

Survey on mission partners accessing NHS healthcare - July 2016

1. Introduction

A recent survey was carried out within the Global Connections network on access to NHS healthcare in the UK following the changes in April 2015. A short questionnaire was designed to capture the successes, failures and issues around accessing secondary NHS healthcare in England (without charge) for mission partners.

- It was filled in either by the mission partner themselves or by a church/agency on their behalf
- 27 individuals took part or were included in the survey
- The responses covered the period April 2015 – June 2016
- Although about secondary care in England (as this was the only area where regulations had changed), some information about access to primary care, and in the other nations of the UK, was also collected.

The questions asked were as follows:

- Type of NHS healthcare sought (e.g. outpatient care, admission to hospital after visit to A&E)
- Date on which the healthcare was sought
- Name of NHS Trust / hospital
- Was the mission partner questioned by an Overseas Visitor Manager (or equivalent)?
- Was the outcome that the person was deemed ordinarily resident?
- If yes, what evidence was given and accepted for this?
- If no, what reasons were given?

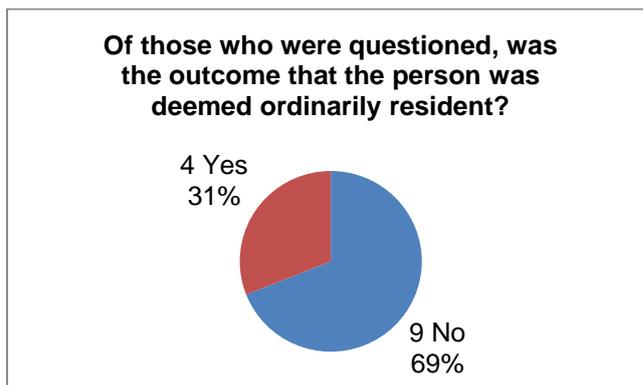
2. The findings

A brief summary of the findings can be found below:

48% of mission partners were questioned when seeking healthcare, the rest were not and were able to access healthcare:



Of those who were questioned, 4 out of 13 were deemed ordinarily resident, the rest (69%) were not.



In total, 9 of 27 respondents (33%) were not considered ordinarily resident and had to pay charges, or chose not to pursue the healthcare.

If the mission partner was questioned and deemed Ordinarily Resident, what evidence was given and accepted for this? (Note: each of these bullet points is one person's experience.)

- Working history in UK, house ownership in UK, work overseas, nature and work of organisation (including was the organisation based in the UK or overseas), copies of letters inviting/confirming assignment, visits to UK: frequency, length and purpose.
- Letter provided by agency to say they were members and resident in the UK for 12 months.
- Bank statements for the current year and selected months going back to 2011, letter from organisation explaining assignment and time spent overseas and in the UK, child's UK passport, asked to confirm they had not claimed Job Seekers allowance since returning to the UK.
- Letter requested from organisation regarding income, how often they were in the UK, and how long they had worked with the organisation.

If the mission partner was not deemed Ordinarily Resident, what reasons were given?

- Just told that the person was not OR with no reason
- Not resident in the UK for 6 months that year (3 people)
- Didn't own or rent property in the UK/found prayer letters online which proved they lived abroad
- Doesn't live in the UK
- Registered as living in another country
- Could not supply a current home address in the area where last registered with the GP.

Other notable findings/comments:

- Of the five mission partners who wanted to make a primary healthcare appointment to see their GP, all five were questioned. All were deemed *not* ordinarily resident and either charged or just told they were no longer able to register with that GP (even though access to a GP and primary care is not dependent on being ordinarily resident).
- Of the one mission partner who sought healthcare in Wales, they were charged (even though mission partners are still an exempt category in Wales).
- One mission partner was 'threatened' that if she questioned the decision, that previous access to NHS healthcare could also be charged. (This was even though it became clear, once we looked further into her case, that she should not have paid for any of the treatments under 'threat' under any interpretation of the regulations.)

3. Concluding thoughts

The questioning of mission partners

- Encourage your mission partners to expect to be questioned. It is already at just about 50% and we anticipate this will grow.
- The reasons given for mission partners not being deemed Ordinarily Resident is alarming – our understanding is that not one of these would have been a good enough reason **just on its own**. It seems that the process for determining OR status is not robust, nor being applied fairly.
- However, having said the above, we also recognise that what we don't know from this short survey are the full circumstances of the individuals concerned, and whether there were some individuals for whom it was hard to see how they could be said to meet the OR requirements. For this reason we have now added in three more questions to our short survey to help us get a slightly fuller picture of the circumstances in the future.
- Not all NHS Trusts in England seem to be aware of the new [Guidance](#) (pages 27-30 especially) and the supporting [Ordinary Residence Tool](#). Trusts are expected by the Department of Health to use the guidance and tool that are made available to them to help determine Ordinary Residence (rather than their own methods). Mission partners should be strongly encouraged to ask the person determining their OR status to refer to these when making their decision.
- Our document '[Guidance on meeting the Ordinary Residence Test](#)' is based on the questions that are included in the tool.
- Other information and downloads can be found on our [webpage](#).

Primary care

- Ordinary Residence status has no bearing on accessing primary care services.
- Make sure your mission partners are aware that access to primary care services (e.g. GP services, dental practices, community pharmacists, walk-in centres, NHS 111, and high street optometrists) is unchanged and remains free - apart from the usual charges that apply to NHS patients, such as

prescription charges and eye tests. NHS services provided by a GP are free to all (except the statutory charges as mentioned).

- Access to the Emergency Department (A&E) is free to all and will include tests and treatment while someone is still under the overall care of A&E. However, once care is handed over to another team such as transfer to inpatient (admission to hospital) or follow-up outpatient care, it becomes chargeable.
- Give your mission partners specific information about [registering with a GP](#).
- Note that private GP treatment should only be offered to people by GPs as an *optional* alternative to NHS GP treatment.

Diseases for which no charge is made

- Do note that there are certain [diseases](#) for which no charge is made for diagnosis or treatment.

Other nations

- Mission partners visiting Wales, Scotland and Northern Ireland need to be aware of the differences there. Currently missionaries still have an exemption from charges in [Wales](#) and [Northern Ireland](#), and although missionaries have never had an exemption in [Scotland](#), in practice they have not been charged as far as we are aware (in addition, [exemption 4](#) (k) might well apply to some mission partners visiting Scotland).

Private Medical Insurance

- *If in any doubt* about your mission partners' entitlement, you should seriously consider having insurance to cover healthcare while in the UK. Those who are not deemed 'ordinarily resident' will be charged 150% of the NHS tariff. Global Connections has set up a [Group Scheme](#) at the request of and on behalf of the GC network, offering annual worldwide (excluding USA) medical cover.

Sandy Morgan, Global Connections 14 July 2016