Immigration and the NHS

by *Dr Arianne Shahvisi* (8th July 2020)

Charging "visitors" for NHS care is costly, unjust and condemned by doctors. **It is particularly unethical in the current pandemic in which Britain has relied on migrant NHS workers to save lives.** Ever since its founding in 1948, the NHS has relied upon migrant workers to take up positions as nurses, doctors, porters, and cleaners in order to be able to offer a safe, effective service. This dependence persists. **In 2018, half of all doctors joining the NHS had completed their training abroad.** Migrant workers' training costs are subsidised by the states in which they qualify, therefore the NHS receives them without UK taxpayers having contributed to these costs. Many medical graduates migrate from global South settings, which have a much greater need for health-workers. **The UK therefore extracts both economic capital (i.e. training costs) and human capital (i.e. workers) from less affluent countries.** No recompense is offered to the states of origin, and the UK has been accused of "poaching" valuable workers, and of a "great brain robbery."

Only those who are "ordinarily resident" in the UK—who have lived here for five years with documentation—may use the full raft of NHS services without charge. Some basic services are free for all (e.g. primary care and emergency care), but those who are not ordinarily resident, or do not come from a state with a reciprocal agreement for health coverage, must pay up-front for the remainder of their care. An undocumented migrant who becomes pregnant must therefore pay almost £7000 for standard pregnancy care, or £1300 for a termination. Albert Thompson, whose case was critical in unveiling the effect of the "hostile environment" on the Windrush generation and their families, was asked to pay £54,000 for cancer treatment.

Visa-holders are instead required to pay a flat-rate, the "immigration health surcharge," as a condition of their visa, which will this October rise to £624 per person per annum (£470 for children). **A family of four with two adults and two children in the UK on a five-year visa must therefore pay £10,940 to use the NHS, as well as being taxed on their earnings. The effect is that they pay twice to use the health service.** In April 2020, under pressure from the public during the coronavirus pandemic, the government vowed to lift this charge for NHS workers and their dependents. The surcharge still applies to all other visa-holders.

Prior to the current charging regulations, intentional health tourism was found to cost the UK a fraction of a percent of the annual NHS budget. A pilot for the new charging system cost £231,000 in bureaucracy and only recovered £50,000. **The government has not yet been able to supply evidence of the scheme's cost-effectiveness, and admits that it is based on "broad assumptions," drawing on data that is "incomplete or inconsistent," and that it does not know how many people are chargeable. The charging regulations therefore cannot be claimed to be an economic measure, and have accordingly been described as an ideological decision in line with the broader "hostile environment."**

The British Medical Association has consistently opposed charging regulations on the grounds that they have a **"negative impact on both patients and doctors"** and many are concerned that the process of identifying chargeable patients amounts to racial profiling. In short, the NHS relies on ready-trained migrant workers from states with health-worker shortages, yet requires migrants to pay to use its services. **The current charging regime is costly to run, unnecessarily complex, and unjust, and MPs should lobby for all patients to be able to use the NHS without charge, in line with its founding principles.**