



**IN THE UPPER TRIBUNAL**  
**IMMIGRATION AND ASYLUM**  
**CHAMBER**

Case No: UI-2023-005150

First-tier Tribunal No: HU/56252/2022

**THE IMMIGRATION ACTS**

**Decision & Reasons Issued:**

23<sup>rd</sup> January 2024

**Before**

**UPPER TRIBUNAL JUDGE BRUCE**  
**DEPUTY UPPER TRIBUNAL JUDGE SAFFER**

**Between**

**TAZEEM AKHTER**  
**(No anonymity order made)**

Appellant

**and**

**SECRETARY OF STATE FOR THE HOME DEPARTMENT**

Respondent

**Representation:**

For the Appellant: Mr Nawaz a Legal Representative

For the Respondent: Mr Diwyncz a Senior Home Office Presenting Officer

**Heard at Phoenix House (Bradford) on 17 January 2024**

**DECISION AND REASONS**

1. The Appellant was born on 1 July 1957. She is a citizen of Pakistan. She appealed against the decision of the Respondent dated 31 August 2022, refusing her human rights application for leave to remain. She appeals against the decision of First-tier Tribunal Judge Sills, promulgated on 19 July 2023, dismissing the appeal.
2. The Respondent's refusal of the application was summarised in the decision of Judge Sills at [4]:

"...The Appellant could not satisfy the requirements of the Rules. The Appellant could not show very significant obstacles to integration under Rule 276ADE(1). The Appellant had lived there until age 64. The Appellant had her own property in Pakistan, an income of £8944 per annum, and savings of £7380 and so she had income and accommodation in Pakistan. The Appellant had a son, daughter in law, and grandchildren in Pakistan. The Respondent considered the Appellant's health

problems. The Respondent considered that appropriate medical treatment was available for the Appellant in Pakistan. The Appellant's son could support her. Removal would not breach her ECHR Article 3 rights. There were no exceptional circumstances such that the decision would breach the Appellant's ECHR Article 8 rights."

### **Permission to appeal**

3. Permission was granted by First-tier Tribunal Judge Chowdhury on 9 October 2022.

### **The Appellant's grounds seeking permission to appeal**

4. The grounds were drafted without the benefit of legal representation and can be summarised in this way, namely that the Judge arguably materially erred through:
  - (1) a failure to put matters of concern to the witnesses regarding the availability of support in Pakistan from her daughter-in-law who has 3 young children,
  - (2) a failure to adequately assess the availability of family support in Pakistan,
  - (3) an inadequate assessment of medical evidence regarding the availability of treatment in Pakistan,
  - (4) an inadequate assessment of medical evidence regarding her ability to travel,
  - (5) a finding of no dramatic deterioration in her health since her arrival contrary to the medical evidence, and
  - (6) a failure to apply the law regarding "medical" appeals given her unchallenged ailments.

### **The First-tier Tribunal decision**

5. Judge Sills made the following findings and the evidence upon which he based those findings, with the findings highlighted by us for ease of reference:

**"14. ... the Appellant did not genuinely enter as a visitor and it was always her and/or her family's intention for her to remain here with her family if she could enter as a visitor...**

#### Family in Pakistan

**15. ... The Appellant has 9 children in total, 6 sons and 3 daughters. All her children except Abid are in the UK ... all her children have left Pakistan of their own free will, due to either living or working abroad....Abid has obtained a work visa for Saudi Arabia. I accept he is likely to use this visa. However, this is a matter of his choice as to whether he remains in Pakistan where he can care for his mother if need be, or whether he wishes to work abroad...I am satisfied that Abid's wife remains in Pakistan. Given that Abid previously lived in the Appellant's home in Pakistan, I am satisfied on balance that she remains there regardless of who in the family now owns the property. In view of this evidence, the Appellant has not established that it is reasonably likely that Abid's wife and children have left Pakistan. As a result, the Appellant has not established that it is reasonably likely that she would have no family support in Pakistan.**

16. Evidence before the Tribunal shows that the Appellant apparently transferred her home to her daughter Shabana in October 2022. The precise reasons for this transfer are unclear. It is also concerning that the Appellant transferred property to other family members at the same time as she is said to be suffering dementia. Given that there is no clear explanation or motive for this transfer of property, I am satisfied that **this transfer is an attempt by the family to minimise the Appellant's ties to Pakistan.** However, it does not in my view affect the Appellant's circumstances on return. I have found that Abid's wife and children still live there. **As the property is currently owned by the Appellant's daughter, I am satisfied that it remains available to the Appellant should she require it. The Appellant has not established that it is reasonably likely that this home would no longer be available for the Appellant.**

The Appellant's Health Problems and Current Treatment

17. I now consider the Appellant's health problems. The Appellant's GP in a letter dated 22 July 2022 at AB104 lists these as **Dementia, Diabetes, Hypertension, Depression, Hyperparathyroidism, fatty changes in the liver, indigestion, and arthritis in the knees.** While this is a relatively long list of conditions, **this is perhaps not altogether unusual in an individual of the Appellant's age. The conditions themselves are also relatively common. I accept that the Appellant suffers from these health problems.**

18. I accept that **the Appellant has care need due to her age and health conditions.** However, the most significant matter in my view is that **the Appellant's family are able to for the Appellant in her own home without the assistance of professional carers.**

Treatment Available in Pakistan

19. ... **the evidence does not establish that any of the conditions are unusual or complex.**

20. **The Appellant's medication as per May 2023 was Amlodipine to lower blood pressure, Atorvastatin to lower cholesterol, Donepezil for Dementia, Lansoprazole for indigestion, Mirtazapine for anxiety and depression, and Lisinopril to lower blood pressure.**

21. As per the Respondent's CPIN at AB187, **Amlodipine, Atorvastatin, and Lisinopril were available in Pakistan.** As per the decision letter, **alternatives to Lansoprazole and Mirtazapine are available.** While there is nothing explicit on Donepezil or any alternative being available, the decision letter cites the following from Dementia Care - Zohra Foundation:

*"Our specialised dementia care team in Pakistan travel across the country to provide free psychological and medical support to patients. The dedicated nurses and doctors mean that thousands of elderly people and their families are able to cope with dementia. We help individuals maintain their physical and cognitive well-being, and we educate caregivers about the progressive nature of the disease and consider how it can be managed at home. Without our dedicated nurses and doctors thousands of elderly people in the country would be left neglected, isolated and struggling with this terrible condition.*

*Zohra Foundation has been running specialised dementia treatment centres in Pakistan for the last 5 years. Across the world and in Pakistan Alzheimer's and vascular dementia (often after a stroke) are the most common types. However, there are also many other reversible conditions that cause the same symptoms, such as thyroid problems and vitamin deficiencies. Once our team has established the type of dementia, we are then able to provide the most suitable medical and emotional support to patients and their families"*

This indicates that **treatment for dementia, including medical support, is available across the country.** The evidence shows that **with one exception, all the Appellant's medication, or equivalent alternatives, are available in Pakistan.** There is no evidence before me about the impact on the Appellant of not being able to take Donepezil. Further, there is evidence that **the Zohra foundation to provide treatment for dementia throughout the country.** So even if the precise medication is not available, I am satisfied that **treatment is available.** The decision letter also indicates that **treatment for Diabetes, Liver Disease, Gastroenterology, and Mental**

**Health, was available in Islamabad, and Thyroid treatment was available at the Aga Khan hospital in Karachi.**

22. In these circumstances, I am satisfied **appropriate medical care is available for the Appellant in Pakistan.** In view of the clear evidence that treatment for the Appellant's conditions is available in Pakistan, the Appellant's case is that there was no such treatment nearby, and the Appellant could not travel to receive such treatment. A letter from a Dr Majid Alfa at AB68 lists the Appellant's medical problems and states: *'I can confirm there is no such facilities or specialist currently available in the area to treat such complex health issues'*. I have concerns about this document. First, the document at the top states 'Not Valid for Court.' Second, the letter is ambiguous. It is unclear whether what is not available is treatment for any of the individual conditions, or treatment for someone suffering from such a complex combination of health issues. As to the individual conditions, it would be surprising if there was no treatment for any of these common particular conditions in the region of Mirpur Azad Kashmir. Third, the letter is silent on the availability of the medication that the Appellant currently receives. Evidence relied upon by the Respondent indicates that most of the medication the Appellant currently receives is available in Pakistan. Fourth, the letter is in contrast to the evidence of Mr Hussain that the Appellant received health care in Pakistan and that he helped pay for it. For these reasons, I place little weight on this document.

23. One major omission in the Appellant's case is any evidence of medical treatment received in Pakistan. There is clear evidence that the Appellant received treatment for mental health problems at least, around 2015 and 2016, but there is no documentary evidence of this before the Tribunal. Mr Majid Hussain's evidence was that she had been having issues for a very long time and that he helped pay for her medical care in Pakistan. There is also clear evidence that the Appellant lived in a care or nursing home around that time. Once again there is no documentary evidence of this. Mr Hussain stated in oral evidence that he had arranged for the Appellant to stay in a care home, but that the care home has been unable to meet the Appellant's care needs. In the absence of any medical evidence from Pakistan, or any clear evidence about the Appellant's previous stay in a care home, I do not accept this. Given that the Appellant has failed to provide evidence of the medical care she received in Pakistan, this undermines any claim that she is unable to obtain the treatment she requires in her home area. In view of this evidence, **the Appellant has not established that it is reasonably likely that she would not receive the medical treatment she requires in her home area.**

24. **So far as the evidence of Dr Kamlana covers the availability of treatment in Pakistan, I consider that this falls outside his expertise. Dr Kamlana is a psychiatrist. His oral evidence was that he last practiced medicine in Pakistan in the early 1970s, so around 50 years ago.** I do not accept that he has any expertise in this area. **I do not accept that is a significant risk that the Appellant would be abused by care providers in Pakistan on the basis of Dr Kamlana's opinion alone. I do not accept that his falls within his expertise. Nor do I consider that he has particular expertise in the difficulties that the Appellant would face travelling and so place little weight on his opinions in that regard.** While Dr Kamlana states that lack of family support and poor health system would create life threatening situation for her, I do not accept this. **The evidence does not establish that the Appellant's health care needs would not be met, and I have found that there is family support for the Appellant in Pakistan.**

25. ... **The Appellant was able to travel to the UK in 2021. She was able to travel to Saudi Arabia in 2018. I do not accept that there has been any dramatic deterioration in the Appellant's health since her arrival in the UK.** No medical evidence from Pakistan has been provided when it is clear that the Appellant had medical problems while she was in Pakistan from the decisions in 2015 and 2016. Given that I have not accepted that there is any dramatic deterioration in her health, **the fact that the Appellant was able to travel to the UK in 2021,**

**whether with the assistance of her family or alone, indicates that she would be able to travel back to Pakistan without significant difficulty.** Dr Kamlana concludes in his report that the Appellant 'sadly remains unfit to travel'. This statement is completely unreasoned. It is also unclear how this issue falls within the expertise of a psychiatrist. **Dr Kamlana ... does not adequately explain why the Appellant's medical conditions, whether singularly or cumulatively, would make travel either from the UK to Pakistan, or within Pakistan, particularly difficult for her. The Appellant would be returning to the place where she had lived most of her life and returning to live with family.** Having noted the Appellant's travel history, I am satisfied that the Appellant would be able to travel back to Pakistan, and within Pakistan from time to time from her home to cities such as Islamabad, with family support, without compromising her health. The Appellant has not established that it is reasonably likely that such travel would cause significant difficulties or a significant deterioration in her health.

26. ... the Appellant has not established that specialist treatment for her condition is not available in her home area given that she has provided no medical evidence of the medical treatment she received in Pakistan. The Appellant has not established that it is reasonably likely that she would not receive appropriate medical treatment in her home area. I am satisfied that specialists dealing with all the Appellant's conditions are available in Islamabad and I am satisfied that the Appellant would be able to travel to Islamabad without undue hardship from time to time with family members if she needed to. The only explicit reference to Thyroid treatment is in Karachi. Given the number of specialisms covered by the Shifa International Hospital in Islamabad, I consider it more likely than not that the Appellant would also receive specialist treatment for her Thyroid condition there. It is not reasonably likely that this hospital would not also provide treatment for Thyroid conditions. Alternatively, the Appellant has not established that an occasional trip to Karachi where there is certainly specialist Thyroid treatment, accompanied by family, would cause her significant difficulty. In view of the number of children the Appellant has living and working outside Pakistan, and noting her own income, I am satisfied that the Appellant can pay for any health care she requires should she have to. With 8 children living outside Pakistan, at least some of whom support and visit her, I am satisfied that her children can assist in taking her to more distant medical appointments should that be required. I thus find that suitable health care is available for the Appellant and that she would be able to travel within Pakistan to receive such treatment even if it was not available in her home area. The Appellant has not established that it is reasonably likely that she would not receive the healthcare she requires Pakistan.

27. As to personal care, the Appellant is currently cared for in her son's home by her family. She has a daughter in law in Pakistan who she previously lived with and is I find in the Appellant's home. I am satisfied that the Appellant can live with her daughter in law in the home where she previously lived in Pakistan. Should her daughter in law require support in looking after the Appellant, then her family abroad can contribute and pay for that if the Appellant's own resources are insufficient. I am satisfied that professional carers who could care for the Appellant in her own home would be available in Pakistan given that the Appellant's skeleton argument does not dispute this at para 14. I do not accept that there is any significant risk of abuse from such carers, particularly if the Appellant is living in her own home with her daughter in law. The Appellant has not established that it is reasonably likely that she would not receive the personal care she requires in Pakistan....

31. I am prepared to accept that **the Appellant is a seriously ill person in view of the medical evidence submitted in relation to dementia in particular. However, the Appellant has not in my view adduced evidence capable of demonstrating that appropriate treatment would not be available.** I have discussed the evidence above. **The evidence is not capable of demonstrating that the Appellant's medication would not be available or accessible to her in Pakistan, save for Donepezil. If Donepezil is not available, alternate treatment is. There is no evidence before me on the impact on the Appellant if she were not able to take Donepezil.** Even if the medication or any other treatment was not available, **the evidence adduced is not capable of demonstrating that substantial grounds have been shown that as a result the Appellant would be exposed to serious, rapid and irreversible decline in health resulting in intense suffering or a significant reduction in life expectancy.** Dr Kamlana in oral evidence suggested that the Appellant's life expectancy was around 3 years. However, he did not indicate that this would be longer or shorter depending on the availability of particular treatment or medication. I find that **the Appellant has not established that it is even reasonably likely that her condition would deteriorate as a result of removal. I find that the Appellant's removal would not breach her ECHR Article 3 rights.**

Article 8

32. I now consider the appeal on ECHR Article 8 grounds. I am satisfied that **the Appellant has family life with her children in the UK. She is living with them. They are providing her with care. So, she is dependent upon them.** I am satisfied that **the decision interferes with their ECHR Article 8 rights. The decision is in accordance with the law, and in pursuit of a legitimate aim, namely the maintenance of immigration control.**

33. In considering the proportionality of the decision, I consider whether the Appellant can satisfy the Rules first of all. **The Appellant cannot satisfy the adult dependent relative provisions of the Rules, as there is no provision for an in-country application under this route, and the Appellant has not established that any concession related to the Covid pandemic applies to her. The relevant provision is 276ADE(1) and whether the Appellant would face very significant obstacles to integration on return to Pakistan. I find that she cannot. The Appellant has lived most of her life in Pakistan and in contrast to the UK, speaks the language of Pakistan. She has a home available to her. She has family in the form of her daughter in law there who she has lived with before and with whom she can live again. I am satisfied that her daughter in law can provide her with the care she needs either on her own, or through engaging and supervising professional carers who can assist with the Appellant's care. I am satisfied that the Appellant will receive appropriate medical care, particularly with the support of her children who are living and working abroad. The Appellant will not face very significant obstacles to integration and so cannot satisfy the Rules. I add for completeness that the Appellant can also not satisfy the substantive provisions of the adult dependent relative rules in view of these findings.**

34. I now go on to balance the public interest against the rights of the Appellant and her family. I consider the public interest first. **The maintenance of immigration control is in the public interest and the Appellant cannot satisfy the requirements of the Rules. I have also found that the Appellant obtained and entered the UK with a visitor's visa when it was the Appellant and her family's intention that the Appellant would remain in the UK if she was able to gain entry. Hence the Appellant entered in breach of the terms of her visa without the requisite intention to return and that adds weight to the public interest. The Appellant cannot speak English and this adds to the public interest. While the Appellant's accommodation and basic**

**subsistence costs and indeed her care needs, are met by her family, it is clear that the Appellant's health care costs have not been met by her family. While Mr Hussain claimed to be paying the Appellant's medical costs, the only evidence of this provided was paying for dental care. The £50 payment to the Appellant's GP coincides with the report that was written and I consider most likely relates to the letter, not care provided. The GP letter at AB104 states that no private visits have been made to the GP. So, I find that the Appellant's family have not paid for her health care costs. The Appellant's health care costs are likely to increase given that she has at least some conditions, for instance dementia, which are progressive. The Appellant's health needs are also likely to increase with age. So, through her health care costs the Appellant's presence does place a burden on the public purse and that adds to the public interest. In view of these factors, the public interest is entitled to significant weight.**

35. I now consider the Article 8 rights of the Appellant. **The Appellant's health and age are plainly a compassionate factor. As is the fact that most of her children reside in the UK.** However, the weight I attach to these factors is tempered for the following reasons. **All the Appellant's children have decided to leave Pakistan to pursue opportunities abroad. These were deliberate decisions taken when it was plainly likely that at some point the Appellant, who had remained in Pakistan, would at some point no longer be able to live independently, with no guarantee she could migrate to join her children permanently. This process continues even now with the decision of Abid to migrate to Saudi Arabia in 2023. Furthermore, I have found that the Appellant does still have family in Pakistan who she has lived with before and can live with again in the form of Abid's wife, her daughter in law. Some of her children have visited her in Pakistan and that can continue. Given that the Appellant has 9 children, if most of the children visited once a year and visits were coordinated, the Appellant would be seeing different children most months. So, the Appellant has family support in Pakistan. I have found that her care needs can be met. The Appellant is living with her family in the UK without professional support. She can live in the home she was living in before with her daughter in law in Pakistan. Her daughter in law can either provide the support she requires, or arrange for carers to assist with the care for the Appellant in her home. So, there is adequate care available for the Appellant in the home she lived in before she came to the UK. I have also found that there is adequate medical care for the Appellant in Pakistan, and that she can safely travel to Pakistan, and safely travel within Pakistan should this be necessary to obtain medical treatment. These factors all reduce the weight I attach to the compassionate factors in this case.**

36. I therefore find that **the strong public interest in the maintenance of immigration control outweighs the Appellant's family life with her family in the UK. The Appellant has family in Pakistan and her family in the UK can visit her as before. Her care needs can be met in her home in Pakistan. Whoever owns that home it is available to her. Her medical needs can also be met. The decision is proportionate. I dismiss the appeal."**

## **Rule 24 notice**

6. There was no rule 24 notice.

## **Oral submissions**

7. Mr Nawaz submitted that the Judge does not have the expertise to reject a medical opinion that the Appellant is not fit to travel, and that there is

no available treatment. It took 2 hours by road to reach the hearing centre in Bradford from the Appellant's home which we note is in Stockton on Tees. She required stops. The oral evidence is not recorded. The Judge was not entitled to reach the conclusions he did on the medical conditions bearing in mind the reports from Dr Mansoor of 22 July 2022 and Dr Kamlana of 25 October 2022. Islamabad is relatively close to where she lived in Pakistan namely about 200km. Mr Nawaz did not know what treatment she needed for her thyroid condition. The Respondent's CPIN does not identify that treatment for her thyroid condition is available in Islamabad.

8. Mr Nawaz submitted that the Judge erred in relation to the structure of the decision as he should set out the facts and then reach conclusions.
9. Mr Nawaz submitted that Abid had a visa at the time of the hearing. There was no master plan for the all the family to come here. They came at different times. It is not practical for them to visit on a rota system through the year as they have commitments here. All the grandchildren have the same school holidays. It was a finding that was not rationally open to the Judge.
10. Mr Nawaz submitted that the Appellant's ability to travel is a very significant factor. The roads are not the same here as in Pakistan. There is no motorway connecting her home to Islamabad.
11. Mr Diwnycz submitted that the Judge considered all the evidence. The Judge was entitled to find that with planning and support the Appellant can get around. There is no evidence she would have to make the journey to hospital daily or weekly. The Judge was entitled to find that treatment is available. The families preference as to where treatment is best provided is not the issue.
12. Mr Nawaz responded that the Appellant's health has got progressively worse. Her conditions need to be managed sensibly. She has not paid the Immigration Surcharge. Her health conditions need to be managed in a controlled way. She is effectively an in country adult dependent relative.

## **Discussion**

13. In relation to ground (1), the Judge does not have to recite every piece of evidence. He was plainly aware of the daughter in law's circumstances as he identified those in [15] of the decision which we have set out above and will not simply repeat. The ground is nothing more than a disagreement with a finding the Judge was entitled to make.
14. In relation to ground (2), the Judge gave cogent and detailed reasons in [15, 16, 27 and 35] of the decision in relation to the availability of family support in Pakistan. We have set out the relevant parts of those paragraphs above and will not simply repeat them. The Appellant's daughter in law was in Pakistan. The submission that family here may



find it inconvenient to travel at certain times of the year given commitments here does not mean they could not do so. The ground is nothing more than a disagreement with a finding the Judge was entitled to make.

15. In relation to ground (3) the Judge considered the medical evidence at [13, 17, and 19-23] and gave cogent and detailed reasons in [24 and 26] of the decision regarding the availability of treatment in Pakistan which we have set out above and will not simply repeat. There is no merit in the submission regarding the lack of reference to treatment for her thyroid condition being treatable in Islamabad as the Respondent's CPIN Pakistan: Medical and healthcare provisions September 2020 submitted by the Appellant and before the Judge at page 205 of the stitched bundle states that:

“4.6.4 Inpatient, outpatient and follow-up treatment by an endocrinologist was available at Aga Khan University Hospital, Karachi and Shifa International Hospital, Islamabad”

The CPIN and Judge did not need to state that endocrinologists treat thyroid conditions any more that they would need to say that oncologists treat cancer, or paediatricians treat children. The ground is nothing more than a disagreement with a finding the Judge was entitled to make.

16. In relation to ground (4) the Judge gave cogent and detailed reasons in [24 and 25] of the decision regarding her ability to travel including foreign travel in the recent past and the ability of family to support her to travel, having found in [23] that she would be able to receive the treatment in her home area. We will not simply repeat those findings which are set out above. We further note that despite Mr Nawaz's submission that it was 200km from her home to the hospital in Islamabad, the information before the Judge was that it was 140km (see page 144 stitched bundle), and the Appellant's skeleton argument before the Judge (page 34 of the stitched bundle) in [36] notes that the Shifa International Hospital is “about 140km away” and the travel time by private means “is the better part of 3 hours”. Mr Nawaz told us it had taken the family 2 hours to travel from Stockton on Tees to Bradford. From our local knowledge we note that the shortest route from Stockton on Tees to Bradford is about 110km which is where both this hearing and that before Judge Sills took place. The family decided to bring the Appellant to both hearings when there was no need for her to attend either as she was not giving evidence at either. There is no significant difference between the time it would take to travel and the distance between her home and the hospital as against her home to the hearing centre. The Appellant's attendance at these hearing supported by her family directly contradicts the evidence before the Judge (see page 51 of the stitched bundle) that “she is not able to travel neither short or long journeys”. It also directly contradicted the evidence in Dr Kamlana's report at page 144 of the stitched bundle that “she is unable to travel”. We note his opinion that travel of more than 2 hours is not advised and that there are plenty of examples of patients with similar conditions who

have died travelling to Islamabad. However we note the lack of evidence of what percentage of people that covers, or how many “plenty” is, or what support if any those individuals had. His assertion had no evidential base. The submission by Mr Nawaz that roads are not the same here as in Pakistan and there is no motorway connecting her home to Islamabad was not evidence before the Judge who cannot be faulted for not taking into account evidence that was not before him. The ground is nothing more than a disagreement with a finding the Judge was entitled to make.

17. In relation to ground (5) the Judge gave cogent and detailed reasons in [25] of the decision in relation to a finding of no dramatic deterioration in her health since her arrival. Dr Mansoor, the GP whose practise she had been registered with since 22 February 2021 did not indicate in his letter of 22 July 2022 at page 139 of the stitched bundle that the Appellant’s health had deteriorated. Neither did Dr Kamlana in his report. On the contrary we note Dr Win’s report at page 154 of the stitched bundle that her “mood symptoms have improved” and further noted her “cognitive impairment symptoms which are slow progressive in nature”. The Judge’s finding was therefore open to him, and the ground is nothing more than a disagreement with a finding the Judge was entitled to make.
18. In relation to ground (6) the Judge identified the law in [29] of the decision and cited Paposhvili v Belgium (Application no. 41738/10) as confirmed in AM Zimbabwe [2020] UKSC 17 and at [30] cited AM (Art 3: health cases) Zimbabwe [2022] UKUT 00131 (IAC). The Judge extracted the relevant guidance from those cases. It was not asserted that the Judge did not identify the law correctly. The Judge considered the medical evidence as set out in [13, 17, and 19-23] and gave cogent and detailed reasons in [24 and 26] of the decision regarding the availability of treatment in Pakistan which we have set out above and will not simply repeat. The Judge’s finding was therefore open to him, and the ground is nothing more than a disagreement with a finding the Judge was entitled to make.
19. There is no merit in the submission by Mr Nawaz that the Judge erred in relation to the structure of the decision as he should set out the facts and then reach conclusions, as a fair reading of the decision shows that in relation to each issue he did precisely that.

## **Notice of Decision**

20. The Judge did not make a material error of law.

*Laurence Saffer*

Deputy Judge of the Upper Tribunal  
Immigration and Asylum Chamber  
18 January 2024

### **NOTIFICATION OF APPEAL RIGHTS**

1. A person seeking permission to appeal against this decision must make a written application to the Upper Tribunal. Any such application must be **received** by the Upper Tribunal within the **appropriate period** after this decision was **sent** to the person making the application. The appropriate period varies, as follows, according to the location of the individual and the way in which the Upper Tribunal's decision was sent:
2. Where the person who appealed to the First-tier Tribunal is **in the United Kingdom** at the time that the application for permission to appeal is made, and is not in detention under the Immigration Acts, the appropriate period is **12 working days (10 working days, if the notice of decision is sent electronically)**.
3. Where the person making the application is in detention under the Immigration Acts, **the appropriate period is 7 working days (5 working days, if the notice of decision is sent electronically)**.
4. Where the person who appealed to the First-tier Tribunal is **outside the United Kingdom** at the time that the application for permission to appeal is made, the appropriate period is **38 days (10 working days, if the notice of decision is sent electronically)**.
5. A **“working day”** means any day except a Saturday or a Sunday, Christmas Day, Good Friday or a bank holiday.
6. The date when the decision is **“sent”** is that appearing on the covering letter or covering email.