

Racism and the NHS

Summary

Racism impacts on the NHS in many ways, with the Government's 'hostile environment' policy from 2010 driving a sharp upturn. Impacts range from lack of recognition of the role of migrants in running the NHS, to government and media statements blaming migrants for NHS pressures, so diverting attention from underfunding, to the institutional racism involved in denial of or reduced access to healthcare, problems accessing visas for overseas healthcare workers, to unequal treatment and discrimination experienced by staff, and the overt racist abuse encountered by many NHS staff. In the case of NHS charges, discrimination against those not entitled to free NHS care also provides a justification and cover for the introduction of new systems that might be used in future to support wider charges affecting everyone and insurance-based healthcare.

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The Government's 'hostile environment'.

Government policies have played a central role in encouraging and supporting a rise in racism in recent years. Liberty's brief *A Guide to the hostile environment: The border controls dividing our communities – and how we can bring them down*¹ gives an excellent overview of the impact of Government policies on individuals and communities, including a section on Health contributed by *Docs Not Cops*. The introduction reads:

Since 2010, the Government has launched a new wave of attacks on the human rights of undocumented people in the UK through a set of policies known as the 'hostile environment'. These brutal policies prevent people from accessing housing, healthcare, education, work, bank accounts, benefits and even drivers' licences. They were dreamt up by the "hostile environment working group" under the Coalition Government and are implemented primarily by the 2014 and 2016 Immigration Acts.

Posters are displayed prominently in hospitals raising questions of eligibility, and it is now routine for patients to be questioned about how long they have lived in the UK. Docs Not Cops point out that the 'hostile environment' demands active participation by people who run and deliver services, requiring frontline workers to check people's immigration status or

share data with the Home Office. 'The policy is by its very nature discriminatory, so it's not surprise that it encourages discriminatory – even racist – behavior..... Government policies are shattering the carefully cultivated relationships of trust they have built with the communities they serve'.

These policies were the direct responsibility of Teresa May in her role as Home Secretary, and were aggressively pursued by Amber Rudd as her successor. The new Home Secretary Sajid Javid has renounced the term 'hostile environment', however the policies are likely to remain.

Below we highlight some of the main ways that racism impacts on the NHS.

The NHS relies heavily on staff from overseas - and overseas medical training.

The NHS would collapse without its migrant workers, but this contribution is critically undervalued and unrecognised by government and mainstream media.

Parliamentary researchⁱⁱ published in 2018 reveals that around 139,000 out of 1.2 million NHS staff report a non-British nationality. This is 12.5% of all staff for whom a nationality is known, or one in every eight. Around 62,000 are nationals of other EU countries - 5.6% of NHS staff in England and around 47,000 staff are Asian nationals. In social care in London, less than 30% of staff are white.ⁱⁱⁱ

36% of hospital doctors gained their primary medical qualification outside the UK. 20% qualified in Asia and 9% in the EU. For GPs, 4% qualified in the EU and 13% qualified in Asia.

Immigration actually reduces hospital waiting times

Immigration is often blamed for NHS pressures and waiting times, but this is another racist trope. In practice, migrants tend to be young and healthy upon arrival ("healthy immigrant effect") and are likely to have a smaller impact on the demand for NHS services. Using data from 141 local authorities and 125million patients records, a study by Oxford University^{iv} found that immigration actually reduced waiting times for outpatient referrals. On average, a 10 percentage point increase in the share of migrants living in a local authority would reduce waiting times by 9 days. The authors find no evidence that immigration affects waiting times in A&E and in elective care.

The UK's 'hostile immigration policy' is actively denying the NHS the staff it needs'

In May 2018, several NHS trusts went public about fears that patient safety was being put at risk by doctor shortages, compounded by Government policies. Efforts to recruit staff have been actively blocked by the Government as part of its determination to reduce net migration. In just seven trusts, 53 doctors had been denied visas, while country-wide, the cap led to 400 doctors denied permission to join the NHS in the period from December to April 2018. Despite pressure from at least three cabinet members, PM Teresa May personally refused to lift the immigrant quota for the category which includes NHS doctors.

The shortage of doctors is a major factor in delayed treatment. In the first quarter of 2018 there were 25,000 cancelled operations in the NHS in England alone, and a disturbing rise in the number of patients not treated within 28 days of a cancellation. In March 2018, 491,102 patients waited more than 18 weeks to start planned treatment, up 35% on the previous year. Only 87.2% of patients were seen within 18 weeks; the government's 92% target has not been met since February 2016. The number of patients having to wait more than a year for treatment rose to 2,755, up 80% on a year ago.

The RCN have identified new annual Visa charges, currently £200 per year for each family member, but set to rise to £400 (see below) as a significant barrier to recruitment, pointing out that nursing and midwifery vacancies - 34,260 in September 2017 - are at their highest ever, with nursing accounting for 40% of all NHS vacancies^{vi}.

Access to NHS treatment, charges and Visa charges^{vii}

Since 2010, the Government has repeatedly tightened access and increased charges for non-EEA nationals, focussing initially on in-patient planned care and requiring hospitals to check eligibility and later extended to require upfront charging and to include community services as well as imposing an annual surcharge on visa applications.

Charges to people not entitled to NHS care must now be paid upfront and are billed at 150% of the NHS tariff rate. Government justifies charges as 'so the NHS does not lose out on income from migrants, visitors and former residents of the UK'. Charges mean that access to healthcare is denied to many of the poorest and most vulnerable people in the UK, and many have argued that the relatively small additional income from charges does not justify the extra cost and huge administrative burden, and pointed out that low-cost initial care may save thousand in unplanned emergencies. 'Docs not Cops' stress that doctors' role is to care for patients, not to act as part of UK border patrols.

2015 saw the introduction of a new £200 per year upfront immigration health Visa surcharge for non-EEA nationals intending to stay in the UK for more than 6 months. Charges apply to each family member, including children, and this charge is set to double to £400 per year for each family member in 2018.

New Regulations from August 2017, have extended NHS charges to many community health services. The 2017 Regulations also require any organisation in receipt of NHS funding - including community interest companies and charities, to check every patient before providing care to assess whether they should be charged, to require upfront payment and to refuse treatment for non-urgent care for those who cannot pay. This includes services specifically commissioned to meet the needs of marginalised communities. The devolved regimes in Scotland, Wales and Northern Ireland make no such charges.

Difficulties in understanding extremely complex immigration laws, coupled with problems for individuals in presenting the correct paperwork have resulted in many people wrongfully denied or charged for treatment, or deterred from accessing treatment altogether for fear of being charged.

Pilot schemes are in place requiring all patients to provide two forms of identity prior to appointment, illustrating the Government's intention to make access ever harder.

The Government continues to ignore widespread concern that healthcare, including lifesaving care, may be withheld from refugees and asylum seekers who are entitled to free care because they do not have easy access to paperwork and passports to prove entitlement.

The new charges have been introduced without a full assessment of the impact and cost of the new charging regime, and many argue that the projected savings are small in comparison with the additional costs and bureaucracy imposed on NHS services, confirming strong beliefs that the policy is driven primarily by the desire to enforce the 'hostile environment' and to validate punitive attitudes towards migrants in line with government policy.

Other vulnerable groups, such as victims of trafficking, homeless people, elderly people, and those living with mental health conditions are also vulnerable to the new requirements to produce paperwork confirming right of access to treatment.

It's just possible that the tables may be turning against the government's brutal and racist 'hostile environment'. The case of one 63-year old Caribbean man, known to the press as Albert Thompson, hit the headlines in early 2018. Thompson moved to London as a teenager in 1973 to join his mother, a nurse. Despite tax and national insurance records dating back to 1974, he was unable to demonstrate his immigration status. As a result he lost his job, the right to work, and his right to NHS treatment, so faced an unpayable £54,000 for cancer treatment. Meanwhile, in April 2018, a Guardian journalist^{viii} highlighted the plight of the 'Windrush Generation' of pre-1971 immigrants from the Caribbean who have UK citizenship as of right, but often no paperwork to prove it, leaving them exposed to the full gamut of 'hostile environment' policies. For many this has led to loss of home and jobs and, like Albert Thompson, denial of NHS treatment. Some have been detained, others even deported, with their adult children also denied citizenship rights. Unexpectedly, the article led to days of headline news and ultimately to the downfall of Home Secretary, Amber Rudd. It's too early to know whether Sajid Javid, Rudd's replacement at the Home Office, will stem the relentless, hostile anti-immigrant policies, despite having publicly renounced the 'hostile environment' rhetoric.

Data-sharing with the Home Office

A further aspect of the 'hostile environment' is a memorandum of understanding (MOU) between the Home Office and NHS Digital which controls patient data. Under this MOU, NHS Digital passed details of 3,000 patients to the Home Office, to enable cross-checks with their immigration status.

Doctors' groups and charities strongly protested this policy, pointing out that the practice was scaring patients from seeking vital medical care. They highlighted cases of pregnant women and victims of trafficking not seeking medical care and a domestic worker who died after not seeking treatment for a persistent cough; they warned of the risk posed to public health through conditions such as tuberculosis going untreated and children not receiving

vital vaccinations and warned that the policy was ruining patients' relationships with NHS staff. The BMA pointed out that the MOU 'falls short of the well-established ethical, professional and legal standards for confidentiality'. Likewise, the Commons Health and Social Care Select Committee called twice, in strong terms, for the MOU to be scrapped. Meanwhile, the Migrants Rights Network launched a legal challenge to the MOU, saying it 'violates patient confidentiality and puts all migrants at risk'.

In the wake of the hugely damaging publicity surrounding the Windrush revelations, the government finally announced in May that the MOU would be scrapped and replaced with an agreement that data would only be shared to trace people being considered for deportation because they have committed a serious crime^{ix}. Details of the revised policy are not yet known.

Racism in selection, assessment and training of doctors

Alongside the newly promoted 'hostile environment' other forms of racism continue. A recent blog in the BMJ^x recalled that data from the late 1980s suggested that BME doctors were six times less likely to obtain hospital jobs than their white counterparts with identical qualifications, while in the 1990s, both a national study and one focusing on London medical schools found that BME applicants were less likely to be selected than their white counterparts. More recently, there has been much controversy regarding potential racial biases in assessment of doctors, such as the MRCGP postgraduate exams. Despite these historical findings, there has been no robust contemporary research on these issues.

Many doctors have expressed belief that BME doctors are subject to much harsher treatment in disciplinary procedures compared with white staff. In a recent high-profile case, Dr Bawa-Garba was convicted of manslaughter and struck from the GMC register following the death of a child. The case led to a UK-wide outcry from medical staff who point out that the death, albeit tragic, was the result of a single error made by a paediatrician with an otherwise excellent record in a significantly understaffed and busy service and against a background of many system failures.

For instance, in a BMJ comment^{xi}, a consultant cardiologist contrasted Dr Bawa-Garba's harsh treatment with the 'GMC's leniency when dealing with doctors whose conduct is more worrying. The GMC took no action against 100 doctors placed on the Sex Offenders Register (SOR) for accessing child pornography - they remained on the Medical Register without even the requirement to inform their patients that they were on the SOR. The GMC allowed a consultant gynaecologist to remain on the Medical Register without restrictions when he was placed on the SOR. The GMC allowed doctors to remain on or return to the Medical Register after a period of suspension after one performed inappropriate private surgery, including total colectomy, for personal gain; after one gave desperate patients with cancer expensive private treatments that have no scientific basis; after several defrauded charities and medical insurance companies, and a doctor who appeared before two separate Fitness to Practise Panels that found that he repeatedly committed research misconduct'. The GMC should deal forcefully with doctors that are deliberately and repeatedly dishonest rather than a conscientious doctor who made a single clinical error'.

Other racism experienced by NHS staff

A 2014 National Health Executive report, “The Snowy White Peaks of the NHS” survey of staff found that BME staff were treated less favourably than white staff in recruitment, including to boards, access to career development, disciplinary processes, were bullied more, and were victimised more seriously if they were whistle-blowers. A 2015 survey of every NHS trust showed that 75% of acute trusts found a higher percentage of BME staff being harassed, bullied or abused by staff compared to white staff. In 86% of acute trusts, BME staff felt that their organisation did not offer equal opportunities for career progression or promotion.^{xii}

The political and social discord thrown up by Brexit has meant the status of, and attitudes towards, overseas doctors and medical students has received renewed focus. A 2017 BMA survey^{xiii} of over 3,000 doctors found that almost half of those who qualified outside the EU feel patients treat them differently.

Many non-UK-trained EU nationals working in the health service said they felt increasingly alienated and unwelcome as a result of the EU referendum, with more than 40 per cent reporting they were considering leaving the UK.

A January 2018 Pulse survey of GPs^{xiv} found that three quarters of all BME respondents had faced racial discrimination from patients at some point, with more than a quarter of BME GPs report experiencing discrimination from patients at least monthly, with some reporting that it is a daily occurrence.

Challenging racism in the NHS

These examples show that racism plays a prominent part in the NHS – and takes many forms. Campaigners seek an NHS which provides comprehensive care to everyone in need the UK and is free for all patients. We need NHS staff at every level who feel valued and who do not experience racism and discrimination either from their own institutions and professional bodies or from patients. We seek government policies that support this, and an end to the individual and institutional racism described above.

Carol Ackroyd
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To view other posts including the Windrush scandal and Albert Thompson, search Racism on the KONP site

ⁱ <https://www.libertyhumanrights.org.uk/sites/default/files/HE%20web.pdf>

ⁱⁱ <https://researchbriefings.parliament.uk/ResearchBriefing/Summary/CBP-7783>

ⁱⁱⁱ <https://www.nmds-sc-online.org.uk/reportengine/GuestDashboard.aspx?type=Ethnicity>

^{iv} <https://www.bsg.ox.ac.uk/research/working-paper-series/working-paper-005>

^v https://www.huffingtonpost.co.uk/entry/hostile-immigration-policy-blamed-as-record-number-of-nhs-operations-cancelled_uk_5af46ec4e4b0859d11d13732?utm_hp_ref=uk-homepage

^{vi} <https://www.nursingtimes.net/news/workforce/extent-of-nurse-shortages-revealed-in-new-recruitment-figures/7022928.article>

^{vii} <https://cityofsanctuary.org/wp-content/uploads/2017/08/Asylum-Matters-Healthcare-Regulations-Briefing-2017-2.pdf>

viii <https://www.theguardian.com/membership/2018/apr/20/amelia-gentleman-windrush-immigration>

ix <https://www.theguardian.com/society/2018/may/09/government-to-stop-forcing-nhs-to-share-patients-data-with-home-office>

x <https://blogs.bmj.com/bmj/2018/01/31/amitava-banerjee-institutional-racism-is-still-a-major-problem-in-the-nhs/>

xi <https://doi.org/10.1136/bmj.j5534>

xii <https://www.england.nhs.uk/2016/06/wres-publication/>

xiii <https://www.bma.org.uk/news/2017/may/in-fear-of-a-racist-revival>

xiv <http://www.pulsetoday.co.uk/news/quarter-of-bme-gps-experience-patient-discrimination-at-least-once-a-month/20036640.article>