



NHS healthcare for migrants with NRPF (England)

1. Introduction

This factsheet summarises the NHS healthcare people with no recourse to public funds ([NRPF](#)) can access in England and whether they will have to pay for this, changes that took place on 23 October 2017.

Primary healthcare is delivered through GP practices, NHS walk-in centres, dentists, pharmacists and optometrists. These services can be accessed by everybody in England, regardless of immigration status and are mostly provided free of charge, although some, such as prescriptions and dental treatment, must be paid for by certain people, depending on their age, income or medical condition rather than their immigration status.

However, certain migrants and some British citizens who live abroad will be required to pay for most types of secondary and community NHS healthcare, including NHS funded services provided by charities and local authority public health services, unless the treatment required is exempt from charging. Full payment must be made up front for non-urgent treatment before services can be provided.

NHS treatment is not a [public fund](#) for immigration purposes, so people who have NRPF are not prevented from accessing NHS services and should not be refused treatment on this basis alone.

This factsheet provides information on:

- Free healthcare services, including GP services
- Prescription, dentistry and optometry exemptions
- Chargeable secondary and community healthcare, including: who must pay and when, data shared with the Home Office, what to do if treatment is refused
- Immigration Health Charge
- EEA nationals and British citizens
- Other providers of medical care for migrants
- Details of changes implemented in 2017

The 'DH guidance' referred to throughout is the December 2017 version of the Department of Health's [Guidance on operating the overseas visitors charging regulations](#).

2. Free healthcare services

2.1 GP services

GPs have the discretion to accept any person to be fully registered as an NHS patient in order to receive free treatment. GPs may also register a person as a temporary resident for free treatment if the person is present in the practice's area between 24 hours and three months. There is no minimum time period that a person needs to be in the UK before they can register with a GP.

GPs have a duty to provide emergency or immediately necessary treatment free of charge, and 14 days of cover after such treatment is provided, even if the patient is not registered.

NHS England provides [guidance](#) on GP registration, which confirms that registration may only be refused if one of the following applies:

- The patient lives outside of the GP's catchment area.
- The practice has closed its list in agreement with the NHS commissioner.
- The practice has other reasonable grounds, providing these do not relate to race, gender, social class, age, religion, sexual orientation, appearance, disability, or a medical condition.

NHS England also confirms that there is no requirement to prove identity, address or immigration status, so inability to provide identity or residence documentation would not be reasonable grounds to refuse to register a patient.

[NHS Choices](#) provides information about how to register with a GP, including a [leaflet](#) for asylum seekers and refugees.

2.2 NHS walk-in centres & minor injuries units

Some minor illnesses and injuries can be treated free of charge and without the need for prior GP registration at:

- [NHS walk-in centres](#)
- [Minor injuries units](#)

2.3 Secondary/community healthcare: free services

Some types of secondary healthcare services must be provided free of charge to everyone because they are exempt from charging and are set out in regulation 9 of the **National Health Service (Charges to Overseas Visitors) Regulations 2015**:

- Accident and emergency (A&E) services up until the point that the person is accepted as an in-patient. (Outpatient appointments are chargeable).
- Services provided as part of the "NHS 111" telephone advice line.
- Family planning services (not including pregnancy termination).
- Diagnosis and treatment of contagious diseases (as specified in Schedule1).
- Diagnosis and treatment of sexually transmitted infections.
- Treatment of a physical or mental condition caused by torture, female genital mutilation, domestic violence or sexual violence when the patient has not travelled to

the UK for the purpose of seeking such treatment. Chapter 7 of the [DH guidance](#) confirms how the NHS trust may identify such cases.

- Palliative care services provided by a registered palliative care charity or a community interest company, for example, a hospice (since 23 October 2017)

People requiring such treatment may still be required to provide documents to confirm their nationality/immigration status as the NHS is still required to record whether they would otherwise be required to pay for treatment on their patient record – see section **3.2**.

Services provided by school nurses and health visitors remain free of charge for all - [DH guidance](#), page 24.

3. Chargeable healthcare services

3.1 NHS prescriptions and other primary care services

Some people will need to pay for the following primary NHS services:

- NHS prescriptions
- NHS dental treatment
- Sight tests, glasses and contact lenses
- Travel to receive NHS treatment
- NHS wigs and fabric supports

People who do not have to pay for most (or all) of these services are those who are:

- Age 60 or over
- Age under 16
- Age 16-18 and in full-time education
- Pregnant, or have had a baby in the previous 12 months, and have a valid maternity exemption certificate
- Holding a medical exemption certificate because they have a certain [medical condition](#)

People with NRPF who are receiving social services' support will not be eligible for free prescriptions unless they fall into one of these groups. If these exemptions do not apply, then a person with NRPF who has a low income may be entitled to full or partial help through the [NHS Low Income Scheme](#) by obtaining an HC2 certificate.

An HC1 form must be completed, which can be requested from [NHS choices](#). A person with NRPF who is receiving financial support from social services should not select that they are in receipt of benefits, otherwise the application is likely to be refused. Instead they should provide a letter from social services detailing what support is being provided.

For more details, and to find out exactly what services will be free to each exempt group, see the NHS information, [help with health costs](#).

3.2 Secondary and community healthcare

NHS trusts, NHS foundation trusts (that manage hospitals), local authorities providing public health services and non-NHS organisations, including private providers and charities delivering NHS services, are required to charge some people for secondary and community healthcare services unless the treatment provided is exempt from charging - see section **2.3**.

Community services which can be charged for include: maternity care provided in the community, district nursing services, drug and alcohol treatment services and mental health services - [DH guidance](#) pages 24, 32-33.

Section 175 of the **National Health Service Act 2006** allows for charges to be made for non-primary healthcare services that are provided to anyone who is not **ordinarily resident** in the UK, and refers to such people as 'overseas visitors'. People who are not ordinarily resident in the UK and who are not exempt from charging must pay for most types of secondary and community healthcare.

Anyone requiring these services is likely to be asked to confirm their nationality and immigration status to establish whether they are an overseas visitor who must pay for treatment. The NHS must record that a person is an overseas visitor on their patient record, including whether they are required to pay or not, even if the person needs a type of treatment which cannot be charged for – see section **2.3**.

3.2.1 Who can be ordinarily resident?

Anyone who is deemed to be ordinarily resident in the UK will not have to pay for secondary and community healthcare. Healthcare providers will consider whether British citizens, European Economic Area (EEA) nationals, and non-EEA nationals who have settled status or a right to reside as a family member of an EEA national under European law are ordinarily resident, i.e. whether they are:

'living lawfully in the United Kingdom voluntarily and for settled purposes as part of the regular order of their life for the time being'.

Non-EEA nationals who do not have settled status or a right to reside as the family member of an EEA national cannot be considered to be ordinarily resident in the UK so this test will not apply to them - section 39 of the **Immigration Act 2014**. For more information see chapter 3 of the [DH guidance](#) and the ordinary residence [tool](#).

Non-EEA nationals who do not have settled status in the UK, or EEA nationals and British citizens who are not ordinarily resident, will be 'overseas visitors' and charged for secondary and community healthcare, unless an exemption applies.

3.2.2 Which overseas visitors are exempt?

Anyone who is not ordinarily resident in the UK will be referred to as an 'overseas visitor' and must pay for treatment unless they are exempt. The exemptions are set out in the **National Health Service (Charges to Overseas Visitors) Regulations 2015**.

In some cases, an exemption can extend to family members who require treatment. A family member is defined at regulation 25(1) as a spouse or civil partner or a child for whom the migrant has parental responsibility. Generally, the family member must be lawfully present, but regulation 25 must be referred to as additional requirements may also apply. If the exemption does not extend to a family member requiring treatment, then that person must fall under an exempt category in their own right.

This table sets out the exemptions and indicates whether these extend to family members.

Regulation	Exempt category	Can exemption extend to family members?
10	People with leave to enter or remain who have <ul style="list-style-type: none"> - paid the Immigration Health Charge, - been exempt from paying the health charge (unless this is because they are visiting the UK for six months or less), or - had the charge waived or refunded. [See note A] For more information, see section 4.	No, unless they are a child that is age 3 months or less and has never left the UK since birth.
11	People who applied for or were granted over six months leave to enter or remain prior to 6 April 2015 which would have been subject to the Immigration Health Charge, had this applied then. [See note A]	No, unless they are a child that is age 3 months or less and has never left the UK since birth.
12	Entitlement under European Union (EU) Regulations, an EU agreement or other EU right.	Yes
13	Where there would be an entitlement to services under the Social Security Coordination Regulation for UK state pensioners residing in the EEA or Switzerland	Yes
14	When a reciprocal healthcare agreement applies to a national or resident (as specified) of a country listed in Schedule 2 of the Regulations & Chapter 10 of the DH guidance	No
15(a)	Person granted refugee status or humanitarian protection	Yes – where 15(aa) applies
15(aa)	Has leave to enter or remain as the dependant of someone with refugee status or humanitarian protection	No
15(b)	Asylum seeker whose claim has not been determined	Yes- where 15(ba) applies
15(ba)	Person who is a dependant on an asylum seeker's claim	No
15(c)	Asylum seeker in receipt of section 95 Home Office support	No
15(d)(i)	Refused asylum seeker in receipt of section 4 support	Yes – where 15(da) applies
15(d)(ii)	Refused asylum seeker provided with accommodation under section 21 of the National Assistance Act 1948 [NB: this legislation no longer applies in England]	Yes – where 15(da) applies
15(d)(iii)	Refused asylum seeker provided with accommodation under Part 1 of the Care Act 2014 [See note B]	Yes – where 15(da) applies
15(da)	Person who is a dependant on a claim for support made	No

	by a person in 15(d)(i),(ii) or (ii)	
15(e)	A child looked after by a local authority as defined by section 22(1) Children Act 1989	No
16	Victim of modern slavery (including a victim of trafficking)	Yes
17	When exceptional humanitarian reasons apply to a migrant who has been granted leave to enter outside of the Immigration Rules. See the Regulations for more detail about when this applies.	No
18	Detained, under guardianship, or subject to community treatment under the Mental Health Act 1983 or detained under an authorised deprivation of liberty under specified sections of the Mental Capacity Act 1985.	No
19	Prisoners and immigration detainees	No
20	Members of the armed forces and crown servants	Yes
21	NATO forces	Yes
22	Recipients of war pensions and armed forces compensation scheme	Yes
24	Treatment is for a need which arose during the visit. See the Regulations for more detail about when this applies.	No

Note A - A person who is exempt under regulation 10 or 11 may receive all types of secondary healthcare for free except for assisted conception services, including any medicines, surgery or procedures that are required to diagnose and treat infertility, including intrauterine insemination (IUI), in vitro fertilisation (IVF) and egg and sperm donation. Note that there are some exceptions for former armed forces members. See chapter 5 of the [DH guidance](#).

Note B - Regulation 15(d)(iii) was added on 1 February 2016, although the Care Act 2014 replaced the National Assistance Act 1948 on 1 April 2015. The [DH guidance](#) provides details of charging arrangements prior to 1 February 2016 at paragraph 7.42:

'An OVM might come across a failed asylum seeker who was provided with relevant services between 6 April 2015 and 31 January 2016 and who was, at that time, supported under Part 1 of the Care Act 2014 by the provision of accommodation. In this circumstance, any outstanding charges already made to such a person should be cancelled and any charges for such services not yet made, should not be made. In the event that the Department of Health becomes aware that charges have been made and recovered prior to 1 February 2016, the Department will look at the particular facts of the case and consider whether a refund of those charges can and should be made. Consideration will be undertaken on a case by case basis. Failed asylum seekers who were supported by section 21 before it was repealed will continue to be exempt from charge even though they are now supported by the provision of accommodation under the Care Act 2014.'

The [DH guidance](#) also suggests that regulation 15(d)(iii) applies to people being accommodated under section 35 or 36 of the Social Services and Well-being (Wales) Act 2014, however this is not stated in the actual regulations and presumably would only be relevant to people who are being supported by a Welsh local authority but are receiving healthcare from an NHS provider in England.

3.2.3 Who is not exempt and must pay?

The people (including children), who do not fall under the exemptions include:

- Visa overstayers
- Illegal entrants
- Refused asylum seekers (unless they are receiving asylum support from the Home Office or are accommodated by a local authority under the Care Act 2014)
- Visitors with leave to enter for a period of six months or less

Charges will apply to people who have the above types of immigration status and are accommodated by local authorities under section 17 of the Children Act 1989, the leaving care provisions of the Children Act or the Care Act 2014 (unless they are a refused asylum seeker).

3.2.4 When will a person be charged for treatment?

Since 23 October 2017, all providers of NHS funded secondary and community healthcare have been required by law to collect the full estimated charge of a course of treatment before it is administered, unless doing so would prevent or delay the provision of immediately necessary or urgent treatment. The NHS has published a [tariff](#) of indicative charges, which are set at a rate of 150% of the actual cost of treatment.

Treatment which a clinician decides is urgent or immediately necessary must be provided without requiring payment upfront. Only clinicians can decide whether treatment is urgent or immediately necessary. The failure to provide immediately necessary treatment may be unlawful under the **Human Rights Act 1998**.

If no payment is made before immediately necessary or urgent treatment is provided then the healthcare provider is required to recover costs after the course of treatment has finished, so an NHS debt will still be accrued and patients should be advised of this.

Parents will be liable for charges applicable to their children.

Hospitals have been required to charge patients for a number of years and already have processes in place to do this. It is unclear how other NHS and non-NHS providers, who are providing services that were previously free to all, are going to implement charging. The

Immediately necessary treatment = Treatment to save a person's life, to prevent a condition from becoming immediately life-threatening or to prevent permanent serious damage from occurring.

All maternity treatment, including routine antenatal treatment will be 'immediately necessary' and must be provided regardless of whether payment has been received.

Urgent treatment = Treatment which is not immediately necessary, but which cannot wait until the person can be reasonably expected to leave the UK.

Non-urgent treatment = Routine elective treatment that could wait until the patient leaves the UK.

To determine whether or not to provide urgent treatment, sections 8.15-20 of the [DH guidance](#) state that where the date when a person will leave the UK is unclear, the NHS trust must make its own assessment of the likely return date, and recommends that a six month timeframe is used for people who have no current immigration permission.

Department of Health has published the [Upfront charging operational framework](#) to provide further guidance.

3.2.5 What if a person cannot afford to pay for treatment?

A Q&A in chapter 13 of the [DH guidance](#) confirms that a payment plan can be set up to enable a person to pay the charge in instalments for urgent or immediately necessary treatment, as this can be provided before full payment has been received. Non-urgent treatment cannot be paid for in instalments as full payment must be made in advance.

Sections 13.76-7 of the [DH guidance](#) confirm that, although the NHS can write off a debt for accounting purposes where it is not cost effective to pursue the debt (e.g. the patient is a destitute migrant with no immigration permission, who does not have funds to pay their debt), this does not mean that the debt has been permanently erased and the person may be contacted for payment at a later date. A debt is only likely to be cancelled if the charges it relates to are found not to have applied in the first place. A person who is struggling to pay an NHS debt should check that the charge is correct and seek advice from a debt adviser.

3.2.6 What can a person do if they are refused treatment?

If a person believes that they should receive free secondary or community healthcare but is told they must pay, or is refused what they believe to be immediately necessary or urgent treatment, then they can seek legal advice from a solicitor specialising in community care law. Even if a person does not fall under one of the exemptions, there may be scope for challenge if they are refused treatment but believe that the exemptions are discriminatory and do not comply with **the Equality Act 2010** or **Human Rights Act 1998**.

3.2.7 Data sharing with the Home Office

Hospitals usually employ an Overseas Visitors Manager who will check a person's details with the Home Office in order to find out what their immigration status is and whether they must be charged for treatment. Data shared with the Home Office is limited to non-clinical information, so should not include any medical details. It is unclear what arrangements other NHS organisations and non-NHS organisations will have in place to establish whether a person may be charged for treatment.

The [DH guidance](#) recommends that a person is told that their data is being shared with the Home Office and is given an information [leaflet](#), which states:

'In some cases the information may be used to update Home Office records and, if applicable, may be used for the enforcement of immigration control.'

NHS providers are required to inform the Home Office about details of any NHS debts that have not been paid within two months of the person being invoiced.

In January 2017, the Department of Health and NHS Digital signed a [memorandum of understanding](#) allowing for the Home Office to obtain non-clinical information from the NHS about people suspected of committing an immigration offence. To date, no information has been published about whether these contacts have led to any enforcement action being undertaken.

People without any current immigration permission who are being supported by social services are likely to already be known to the Home Office as the local authority will usually have carried out a status check.

People who are concerned about getting hospital treatment or other health services because, for example, they do not have any current immigration permission and are not reporting to the Home Office, are advised to see an immigration adviser to find out what their options are for remaining in the UK if they have the opportunity to do this before they need to access treatment. See our [information](#) for help finding legal advice.

3.2.8 Refusals of leave to remain due to an NHS debt

The Home Office will be notified by the NHS of debts of £500 or more that are outstanding two months after a patient has been invoiced because it can refuse an application for leave to remain on this basis.

Where a person has been charged and has a debt of £500/£1000+, the Immigration Rules state that such applications 'will normally' be refused but there are circumstances when the Home Office may decide not to refuse leave to remain. The Home Office cannot refuse an application on the basis that treatment has been received where the person has not been charged. However, if the Home Office has been notified of a debt that the NHS later decides not to pursue collecting, this may still be considered when a person makes a future immigration application.

NHS debt that may lead to a refusal	
Applications under family migration (FM) rules made on/after 24 November 2016	£500
Applications under FM rules made before 24 November 2016	£1000
Other immigration application - debt accrued on/after 6 April 2016	£500
Other immigration application - debt accrued between 1 November 2011 and 5 April 2016	£1000

See the Home Office Modernised Guidance: [General grounds for refusal](#).

4. Immigration Health Charge

The Immigration Health Charge (also referred to as NHS surcharge), must be paid by people making applications for limited leave to enter or remain in the UK, unless they are not required to do so because they are exempt or have obtained a fee waiver for their immigration application. This then allows the person to access all NHS secondary healthcare free of charge (apart from assisted conception services).

People intending to live in Wales, Scotland or Northern Ireland must still apply for the Immigration Health Charge even though different NHS charging regulations mean that they may not be required to pay for secondary healthcare.

For most cases the charge is £200 per year for the maximum period of leave which could be granted under the Immigration Rules. This means that for applications made under the family and private life rules, or outside of the Immigration Rules, the total charge will be £500

(£200 x 2.5 years leave) per applicant. The charge will need to be paid each time leave to remain is extended in addition to the application fee.

Schedule 2 of the **Immigration (Health Charge) Order 2015** sets out details and lists the types of applications that are exempt from paying the charge

We have been advised by the Home Office that if an applicant qualifies for a fee waiver in order to make their immigration application free of charge, they will not be required to pay the Immigration Health Charge, although there is no reference to this in any published Home Office guidance. The Home Office states:

“.. where the applicant applies for a fee waiver via the FLR(O)/FLR(FP) form, they are not required to pay the NHS surcharge or obtain an IHS reference number. If the fee waiver application is approved, the applicant will be asked to provide their biometrics and their leave to remain application will then be considered. If the fee waiver application is refused, the applicant can submit a charged application and pay the NHS surcharge, or reapply for a fee waiver on the basis of additional information/evidence or a subsequent change in circumstances.” (19 June 2015)

For more information, see Home Office guidance: [Pay for UK healthcare as part of your immigration application](#)

5. EEA & Swiss nationals

The UK is due to leave the European Union (EU) but this process has not been completed. The rights referenced here that people have under UK and European law continue to apply and may only change after the UK leaves the EU. This is expected to take place by 29 March 2019, and there is likely to be a transition period after the UK has left.

Section 2.5 of the [DH guidance](#) sets out the steps that NHS staff should undertake when checking a person's liability for charging. If one of these steps applies, then the person should not be charged. It would be quite rare for an EEA national to have to pay for non-primary healthcare as most will either be insured or will be considered to be ordinarily resident, even if they do not have a right to reside in the UK under EU law.

5.1 Step 1: Ordinary residence

If an EEA or Swiss national is ordinarily resident in the UK they will not be subject to charging for secondary healthcare. There is no requirement for an EEA national to have a permanent right of residence or have a right to reside under European law in order to be ordinarily resident - see section **3.2.1**. The Department of Health's guidance, [Ways in which people can be lawfully resident in the UK](#), provides further information.

5.2 Step 2: European Health Insurance Card (EHIC)

If an EEA or Swiss national has a valid EHIC, Provisional Replacement Document (PRC) then they will not be subject to charges for medically necessary treatment. Nationals of the Republic of Ireland only need to provide proof of residence in Ireland.

The EHIC covers all ‘medically necessary treatment’. This is defined in chapter 9 of the [DH guidance](#) and includes maternity care and dialysis. Different rules apply for pre-planned treatment. The EHIC allows the NHS to recover the costs of treatment from the relevant EEA country, even if they are ordinarily resident in the UK or exempt from charging under another category. Therefore, all EEA and Swiss nationals are likely to be asked to provide an EHIC, even if they are not required to pay for treatment.

Note that non-EEA nationals legally resident in any EU country (except Denmark) will also receive free medically necessary treatment if they have a valid EHIC issued by that country.

5.3 Step 3: Charging exemptions

If an EEA national is not ordinarily resident and does not have an EHIC (or other applicable insurance document) then they must pay for treatment unless a charging exemption applies, for example they are exercising a right to reside in the UK –see section **3.2.2**.

EEA nationals, who do not have an EHIC, are not ordinarily resident, are not exercising a right to reside and who do not fall under another exemption, may be required to pay for healthcare, although this is unlikely to apply to many people.

6. British citizens visiting the UK

British citizens will receive free secondary healthcare if they are ordinarily resident in the UK - see section **3.2.1**. However, those that live abroad and are visiting the UK may be required to pay. If a British Citizen is resident in another EEA country and has an EHIC card that was issued in that country, then they will be insured for medically necessary treatment - see section **5.1**. British Citizens are covered in section 3.13 and chapter 6 of the [DH guidance](#).

7. Other providers of medical care or information

Some charitable and voluntary organisations provide medical services for migrants, although these are limited and tend to be specific to a particular region.

- [Doctors of the World](#) (Clinics in Bethnal Green and Hackney, London)
- [Freedom from Torture](#) (For survivors of torture. Clinics in: London, North West, North East, West Midlands & Scotland)
- [Maternity Action](#) (Information and a telephone advice)

8. Summary of key changes

What has changed	Previous position	Date of change
Any organisation providing NHS-funded secondary healthcare must charge overseas visitors for this where they are not exempt from charging or receiving an exempt treatment – see section 3.2 .	Only NHS trusts, NHS foundation trusts and local authorities carrying out public health functions were required to charge for secondary healthcare.	23 October 2017
Where charges need to be made for secondary healthcare, the full estimated cost of the treatment must be obtained before the service is provided, unless doing so would prevent or delay the provision of immediately necessary or urgent treatment – see section 3.2.4 .	There was no legal requirement to charge up front for non-urgent secondary healthcare, although the Department of Health’s Guidance did recommend this.	23 October 2017
Palliative care provided by a charity or community interest company has been added to the list of services that are not subject to charging – see section 2.3 .	Non-NHS organisations providing non-primary healthcare were not previously required to charge for treatment, so this exemption was not previously required.	23 October 2017
Any secondary healthcare services provided by an NHS trust or foundation trust in a hospital or in the community, or local authority exercising public health functions, can be charged for, unless the service is excluded from charging – see section 2.3 .	Only services provided in an NHS hospital or by hospital staff in the community could be charged for.	21 August 2017
Requirement to record whether someone is an overseas visitor and liable for charging against their patient record –see section 3.2 .	Not legally required.	21 August 2017
People exempt under regulations 10 or 11 are not entitled to free assisted conception services – see section 3.2.3 .	Assisted conception services were previously provided free of charge to people who were exempt on any basis.	21 August 2017
Dependants of asylum seekers and refugees, and refused asylum seekers supported by the Home Office or local authority under the Care Act, who do not fit under the exemptions in their own right will be exempt from secondary healthcare charging-see section 3.2.3 .	No specific exemption for dependants of asylum seekers and refugees, so where a dependant had a different type of immigration status to their family member, they may not have qualified for free secondary healthcare.	21 August 2017

9. Sources

Referenced sources of information	
Legislation	National Health Service Act 2006 Human Rights Act 1998 Equality Act 2010 Immigration Act 2014 National Health Service (Charges to Overseas Visitors) Regulations 2015 National Health Service (Charges to Overseas Visitors) (Amendment) Regulations 2015 National Health Service (Charges to Overseas Visitors) (Amendment) Regulations 2017 Immigration (Health Charge) Order 2015 Immigration (Health Charge) (Amendment) Order 2016 Immigration (Health Charge) (Amendment) Order 2017 < www.legislation.gov.uk >
Statutory Guidance	Department of Health, Guidance on overseas visitors hospital charging regulations < https://www.gov.uk/government/publications/guidance-on-overseas-visitors-hospital-charging-regulations >
Section 2.1	NHS England – patient registration < https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/11/pat-reg-sop-pmc-gp.pdf > NHS Choices – registering with a GP < http://www.nhs.uk/chq/Pages/1095.aspx?CategoryID=68&SubCategoryID=158 >
Section 2.2	NHS Choices – walk-in centres < http://www.nhs.uk/NHSEngland/AboutNHSservices/Emergencyandurgentcareservices/pages/Walk-incentresSummary.aspx > NHS Choices – minor injuries units < http://www.nhs.uk/NHSEngland/AboutNHSservices/Emergencyandurgentcareservices/Pages/Minorinjuriesunit.aspx >
Section 3.1	NHS: Medical exemption scheme < https://www.nhsbsa.nhs.uk/exemption-certificates/medical-exemption-certificates > NHS: Help with health costs < http://www.nhsbsa.nhs.uk/792.aspx > NHS Choices: Low Income Scheme < http://www.nhs.uk/NHSEngland/Healthcosts/Pages/nhs-low-income-scheme.aspx >
Section 3.2.4	Department of Health, Upfront charging operational framework < https://www.gov.uk/government/publications/guidance-on-overseas-visitors-hospital-charging-regulations > NHS, Overseas patient upfront tariff < https://improvement.nhs.uk/resources/overseas-patient-upfront-tariff/ >
Section 3.2.7	Home Office & Department of Health memorandum of understanding < https://www.gov.uk/government/publications/information-requests-from-the-home-office-to-nhs-digital > NRPf Network information – Legal aid and finding advice < http://www.nrpfnetwork.org.uk/information/Pages/Legal-advice.aspx >
Section 3.2.8	Home Office Modernised Guidance: General grounds for refusal: considering leave to remain < https://www.gov.uk/government/publications/general-grounds-for-refusal-considering-leave-to-remain >
Section 4	Home Office information: Pay for UK healthcare as part of your immigration application < https://www.gov.uk/healthcare-immigration-application >
Section 7	Doctors of the World < http://doctorsoftheworld.org.uk/ > Freedom from Torture < https://www.freedomfromtorture.org/ > Maternity Action < https://www.maternityaction.org.uk/ >

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Written by Catherine Houlcroft, NRPf Network Project Officer

Version 7 of a factsheet originally published in May 2015