

My Rights to Access Healthcare



**Booklet for Voluntary and
Community Organisations**



The Project

The Rights to Access Project was created by Healthwatch Warwickshire to help individuals who are experiencing homelessness access healthcare when they need it.

The project was created as a result of the engagement work carried out across the County talking to homeless support agencies, homeless individuals, and from reports about homelessness within Warwickshire.

This booklet is a guide to help organisations support individuals who are experiencing homelessness. It provides information about:

- How Primary Care services work
- Rights to accessing treatment at a GP surgery
- How to register with a GP surgery
- The complaints procedures
- Useful contact numbers & online resources

We have produced a Rights to Access card to be used when individuals are accessing treatment.

The number of people currently affected by homelessness in Warwickshire is growing. Homelessness is complex and can have various contributing factors such as financial trouble, relationship breakdown or loss of employment.



What do we mean by homelessness?

There are a variety of ways in which a person can be classified as homeless. The most known form of homelessness is 'Rough Sleepers'. This is a very visual type of homelessness.

*The definition of homelessness is
"the state of having no home".*

You are homeless if you have nowhere to stay and are living on the streets. However, you can be homeless even if you have a roof over your head.

You also count as homeless if you are:

- Staying with friends or family
- Staying in a hostel, night shelter or B&B
- Squatting (in a place you have no legal right to stay)
- At risk of violence or abuse in your home
- Living in poor conditions that affect your health
- Living apart from your family because you do not have a place to live together

Many of these listed are known as the 'hidden homeless'. Hidden homelessness is increasing nationally. It can be caused by a single factor or multiple factors.



Rights to Access Card

Front of card



Back of card



How to use the card?

The **aim** of the **Rights to Access Card** is to give any individual who requires medical treatment the knowledge and confidence to walk into a GP surgery and to ask for treatment regardless of whether they are registered with any GP Practice or not.

The Rights to Access card looks like a plastic credit card. It is double sided with information for individuals on their rights to access healthcare under the NHS Constitution.

If an individual visits a GP Practice and finds that they are unable to make an appointment they should ask the receptionist for a reason.

If the reason is:

- Not registered at the Practice
- No available appointments

then they can say that they need care and would like to see someone today. The NHS constitution gives every person the right to urgent medical treatment whether they are registered at any surgery or not. This is confirmed on the Rights to Access card.



Introduction to the NHS

The National Health Service (NHS) provides healthcare for UK residents within the United Kingdom and is funded by taxpayer's money. It is the 5th largest employer in the world and is a complex system divided into 3 areas: -

- Primary Care
- Secondary Care
- Tertiary Care

Primary Care is the first point of contact in the healthcare system. This can be by accessing General Practice (GP), Pharmacy, Dental and Optometry (eye health) services.

Secondary Care includes Hospital visits for emergencies and urgent care (A&E) or specialist care (Consultant). This is usually delivered in a hospital setting by specialist Doctors or Consultants (i.e. pre-planned surgery e.g. hip replacement).

Tertiary Care is specialised consultative healthcare, usually from a referral from primary or secondary care (e.g. chemotherapy, neurosurgery, transplants).

**90% of contact people have with the NHS is with
Primary Care**



Accessing Healthcare

General Practice is the most used service within Primary Care

The Health and Social Care Act 2012 places an obligation on NHS England to secure the provision of primary medical services for patients throughout England. In addition the Health and Social Care Act 2012 introduced statutory duties on the NHS to “have regard to the need to reduce inequalities” in access to and outcomes achieved by services.

A GP or Nurse Practitioner are the most common health care practitioners seen in Primary Care. To access a GP or Nurse Practitioner, you have to contact a GP surgery or Out of Hours surgery for an appointment, telephone consultation or home visit.

Primary Care provides people with an easy, accessible route to access treatment for an illness, long term condition, illness prevention and advice. GPs deal with a wide range of physical, emotional and mental problems. However, some now also specialise in areas like minor surgery and dermatology.

According to research done by Homeless Link

“Homeless people are heavy users of acute NHS services; the latest data indicates that the number of A&E visits and hospital admissions per homeless person is four times higher than for the general public. This is estimated to cost a minimum of £85m per year.”



What are the 7 principles of the NHS Constitution:

1. The NHS provides a comprehensive service, available to all.
2. Access to NHS services is based on clinical need, not an individual's ability to pay.
3. The NHS aspires to the highest standards of excellence and professionalism.
4. The patient will be at the heart of everything the NHS does.
5. The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population.
6. The NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources.
7. The NHS is accountable to the public, communities and patients that it serves.

We are looking specifically at principle 4. *'The patient will be at the heart of everything the NHS does'*



What does this all mean?

The NHS Constitution comes with guidelines. These guidelines are important because they set out how NHS Services put the 7 principles of the NHS Constitution into practice on a daily basis. They can be found in all the NHS contracts including the GP contract.

For some groups of people accessing Healthcare can be difficult. The NHS guidelines ensure that everyone has access to Primary care.

In the UK all residents have the right to receive treatment from a Primary care service and to register with a GP practice (some exceptions do apply). More information is given on page 13.

NHS England guidelines clearly state that people do not need a fixed address or identification to register or access treatment at GP practices.

GPs have a contractual and ethical duty to provide urgent necessary treatment, regardless of whether a person is an overseas visitor or registered with that practice.



Cost

There is **NO** charge to register with a GP or to see a GP for UK Residents, Asylum Seekers or Refugees.

If you are not a UK Resident there is a charge for some NHS services.



FREE healthcare is available if you are:

	UK Resident	NOT a UK Resident
Primary Care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Secondary Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Tertiary Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>



Eligibility

It is important to note that there is no set length of time that a patient must reside in the country in order to become eligible to receive NHS primary medical care services.

Therefore asylum seekers, refugees, overseas visitors, students, people on work visas and those who are homeless, whether lawfully in the UK or not, are eligible to register with a GP Practice. This is even if those visitors are not eligible for free secondary care (hospital care) services or free prescriptions.

The Human Rights Act 1998 requires public organisations to treat everyone equally, fairly, respectfully and with dignity

GP Practice Organisation

GP Practices are organised as independent businesses. They are contracted by the Clinical Commissioning Group (CCG) either as an independent surgery, group or partnership.

The Clinical Commissioning Group is in charge of ensuring the GP Practice is fulfilling its contract. The GP Practice owner or partners are in charge of building maintenance, staff and day to day affairs.

They usually employ receptionists, nurses, and have a link to a local or inhouse pharmacy. They often hold diabetes or phlebotomy (blood tests) clinics for organisations such as hospitals.



Interpreting Services

All GP Practices provide interpreting services for anyone who has difficulty understanding or speaking English. This service is FREE of charge for anyone to access. If an interpreter is required the GP or receptionist needs to be told some time before the appointment. This is so that the interpreter can be booked.

Extended hours and Out of Hours

Extended hours and Out of Hours are similar but not the same.

GP Surgeries have a requirement to provide extended hours. Extended hours are outside of the core hours Monday to Friday 8am—6.30pm. They can be typically 7am—8am, 6.30pm—8.30pm or Sat morning 9am—12pm. These appointments are pre-bookable and aim to help people who cannot access the core hours appointments.

Some surgeries will provide the extended hours in groups, some on their own, or there is a nominated surgery in the area. You will need to ask the individual practice what their arrangements are.

The Out of Hours service is used if urgent care is needed outside of the core surgery hours (evening 6.30pm—8am), weekends or bank holiday, this service may be via a hub surgery, a walk in clinic or A&E.

If you cannot get hold of your surgery Out of Hours, please call 111 for non—medical emergencies. They can provide advice over the phone and find you a surgery that provides Out of Hours appointments locally to you.



Registering with a GP

The NHS guidance called Primary Medical Care Policy and Guidance Manual provides information regarding registering with a GP practice. See chapter 4 in the guidance for more information.

The guidance states:

“When applying to become a patient there is no regulatory requirement to prove identity, address, immigration status or the provision of an NHS number in order to register”.

Under the terms of their primary medical services contracts, GP Practices cannot refuse an application to join its list of NHS patients on the grounds of race, gender, social class, age, religion, sexual orientation, appearance, disability or medical condition.

However, there are practical reasons why a Practice might need to be assured that people are who they say they are, or to check where they live.

Seeing some form of ID will help to ensure the correct matching of a patient to the NHS central patient registry, thereby ensuring any previous medical notes are passed onto a new practice. It is legitimate therefore for the Practice to apply a policy to ask for patient ID as part of their registration process, but not to deny access to Primary Care treatment if an ID cannot be provided

Any address can be given such as ‘homeless shelter’, ‘park’ or ‘the surgery’.



Refusing Registration

Practices can refuse an application to join a practice list if:

- The Commissioner has agreed that they can close their list to new patients.
- The patient lives outside the practice boundary.
- They have other reasonable grounds.

In practice, this means that the GP Practice's discretion to refuse a patient is limited

If a Practice refuses any patient registration then they must record the name, date and reason for the refusal and write to the patient explaining why they have been refused, within a period of 14 days of the refusal.

This information should be made available to Commissioners on request. Commissioners may ask Practices to submit the numbers of registration refusals, age, ethnicity and reasons as part of their quality assurance process.

Patients who have been removed from their GP's list because of violence are only entitled to emergency treatment if their GP thinks it is clinically necessary.



Complaints Procedure for Primary Care

Each NHS service will have its own complaints procedure. Normally there would be a copy of the complaint's procedure either on a notice board, in reception, on their website or by request.

Complaints can either be made directly to the GP Practice Manager/ Dental Practice Manager or to NHS England (details on next page).

Complaints cannot be made to both

If you are unsure about where to complain to then contact
Healthwatch Warwickshire for advice
Telephone: 01926 422823 or email
info@healthwatchwarwickshire.co.uk

If the complaint involves a few NHS services like a GP and a hospital, then only one complaint needs to be made. The organisations are required to co-ordinate their response back to you.

If no response is made or is unsatisfactory then the complaint can be sent to The Parliamentary and Health Service Ombudsman.

Help can be given with writing complaints by advocacy services within Warwickshire.



Extracts from Primary Medical Care Policy and Guidance Manual Section

Immediately necessary treatment Section 4.5 (page 144) says:

General Practices are also under a duty to provide emergency or immediately necessary treatment, where clinically necessary, irrespective of nationality or immigration status. The Practice is required to provide 14 days of further cover following provision of immediate and necessary treatment.

Immigration status Section 4.4 (page 145) says:

A patient does not need to be “ordinarily resident” in the country to be eligible for NHS primary medical care – this only applies to secondary (hospital) care. In effect, therefore, anybody in England may register and consult with a GP without charge.

Where a GP refers a patient for secondary services (hospital or other community services) they should do so on clinical grounds alone; eligibility for free care will be assessed by the receiving organisation.

Section 4.9.6 (page 149) says:

The majority of patients will not find it difficult to produce ID / residence documentation, however there will be some patients who do live in the practice area but are legitimately unable to produce any of the listed documentation. Examples of this may be;

- People fleeing domestic violence staying with friends or family
- People living on a boat, in unstable accommodation or street homeless



- People staying long term with friends but who aren't receiving bills
- People who have submitted their documents to the Home Office as part of an application

Reasonable exceptions therefore need to be considered and the individual registered with sensitivity to their situation.

Section (4.9.9 page 150) says:

Where necessary, (e.g. homeless patients), the practice may use the practice address to register them if they wish. If possible, Practices should try to ensure they have a way of contacting the patient if they need to (for example with test results).

www.gov.uk/guidance/nhs-entitlements-migrant-health-guide

For secondary care services, the UK's healthcare system is a residence-based one, which means entitlement to free healthcare is based on living lawfully in the UK on a properly settled basis for the time being. The measure of residence that the UK uses to determine entitlement to free NHS healthcare is known as 'ordinary residence'. This requires non-EEA nationals subject to immigration control to also have the immigration status of indefinite leave to remain.

Individuals who are not ordinarily resident in the UK may be required to pay for their care when they are in England. However, some services and some individuals are exempt from payment.



Useful contact numbers & online resources

For non-emergency care, Out of office hours GP & Dental— [111](tel:111)

NHS website for finding services, health and lifestyle information, records, videos, articles and tools to help you: www.nhs.uk

Find a GP service: www.nhs.uk/Service-Search/GP/LocationSearch/4

How to register with a practice: www.nhs.uk/using-the-nhs/nhs-services/gps/how-to-register-with-a-gp-practice/

Paying NHS charges: www.nhs.uk/using-the-nhs/help-with-health-costs/when-you-need-to-pay-towards-nhs-care/

Your health and care records: www.nhs.uk/using-the-nhs/about-the-nhs/your-health-records/

Complaints:

NHS England

www.england.nhs.uk

Email: england.contactus@nhs.net (for the attention of the complaints manager in subject line)

Post: NHS England, P.O. Box 16738, Redditch, B97 9PT

Phone: [0300 311 2233](tel:03003112233) (Telephone Interpreter Service available)



The Parliamentary and Health Service Ombudsman

www.ombudsman.org.uk

Email phso.enquiries@ombudsman.org.uk

Phone: 0345 015 4033

Clinical Commissioning Group (CCG's):

CCG South Warwickshire (covers Stratford and Warwick District) -
01926 353700

CCG Coventry & Rugby (covers Rugby) - 02476 553344

CCG North Warwickshire (covers Nuneaton, Bedworth & North
Warwickshire) - 024 7632 4399

Advocacy:

Voiceability (Provides independent mental capacity advocacy,
independent mental health advocacy, NHS complaints advocacy, Care
Act advocacy and General Health advocacy—0300 222 5947

Independent Advocacy (Provides information and advice, advocacy,
financial advocacy, community support and influence) — 02476 697
443

Mental Health Services:

IAPT services are for people with mild, moderate and moderate to
severe symptoms of anxiety or depression living in Coventry,
Solihull and Warwickshire — 024 7667 1090

Mental Health Matters Helpline for confidential emotional
support & guidance —0800 616 171



Healthwatch Warwickshire

'great advocates for people in their community'

Healthwatch was set up by the Government in 2013 as part of the 2012 Health and Social Care Act, to ensure that people are at the centre of health and social care services such as Dentists, GP Practices, Hospitals, Pharmacies and Residential care homes.

There is a Healthwatch in every Local Authority area in England. Healthwatch Warwickshire is Warwickshire's Local Healthwatch. We are commissioned and accountable to Public Health Warwickshire and funded by the Department of Health.

Our Mission: To give the people of Warwickshire an effective voice in improving health and social care

Healthwatch Warwickshire is about listening to patient voices and passing feedback or issues raised to us to various decision-making Boards. It offers a user perspective when changes to services are being consulted and ensures that patients are informed and engaged.

Healthwatch Warwickshire sit on numerous boards and groups, where we represent your views and push for positive changes that will benefit everyone who uses local health and social care services.



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Our Contact Details:



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Leamington Spa
CV31 2DL

If you still find it difficult to access Primary Healthcare after using the information provided in the booklet or have experienced a good result please do not hesitate to let us know.

We welcome all feedback.

