



For more information

- ▶ <http://www.ucl.ac.uk/news/news-articles/1113/051113-migration-report>
- ▶ <https://www.kingsfund.org.uk/projects/verdict/what-do-we-know-about-impact-immigration-nhs>
- ▶ <https://www.doctorsoftheworld.org.uk/news/new-research-shows-nhs-charging-is-pushing-sick-and-pregnant-migrants-away>

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The facts about 'health tourism'

The greater the crisis in the NHS, the more the Government needs to find someone else to blame.

Encouraged by sections of the press, migrants and overseas visitors are becoming scapegoats for a much bigger emergency across health and social care in the UK. Described by the Red Cross last winter as a 'humanitarian crisis: this NHS blame game is distracting from the REAL problems of chronic underfunding, massive cuts and privatisation.



Is immigration to blame for the NHS crisis?

- The average use of health services by immigrants and visitors is lower than the British born population, as they tend to be younger and healthier.
- Research shows immigrants make a positive contribution to the economy, including paying national insurance. For example, workers from central and eastern Europe pay 34% more in taxes than they receive in benefits (CReAM†)
- The NHS wouldn't survive without workers from around the world. About 20% of NHS workers were born outside the UK -- this rises to 30% of locum doctors.
- They contribute to the daily running of the NHS – as nurses, doctors, porters, pharmacists, cleaners

Is Health Tourism really the problem?

- Health Tourists are anyone not 'ordinarily resident' in the UK who come to deliberately use the health services. This includes British expats who return to visit a doctor and those paying to receive care who bring in

much needed revenue to struggling hospitals.

- Government estimates that 'health tourism' costs the NHS just a tiny 0.3% of the total budget. This is compared to the NHS's own estimated funding gap of £30billion by 2021

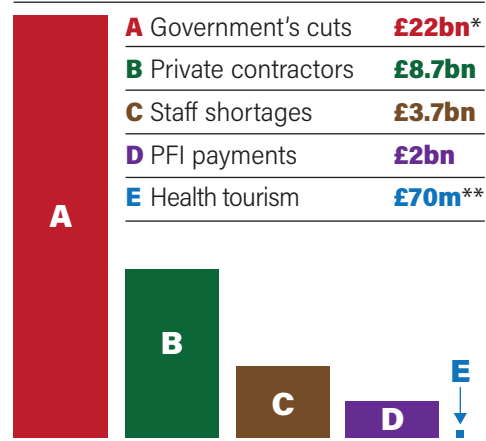
- This figure also includes people whose governments already reimburse the NHS.

- The Kings Fund‡ estimates the actual cost of health tourism in the UK is less than a tenth of one percent of the annual NHS budget.

What are the new charges?

- People coming to work (including in the NHS or on study visas) for

Impacts on NHS budgets



* 2016-2020 ** King's Fund estimate

† The Centre for Research and Analysis of Migration (CReAM) is an independent and interdisciplinary research centre at University College London.

‡ The King's Fund is an independent charity working to improve health and care.

more than six months must pay a charge of up to £200 toward health-care, as well as paying their taxes. This is for each family member.

- The Government are planning to double this to £400 - a 100% rise in just 3 years.
- The Government have introduced new rules to make hospitals charge upfront for those not able

to prove they are 'settled' in the UK or able to provide the correct documents on demand. The price will be 150% of the actual cost of hospital or community care.

- These charges are already affecting people who have lived & worked in the UK for decades and are now being denied life-saving treatment.

Why we oppose these charges

- **Fear:** researchers at Kings College London found charges are stopping many from accessing maternity care, putting women and babies in danger. It is also preventing access to help with conditions including cancers, diabetes and renal failure.

- **Discrimination:** Charging encourages racial profiling—only certain people will be asked to prove their residential status.

- **Public health risk:** There is a danger that people are deterred from seeking treatment for contagious illnesses.

- **Impact on vulnerable people:** Some groups may have difficulty providing the correct documents – e.g. homeless families, people with mental health problems, alcohol or drug dependency and victims of domestic violence.

- **Loss of trust:** Charging will destroy clinician/patient relationships when trust is broken.

- **Confidentiality breach:** Confidential NHS data is being shared with immigration services. The cross-party NHS select committee says that this should stop.

- **A false economy:** Those deterred from accessing routine hospital care will end up in emergency departments and at the GP which are still free – costing more and adding to pressures on already struggling A&E and GPs surgeries.

- **A waste of money:** Doctors fear that this will create confusion and could cost the NHS overall more in administration charges than it brings in – money that should be put into direct patient care during this period of crisis. (BMA)

- **Charges will spread:** Once the idea of charging is put in place it can be easily extended to other groups and for other parts of our care. Charging will allow private companies to take over and run more of our NHS services.