

Access to NHS Secondary Care for Migrants and Asylum Seekers in East Sussex

1. Background and Context

HVA/The Links Project provides support, information, advice and advocacy to asylum seekers, refugees and migrants living in East Sussex. The project has operated locally for a number of years and supports a significant number of people dispersed to the county under Home Office arrangements, alongside others with insecure or unresolved immigration status.

In addition to delivering direct advice and advocacy, the Links Project routinely collates information and evidence on how different systems and policies impact this unique and often marginalised client group. This paper draws on that evidence to raise concerns relating to access to healthcare, with a particular focus on NHS secondary care.

While these issues are not new, recent national reports highlighting poor health outcomes for ethnic minority groups — particularly within maternity services — have provided renewed impetus to examine how current policy frameworks operate in practice at a local level. This briefing is intended to support reflection by system leaders on how equity and equality of access can be strengthened, particularly in relation to perceptions of entitlement, practical access to services, and the founding principle of universal healthcare that underpins the NHS.

2. National Evidence and Policy Context

The Health and Social Care Select Committee's *Black Maternal Health* report (2025) sets out a number of recommendations that may assist at both individual and system levels. However, the report remains relatively limited in scope, particularly given its parliamentary status, as it does not sufficiently explore the well-established link between income inequality, poverty and poor health outcomes — and, by extension, between structural disadvantage and unequal outcomes overall.

This relationship has been clearly articulated for many years, including in *The Black Report* (1980), which went on to inform subsequent work on health inequality such as the *Marmot Review* (2010). The failure to fully integrate this structural analysis risks limiting the effectiveness of policy responses, particularly for groups already subject to multiple and intersecting disadvantages.

3. Access to NHS Secondary Care

Individuals in the UK with unclear or unresolved immigration status are generally classed as ineligible for free NHS secondary healthcare and may be charged for hospital treatment. In East Sussex, the NHS Trust operates an Overseas Invoicing Team responsible for identifying chargeable patients and issuing invoices.

There is nothing unlawful about this process and, in our experience, the Overseas Invoicing Team operates efficiently and is responsive, including cancelling invoices where appropriate evidence of

entitlement is provided. However, the wider impact of the charging framework on confidence to seek medical help is significant.

Within already marginalised communities, the belief that healthcare is available only on a paid-for basis can spread quickly. This includes individuals who are in fact entitled to free care but who may not present due to fear, confusion or misinformation. Complex immigration regulations can also be difficult for health professionals themselves to navigate. As a result, the principle of healthcare being “free at the point of access” is undermined in practice, even where it exists in law.

Among clients supported by the Links Project, there is evidence of under-representation in the take-up of services such as vaccination programmes. In addition, experiences of partial or uncertain access to healthcare in countries of origin may contribute to hesitancy about engaging with services in the UK.

4. Impact on Individuals, the NHS and Public Health

In one current case supported by the Links Project, an individual previously incurred NHS debt and has since been informed that any future hospital appointments must be paid for in advance. While this is compliant with existing regulations, it raises serious concerns about timely access to care and the likely impact on health outcomes.

Delayed presentation is a recurring consequence of charging policies and perceived ineligibility. This leads to worsening health conditions, increased risk of crisis intervention, and poorer outcomes for individuals. Crucially, these delays also generate significant additional costs for the NHS and wider public health system, as conditions that could have been treated earlier and more cost-effectively instead require urgent, complex or emergency care.

It is therefore important to question whether the substantial financial burden associated with delayed care has been fully factored into the formulation of current charging policies. The absence of a clear cost–benefit analysis raises concerns that short-term cost recovery may be outweighed by longer-term financial, clinical and public health harms.

5. Interface Between Primary and Secondary Care

The vast majority of referrals into secondary care originate in primary care. While GP decisions must rightly be based on clinical need, referrals for patients who will be charged — and who are unlikely to have the means to pay — may ultimately be ineffective. It is therefore important that practitioners are aware of wider access and charging issues at the point of referral, so that appropriate and realistic treatment pathways can be identified, taking into account individual circumstances and legal entitlements.

In some cases, conditions might be managed within primary care in order to avoid unnecessary referrals to secondary services. However, it is currently unclear how such an approach could be considered locally, who would have authority to guide it, or how clinical and ethical risks could be

carefully thought through and managed safely. Any risk of creating a two-tier system of care must also be very carefully considered.

Without careful planning, there is a risk that individuals will delay presenting with health concerns until conditions become acute, leading to inappropriate use of urgent or emergency healthcare settings such as A&E.

6. Maternity Care as a Key Area of Concern

As the poor maternal health outcomes experienced by Black and Brown women are so graphically described in the *Black Maternal Health* report (2025), Links Project casework similarly identifies maternity care as the area of greatest concern.

Clients can be issued invoices for thousands of pounds for maternity services, with more complex births resulting in debts running into tens of thousands. Fear of unaffordable charges can deter early engagement with maternity services, exacerbating already unequal outcomes.

Women subject to immigration controls are disproportionately Black and Brown — the same groups identified nationally as experiencing the poorest maternal health outcomes. This creates a clear and troubling intersection between immigration policy, poverty, race and health inequality.

7. Local and National Responsibilities

Many of the issues outlined in this paper arise from national charging regulations and sit outside local operational control. However, this does not preclude consideration of whether local mitigations could reduce risk, improve confidence in accessing care, and prevent avoidable harm.

Alongside exploration of local responses, there is also a need to engage with wider policy discussions, including the national NHS charging framework and its interaction with equality duties, public health objectives and safeguarding responsibilities. Engagement with the Hastings and Rye MP, Helena Dollimore, on the broader policy position is therefore sought.

8. Conclusion and Next Steps

This is a complex and sensitive issue requiring careful analysis and collaborative discussion. The Links Project would welcome the opportunity to engage with relevant stakeholders to explore whether local actions could not only mitigate risk and improve access to essential healthcare for vulnerable groups, but also support better maternity outcomes for Black and Brown women. In turn, we would hope to contribute future evidence gained through this work to national policy discussions.

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