migrants using the NHS in England

Introduction

With a membership of around 430,000 registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world. RCN members work in a variety of hospital and community settings in the NHS and the independent sector. The RCN promotes patient and nursing interests on a wide range of issues by working closely with the Government, the UK parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations.

The RCN welcomes the opportunity to respond to the consultation on the extension of charging for overseas visitors and migrants who use the NHS. We have focused our response on the areas of greatest concern and would welcome the opportunity to discuss our response in greater detail.

Q.2 Do you have any views on how the proposals in the consultation should be implemented so as to avoid impact on:

- **People with protected characteristics as defined under the Equality Act 2010;**
- **Health inequalities; or**
- **Vulnerable groups**

The RCN is deeply concerned at the lack of an accompanying equality impact or equality analysis that would enable a far more detailed and nuanced response to this consultation. The information contained in such an analysis would provide vital information about the likely or projected impact on groups covered by the Equality Act 2010. It would also be a valuable tool in helping to understand the impact of these proposals on groups who experience health inequalities or who are identified as

vulnerable. In the absence of this critical information, it is difficult to model the overall impact on these groups with any degree of certainty. We have therefore urge the Department of Health to undertake a detailed and accurate equalities impact assessment of these proposals as a matter of urgency.

We note the scope of exemptions and are relieved that there is recognition of the impact of female genital mutilation, human trafficking, modern slavery as well domestic violence and torture. We remain concerned about how services and individuals will be able to identify those belonging to exempt groups. We are concerned that services have yet to be properly supported and resourced to smoothly implement the exemptions process and ensure that those who qualify are neither charged nor deterred for seeking or receiving the treatment that they are entitled to.

The fact that individuals are required to self-identify and demonstrate eligibility for an exemption could present a number of significant challenges for vulnerable people and groups. We note that there is no broad mental health exemption. This is worrying as many who live with mental health conditions may need a range of interventions, especially in times of crisis and may fall through the cracks in the coverage provided by the exemption provisions. We are also particularly concerned that people whose first language is not English as well as those with limited verbal communication skills may find the burden of proving eligibility for exemption daunting.

We note too, the potential for black and minority ethnic and refugee people and communities to be unfairly targeted. We are concerned about the potentially elevated risk of racial profiling in determining charging eligibility that could arise from these proposals. In particular, we remain worried about the likely impact on women, particularly those from migrant and Irish traveller backgrounds or those who are homeless and who may have greater difficulty in producing evidence that they are UK residents. These circumstances may create the conditions in which health inequalities are widened and health exclusion experienced by larger groups. Our fears remain given the lack of a proper assessment of impact on equality groups, vulnerable groups and those who are already at risk or experience health inequalities.

We also seek further and detailed assurance that the charging arrangements will not encroach on the clinical independence of health professionals who are required to adhere to a code of conduct which places the health and wellbeing of the patient firmly at the centre of their clinical practice.

Q.6 Do you have any comments on the implementation of the primary care proposals?

The RCN is concerned that the proposals have the potential to narrow the points of entry to health care as well as create additional pressure on already stretched services; which could cause greater harm to overall levels of health and wellbeing in the long-term. Individuals may be unwilling to access healthcare services if they are unclear if they will be charged. Where individuals are required to be charged, they may delay or not seek necessary additional care to help manage their condition. This can have significant implications for maternity care as well as those with progressive

conditions. It may also have a negative impact on services such as outreach services and programmes provided by the community or wider voluntary and community sector.

Q.18: Do you have any comments on the implementation of the A&E proposals?

The RCN remains concerned about the feasibility of these proposals in the context of clinicians who work in already extremely busy, highly-pressured and time-critical environment.

The RCN welcomes the opportunity to discuss our response in further detail. Please do not hesitate to contact Wendy Irwin via email at wendy.irwin@rcn.org.uk or alternatively by telephoning 0207 647 3486 for further information.

Yours sincerely

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