

UK immigration policy inflicts more damage on National Health Service

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4 March 2016

The UK Conservative government's immigration policies are exerting mounting pressure on the already stretched resources of the National Health Service (NHS).

Set up to be an "Independent, non-statutory, non-time limited, non-departmental public body that advises the government on migration issues," the Migration Advisory Committee (MAC) is anything but independent. Last year, Prime Minister David Cameron's Conservatives asked the MAC to look into ways of restricting the most popular route of workers into the UK—the Tier 2 (skilled workers) visa.

Many nurses from outside the European Economic Area (EEA) would fall into this category. Since 2011, the Tier 2 visa system has an annual cap of only 20,700 visas that can be issued. The rich can come and go as they please under the Tier 2 visa system, as anyone earning over £150,000 is exempt from the cap.

Nursing was placed onto the shortage occupation list for Tier 2 visa entry in November 2015 by the MAC, which is supposed to fast-track visa applications. However, the Royal College of Nursing recently released figures showing that 2,341 nurses were refused the right to work in the UK last year alone. This exposed the fact that placing nursing on the shortage occupation list has been nothing but a cynical gesture.

Any worker hoping to gain employment in the UK with a Tier 2 visa must already have a job and be sponsored by his or her employer, who pays a fee. In the case of the NHS, it supplied workers with a job offer (nursing) and sponsorship and had actively recruited from the shortage occupation list. But, at the last hurdle, many nurses had their visa application denied.

NHS hospitals were relying on these nurses to take up the strain caused by a chronic lack of staffing. An

example is the high-profile Addenbrookes Hospital in Cambridge, which was placed into special measures in 2015 by the QCC (Quality Care Commission), due to concerns over "serious staff shortages." Addenbrookes had over half of the visas it applied for denied (66 of 123).

Between April and November 2015, East Lancashire Hospitals NHS was hit with the highest number of refusals—300 out of 300 applications.

Brighton and Sussex University Hospitals and North Cumbria University Hospitals both had around 240 refusals. The Queen Elizabeth Hospital in Kings Lynn had more than half its requests refused, with 157 applications made and 82 denied. Central Manchester University Hospitals had 195 applications and 75 refusals. Bedford Hospital applied for 150 visas and had 45 refused, and Luton and Dunstable Hospital had 31 applications and 15 visas refused.

These numbers stack up as a stark reminder of the cuts that have ravaged the NHS. In total, the NHS has lost out on the hiring of more than 1,000 desperately needed trained nurses due to this immigration policy.

What is posed is not a short-term staffing crisis, however, as a six-year employment limit is placed upon applicants of the Tier 2 visa, before they have to leave the UK. The final blow comes in the form of the £35,000 minimum pay packet that a worker must be in receipt of if he or she is to obtain a visa. No ordinary nurse can hope to be paid this wage under the regime of austerity, where nurses' pay has fallen by 14 percent in real terms since 2010.

Cameron was unabashed in spouting nationalist rhetoric to justify restricting visas in June 2015 when he said, "As part of our one-nation approach, pushed forward by my Immigration Taskforce, *we have asked the Migration Advisory Committee to advise on what*

more can be done to reduce levels of work migration from outside the EU.” [emphasis added]

Seven thousand fewer nurses came to the UK in 2014-2015 compared with 2003-2004, according to Christie & Co, a consultancy.

Cameron is bowing to the most right-wing elements of his party, seeking to gain favour with supporters of the anti-European Union UK Independence Party. The crisis created in a vastly overstretched NHS benefits the propagandists of the ruling elite who routinely denounce the UK’s public health care system as “outmoded” and “inefficient,” to argue for a privately run health care system.

Another important factor in the government’s policy of refusing visas to overseas nurses was revealed in a *Guardian* report in January. It detailed how many hospital trusts were being told to cut staffing levels in a bid to save millions of pounds, even though ministers had been giving advice just three years earlier to increase them after the Mid-Staffs care scandal. The King’s Fund estimates that in order to save £1 million, a health care trust would have to sack 25 nurses.

Michael Hodges, director at Christie & Co., described the shortage of nurses as a “homegrown problem. ... Essentially we are suffering poor workplace planning as a result of austerity measures in recent years.”

According to research published in the *Sunday Mirror* last October, up to 35,000 doctors and nurses—4 percent of the total workforce—could be made redundant to cut costs, based on the current expected NHS deficit.

Monitor, which regulates Foundation Trust Hospitals that are semi-independent of NHS control, found that most of their hospitals have been identified as “financially challenged.” Between April and June of last year, an overall deficit of £930 million was reported across England’s 241 NHS hospital trusts, with three out of four trusts in the red.

In an attempt to quash criticism, a spokesperson for the Department of Health said, “We want more home-grown staff in the NHS and our recent changes to student funding will create up to 10,000 more nursing, midwifery and allied health professional training places by 2020.”

This is an outright lie. The government is stripping away bursaries from nurses and turning them into student loans. With the spiraling costs of tuition fees

and loan repayments, this will only serve to deprive students from a working class background from entering the medical profession without first amassing huge amounts of debt.

The decision to deny working visas to overseas nurses must be opposed by all workers. Cutting staffing levels to demonstrate the government is “tough on immigration” and is driving down wage costs is incompatible with any conception of public health care. Restricting skilled workers’ rights to work where there is an urgent demand for their skills demonstrates the callous attitude of the ruling elite towards those who are employed in and use the NHS.

The total dismantling of the NHS is under way, with many hospitals stacking up huge debts with no way of making further savings other than to cut staffing levels to dangerous levels.

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