

Access to health care for asylum seekers and refused asylum seekers – guidance for doctors

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Introduction

The barriers that asylum seekers and refused asylum seekers can face in accessing healthcare remain an issue of concern for health professionals and refugee welfare organisations alike. Because of the upheavals, family separation and traumas faced by many asylum seekers, some can have complex health problems. Refused asylum seekers in particular can often find themselves destitute and living in conditions which can have a negative impact on their physical and psychological health. Unfamiliarity with the structure of healthcare provision in the UK and any language barriers that may exist can also represent significant obstacles to engagement with NHS services. The BMA has repeatedly expressed its concerns to government about the plight of asylum seekers and refused asylum seekers. Such concerns are based on humanitarian, economic and public health arguments which support the timely provision of appropriate care to this vulnerable group of patients.

There exists a degree of uncertainty amongst some health professionals regarding the entitlement of asylum seekers and particularly refused asylum seekers to NHS care. Although, in the BMA's view, doctors should not be expected to assess the eligibility of patients for free NHS care, it is important that they are aware of the entitlements in place for asylum seekers and refused asylum seekers and of their responsibilities with respect to treating and referring these groups.

This guidance note summarises the various entitlements and means of accessing healthcare for asylum seekers and refused asylum seekers in the UK. It also provides general advice regarding confidentiality, the provision of information about health services and referring these groups to specialist services.

Key points

- All asylum seekers and refugees are entitled to register with a GP and to receive free NHS hospital treatment.
- GP practices retain the discretion to register refused asylum seekers to the same extent that they have this discretion in relation to registering any patient, regardless of his or her residency status.
- 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.
- In England, refused asylum seekers and asylum seekers who are not receiving benefits may still be entitled to free prescriptions. Prescription charges have been abolished in Wales, Scotland and Northern Ireland.
- Different entitlements to free hospital treatment for refused asylum seekers exist in each of the UK nations.
- 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.

Information about health care for asylum seekers

The BMA recommends that on arrival in the UK, asylum seekers should be provided with information, in a language they understand, about access to health care and other social services. Where asylum seekers are dispersed to locations across the UK, under UK Border Agency (UKBA) policy, accommodation providers are required to either take individuals with a pre-existing medical condition to register with a GP or, in all other cases, assist individuals in registering with a GP by providing verbal and written instructions.¹ Some Primary Care Trusts (PCTs) in areas which have long accommodated large numbers of asylum seekers have included details of local health services in 'welcome packs' for asylum seekers and refugees. Some asylum seekers may need specialist help because of the violence and trauma they have encountered. Early referral in such cases can be crucial to the patient's asylum case as well as providing assessment for treatment (see section on referral to specialist services below).

Asylum seekers like all other patients need to be informed about any testing or screening proposed for them. Asylum seekers from countries of high HIV prevalence may obtain their first positive result from testing after arrival into the UK. Such possibilities should be anticipated and discussed in advance with the patient. Local treatment providers and public health teams should consider whether additional services and support are likely to be required in areas receiving large numbers of asylum seekers.

Registering with a General Practitioner England, Wales and Scotland

All asylum seekers have the right to apply to be fully registered with a NHS general practice. GPs have the discretion to register refused asylum seekers, to the same extent that they have this discretion in relation to registering any patient, irrespective of the patient's residency status. Once registered with a GP asylum seekers and refused asylum seekers are entitled to free primary care services, although some statutory charges, such as those for prescriptions, may still apply (see section on prescription charges below).

Practices are not required to check the identity or immigration status of people registering to join their lists and there is no obligation on prospective patients to provide evidence in this regard. There may be practical reasons why GP practices might want to confirm the identity of patients registering at a practice but practices must ensure that any requests for identification are asked of all patients who register to avoid discrimination. It can often be difficult for asylum seekers and refused asylum seekers to produce certain types of documentation such as passports or utility bills. The BMA advises that practices should therefore use their discretion and consider the individual circumstances of prospective patients when asking for identification.

Many GPs feel under pressure from the programme of dispersal of asylum seekers. In some cases, hundreds of asylum seekers have been moved into a surgery's catchment area without prior notification. Nevertheless, GPs must not discriminate against any particular group. Clearly this does not mean that a practice which is already over-subscribed and has closed its list has to accept new applicants. Where spare capacity exists, however, local inhabitants should not be given unfair precedence over newcomers. If they are unable to find a practice to accept them, asylum seekers and refused asylum seekers are likely to rely on inappropriate use of emergency hospital services. Where a person who has had their application to join a practice's list refused, they can apply to the local commissioning body, which has the power to allocate them to a GP. The BMA has consistently emphasised that it is unethical to refuse to accept particular patients solely because they may require expensive treatment (so-called 'uneconomic' patients). Where a practice is unable to register any person in their practice area, GPs are contractually obliged to provide treatment which they consider to be "immediately necessary" for a period of up to 14 days.

Northern Ireland

In Northern Ireland, guidance issued by the Department of Health, Social Services and Public Safety (DHSSPS) in 2000, sets out eligibility criteria for accessing “family health services” (an umbrella term for primary care services).² The Business Services Organisation (BSO) determines patients’ entitlement for NHS care and is responsible for issuing medical cards to eligible patients. The DHSSPS guidance is however more restrictive than the arrangements in place for accessing primary care in other parts of the UK, with access limited to people who are “ordinarily resident” in the country. As asylum seekers and refugees are “living lawfully in the country for a specific purpose” they are considered to be ordinarily resident and therefore entitled to primary care. No specific advice or exemptions are given for refused asylum seekers.

There is however a degree of ambiguity regarding access to primary care in Northern Ireland for overseas visitors as, under the terms of the Northern Ireland GMS regulations, GPs retain the discretion to register “any person” as a patient, irrespective of whether they have been issued a medical card. In 2011, the Northern Ireland Human Rights Commission published a report which raised concerns regarding DHSSPS policy on access to primary care and highlighted, amongst other issues, the conflict between the discretion GPs have and the family health services guidance.³ The report recommended that the DHSSPS should consider removing the link between primary care access and ordinary residency and, in line with the rest of the UK, allow GP discretion to regulate access to primary care. At the time of writing, the DHSSPS guidance was still current.

Referral for specialist services

In some countries, primary care is not well developed and some asylum seekers may expect to be referred to hospital for relatively minor complaints. Sensitivity and skill are required to introduce them to the way medicine is practised in the NHS. Registration with a GP, or a patient having an NHS number, does not mean that a patient is eligible for free hospital treatment (see section on hospital treatment). Hospital trusts are responsible for assessing patients and evaluating evidence in this regard. GPs should not make judgments as to the eligibility of patients for secondary care and are advised to refer whenever clinically appropriate. In some cases it may be appropriate for doctors to raise the issue of entitlement with patients and the possibility that they may be liable for charges for hospital treatment. They should not however pre-empt the hospital assessment or discourage patients from accessing treatment.

GPs increasingly need to be able to recognise conditions which may be more common in asylum seekers’ countries of origin than in the UK, including TB and HIV. In many cases, screening for conditions such as TB and HIV is carried out on entry to the UK and that information should be made available to GPs when patients are dispersed in order to avoid duplication. It is also important, however, that GPs remain vigilant for early symptoms of such conditions in undiagnosed patients who seek help for other routine health problems. They also need to be able to offer appropriate pre-test discussion and testing or know where patients can be referred for such tests. GPs with a large number of patients who are asylum seekers may find it helpful to be in contact with specialist patient support organisations for a range of conditions.

Some asylum seekers need specialist help because of the violence and trauma they have encountered. Providing care for people who have experienced violence or persecution can be very demanding. They may be unable to discuss their health problems openly or be fearful of examination. Many patients focus on non-specific pain, avoiding discussion of details or of psychological problems. If they are willing to talk about what happened to them, the situation described can be disturbing for the health professional as well as for the patient. This is one of the reasons why the BMA emphasises the importance of referral to a specialised centre if torture is

alleged. Identifying the sequelae of torture requires additional training and should be undertaken by experienced health professionals. The principal UK centres for expert examination (including for the provision of medical reports to support asylum applications) and for treatment are Freedom from Torture (formally the Medical Foundation for the Care of Victims of Torture) and the Helen Bamber Foundation (see Useful addresses below).

Prescription charges

In Wales, Scotland and Northern Ireland, prescription charges have been abolished and medicines are dispensed to patients free of charge. In England, asylum seekers and refused asylum seekers are entitled to free prescriptions under the same conditions as any other patient; they must be aged under 16, under 19 if in full-time education, over 60 or holding an exemption certificate on maternity or medical grounds. Asylum seekers supported by the UKBA are entitled to help with health costs including prescription charges with a HC2 exemption certificate issued by the UKBA. Asylum seekers and refused asylum seekers who are not entitled to free prescriptions under these categories have to make a Low Income Scheme HC1 claim.

Concerns exist that asylum seekers may be unaware that they might be entitled to free prescriptions and that asylum seekers and refused asylum seekers with limited English will find it difficult to complete the forms required to receive free prescriptions. Ideally, doctors should help patients understand whether or not they are entitled to free prescriptions, indicate the form that is required and from where it can be obtained. Advice on entitlements to help with health costs is also available in different languages on the NHS Business Services Authority (NHS BSA) website.⁴ Patients need to know that they will have to present proof of their exempt status. Doctors who treat a large number of asylum seekers or other low income patients may wish to acquire a number of HC1 forms and distribute them directly at the surgery. If it becomes clear that the asylum seeker has limited English and may have difficulty in completing the HC1 form, doctors are requested to direct the patient to either the local Refugee Community Office or Citizens Advice Bureau. Alternatively, the NHS BSA can provide assistance in filling in the HC1 form in a number of different languages over the telephone.

Hospital treatment

The rules on entitlement to NHS hospital treatment are different to the arrangements in place for accessing primary care services. Secondary legislation exists in each of the four UK nations⁵ and these regulations determine who is eligible for free treatment and who is exempt from charges. In general, entitlement to free NHS hospital treatment is based on whether a patient is "ordinarily resident" in the UK.⁶ Patients judged to be ordinarily resident, or who qualify for any of the exemptions listed in the relevant regulations, are entitled to free NHS hospital care. Patients judged not to be ordinarily resident are classed as "overseas visitors" and, if non-exempt, are personally chargeable for the hospital treatment they receive.

Some NHS services are free to all patients, irrespective of their residency status. These are:

- accident and emergency services (excluding treatment provided after a patient has been admitted as an in-patient or is given an out-patient appointment)
- family planning services
- treatment of certain communicable diseases such as measles, tuberculosis and pandemic flu
- treatment for sexually transmitted diseases (see below for HIV)
- treatment required under mental health legislation or by order of a court.

In England, treatment for HIV is exempt from charge for any overseas visitor following government amendments to the charging regulations in 2012.⁷ Elsewhere in the UK, HIV treatment for non-exempt overseas visitors can be restricted to the initial diagnostic test and associated counselling.

For all other forms of hospital treatment, overseas visitors are expected to provide evidence to substantiate their claim to free treatment where entitlement exists. Individual hospital trusts are responsible for identifying potential overseas visitors, which is done by asking a series of baseline questions. It is the view of the BMA that doctors should not be asked to make judgments as to the eligibility of patients for NHS care. Assessments of a patients' entitlement under the relevant regulations are performed by a non-clinical member of staff, typically an overseas visitors manager (OVM).

A broad overview of the different arrangements and exemptions in place specifically for asylum seekers and refused asylum seekers is given below. Where exemptions from charges exist they also extend to the exempt person's spouse or civil partner and any child under the age of 16 or 19 and in full time education. More details can be found in the relevant health department guidance.

Asylum seekers and refugees

Asylum seekers who have outstanding applications or appeals for refugee status are exempt from charges for NHS hospital care and are entitled to treatment to the same extent as UK residents. Refugees are also exempt from hospital charges. Where a hospital wishes to verify that a patient is an asylum seeker or refugee, the patient should be able to produce evidence to confirm their status, for example an Application Registration Card (ARC) issued to asylum seekers or confirmation from the Home Office that refugee status has been granted. Hospitals may also directly contact the UKBA if patients state that they are a refugee or have made a formal application for asylum, but are unable to produce any of the documents mentioned above and have given informed consent for their status to be confirmed by the UKBA.

Refused asylum seekers

Access to NHS hospital treatment for refused asylum seekers has been the subject of numerous government reviews and reforms in recent years. The entitlement of refused asylum seekers to free treatment under the charging regulations has also been challenged in the courts. In 2009, the Court of Appeal in England and Wales, overturning an earlier High Court judgment, ruled that refused asylum seekers could not be considered ordinarily resident in the UK for the purposes of the charging regulations and could not become exempt from charges after living in the UK for 12 months prior to treatment.⁸ As health policy is a devolved responsibility however, different exemptions, policy and guidance exists in each of the four nations and access to free hospital treatment for refused asylum seekers can therefore differ from country to country. A general overview of the arrangements in place in England, Scotland, Wales and Northern Ireland is given below. More detailed information can be found in the relevant regulations for that country and, where available, in guidance issued by the relevant health department on how the regulations should be implemented, which are referenced below where appropriate.

England

Refused asylum seekers who are in receipt of government support under sections 4 and 95 of the Immigration and Asylum Act 1999 are exempt from charges for NHS hospital treatment. Individuals supported under these schemes are refused asylum seekers who are taking all reasonable efforts to leave the UK but face genuine and recognised barriers to their return to their country of origin and refused asylum seekers who are destitute and support children under the age of 18. Unaccompanied asylum seeking children who are under the care of the local authority are also exempt from charges.

Refused asylum seekers who do not qualify for these exemptions are still entitled to services exempt under the regulations (see section above). In addition, where patients receive treatment whilst charge-exempt under the regulations, for example if they have an outstanding claim or appeal for asylum, and then become non-exempt part-way through treatment because their application is unsuccessful, they should not be charged for the remainder of that period of treatment. This is often referred to as the “easement clause” and what constitutes a particular period of treatment and when treatment is said to end is a clinical decision.

Under Department of Health guidance,⁹ hospitals are also obliged to provide any treatment to patients that is either “immediately necessary” or “urgent”, irrespective of a patient’s ability to pay. Immediately necessary treatment is defined in the guidance as that which patients require to save their life, prevent a condition from becoming immediately life threatening or need promptly to prevent serious damage from occurring. All maternity treatment, including routine antenatal care is classed as immediately necessary treatment. Urgent treatment is that which is not immediately necessary but cannot wait until a patient can be reasonably expected to return home because, for example, of the pain or disability a condition is causing a patient or the likelihood of a condition deteriorating such that it may become life threatening. Although patients who receive care under these categories are still liable for charges, treatment cannot be withheld because patients are unable to pay and cannot be delayed while a patient’s chargeable status is established. Where individuals are destitute and unable to pay for their treatment, trusts have the discretion to write off any outstanding debts. Only treatment that is judged by a clinician to be non-urgent, i.e. routine elective treatment that could wait until a person returns home, can be withheld pending payment.

Decisions as to the urgency of treatment and the treatment required are the responsibility of clinicians alone. OVMs are responsible for providing information on an estimated return date home of a patient to clinicians to help inform their decisions but should not be involved in treatment decisions nor prevent a patient from being assessed by a clinician.

Wales

Under amendments to the regulations in Wales introduced in 2009,¹⁰ refused asylum seekers are exempt from charges for NHS hospital treatment while they are awaiting removal to their country of origin. Guidance issued by NHS Wales and the Welsh Assembly Government states that evidence accepted to substantiate claims to free treatment under this exemption include an ARC card issued by the Home Office or a confirmation from the Home Office that an application for asylum has been refused.¹¹

Scotland

Guidance issued by the Scottish Government in 2010 sets out the entitlements in place for all overseas visitors including refused asylum seekers. The guidance states that, “Anyone who has made a formal application for asylum, whether pending or unsuccessful, is entitled to treatment on the same basis as a UK national who is ordinarily resident in Scotland while they remain in the country”.¹²

Northern Ireland

There are no specific exemptions for refused asylum seekers in the Northern Ireland regulations. The DHSSPS has not to date issued guidance for hospitals on how the charging regulations should be implemented, although this was under review at the time of writing. Entitlement to NHS hospital treatment for non-exempt patients is therefore judged on the “ordinary residency” criteria. Refused asylum seekers are still entitled to treatment free of charge which was underway at the time their application for asylum was rejected and for services exempt under the regulations.

Confidentiality and requests for information from third parties

Asylum seekers are entitled to the same high degree of medical confidentiality as other patients. Some asylum seekers may need reassurance that medical data such as test results, particularly for conditions such as HIV, will not have any affect on their asylum application and will only be available to healthcare providers. If health information is needed by third parties for dispersal, planning or other purposes, patients need to be both informed of this and agree to the information being shared. Often third parties request medical and other information on patients from GPs. The BMA has received a number of queries from doctors who have been contacted by organisations such as the UKBA requesting information about refused asylum seekers regarding their treatment, such as referrals to secondary care, and administrative information, such as the dates a patient registered with a practice. As with all requests for medical information consent should be sought. Where patients withhold their consent for disclosure, doctors should ensure they follow General Medical Council guidelines on the exceptional circumstances in which it is justified to disclose patient information without consent.¹³ The BMA has also published extensive guidance for doctors on confidentiality.¹⁴

When treating asylum seekers and refused asylum seekers it cannot be assumed that patients would be willing to have their health discussed with their relatives. In some communities, however, patient expectations are that family members are included in consultations. It should be made clear to individuals that they can always see a doctor alone unless they want others present and that information will not be passed on to relatives without consent.

Interpretation services

Asylum seekers and refused asylum seekers with limited English can find it difficult to engage fully with NHS services and for doctors language barriers can represent a significant obstacle to providing safe and effective care. A third party is therefore sometimes required to aid communication. Finding an appropriate interpreter however can be difficult as services may not be available locally or funded by commissioning bodies. In some cases, members of the patient's family or cultural group offer to interpret, causing confidentiality problems. These can be particularly acute if patients want to discuss sensitive information or need to access services such as family planning, abortion or HIV testing. In the BMA's view, professionals should provide translation and interpretation services whenever possible, although there may be circumstances, such as in an emergency, where it may be necessary to use family members or other medical staff in this capacity. Translations services are available from commercial providers, such as Language Line, or from the National Register of Interpreters.

Wherever possible, sensitivity should be exercised in selecting interpreters, with regard to factors such as gender, political or cultural background (e.g. avoiding asking a Serb to interpret for an ethnic Albanian). Sensitivity in choice of interpreter is also advised in cases where patients need to discuss very personal issues such as sexual behaviour or sexually-related conditions. It is essential that health services do not rely on embassies or official agencies of the patient's home country when the patient claims to have been persecuted or tortured there, since information may be collected which puts patients at risk (if they return) and may jeopardise the safety of their relatives.

Useful contact details

Freedom from Torture (formally the Medical Foundation for the Care of Victims of Torture)

111 Isledon Road, London N7 7JW.

Tel: 020 7697 7777; Fax: 020 7697 7799

Web: www.freedomfromtorture.org

Provides services for survivors of torture and other forms of organised violence. Centre staff carry out casework, counselling, advice regarding welfare rights, physical and mental health care, individual and group therapy, complementary therapy, family therapy and child and adolescent psychotherapy. They also give advice, help with the access to statutory health care and write medico-legal reports at the request of solicitors. Staff run training sessions and workshops for professional groups working with refugees and survivors of torture and can discuss issues with health care workers. There are five centres across the UK and details on these are available on the website.

Helen Bamber Foundation

5 Museum House, 25 Museum Street, London WC1A 1JT

Tel: 0207 631 4492; Fax: 0207 631 4493

Web: www.helenbamber.org

Human rights organisation that provides treatment and support to survivors of torture, war, genocide, human trafficking for sexual exploitation or labour, gender based violence and extreme domestic violence. Along with Freedom from Torture they are a principal centre for assessment of the sequelae of torture and write medico-legal reports on referral from legal representatives and doctors.

Refugee Council

240-250 Ferndale Road, Brixton, London SW9 8BB.

Tel: 0808 808 2255 or 0808 808 2259 (text phone)

The Refugee Council runs a mixture of direct and indirect services for refugees and asylum seekers in the UK. The main services include the One-Stop Service available in London, Yorkshire & Humberside, East of England & the West Midlands – see www.refugeecouncil.org.uk for more details.

Scottish Refugee Council

5 Cadogan Square (170 Blythswood Court), Glasgow, G2 7PH

Tel: 0141 248 9799; Fax: 0141 243 2499

Web: www.scottishrefugeecouncil.org.uk

Welsh Refugee Council

Phoenix House, 389 Newport Road, Cardiff, CF24 1TP

Tel: 029 2048 9800; Fax: 029 2043 2980

Web: www.welshrefugeecouncil.org

Joint Council for the Welfare of Immigrants

115 Old Street, London EC1V 9JR.

Tel: 020 7251 8708

Web: www.jcwi.org.uk

Advice Line: 020 7251 8706 (Mon-Fri, 10am-1 pm).

Advice, information and representation for people with immigration or nationality problems.

Doctors of the World – Project: London

Praxis, Pott Street, London E2 0EF.

Tel: 020 8123 6614 (Mon, Wed and Fri 1-5pm).

Mobile: 07974 616 852

Web: www.doctorsoftheworld.org.uk/projectlondon

Open every Mon, Wed and Fri 1-5pm (and first Saturday of every month 10am-3pm).

No appointment necessary. An advocacy project, established in 2006, that provides information, advice and practical assistance to vulnerable people to help them access NHS and other services.

Project:London's volunteer teams provide basic healthcare in the interim period, until these people reach mainstream service.

Asylum Seeker Coordination Team

Department of Health, Room 8E10 Quarry House, Quarry Hill, Leeds LS2 7UE.

Tel: 0113 2546605; Fax: 0113 2545481

Web: www.dh.gov.uk

The Department of Health's Asylum Seeker Co-ordination Team (ASCT) coordinates health care policy for asylum seekers and refugees. The team works across the Department of Health and other Government departments, and with health workers and service planners in the field.

Language Line

25th Floor, 40 Bank Street, Canary Wharf, London E14 5NR.

Enquiries: 0800 169 2879

A commercial telephone interpreting service across a wide range of languages. A number of PCTs have contracts with Language Line.

Further information

For further information about these guidelines BMA members may contact the BMA on 0300 123 123 3 or at support@bma.org.uk.

Members may also contact:

Medical Ethics Department,
British Medical Association
BMA House Tavistock Square, London WC1H 9JP
Tel: 020 7383 6286
Fax: 020 7383 6233
Email: ethics@bma.org.uk

Non-members may contact:

Public Information Unit
BMA House, Tavistock Square, London WC1H 9JP
Tel: 020 7387 4499
Fax: 020 7383 6400
Email: info.public@bma.org.uk

References

- 1 Home Office (2005) *Asylum Policy Support Bulletin 85: Dispersing Asylum Seekers with Health Care Needs*. Home Office, London, p.12.
- 2 Department of Health Social Services and Public Safety (2000) *Family health services for persons not ordinarily resident in Northern Ireland, Circular HSS(PCD) 10/2000*. DHSSPS, Belfast.
- 3 Northern Ireland Human Rights Commission (2011) *Access denied - or paying when you shouldn't*. NIHRC, Belfast.
http://www.nihrc.org/administrator/editor_files/images/download_btn.gif (PDF) (accessed 29 Sept 2011).
- 4 For more information see NHS Business Services Authority website at:
<http://www.nhsbsa.nhs.uk/HealthCosts/3097.aspx>.
- 5 The National Health Service (Charges to Overseas Visitors) Regulations 2011, The National Health Service (Charges to Overseas Visitors) Regulations 1989 (as amended), The National Health Service (Charges to Overseas Visitors) (Scotland) Regulations 1989 (as amended), Provision of Health Services to Persons not Ordinarily Resident Regulations (Northern Ireland) 2005.
- 6 "Ordinary residency" is a common law concept, derived from the judgement in *Shah v Barnet London Borough Council and other Appeals* [1983] 1 All ER 226. Whether someone is ordinarily resident is dependent on whether they are living lawfully and voluntarily in the UK for a settled purpose as part of the regular order of their life, with an identifiable purpose for their residence which has sufficient continuity to be properly described as settled. Holding a British passport, the payment of taxes and having a National Insurance Number for example are not alone sufficient to make someone ordinarily resident.
- 7 Department of Health (2012) HIV treatment for overseas visitors – guidance for the NHS.
<http://www.dh.gov.uk/health/2012/09/hiv-overseas-visitors> (accessed 23 November 2012).
- 8 YA, R (on the application of) v Secretary of State for Health [2009] EWCA Civ 225 (30 March 2009)
- 9 Department of Health (2011) *Guidance on Implementing the Overseas Visitors Hospital Charging Regulations*. DH, London.
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_127393 (accessed 25 Aug 2011), pp.43-50.
- 10 The National Health Service (Charges to Overseas Visitors) (Amendment) Regulations 2009, SI 2009/1512.
- 11 NHS Wales & Welsh Assembly Government (2009) *Implementing the Overseas Visitors Hospital Charging Regulations: Guidance for Hospitals in Wales, Version 6*.
<http://wales.gov.uk/topics/health/publications/health/guidance/implementing/?lang=en> (accessed 25 Aug 2011), p.27.
- 12 Scottish Government Healthcare Policy and Strategy Directorate (2010) *Overseas visitors' liability to pay charges for NHS care and services: a guide for healthcare providers in Scotland*.
www.sehd.scot.nhs.uk/mels/CEL2010_09.pdf (accessed 28 December 2011), p.9.
- 13 General Medical Council (2009) *Confidentiality*. GMC, London. General Medical Council (2009) *Confidentiality: Supplementary Guidance*. GMC, London.
- 14 British Medical Association (2009) *Confidentiality and disclosure of health information tool kit*. BMA, London.

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