

# Population Health Webinar: No Recourse to Public Funds

17/10/24



# Agenda

Item	Item	Speaker
12:30-12:35	Welcome and Introduction	Richard Fradgley, EFLT
12:35-12:45	Formal Welcome	Karim Mitha, ELFT
12:45-12:55	Speaker	Anna Miller, Doctors of the World
12:55-13:05	Speaker	Stephanie Simeon, Luton Citizens Advice Bureau
13:05-13:15	Speaker	Jess Potter, Patients not Passports
13:15-13:40	Speaker	Peter Buchman, Pathway & ELFT & Maria Iglesias, Praxis
13:40-13:55	Q&A	Richard Fradgley, ELFT
13:55-14:00	Thanks and close	Karim Mitha, ELFT



**We care**  
**We respect**  
**We are inclusive**

Ask about the  
#ELFTPromise

# Welcome and Introductions

- General Housekeeping
  - Recording/transcription
  - Q&A
- 
- ['No sense of humanity' - the hidden violence of No Recourse to Public Funds - YouTube](#)



**We care**  
**We respect**  
**We are inclusive**

# Formal Welcome



East London  
NHS Foundation Trust



**We care**  
**We respect**  
**We are inclusive**

[elft.nhs.uk](http://elft.nhs.uk)

# Anna Miller, Doctors of the World



East London  
NHS Foundation Trust



**We care**  
**We respect**  
**We are inclusive**

[elft.nhs.uk](http://elft.nhs.uk)

# WE ALL NEED HEALTHCARE



Anna Miller, Head of Policy & Advocacy

Doctors of the World UK

East London NHS Foundation Trust, 17 October 2024

**No Recourse to Public Funds (NRPF and  
the right to health**



# ABOUT DOCTORS OF THE WORLD UK

Part of an international network of 17 Médecins du Monde partners.

In the UK:

- CQC registered health clinic, mobile health clinics, national helpline. Delivered by 60 volunteers.
- Advocacy programme to tackle the policies that are excluding our clients from healthcare underpinned by our Experts by Experience Group.







## WHO ARE OUR PATIENTS?

- 90% are asylum seekers, refugees or migrants.
- 70% are in unstable accommodation.
- 84% live below the poverty line.
- On average, our patients have lived in the UK for over five years before accessing our services.



# What do we mean by ‘No Recourse to Public Funds (NRPF) ’?

## NRPF “by default”



- People who are entirely undocumented, visa overstayers and refused asylum seeker – and their children.
- Target of “hostile environment polices” – prohibits access to work, housing, bank accounts

*"The aim is to create, here in Britain, a really hostile environment for illegal immigrants"*

- Can access Section 17 support – *Local Authority support if their child is assessed as being in need by social services*
- Risk of trafficking, Modern Day Slavery and exploitation

Sources: [New Research Centre](#), [Europe's Unauthorized Immigrant Population Peaks in 2016. Then Levels Off](#); [Greater London Authority](#), [London's Children and Young People Who Are Not British Citizens: A Profile](#).

Estimates: 600,000 - 1.2 million people

# What do we mean by ‘No Recourse to Public Funds (NRPF)’?

## NRPF visa conditions

- When limited leave to enter/stay is granted to visit, study, or work in the UK, it will have a ‘No Recourse to Public Funds’ condition imposed.
- Also “family visas” - Article 8 Human Rights Act provides right to family life.
- Not be able to claim most benefits incl.: *Housing Benefit, Child Benefit, Child Tax Credit, Universal Credit, Working Tax Credit, Disability living allowance, Jobseeker’s Allowance.*
- Driver of poverty
- Are able to work / study (dependant on visa conditions)
- Large visa fees -family visa fee is £1,258
- 2.6 million people (end 2022)





Everyone can register with a GP and receive primary care services free of charge, regardless of status.

### **NRPF visa conditions**

- Pay Immigration Health Surcharge (IHS) - £1,035
- Can then access all NHS services free of charge except assisted conception services
- Health and social care worker exemption

**Entitlement to  
NHS services**



## No formal immigration status / NRPF by default

- *Immigration Act 2014 and The National Health Service (Charges to Overseas Visitors) Regulations 2015)*
- Not entitled to most secondary care services
- Exempt services: *A&E and services for communicable disease, sexual health and family planning, treatment for sexual or domestic violence or torture.*
- Exemption for recognised victims of trafficking
- Charges 150% of NHS tariff – *average maternity bill between £7,000 and £14,000*
- Services withheld until payment unless ‘urgent’ or ‘immediately necessary’

# Entitlement to NHS services

# Access to NHS services for people with NRPF



- GP practices often refuse to register patients with insecure status – *3/4 won't register a patient with proof of address and ID.*
- No NHS number – which restricts access to “easy access” services such as walk-in centres and vaccination programmes.
- Deterred from accessing NHS services – fear healthcare bills and immigration enforcement
- Late accessing Antenatal care – *81% of DOTW pregnant patients accessed ANC late.*
- NHS trusts incorrectly apply the charging regulations:
  - Fail to identify those who should be exempt from charge (asylum seekers, victims of trafficking, treatment caused by domestic or sexual violence).
  - Fail to assess whether the required treatment is ‘immediately necessary’ – withhold diagnostics or fail to assess likely timeframe for leaving the

Sources: Bureau of Investigative Journalism, Most GP surgeries refuse to register undocumented migrants despite NHS policy; Doctors of the World UK, Inequalities in maternity care experienced by migrant pregnant women and babies; Doctors of the World UK, Delays and Destitution: An Audit of Doctors of the World's Hospital Access Project (July 2018-20).

UK.

# Access to NHS services for people with NRPF



- Care withheld or delayed whilst person advocates for their rights.
- Cycle of requiring care to become “immediately necessary” before intervening.
- Patients and their families deterred from accessing medical care:
  - Bills are thousands of pounds with automatic 50% fine.
  - Destitution assessments have little impact in practice.
  - Those with outstanding debts over £500 are reported to Home Office.
  - NHS debts are a barrier to regularising status.
- Impact of bad debt
  - Sometimes sold on to debt collection agencies.
  - Drives people into exploitative work and relationships.
  - Child benefit used to pay NHS debt.



## Omar

- 17 year old child from African country
- Family couldn't afford immigration lawyer to regularise his status
- GP found a tumour in Omar's shoulder
- NHS trusts identified Omar as an undocumented migrant and refuses treatment unless family pays in advance. Request to pay in installments is denied and Omar discharged without treatment.
- Omar came to DOTW's clinic 3 years later in constant pain, dependent on painkillers and with visible wasting of his left arm.
- 12 months advocacy support from DOTW until treatment provided
- NHS debt means unable to regularise his status.

# Doctors of the World's work to challenge NRPF

## 1. Hospital Access Project

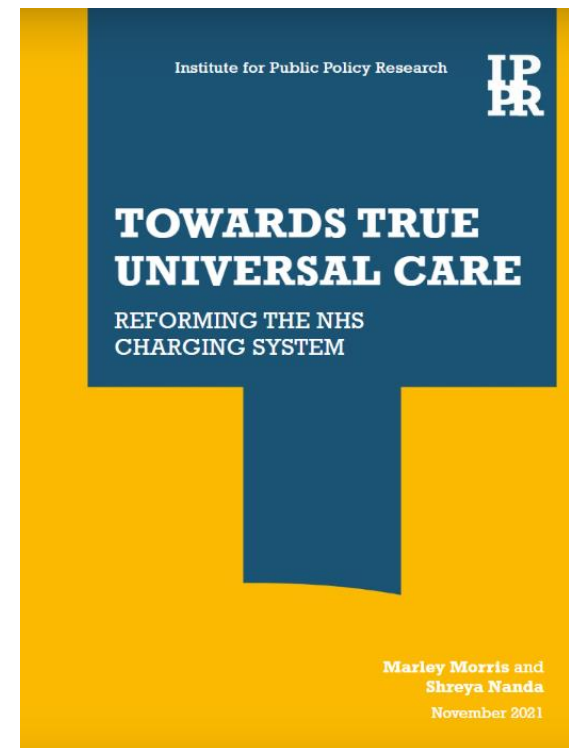
- An advice and case work service.

## 2. Evidencing impact of the NRPF policy

- Reports evidencing miss-application of the policy and impact on access to services
- Report on access to maternity services
- Policy alternatives – easy and cost-effective ways to mitigate impact on people living in the UK.

## 3. Advocacy work

- Strong medical voice opposing harmful border policies - Academy of Royal Medical Colleges statement calling for suspension of the charging policy.
- Engaging with politicians and policy makers.
- Media work
- Strategic legal work





**We care**  
**We respect**  
**We are inclusive**

# The impact of living with No Recourse to Public Funds

# Why things need to change

Citizens Advice research reveals some of the heart-breaking challenges people with NRPF face with little or no help from the benefits system. Many were pushed into crisis by the pandemic with the effects of this still ongoing, others struggle with low pay or insecure work.

- People with NRPF are four times more likely to be behind on at least one essential bill (81% against 20% for the UK population) with rent, utilities and council tax the most common bills missed.
- Almost half (48%) report living in overcrowded accommodation and 1 in 5 (18%) have experienced homelessness or housing insecurity.
- Three-quarters (75%) have suffered from at least one negative consequence of having NRPF, including not being able to feed themselves or their family, or afford clothing and footwear appropriate for the weather.
- 1 in 4 (23%) already can't afford to heat their homes. With price rises now kicking in for fuel bills, many more are likely to face impossible choices this winter.

# The problems we see

We have seen a 56% increase in clients with No Recourse to Public Funds requiring advice (2023 v 2024). Listed below are some examples of the issues our clients encounter:

- Asylum Seekers encounter problems with their Aspen cards and, therefore, do not have the means to buy food - they come to Citizens Advice at crisis point.
- Clients on Skilled Worker visas where job changes do not meet the visa requirements - with no wages, clients fall into debt. Many clients do not know they are entitled to New Style JSA (which isn't a public fund).
- Clients on Student Visas (or expired Student Visas and are overstayers) - they have multiple debts and struggle to get the immigration advice they need as they can't afford the fees.
- Many clients with NRPF have multiple debts - for those who aren't working, there is very little that we can do in the way of negotiation.
- Housing problems are the biggest issue that NRPF clients present with - overcrowding, homelessness and rogue landlords are just a few of the issues we see.
- The language barrier is a concern - we have to use a costly Language Line service to engage with many of our NRPF clients (with no dedicated funding provided for this).

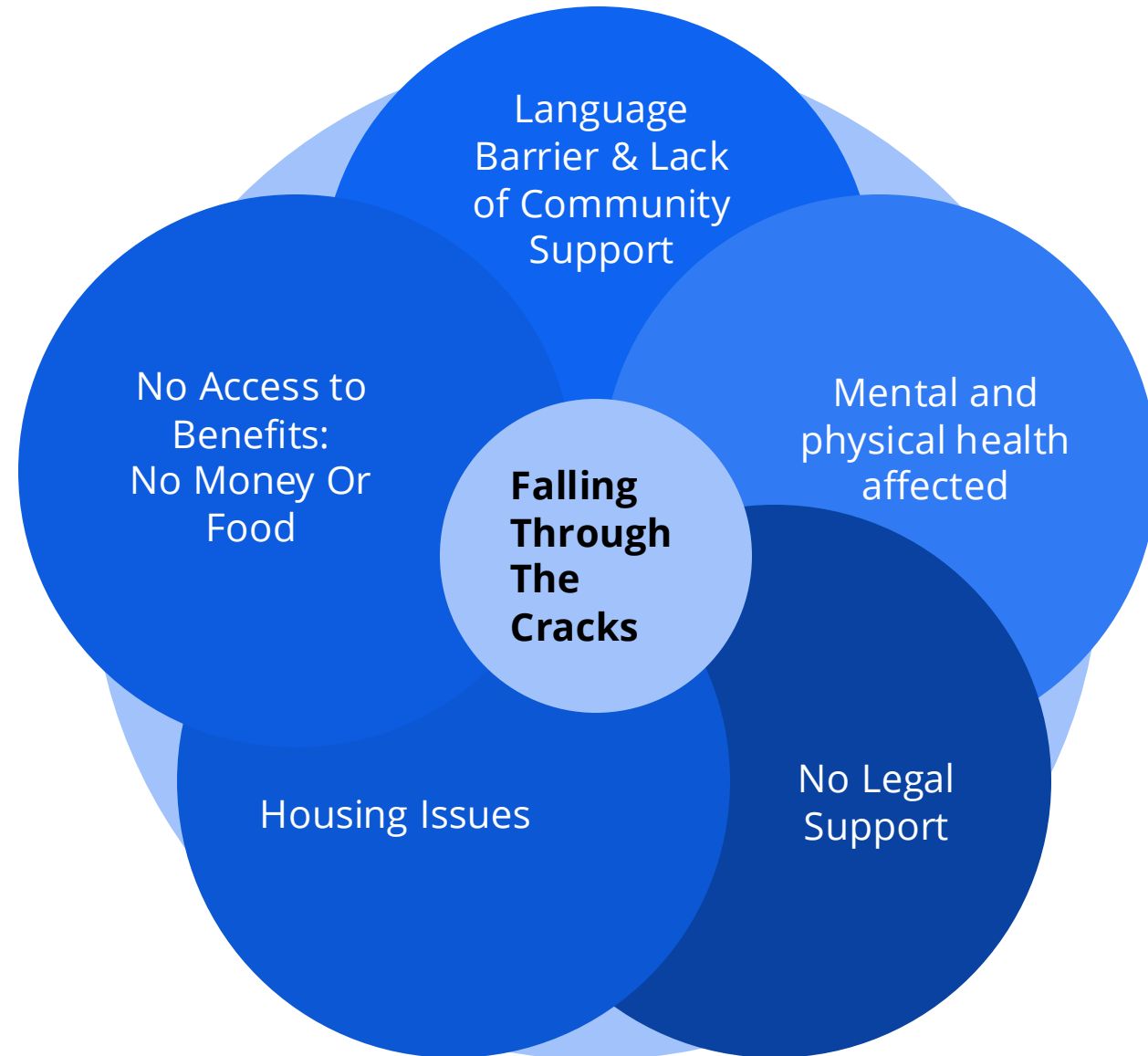


# NRPF and Domestic Violence

## Client Story:

Mrs S came to the UK on a work visa, arranged by her husband who was dependant on her visa. When she arrived her 'employer' didn't pay her, her husband beat and raped her incessantly, drugged her to abort her unborn children and admitted to having another family abroad. When she came to CAL, this was her first disclosure of domestic violence - the client was, understandably, distraught. This was a very complex case which took hours of support from both the CAL team and our local police team.

The husband was arrested upon re-entering the UK and Mrs S has been re-housed outside of Luton, receiving ongoing support from the police and welfare teams.



# NRPF and Death of a Family Member

Mrs M's husband died very suddenly. She was on a spousal visa with NRPF. With two small children, no money, mounting debts and the threat of eviction for unpaid rent, the stress was taking a toll on her.

The client was referred to us by her local PCN, under our CORE20Plus5 health equity project, for advice and support.

Our adviser provided robust support which included accessing numerous charitable items and payments, referrals to support organisations and access to free legal advice from our partner organisation, Luton Law Centre who helped the client gain her Indefinite Leave To Remain.



# Impact on our team

Hearing the words 'there's nothing more we can do' not only affects our clients but also our staff and volunteers who have to deliver the disappointing information:

Jenny, one of our assessors, said that having to say no to clients with NRPF is disheartening and does affect her own mental health. She gave money to a client with NRPF because she felt so sorry for him.

Other team members said they felt: **SAD**, **HEARTBROKEN**, **HELPLESS** and **FRUSTRATED** that they couldn't do more for these clients.



# How does Citizens Advice help

- **Advice and guidance:** we offer confidential advice and support online, over the phone and in person. Predominantly clients with NRPF visit our drop in sessions for support.
- **Charitable Support:** many clients with NRPF who have lost their job simply can't afford the basics - we can help them with a foodbank voucher, hygiene pack, Affinity Water voucher credit, Clothing Bank voucher, free sim card and, for those without a phone, a free handset, plus utility vouchers for those clients with a prepayment meter.
- **Mental Health Support:** we have trained Mental Health First Aiders to provide support and signposting to specialist mental health organisations. NRPF has a negative impact on the mental health of people with NRPF, with 1 in 2 reporting a very negative impact.
- **Partnership Working:** we share anonymised data with our strategic partners to effect change - after raising concerns that families with NRPF are struggling, our local authority now allows families with NRPF to access the Household Support Fund (*if there is a care need, health problems or risk to a child's wellbeing*).
- **Policy research:** when we see clients presenting with the same issues and problems, we campaign to get decision makers to change policies and practices.
- **Refugee and Asylum Seeker Support:** we have partnered with our local council, working together to support our Refugee and Asylum Seeker communities.

# What National Citizens Advice is asking for

Citizens Advice is asking the government to provide people building their lives in the UK with access to the welfare safety net, by removing the NRPF condition for those who are habitually resident here.

## **Tackling the harm caused by No Recourse to Public Funds**

Citizens Advice ran workshops with people who experienced problems while living with no recourse to public funds. These experts by experience decided on **3 priority areas for change**:

1. Families and children should be exempt from NRPF
2. People with NRPF should be able to access Housing Benefit
3. Disabled people and their dependents should be exempt from NRPF

Citizens Advice Luton is working with our local MP's to highlight the growing issues surrounding NRPF providing anonymised data and evidence to raise this issue at a national level.

# Thank you

Stephanie Simeon

[stephanie.simeon@lutoncab.org.uk](mailto:stephanie.simeon@lutoncab.org.uk)



# Jess Potter, Patients not Passports



East London  
NHS Foundation Trust



**We care**  
**We respect**  
**We are inclusive**

[elft.nhs.uk](http://elft.nhs.uk)



**Dr Jessica Potter**  
**Consultant in Respiratory Medicine**  
**Honorary Senior Clinical Lecturer, UCL**





**Owe cash to the NHS?  
Your visa application may be at risk**

Outstanding debt to the NHS might mean that you are refused entry into the UK. Before you travel make sure you have health insurance.

For more information go to [www.nhs.uk/visitingengland](http://www.nhs.uk/visitingengland)

Paying Patients Department  
A&E Department  
Osborne Wing, evening area  
Telephone: 020 3346 3336  
Email: [gp@nhs.uk](mailto:gp@nhs.uk)

**NHS**

**NHS healthcare is not free for everyone**

If you are visiting England or not living here on a lawful and settled basis, you may have to pay for your hospital treatment.

For more information go to [www.nhs.uk/visitingengland](http://www.nhs.uk/visitingengland)

Paying Patients Department  
A&E Department  
Osborne Wing, evening area  
Telephone: 020 3346 3336  
Email: [gp@nhs.uk](mailto:gp@nhs.uk)

**NHS**

**ID checks for all new patients** NHS King's College Hospital

The Department of Health has issued new guidance which require hospitals to ensure that their patients are eligible for free hospital treatment.

We are undertaking checks in some of our outpatient areas. All new patients attending our hospital are being asked to provide information when registering their details on arrival at clinic, and will be asked to provide evidence that they are lawfully resident in the UK, and hence eligible for NHS care.

To help us decide if you are entitled to free NHS care, please bring proof of identity and proof of address with you when you attend your appointment (please refer to the list of acceptable documents below).

Please note that we will always be our priority and we would never deny any urgent or emergency treatment to any patient. Please do bring the requested information with you to your appointment. If you cannot locate all of the documents please do attend clinic and we will advise you accordingly.

Our scheme will enable us to more effectively manage how we charge patients who are not entitled to free NHS care, which will ultimately benefit the Trust.

**Require one document from each column**

ONE: Proof of identity	TWO: Proof of address
1. Current signed passport	1. Recent original utility bills (gas, electric, water, telephone bills are not acceptable)
2. Residence permit issued by UK Border Agency	2. Council tax bill for the current year
3. Valid UK photo-card driving licence	3. Bank, building society statement or phone statement
4. EU or Swiss national identity photo-card	4. Recent original mortgage statement from a recognised lender
5. Valid armed forces or police photographic identity card	5. Current council or housing association rent book or tenancy agreement
6. Photographic disabled blue badge	6. Notification letter from the Department for Work and Pensions confirming your right to benefits or a state pension.
7. UK citizen card.	

**Proof of address documents must contain your current address and be dated within the last six months.**

**Do you know about the changes to up front charges for overseas visitors?**

✈ For all non-urgent treatment, payment in full is now a legal requirement to proceed with most treatment

✈ For more information please visit <http://source/overseasvisitors/index.htm>

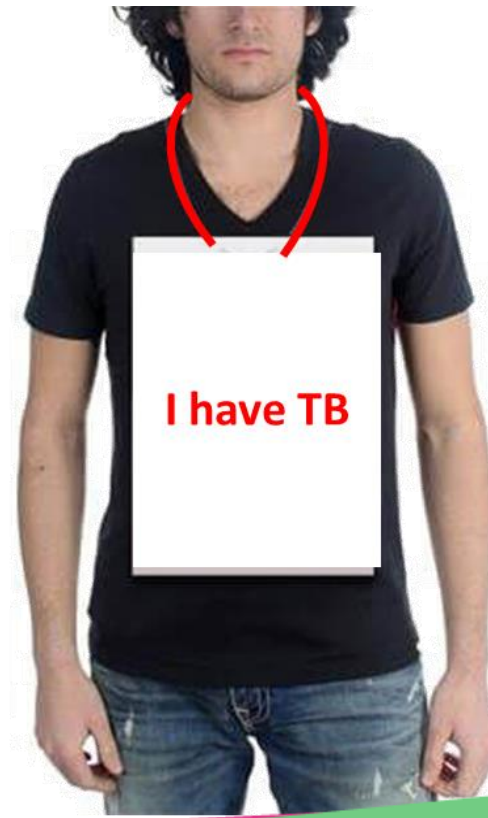
**PASSPORT**

Imperial College Healthcare NHS Trust

# Everyday bordering

Yuval-Davis N, Wemyss G, Cassidy K. Everyday Bordering, Belonging and the Reorientation of British Immigration Legislation. *Sociology* 2017; : 3803851770259.

# Determining exemptions from charging requires trust



# Deterrence, Delay and Death

- Deterrence:
  - 34% of patients unable to accessing NHS services did due to fear of the Home Office or of facing unaffordable bills (DOTW, 2020)
- Delays:
  - TB diagnoses delayed among migrants compared to UK-born population (Potter et al, 2020).
  - Service users experienced a delay from diagnosis to treatment of avg 36 to 37 weeks, even for urgent care, whilst at the same time 80% of patients from NHS GP referrals seen in <18 week GP target (DOTW, 2020).
- Deaths:
  - Avoidable deaths from covid-19 due to patients not seeking healthcare for fear of charging (Worthing et al, 2021, New Economics Foundation 2020)

## References:

- Knight et al. *Saving Lives, Improving Mothers' Care-Lessons learned to inform maternity care from the UK Confidential Enquiries into Maternal Deaths and Morbidity 2018-20*, Nov 2022
- Feldman RA, Bewley S, Bragg R, Beeks M. *Hostile environment prevents women from accessing maternal care. bmj.* 2020 March



# Distress and Damage

- Maternity: Higher rates of late presentation; missed appointments; early discharge from hospital for fear of bills; distress throughout pregnancy and tragic maternal deaths (MBRRACE-UK, 2022)
- Paediatrics: Child refugees being incorrectly denied urgent care and intrauterine deaths. (Murphy et al, 2020)

*...a "child with life-limiting diagnosis... parents left them because they knew that **unaccompanied children would get healthcare**"*

*...charging regulations lead to an "**increased burden on NHS finances and resources**", noting it was "**costly to the NHS as people often need emergency/hospital treatment for a condition that was treatable earlier on**"*

#### References:

- Knight et al. *Saving Lives, Improving Mothers' Care-Lessons learned to inform maternity care from the UK Confidential Enquiries into Maternal Deaths and Morbidity 2018-20*, Nov 2022
- Feldman RA, Bewley S, Bragg R, Beeks M. *Hostile environment prevents women from accessing maternal care. bmj.* 2020 March

# Moral injury



**... "I feel exorbitant charging for immigrant children and the undue delay getting things done for such children creates a bad reputation. As a doctor I feel stressed and immoral handling this"**

*Murphy L, et al Healthcare access for children and families on the move and migrants BMJ Paediatrics Open 2020;*

# You may be asked to sign a form:

However, relevant NHS bodies<sup>1</sup> must also ensure that treatment which clinicians consider to be immediately necessary is provided to any patient, even if they have not paid in advance. **Failure to do so may be unlawful under the Human Rights Act 1998.** Urgent treatment which clinicians do not consider immediately necessary, but which nevertheless cannot wait until the person can be reasonably expected to return home, should also be provided to any patient, even if deposits have not been secured.

The patient is likely to return home on or around .....

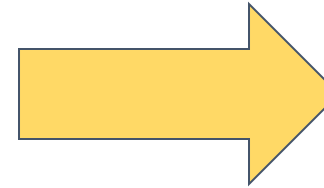
You are asked to provide your considered clinical opinion and tick one of the declarations.

- Having made the appropriate diagnostic investigations, I intend to give treatment which is **immediately necessary** to save the patient's life/prevent a condition from becoming immediately life-threatening or needed promptly to prevent permanent serious damage occurring. All maternity treatment is considered immediately necessary.
- Having made the appropriate diagnostic investigations, I intend to give **urgent** treatment which is not immediately necessary to save the patient's life but cannot wait until the patient returns home. If the patient's ability to return changes I will reconsider my opinion.
- Having made the appropriate diagnostic investigations, I do not intend to provide treatment unless payment is made in advance, since the patient's need is **non-urgent** and it can wait until they return home. If the patient's ability to return changes I will reconsider my opinion.
- I must make further investigations before I can assess urgency.

# Determine urgency

- **Immediately necessary**

- Life-saving or will prevent a condition from becoming life-threatening
- Preventing serious harm
- Maternity care



Charged but  
**cannot be**  
**withheld**

- **Urgent**

- Cannot wait until the person can be “reasonably expected” to leave the UK
- “assume” undocumented migrants are able to return in 6 months

- **Non-urgent**



Withheld until **full** payment received

***Only clinicians can decide whether a patient’s need for treatment is immediately necessary, urgent or non-urgent.***

# Hidden implementation

- Denials of care/ demands for ID at reception
- Charging after discharge
- Ward visits
- Outstanding bills >£500 result in a flag to the Home Office and will restrict an individuals right to travel and their application for asylum/ leave to remain.





# Patients

# Not

# Passports

Patients NOT Passports

Patient, not a passport! HEALTHCARE FOR ALL!

Ask HOW they are, not WHO they are!

I am a patient NOT a passport

We are patients NOT passports

PATIENTS NOT PASSPORTS

I'M A PATIENT NOT A PASSPORT

HEALTHCARE WITHOUT BORDERS

HEALTHCARE HUMAN RIGHTS

Training to be a doctor not a passport

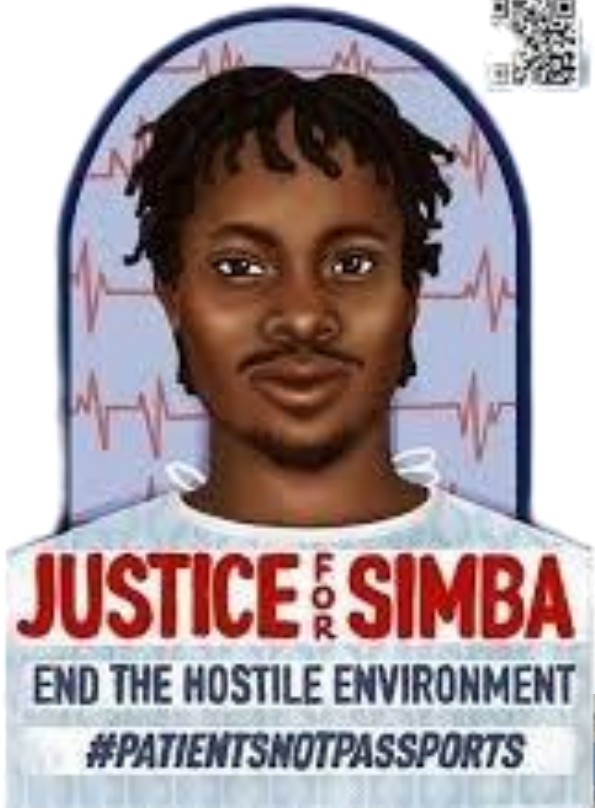
I am an Outpatient Not a Get Out Patient

I'M A PATIENT NOT A PASSPORT

I'm a patient not a passport

I am a patient





## Memorandum of understanding on data-sharing between NHS Digital and the Home Office

"The leadership of NHS Digital has not been sufficiently robust in upholding the interests of patients or in maintaining the necessary independence from Government."

House of Commons Health and Social Care Committee



Royal College of Physicians

About Support us Contact Login

Events and education News and media Policy and campaigns Improving care

News and media News and opinion Royal colleges support suspension of NHS overseas visitor charges pending review

Press release 23/01/19

### Royal colleges support suspension of NHS overseas visitor charges pending review



### Access to healthcare for migrant and undocumented children - position statement

Health Policy team

Charging for NHS services in the UK prevents and deters migrant children and their families from accessing healthcare, which has adverse effects on child health and the wider public health of the population. We oppose this legislation and set out here our key messages for health professionals and policy recommendations.

# www.PatientsNotPassports.co.uk

[Home](#) > [NHS Charging Toolkit](#)

## k WHAT DO YOU NEED HELP WITH?

[I'm looking for support](#)

[I work in the NHS](#)

[I work in primary care](#)

[I want to support my community](#)

[Signposting & Resources](#)

[Core Information](#)

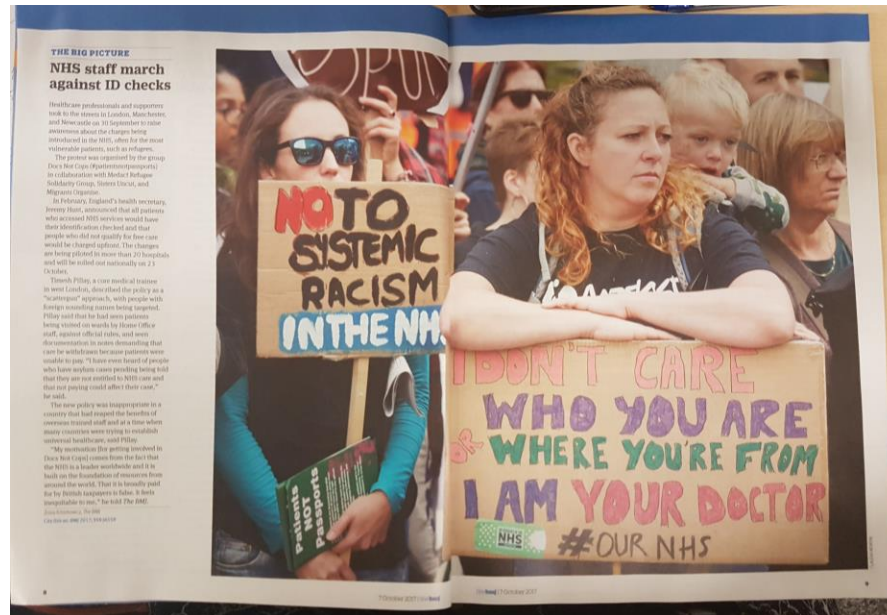
*The information in this guide only covers access to the NHS in England. Healthcare in Scotland, Wales and Northern Ireland is governed by separate regulations.*

### I'm looking for support

- [I need healthcare - what can I access? Is it free?](#)
- [I need healthcare, but I have been told I have to pay. What can I do?](#)
- [The NHS has asked about my immigration status. What should I do?](#)
- [Will the NHS share my information with the Home Office?](#)



# As a healthcare worker, our job is to advocate for our patients



**“The first task of the doctor is therefore political: the struggle against disease must begin with a war against bad government.”**  
(Foucault, 1976, p. 33)

# Patients Not Passports – A Toolkit for Action

Welcome to the #PatientsNotPassports toolkit. This will blah blah click on the links below.

# www.PatientsNotPassports.co.uk

# k



migrants  
organise



What do you want to do?

Take action as  
a healthcare  
worker



Support  
people in my  
community



Learn about  
immigration  
checks and  
charging in  
the NHS



Start a  
campaign  
where I am



# Peter Buchman, Pathways & Maria Iglesias, Praxis



**We care**  
**We respect**  
**We are inclusive**

# Hospital Discharge: Immigration Legal Advice Project

ELFT Webinar  
17<sup>th</sup> October 2024

**Dr Peter Buchman**

Clinical Lead Pathway Homeless Team at the Royal London Hospital,  
GP at Health E1-Homeless Medical Centre,  
GP Deputy Clinical Lead Pathway Partnership Programme

**Maria Iglesias**

Head of Services Operations & Business Development, Praxis



# Hospital discharge project

- **Purpose:** To provide immigration advice to non-UK nationals who have been hospitalized and facing destitution on discharge;
- Since **October 2018** (in various iterations).

GREATER  
**LONDON**  
AUTHORITY

Newham London

St Martin  
in the  
Fields  
**Frontline  
Network**

  
Trust for London  
Tackling poverty and inequality

 **Pathway**  
Homeless & Inclusion Health

**Partners:** Pathways teams at Royal London, Imperial London, UCLH, St George's, Ealing/Northwick Park,

**Praxis**   
for migrants and refugees

**NHS**  
East London  
NHS Foundation Trust

 **Pathway**  
Homeless & Inclusion Health

# Who can be in the UK?



**British citizens** have a  
'right of abode'

They have a right to live  
and work in the UK, and  
come and go freely



**Everyone else** is 'subject to  
immigration control'

They need *permission*.

No access to public funds

No permission = unlawful

# No permission



## Hostile Environment Policy

No right to work

No right to rent

No public funds (NRPF)

Restricted, chargeable healthcare

Liable to be detained & removed

Life in the shadows – risk of exploitation

# What happens in hospitals

- Discharge delayed due to a lack of options for post-discharge accommodation, support and care
- Discharge being expedited, no prospect for well-planned discharge, no benefit to extending a patient's stay
- Social services can be reluctant to engage
- Risk of repeated admission due to rough sleeping
- Risk people with no income billed for hospital treatment, further dissuading them from seeking help



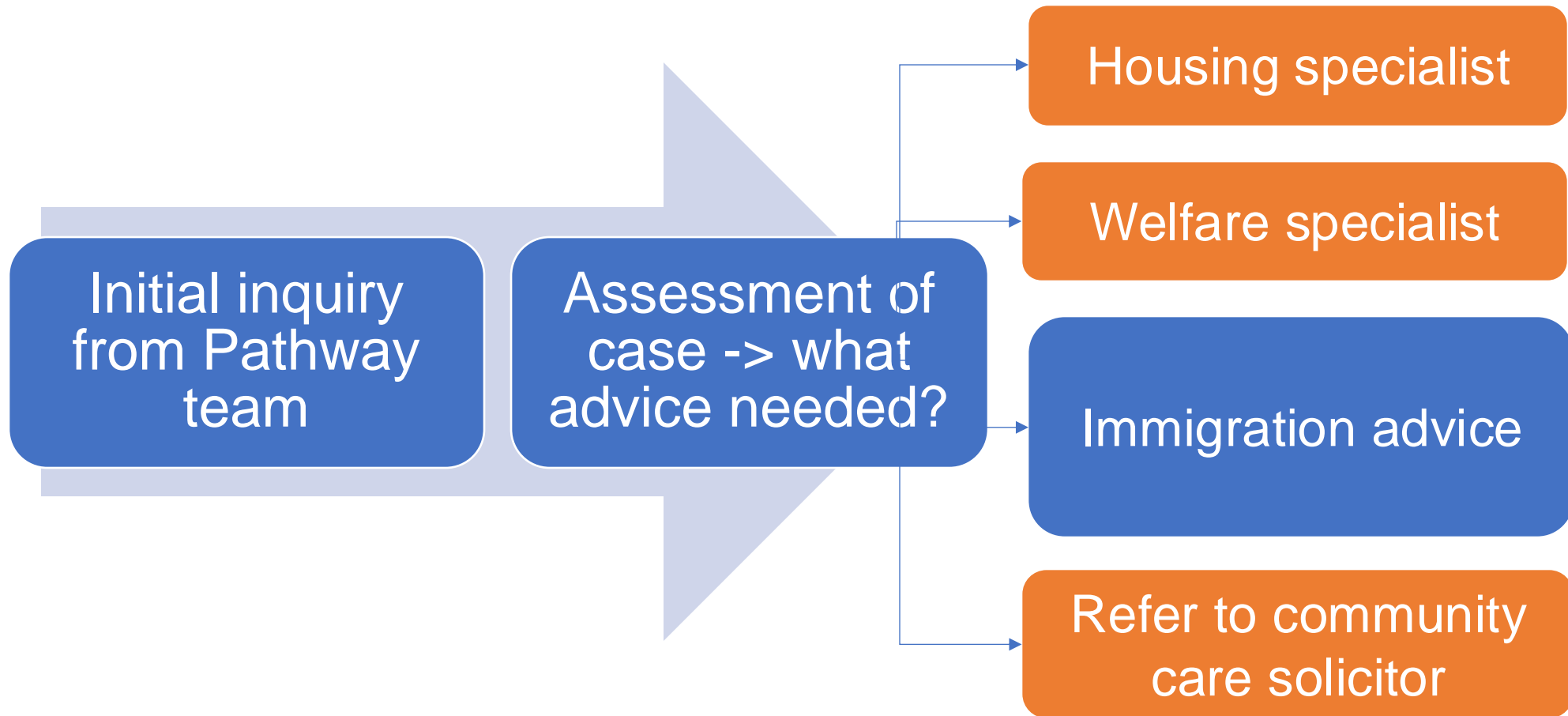
# New Government Guidance: “Discharging people at risk of or experiencing homelessness” Published 26 January 2024

- A positive step: recent government guidance on hospital discharge
- Recommends commissioning support for patients to access immigration & welfare rights

***“It is good practice for the NHS and local authority to establish referral pathways and consider commissioning services to help patients access immigration and welfare rights advice prior to discharge or while being accommodated.”***

<https://www.gov.uk/government/publications/discharging-people-at-risk-of-or-experiencing-homelessness/discharging-people-at-risk-of-or-experiencing-homelessness>

# The hospital discharge project model



# What's been achieved

- Received hundreds of referrals
  - Applications for limited leave to remain
  - Settled status applications under the EUSS
  - Applications for indefinite leave to remain
  - Advice and support on asylum cases
  - Asylum support applications
  - Referrals to specialist welfare / housing organisations
- Second tier advice – building capacity in hospitals

# What are the benefits?

- Advocating for slightly delayed discharge can ensure that people leave hospital with emergency accommodation in place, but also immigration advice to alleviate destitution and risk of rough sleeping and hidden homelessness;
- Convincing step-down accommodation providers to offer temporary beds to people with NRPF on the basis that they are engaging with immigration advice and there is therefore a move on plan in place;
- Access to an immigration specialist can expedite discharge due to the advisor's knowledge of a range of accommodation options available;
- Knowledge and capacity in hospital are increased – pressure on hospital staff to provide advice relieved;
- Where someone is eligible for social services support following a human rights assessment, social services teams benefit from patients receiving immigration advice which secures them recourse to public funds.

# Impact & outcomes

- Case work is crucial to successful outcomes. Evaluation reports have shown:
  - 81% reduction in bed days for 2 cohorts of patients in South-East London
  - Increased uptake of outpatient appointments (doubled) and 33% reduction in DNAs
  - Reduced instances of discharge to street
  - Improved capacity benefits to hospital teams

# Recommendations

- Hospital teams, esp Pathway teams, should have access to OISC level 2 immigration advice and casework
- Staff in health services should be trained to discuss and identify housing and immigration issues and know where to refer patients for further support;
- Ultimately, need fundamental policy reform to remove immigration system-based drivers which make homelessness and destitution more likely and more difficult to end.

# Case study: Mr MA

- MA is a 44 year old Pakistani man with end stage kidney disease on dialysis. Admitted to RLH with a chest infection. He had been rough sleeping in Newham for 6 weeks after eviction from rented room.
- He was a failed asylum seeker with NRPF.
- We referred him to an immigration legal advisor at Praxis who advised he had grounds for a new asylum claim. This would take 4 weeks to process after which he would be eligible for asylum accommodation.
- As he had a move on plan we could refer him to our step down accommodation at Gloria House. This saved him from street discharge

## Case study: Mr IR

- 19 year old man came from India at age 17 years to try to earn money. He worked long hours in a restaurant & was given sleeping quarters upstairs. He earned a small cash in hand salary. He overstayed visitor visa so NRPF
- Admitted to RLH following a bike accident with a broken leg. Needed a cast for 6 weeks & could not work so lost his job/accommodation. No friends or family to stay with so faced discharge to the street with a cast on his leg.
- We referred him to Praxis & initial impression was there were no grounds to regularise his immigration status. We arranged for him to stay in step down accommodation for 6 weeks until his cast came off.
- Praxis assessed again in Gloria House & detailed review revealed he had been trafficked. They referred him to stay in a Salvation army refuge for victims of human trafficking while his status was successfully resolved.



# Case study: SV

- SV is a Jamaican client who first arrived in the UK 21 years ago and was referred to Praxis in June 2023. She became an overstayer after her initial visit visa expired and she did not renew it. She was initially working as a cash-in-hand hairdresser, but following a violent attack by her ex-boyfriend in which she lost the functioning of her hand, she was no longer able to work. She became homeless and spent many years sofa surfing until she was picked up by social services in 2021. She suffers from sickle cell disease and stage 5 kidney failure, for which she is on dialysis treatment tri-weekly.
- She has been referred for immigration advice twice in the past but due to lack of engagement, no applications had been made to regularise her stay. Due to her complex health conditions and history of homelessness, she is well-known to the hospital Pathway team, and so when she was initially referred, our advisor was able to connect with members of the Pathway team who had been closely involved in her care. They were able to provide a useful insight into her background, and history of non-engagement as well as a timetable for her dialysis;
- Our advisor has set about collecting evidence for her immigration application, with support from the Pathway team. Recently, her social services support ended, so we decided to fast-track her immigration application with the home office, meaning that she became eligible for home office accommodation as soon as that was submitted.
- SV has a strong case, and we expect that she will be granted short term leave to remain, on a path to eventual settlement in the UK. Once she is granted short term leave, she will be able to be placed on the waiting list for replacement kidney therapy, which will significantly change her life expectancy and quality of life.

# Thank you!

## Find out more at:

- [www.praxis.org.uk](http://www.praxis.org.uk)
- [Pathway – Homeless & Inclusion Health:  
https://www.pathway.org.uk/](https://www.pathway.org.uk)
- [Pathway's Legal Work with our Partnership Teams – Video – Pathway](#) (3 min 34 seconds)

# Q&A



**We care**  
**We respect**  
**We are inclusive**

# Thanks and close



East London  
NHS Foundation Trust



**We care**  
**We respect**  
**We are inclusive**

[elft.nhs.uk](http://elft.nhs.uk)