

Charges for migrants and visitors set precedent for wider assault on Britain's NHS

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The UK Conservative-Liberal Democrat government is set to introduce, for the first time, charges for accident and emergency (A&E) treatment for temporary migrants and overseas visitors. Until now, charges have only applied to subsequent treatment as an inpatient or outpatient.

This forms part of a raft of measures that increase charges for temporary migrants and overseas visitors accessing primary care services on the National Health Service (NHS). This includes extended charges for prescriptions, minor surgery performed by GPs (doctors) and physiotherapy referred through a GP. The final details will be unveiled in an implementation plan due to be published in March.

The extent of these measures puts into context the U-turn the government has performed over its original plan to introduce charges for GP consultations. This service will remain free following objections raised during an eight-week consultation exercise last year. The criticism of the proposal centred on cost-effectiveness—administration costs would exceed revenue raised—and the risk to public health of untreated illnesses. GPs have also raised objections to being incorporated as arms of the immigration department by having to register and recover the costs for services by checking immigration status.

Health Secretary Jeremy Hunt has made clear that while the consultation fee no longer applies, GPs will still be required to play a role in the new charging arrangements.

“In primary care, we will retain free access to GP consultations,” he said. “We expect GP practices to participate actively in the administration of the new system for identifying and recording chargeable patients.”

The government will go ahead with an immigration

health surcharge anticipated to be £150 per year for students and £200 for other non-European Economic Area (EEA) temporary migrants. This will be set by the home secretary through secondary legislation.

The imposition of charging for A&E treatment and the enlisting of nurses and consultants as enforcers have raised concerns about how this will interfere with delivering life-saving treatment. The government has responded with empty assurances that nobody will be turned away. However, checking immigration status in order to determine eligibility raises one of two equally bad alternatives: either screening will be conducted on a discriminatory basis or everyone presenting at A&E will need to have identification.

The increased scope and charges for temporary migrants and overseas visitors have been carried out on the back of a feverish campaign in the media against “health tourism,” to create the impression that the NHS is being milked dry by those entering the country with the sole intent of obtaining free medical care. The perception that those targeted for the new charges make no contribution to taxes has been exploited to add an element of reasoning to the hysteria. This is critical in justifying a move to overturn the defining principle of the NHS—a free service at the point of access.

The reality is that non-EEA temporary migrants do work and pay their share of taxes and can live in the UK for a period between six months and five years. The attempt to pit British working people against immigrants over the NHS is even more politically and morally bankrupt considering the fact that 30 percent of doctors and 40 percent of nurses, who help provide the service to the public on a daily basis, were born abroad.

Immigrants, whether EEA or non-EEA, are being scapegoated for the depletion and deterioration of services due to sweeping cuts of £20 billion in the NHS

budget by 2015.

In relation to A&E departments, cuts have led over the last few years to 10 percent being closed or downgraded across the country, including at Trafford General in Greater Manchester, where the NHS opened its doors in 1948.

NHS figures show that the overseas bill for 2011-2012 was £33 million, of which only £12 million went unpaid. The annual budget of the NHS is £109 billion. The government claims that £500 million will be raised through its clampdown. However, this estimate is based upon a Department of Health report that, according to the *Guardian*, by its own admission is based on “incomplete data, sometimes of varying quality, and a large number of assumptions.”

The creation of a new charging infrastructure recovering fees for NHS services will not be limited to temporary migrants and overseas visitors, especially as the cuts to the NHS budget are only set to deepen.

The opposition Labour Party offered a mild rebuke of the government’s plans with the overriding criticism that they will not be cost-effective. But it has used the occasion to solidify itself with the objective of ending universal health care in favour of a means-tested approach. Shadow Health Minister Lord Philip Hunt stated, “Labour is in favour of improving the recovery of the costs from people with no entitlement to NHS treatment.”

John Prescott, former deputy leader of the Labour Party, used his column in the *Daily Mirror* to criticise the government’s plan for migrants, only to argue for charges to be applied to other patients. He argued for charges to be introduced for those being taken to A&E for alcohol-related injuries. The sole purpose of such comments is to acclimatise public opinion to accept the removal of free universal health care as inevitable and legitimate.

That the efforts to deflect anger over the run-down of the NHS onto immigrants can gain any traction is entirely due to the continued suppression of any progressive opposition from below against the erosion of the jobs, pay and conditions of the NHS workforce, the withdrawal of services and closure of A&E units and outright privatisation, by the Labour Party and the trade unions.

According to HM Revenue and Customs estimates, the amount of unpaid tax—principally by large

corporations and businesses—has increased to £35 billion. This is the equivalent of the entire sum of cuts to the NHS budget being planned for by 2021.

In the form of the Private Finance Initiative (PFI), the future of hospitals has been mortgaged to the private sector. Under the PFI, the private sector built new hospitals that are leased back by the NHS over a 30-year period, along with other support services such as maintenance and cleaning.

Introduced as a policy under the Tories, it was Labour that signed off on the PFI contracts in the NHS. PFI contracts have been based on exorbitant interest repayments that have been a windfall for the private sector, saddling hospitals with unsustainable debts. Since it was introduced in 1992, the PFI has led to a reduction in beds by 30 percent, as well as the closure of hospitals and casualty departments. Latest figures from the Department of Health reveal that some 22 trusts are at risk due to debt repayments. The annual yearly bill is set to rise by 75 percent to more than £2.5 billion over the next 18 years.



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