Migration and Health in Wales

Key points

- The Welsh Government has responsibility towards migrants living in Wales under its housing, health, education and social service functions and through its community cohesion agenda.

- The majority of issues related to health and social care in Wales are devolved.

- Entitlement to access free NHS treatment is based on ‘ordinary residence’ in the UK and not on British nationality or the payment of national insurance or income tax.

- There are different rules around NHS access for overseas visitors (those not ordinarily resident). The rules are complex.

- There is considerable misunderstanding at a local level about whether or not migrants are eligible to register with a General Practitioner.

- Asylum seekers and refugees are entitled to exactly the same health services as the resident population. Asylum seekers who have been refused leave to remain in the UK are also entitled to free health care whilst they are living in Wales.

- There is a lack of systematic evidence on migrants’ use of healthcare services. Migrants also make a significant, and well-documented, contribution to the provision of health care services by NHS Wales.

- It is difficult to ascertain the overall impact of migration on health care provision and services in Wales.

- There is evidence of barriers to health care services for migrants resulting from inadequate information, insufficient support in interpreting and translating for people with limited English fluency, lack of access to reliable transport, confusion around entitlement and cultural insensitivity of some front line health care providers.

- Evidence on physical and mental health suggests there are poorer outcomes overall for migrants but these vary according to migration histories and experiences in the receiving society.

- A significant proportion of refugees living in Wales consider that both their physical and mental health has become worse since they arrived in Wales.

- Wales is the country of the UK with the oldest population. By 2026, nearly a quarter of the population is expected to be over 65 years of age and nearly one in twenty people over 85 years of age. Migrant workers make an important contribution to provision of social care for this group.
The policy context

Although powers relating to asylum and migration are not devolved, the Welsh Government has responsibility to migrants living in Wales under its housing, health, education and social service functions and through its community cohesion agenda. As a result the Welsh Government is a key player in relation to the inclusion of migrants in Welsh society.

Policies towards migrants in Wales are developed in the context of the Welsh Government’s strategic agenda, specifically the Programme for Government (2011), and within the framework of UK, European and international legislation.

The Programme for Government sets out specific actions the Welsh Government is taking to ‘create a fair society free from discrimination, harassment and victimisation with cohesive and inclusive communities’ (Welsh Government 2011). The Government aims to do this by reducing inequality in education and skills, health, housing and employment outcomes for people with protected characteristics (including race), increasing public services satisfaction rates and reducing the incidence of hate crime.

The public sector equality duty (Equality Act 2010), also referred to as the ‘general duty’, came into force in April 2011 and aims to ensure that public authorities and those carrying out a public function consider how they can positively contribute to a fairer society in their day to day activities through paying due regard to eliminating unlawful discrimination, advancing equality of opportunity and fostering good relations.

In order for public bodies to better perform their public sector equality duty (PSED), the Welsh Government was the first government to bring in specific equality duties as set out in Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011. The regulations were approved by the National Assembly for Wales and came into force on 6 April 2011.

The specific duties are more far reaching in Wales than in England and place duties on the public sector covering engagement, equality impact assessments, pay differences, procurement, reporting arrangements, review and equality and employment information.

Public authorities in Wales published their equality objectives and their Strategic Equality Plans in April 2012 which clearly laid out the actions the public sector is taking to fulfil the PSED.

Healthcare in Wales

The majority of issues related to health and social care in Wales are devolved, including policy formulation and implementation, funding, managing and supporting delivery of health and social care services and monitoring and promoting improvements in service delivery and improving the health of the population. As a result there are some important differences between the public healthcare systems in Wales and other countries of the UK.

Healthcare in Wales is mainly provided by the Welsh public health service, NHS Wales. NHS Wales provides healthcare to all permanent residents that is free at the point of need and paid for from general taxation.

Entitlement to access free NHS treatment is based on ‘ordinary residence’ in the UK and not on British nationality or the payment of national insurance or income tax. Anyone deemed ‘ordinarily resident’ in the UK is entitled to free NHS treatment.

There are different rules around NHS access for overseas visitors (those not ordinarily resident). The rules are complex but for those working in migrant and refugee health these have become very familiar and can be fairly easily boiled down:

- No charging in primary care;
- Charging in secondary care but with many exemptions.

Under a General Practitioner’s terms of service, doctors, in their practice area, are required to offer free treatment which they consider to be immediately required owing to an accident or other emergency. The terms of service make no distinction on grounds of nationality or residence.

When an overseas visitor requests non-emergency medical treatment or treatment that is not immediately necessary, it is for the primary care provider to decide whether to accept that person as a NHS patient or as a private patient.

Asylum seekers living in Wales are entitled to NHS treatment free of charge as long as their application (including any appeal) is under consideration. In common with those ordinarily resident they may have to pay for certain statutory NHS charges, unless they qualify for exemption, and will go on to NHS waiting lists as any other person would.

Asylum seekers and refugees are therefore entitled to exactly the same health services as the resident population.

In addition the Welsh Government has amended its Charges to Overseas Visitors (Wales) Regulations 2004 so that asylum seekers who have been refused leave to remain in the UK are also entitled to free health care whilst they are living in Wales.

In 2009, the Public Health Wales Observatory produced Demography Profiles as the first in a
The impact of migration on health services

The impact of migration on health services is increasingly an issue of public and policy debate in the UK but is difficult to assess due to problems with the data. The lack of systematic evidence on migrants’ use of public services is mainly due to the fact that immigration status is recorded inconsistently (or not at all) when public services are provided. There is, for example, no systematic data on the number of migrants, let alone migrants with different types of immigration status, that make use of particular types of health services (Migration Observatory 2011).

When assessing the ‘impact’ made by migrants on the health service we need to consider two key issues:

- The demands placed on the health service by migrants; and
- The contribution migrants make to the overall running of the health service.

Whilst there is often a perception that migrants have placed significant demands on local health service resources, the evidence is mixed.

In some regions, there might be specific, sudden, short-term pressures on health services which can be attributed to migrants. However, some of these pressures are the result of migrants failing to understand how to access services and the responsiveness of services in the short term. If migrants do not access primary healthcare appropriately it can have an impact both on public health generally and on demand for accident and emergency and other hospital care such as maternity services (iCoCo 2007; EHRC 2009).

There is also evidence that some groups of migrants have particular health needs, most notably asylum seekers and refugees who have experienced trauma (iCoCo 2007; Crawley and Crimes 2009). These impacts are therefore likely to be short term as services have time to adapt and communities have time to learn how to access services appropriately.

There is strong evidence that highly skilled migrants are likely to pose a disproportionately small burden on health services because they are relatively young, healthy, employed and, disproportionately, working in professional roles. Most migrant workers in the UK are fit and healthy and therefore do not represent a substantial burden on the NHS (Kelly et al. 2005; Migration Observatory 2011).

Access to health services

The Royal College of General Practitioners (RCGP 2013) notes that despite a clear statement from the Department of Health and the other bodies, there is still considerable misunderstanding at a local level about whether or not migrants are eligible to register with a General Practitioner.

Based on the principle that General Practitioners have a duty of care to all people seeking healthcare, the Royal College of General Practitioners (RCGP 2013) believes that General Practitioners should not be expected to police access to healthcare and turn people away when they are at their most vulnerable. Further, it is important to protect individual and public health.

According to the Royal College of General Practitioners (2013), all vulnerable migrants, including refugees and asylum seekers, have the right to be fully registered with an NHS general practice

All migrants, including refugees and asylum seekers, have the right to be fully registered with a NHS general practice. Practices are not required to check the identity or immigration status of people registering to join their lists (RCGP 2013).

There is evidence that migrants are not always able to secure access to health services (Migration Observatory 2011). Barriers include:

- Inadequate information, particularly for new migrants unfamiliar with health care systems in the UK;
- Insufficient support in interpreting and translating for people with limited English fluency;
- Lack of access to reliable transport because of poverty and poor services in areas of deprivation where many recent migrants live;
- Confusion around entitlement to some types of services particularly among migrants with insecure immigration status as well as among service providers;
- Cultural insensitivity of some front line health care providers.

series of products for health boards. The profiles aim to provide information for health boards about the population they are responsible for and to act as a resource to assist with their planning activities. The profiles are available at www.wales.nhs.uk/sitesplus/922/page/49912

More information on healthcare in Wales can be found through the Public Health Wales Observatory at www.wales.nhs.uk/sitesplus/922/home

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- Cultural insensitivity of some front line health care providers.
Some of these barriers, such as information, language and transport, appear to cut across length of residence, affecting longer established migrants as well (Migration Observatory 2011).

Research commissioned by the Welsh Government (2010), has found that public services – including health - are being used by migrant workers, and that local authorities are generally providing a satisfactory service, but in order to do so they have had to respond to changing needs. Language barriers often restrict how well services can respond to a migrant worker’s queries. An inadequate understanding of cultural difference (from both the host communities and migrant workers) sometimes leads to misunderstandings. A lack of knowledge about the entry system to the UK sometimes results in newcomers not registering with agencies when they should have done so.

Despite various initiatives by the authorities to provide effective information and guidance in different languages, migrant workers continue to rely mainly on informal networks for information or advice (Welsh Government 2010). A significant amount of signposting is taking place between local authority staff and those working in the voluntary sector and this is underpinned in many cases by the personal interest and passion of those staff who were involved with migrant workers. The development of support groups or drop-in centres, such as the Caia Park Partnership in Wrexham, Newport’s Polish Community Group and the Polish Welsh Mutual Association in Llanelli, are central support mechanisms for newcomers.

Health of migrants in the UK

It is difficult to gain a comprehensive account of the health of migrants because much existing evidence on health includes ethnic group but not migration variables such as country of birth, length of residence in the UK, or immigration status (Migration Observatory 2011).

While migrants are an extremely diverse group, the majority are relatively young and have satisfactory health status on arrival. In fact, most newcomers to a country are healthier than the host population and, indeed, this good health can often deteriorate after they arrive at their destination and begin living in a new society (Migration Observatory 2011).

This tendency is explained by a number of factors, not least the difficulties migrants confront dealing with health problems in a new society. Furthermore, migrants often face informal obstacles to treatment by not being fully aware of their rights to use medical resources; language can also be a barrier to migrants receiving all the health care they are eligible for. Migrants, therefore, often under-employ the health services legitimately available to them.

The mental and psychological health of migrants can also be affected by the process of migration. The stress of leaving a country and family behind, perhaps embarking on a long journey and arriving in a foreign society can have a negative effect on health. This can be further compounded by discrimination and marginalisation upon arrival in the destination country. Migrants can consequently suffer from feelings of insecurity and reduced socioeconomic status, particularly in terms of formal and informal access to housing, jobs and education (Kelly et al. 2005).

Health needs of asylum seekers and refugees

Like other migrants, asylum seekers and refugees are not a homogeneous group and their health status and needs vary. Many asylum seekers arrive in good health and some studies suggest that the average physical health status of asylum seekers on arrival is not particularly poor in comparison with the general UK population (National Public Health Service for Wales 2009).

Guidance for doctors issued by the British Medical Association (2012) notes the following:

- All asylum seekers and refugees are entitled to register with a GP and to receive free NHS hospital treatment;
- Treatment of certain specified communicable diseases (for example tuberculosis (TB), Hepatitis B and measles), compulsory mental health treatment and treatment provided in an accident and emergency department are exempt from charges for all patients;
- Health professionals must not discriminate against asylum seekers or refused asylum seekers by unfairly prioritising other patients in preference to them;
- It is not the responsibility of doctors to make decisions on the eligibility of patients for free NHS hospital care;
- Refused asylum seekers who were undergoing a course of hospital treatment at the time their claim for asylum was rejected are entitled to receive that period of treatment free of charge until completion;
- Asylum seekers and refused asylum seekers have the same rights to medical confidentiality as other patients.

Although asylum seekers and refugees are legally entitled to access primary and secondary healthcare in Wales, there is evidence of inadequate or haphazard access due to social, cultural and structural barriers (Crawley and Crimes 2009).
A significant proportion of refugees living in Wales consider that both their physical and mental health has become worse since they arrived in Wales (22.8% and 38.2% respectively). Nearly all the descriptions of decline in mental and physical health since arrival in Wales are related to anxiety, stress, depression and isolation associated with being a refugee, the asylum process and separation from home and family.

There is some evidence that mental health problems are made worse by the housing and employment situations in which many refugees find themselves. A third of respondents were receiving medical treatment at the time of the survey, most notably treatment for depression in the form of anti-depressants and/or counselling. Nearly a quarter described difficulties in accessing medical treatment including difficulties and delays in securing appointing with GPs, dentists and hospital consultants, and the length of waiting times for appointments, especially with consultants (Crawley and Crimes 2009).

Many of those who have been refused refugee status and who are destitute are unaware of their entitlement to free primary health care or are anxious about contact with the authorities and therefore do not access health services (Crawley et al, 2011).

The contribution of migrants to health and social services

Since the 1930s, successive governments have recruited doctors, nurses and other health workers from overseas to work in UK health services with the first mass recruitment waves of nurses from the African Caribbean in the 1950s and doctors from the Indian subcontinent in the 1960s. The need for health workers was significantly increased by the creation of the National Health Service (NHS) in 1948 and the expansion of specialists and technologies (Snow and Jones 2011).

The contribution made by migrants to the NHS and frontline services is widely recognised. Without the benefits of migration, the NHS would face a staffing shortage as it benefits from the invaluable contribution of people born outside the UK.

Statistics produced by the Health and Social Care Information Centre (HSCIC) show that in 2013, 11% of all staff for whom data was available and who work for the NHS and in community health services are not British. The proportion of foreign nationals increases for professionally qualified clinical staff (14%) and even more so for doctors (26%), prompting the British Medical Association to observe that without the contribution of non-British staff, "many NHS services would struggle to provide effective care to their patients" (Siddique 2014).

India provided the highest number of international migrants working in the NHS, with 18,424 out of a total of 1,052,404 workers whose identity was known. India also provided the highest number of professionally qualified clinical staff, doctors and consultants, after Britain. The number of Indian consultants was 2,708, 7% of the total whose nationality was known.

The Philippines provided the highest number of qualified nursing, midwifery and health visiting staff after Britain, with 8,094 out of a total of 309,529 for whom data was available.

Figures available through the General Medical Council indicate a similar reliance on doctors whose Primary Medical Qualification (PMQ) was secured outside the UK.

<table>
<thead>
<tr>
<th>PMQ World Region</th>
<th>No. of Doctors</th>
<th>%</th>
<th>No of GPs</th>
<th>%</th>
<th>No of Specialists</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>UK</td>
<td>164,353</td>
<td>63.3</td>
<td>19,173</td>
<td>77.1</td>
<td>47,480</td>
<td>59.7</td>
</tr>
<tr>
<td>EEA</td>
<td>27,433</td>
<td>10.6</td>
<td>4,013</td>
<td>6.3</td>
<td>12,781</td>
<td>16.1</td>
</tr>
<tr>
<td>International</td>
<td>63,039</td>
<td>26.2</td>
<td>10,625</td>
<td>16.6</td>
<td>19,311</td>
<td>24.3</td>
</tr>
<tr>
<td>TOTAL</td>
<td>259,825</td>
<td>100</td>
<td>63,811</td>
<td>100</td>
<td>79,572</td>
<td>100</td>
</tr>
</tbody>
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In addition there is evidence that migrants make an important, and growing, contribution to the provision of social care in the UK.
'Chronic difficulties' in the recruitment and retention of social care workers have been identified, which impact both on the capacity of the sector to deliver services and on the quality of care support (Migration Observatory 2011).

Increasingly, migrant workers are being employed to care for older people. In the UK, social care providers have turned to recruitment within and outside the European Union as a means of filling their vacancies.

Labour Force Survey (LFS) data on care workers employed in occupations classified under 'care assistants and home carers', show that between 2001 and 2009 the proportion of foreign-born care workers more than doubled – from about 7% in 2001 to 18% in 2009 (Cangiano and Shutes 2010).

Wales has the oldest population in the UK. By 2026, nearly a quarter of the population is expected to be over 65 years of age and nearly one in twenty people over 85 years of age (Welsh Assembly Government 2010). It is likely that migrants will be particularly important for the provision of social care for this group.

References and further information


About the briefing paper series

This briefing paper is one of a series produced by Professor Heaven Crawley, Director of the Centre for Migration Policy Research (CMPR) at Swansea University to improve knowledge and understanding of migration issues in Wales. The papers set out the evidence on migration to Wales in relation to key issues and themes that are of public and policy concern and provide up-to-date information about the composition and experiences of migrant, asylum seeking and refugee populations living in Wales.

The briefing papers can be downloaded at www.wmp.org.uk

Additional data and resources can be downloaded from the Wales Migration Portal http://wmp.infobasecymru.net/IAS

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