

Britain's NHS denies life-saving treatment to migrants

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The Conservative government-led campaign against “health tourism,” which scapegoats migrants for the collapse of the National Health Service (NHS) resulting from budget cuts, is forcing hospitals to charge overseas patients for vital operations and treatments.

Clinicians already working under enormous pressure due to staff shortages are being compelled to become enforcement officers for the Border Agency rather than treating patients. As a result, hundreds of migrants deemed ineligible for free health care have been denied treatment for serious health problems including cancer, arrhythmia and cardiac chest pains.

Freedom of Information (FOI) requests submitted by the *Guardian* covering 84 of England’s 148 acute hospital trusts found that 2,279 patients were charged upfront between October 2017 and June 2018. Of these, 341 patients across 61 trusts did not proceed with their intended treatments or appointments after being told to pay. The true figure across all trusts is certain to be higher, given that 64 trusts did not supply figures.

The human stories behind these numbers are harrowing, with cancer sufferers being denied treatment unless they can either pay upfront or produce the correct paperwork, and some sufferers dying from the disease. A 71-year-old Jamaican woman, Elfreda Spencer, died of sepsis this year after being denied chemotherapy, because she and her family could not afford to pay the upfront cost of £30,000 for her treatment. She was diagnosed with advanced stage multiple myeloma in 2016 when taken ill while visiting her family in London.

Borrowing arguments from the UK Independence Party (UKIP) and the far right, the Department of Health issued a statement justifying such inhumanity, stating, “The NHS is a national, not an international, health service.”

In addition to upfront charging for services, the Immigration Act of 2014, brought under the Conservative/Liberal Democrat coalition government, provides statutory coverage that requires non-European Economic Area migrants (workers, students, family members) to pay a surcharge that provides them some NHS services for free at the point of need, for the duration of their stay. People on visitor’s visas are explicitly excluded from any free NHS services under the surcharge scheme. This also applies to overseas NHS workers, who are not immediately entitled to NHS services that they play a critical role in providing. This surcharge is currently set at £200, but there are proposals to increase this by 100 percent to £400.

Health experts point out that upfront charging risks worsening the health of already sick patients. In some cases, it can lead to public health hazards, if a patient with contagious infection does not seek medical treatment due to financial barriers.

Dr. Chaand Nagpaul, chair of the British Medical Association Council, warned, “It is vital that acutely ill people aren’t deterred from receiving care due to bureaucratic and financial obstacles, especially when this could result in patients becoming more ill, requiring emergency treatment and putting further strain on NHS resources.”

Dr. Katherine Taylor, health adviser to the Doctors of the World medical charity, which runs clinics providing free treatment to people excluded from mainstream health care, said, “The upfront charging regulations must be withdrawn and the government should, at the very least, carry out and make public the results of a human rights impact assessment of upfront charging.”

These attacks on migrant workers and their family members are a prelude to destroying the “cradle to the grave” principle of universal health care for all, free at

the point of delivery. As well as the profits to be made through privatisation and the money saved by not treating the poor, the British ruling class hates the NHS as the main symbol of what remains of the post-war welfare state. The ongoing budget deficits in the NHS are such that Clinical Commissioning Groups (CCGs) are reviewing the scope of “free” services provided and introducing “thresholds” to ration health provision across the country.

A report by the Royal College of Surgeons in April 2016 found that numerous CCG’s in England were restricting access to non-urgent surgery based on a patient’s negative “lifestyle decisions”:

- 34 percent of 200 CCGs who responded to FOI requests are restricting access to surgery for smokers and obese patients.

- 22 percent are placing mandatory BMI or weight requirements on obese patients seeking replacement hip or knee joints.

- Luton CCG requires a patient’s BMI to be under 30 (the cut off for “obesity”), with mandatory referral to weight management services before any planned surgical procedure.

- East and North Hertfordshire CCG has a similar policy, but with the caveat that if a BMI under 30 cannot be reached patients can be referred to surgery if they manage weight loss of 10 percent.

- 13 CCGs (6.5 percent) have a policy that usually stops patients who smoke from receiving hip and knee surgery.

This author recommends

Behind the UK government attack on “health tourism”

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