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VIEWS AND REVIEWS

ACUTE PERSPECTIVE

David Oliver: Health tourism, immigration, and the NHS

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Results from a pilot scheme designed to clamp down on "health tourism" were reported by the *London Evening Standard* last month.[1] As part of the scheme, which ran in 18 hospitals (11 in Greater London) over two months in autumn 2017, patients were required to show two forms of ID to prove that they were eligible for free NHS treatment. Checks carried out on 8894 patients found only 50 who were not eligible for free NHS treatment.

Overseas visitors are already eligible for free emergency care, and we have reciprocal arrangements with other EU countries for reimbursing healthcare costs, although the Public Accounts Committee did criticise the NHS in 2017 for a "chaotic approach" to chasing reimbursement from EU countries.[2]

One quoted example in the *Standard*, from Barts Hospital, illustrates the relatively small scale of the problem. Of 2752 renal outpatients only two were ineligible, and they were charged a total of £2500. St George's Hospital checked 1660 maternity unit patients and found only 18 ineligible, with a total chargeable amount of £45 000. Equally small proportions of ineligible maternity patients were found at Newham General and Redbridge Hospitals.

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Sadly, our national conversation is often led by emotive and distorted reporting. How did the *Daily Mail* report St George's maternity unit issues? "Crackdown on health tourist women who fly to the UK to give birth 'on the NHS' is WORKING despite fury of doctors' union [the BMA]."[3]

The *Daily Telegraph* stated in 2017 that health tourism was costing the NHS £2bn a year[4] and said in 2016 that "NHS hit squads" would collect the cash.[5]

The independent *Full Fact* site estimates that the cost of deliberate health tourism to the NHS is only around £300m a year.[6] Such use—by people ineligible for free treatment who visit the UK to receive it—accounts for around 0.3% of the total NHS budget.

The government set out in 2016 an "ambition" to reclaim £500m a year from health tourism by the 2017-18 financial year,[7] but it predicts that this will be more like £350m.[6] Not negligible, but it's hardly going to save the NHS (total budget around £122bn) despite the rhetoric and headlines.

In primary care an agreement was signed in 2017 between the Department of Health, the Home Office, and NHS Digital to hand over information on patients registered with GPs, to help identify illegal immigrants. GPs understandably rejected the move,[8] wanting to practise medicine rather than be immigration agents, as the "Docs Not Cops" movement has made clear.[9] The arrangements were subsequently scrapped.[10]

Most immigrants to the UK are in their 20s or 30s, either working or paying to study, thus contributing to the funding of public services such as the NHS.[11 12] Rising healthcare costs are driven principally by people in mid- or late life with long term medical conditions.

Around one in five of the NHS's clinical workforce trained overseas.[13] Until recently, we've happily recruited EU and non-EU staff at scale to supplement our homegrown workforce, especially in shortage specialties and deprived or remote regions.[14] Home Office visa restrictions currently exclude many from coming here to fill pressing workforce gaps, and Brexit has made EU trained staff less keen on working here.[15 16]

The Brexit "leave" vote was driven largely by voters' concerns about immigration, and the politicians and newspapers are playing to the gallery. But immigrants give far more to the NHS than they take from it.

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