

PARLIAMENTARY DEBATES

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OFFICIAL REPORT

Tenth Delegated Legislation Committee

DRAFT IMMIGRATION (HEALTH CHARGE)
(AMENDMENT) ORDER 2020

Tuesday 22 September 2020

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The Committee consisted of the following Members:

Chair: MR LAURENCE ROBERTSON

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|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| † Anderson, Stuart (<i>Wolverhampton South West</i>)
(Con) | † McDonald, Stuart C. (<i>Cumbernauld, Kilsyth and Kirkintilloch East</i>) (SNP) |
| † Baker, Duncan (<i>North Norfolk</i>) (Con) | † Mohindra, Mr Gagan (<i>South West Hertfordshire</i>)
(Con) |
| † Carmichael, Mr Alistair (<i>Orkney and Shetland</i>)
(LD) | † Moore, Damien (<i>Southport</i>) (Con) |
| † Cates, Miriam (<i>Penistone and Stocksbridge</i>) (Con) | † Owatemi, Taiwo (<i>Coventry North West</i>) (Lab) |
| † Elmore, Chris (<i>Ogmore</i>) (Lab) | † Pursglove, Tom (<i>Corby</i>) (Con) |
| † Foster, Kevin (<i>Parliamentary Under-Secretary of State for the Home Department</i>) | † Ribeiro-Addy, Bell (<i>Streatham</i>) (Lab) |
| † Griffith, Andrew (<i>Arundel and South Downs</i>) (Con) | † Sturdy, Julian (<i>York Outer</i>) (Con) |
| † Lewer, Andrew (<i>Northampton South</i>) (Con) | † Whitley, Mick (<i>Birkenhead</i>) (Lab) |
| † Lynch, Holly (<i>Halifax</i>) (Lab) | Huw Yardley, <i>Committee Clerk</i> |
| | † attended the Committee |

Tenth Delegated Legislation Committee

Tuesday 22 September 2020

[MR LAURENCE ROBERTSON *in the Chair*]

Draft Immigration (Health Charge) (Amendment) Order 2020

2.30 pm

The Parliamentary Under-Secretary of State for the Home Department (Kevin Foster): I beg to move,

That the Committee has considered the draft Immigration (Health Charge) (Amendment) Order 2020.

It is a pleasure to serve under your chairmanship, Mr Robertson. The immigration health charge was introduced in April 2015. Its aim was to ensure that temporary migrants—those with a limited period of leave in the United Kingdom—made a direct contribution to the NHS services available to them during their leave, subject to some specific exemptions.

The charge is currently paid by non-European Economic Area migrants who apply for a visa of more than six months' duration. It also applies if they wish to extend their stay in the UK for a further defined period, although those who receive indefinite leave to remain do not need to make the payment once they have achieved ILR. The charge is paid up front as part of the immigration application process, and is separate from the visa fee.

From their point of arrival in the UK, a charge payer can access the comprehensive range of services that the NHS provides in broadly the same manner as permanent residents of the UK—that is without having made any prior tax or national insurance contributions. They pay only the charges that a UK resident would pay, such as prescription charges in England. They may also be charged for assisted conception services within England. To date, the charge has raised more than £1.5 billion for the NHS. That income is shared between the health administrations in England, Scotland, Wales and Northern Ireland, using the formula devised by Lord Barnett, with which Members will be familiar.

Under the new points-based system, which comes into force on 1 January 2021, all migrants to the UK will be treated the same. They will pay the charge if staying for longer than six months, unless exemptions, such as being eligible for the health and care visa, apply. The Government recognise the value and importance of migration to the UK. We welcome talented individuals and the contribution they make to our economy, our communities and our public services. However, it is right that migrants contribute to the comprehensive and high-quality NHS services available to them from the moment they arrive.

This draft order amends schedule 1 to the Immigration (Health Charge) Order 2015. In line with the Government's manifesto commitment, it will increase the annual amount of the charge to a level broadly reflecting the cost of treating those who pay it. The Department of Health and Social Care has estimated that the cost to the NHS

of treating charge payers in England is roughly £625 per person, based on analysis carried out in April 2019 using 2017-18 NHS England data. However, to support the administration of the charge, the new level is set at £624 to make it easier to divide.

Mr Alistair Carmichael (Orkney and Shetland) (LD): In reaching the figure that the Government now bring forward, what account has been taken, especially for those renewing their visas, of the tax and national insurance contribution made by those working in our economy?

Kevin Foster: To be clear, the eligibility for the charge is based on the immigration status, rather than what tax or national insurance people have paid. We were clear in our manifesto, which was firmly endorsed in the December general election, that we would base it on the average cost of treating charge payers. Of course, when they come to achieve indefinite leave to remain, they are no longer liable to pay the charge. As I say, it is subject to the £1 discount, because £624 is more divisible than £625.

Stuart C. McDonald (Cumbernauld, Kilsyth and Kirkintilloch East) (SNP): A quick question: is the working for the £624 estimate available anywhere? I cannot see where to find it.

Kevin Foster: My understanding is that that has been published, but I will certainly be happy to write to the hon. Gentleman and the rest of the Committee with more details about how the DHSC arrived at that figure.

Students, dependants of students and youth mobility scheme applicants will continue to pay the discounted rate, which will increase from £300 to £470 per person. The Government are aware that the charge has a greater financial impact on family groups than on individual applicants. To support families, therefore, the charge for children under 18 at the date of application will also be set at £470, in line with the discounted rate set for students and the youth mobility scheme.

In specifying the new amount of the charge, the Government have considered a range of health services available without charge to those given immigration permission to be within the United Kingdom, and, as I have touched on already, have considered the cost to the NHS across the four nations of treating those who pay the charge. Also considered is the valuable contribution that migrants make to our economy and the need to ensure that the UK remains an attractive destination for global talent.

I turn to the exemption for tier 2 health and care visa applicants. On 21 May, the Prime Minister asked the Home Office and the Department of Health and Social Care to work together to exempt NHS and health and care workers from the immigration health charge. Consequently, this order amends schedule 2 to the principal order to provide exemption for tier 2 (general) health and care visa applicants and their dependants.

The tier 2 (general) health and care visa was launched on 4 August, and a large number of applications were received and permissions granted. It is a fast-track visa offer with a reduced application fee for eligible health

professionals, including doctors, nurses and allied health workers. It covers not only people working in the NHS directly but those working for organisations commissioned by the NHS to provide essential services and those in the relevant professions who work in the adult social care sector, which is the basis of their application and their visa. Until a formal exemption is in place for that group, the Secretary of State has waived the requirement for them to pay the health charge.

Mr Carmichael: The Minister is being generous with his time. Those who are not included in that exemption include people working in the social care sector and non-medical NHS staff such as porters and cleaners. Why is their contribution not valued in the same way?

Kevin Foster: It might be helpful to explain how the current system of immigration works in the United Kingdom. At the moment, it is not possible to get a visa under the rest of the world system for some of the jobs that the right hon. Gentleman has mentioned. Those coming to the United Kingdom to work in those roles do so under either the European economic area free movement rights, which continue until 31 December, when immigration permission and the immigration health surcharge will not be relevant, or they will have come to the UK with permission—as a dependant of a skilled worker, for example, although not a health and care worker, who will be covered by the visa offer—and have a more generic right of work in the United Kingdom that is not tied to working within the health and social care sector. Those who come with a specific job offer under the health and care visa, however, go straight into employment. That is why we will look at the refund scheme. Colleagues in the Department of Health and Social Care are working on that.

As we bring in the new system on 1 January, a much wider range of skills will be recognised, including, for example, senior care workers who, at the moment, cannot get a visa under tier 2, but will qualify under the new points-based system from 1 January. Again, we will look to expand who will be eligible in the health and care sector. People will not be tied to a specific job offer. There will be a general permission to work in the United Kingdom's economy in any role. Again, we need to make sure that we have a route to support the NHS and social care, not a way to avoid an immigration charge.

Tier 2 migrants who have paid the health charge on or after 31 March 2020, but who would have qualified for the new health and care visa had it been in operation, are being refunded. Those who work in the NHS and wider health and care sector and who paid the charge on or after 31 March, but who do not qualify for the health and care visa and have a general ability to work in the UK, which I have just touched on, may also be eligible for reimbursement of the charge that they paid.

On 15 July, the Minister for Health announced that the reimbursement would be paid in arrears of six-month increments, and the scheme will be launched next month. More details on the scheme will be published by the Department of Health and Social Care shortly. Given the queries that have been raised, I am sure it will be read with interest by members of the Committee.

Those who move to a new country expect to pay towards healthcare. In many countries they are required to do so by securing private health insurance or by

direct charges when they become unwell or need to access healthcare, yet here in the UK they can access our fantastic NHS, if necessary, from when they arrive.

The health charge is designed to benefit the NHS and support its long-term sustainability. Those NHS and other health and social care workers who are granted visas to work specifically in those roles are doing that through the important contribution that they make in their work. They are exempt from the payment, and those who contribute to the work once they have arrived, but whose right to work in the UK is not tied to the sector, will have the payment reimbursed. However, it is only right and fair that people arriving in the UK to work in non-healthcare roles should pay towards the extensive and high quality range of NHS services available to them in the United Kingdom until they are permanently settled here in the UK.

That is a point that the electorate agreed with in the December general election. When we debated the Immigration and Social Security Co-ordination (EU Withdrawal) Bill, we had the debate that we expected. The Scottish National party set out its principled objection to the charge, and I outlined why the Government believe it is right. We heard from others that they were making their minds up on what the policy should be. In commending the orders to the Committee, I look forward to getting more clarity about whether the approach is the right one—yes or no.

2.41 pm

Holly Lynch (Halifax) (Lab): Thank you ever so much, Mr Robertson; it is a pleasure, as always, to serve under your chairmanship. I thank the Minister, in the main, for his opening remarks on the statutory instrument. It will not come as a surprise to him that we shall oppose it. Before I discuss the reasons for that, I shall take the opportunity to flag up some concerns about version control. Because of the previous publication of the SI on 19 March, superseded by the later one taking account of the health and care visa, I think I have seen two versions of the SI and, if I am not mistaken, three versions of the accompanying explanatory memorandum.

I know how hard the Table Office staff and the Clerks work, but those documents have been circulated in various combinations, and even this morning when I asked for the latest copy at the Table Office I was provided with the version published on 19 March. I just ask the Minister to consider ensuring that the Opposition have all the information we need to do our jobs properly. It would certainly assist us in the constructive dialogue that we need to engage in on important measures such as this order.

I turn to the order itself. We cannot support the increase in the health surcharge at a time when access to healthcare is essential, in the middle of a global public health crisis. We need fewer barriers to healthcare, not more. That is particularly true in relation to those already in the UK. Also, the detail of the Government's proposals to exempt health and care workers from the fees falls a long way short of what was promised.

The Minister referred to the discussion in the Committee that considered the Immigration and Social Security Co-ordination (EU Withdrawal) Bill; he and the SNP spokesperson, the hon. Member for Cumbernauld, Kilsyth and Kirkintilloch East, will no doubt recall much of the

[Holly Lynch]

discussion with great fondness. However, to keep tightly to debating the SI, there is a theme of measures that do not reflect the spirit of “clap for key workers” and the genuine gratitude that we feel to those on the frontline. Many of those we are landing with an increased bill will be in lower-paid but essential work as part of those efforts.

We welcome the intention in the SI to exempt from the fees those who plan to come to the UK on the future health and care visa. We passionately made that case, and the fees were described as “appalling, immoral and monstrous” by Lord Patten, a former Conservative party chairman.

The explanatory memorandum states:

“There has been strong support for those working in health and social care to be exempt from paying the Immigration Health Charge.”

That is precisely the point—that for those currently working in health and social care the SI does little to remove the burden of the health surcharge fees. It fails to offer automatic exemption from the immigration health surcharge for migrants currently working in health and social care. Migrant workers still have to pay it, and have been promised a refund only down the line. We hear about significant variations in how long it takes people to get their money back from the Home Office. Some doctors I have spoken to have stated that they have had reimbursements only after sending multiple emails to the Home Office, many of which went ignored.

The refund approach is an excessively bureaucratic measure that illustrates the disconnect between policy makers and health workers. Like everyone working in healthcare right now, migrant workers continue to face those stresses on a daily basis while their own lives are on the line to help us to combat coronavirus. Within the care sector in particular, many of those key workers are on salaries that do not begin to reflect the immense contribution and value that their work provides for us all. The statutory instrument should be clear that all those working in health and social care are exempt and simply do not have to pay the fee.

The Prime Minister’s pledge on 21 May to abolish the immigration health surcharge for health and care staff as soon as possible was met with excitement and praise. Yet the prospect for many migrant workers of still having to pay an increased fee and face the exact same financial difficulties that they were experiencing before the announcement seems an incredibly unfair and unnecessary way of going about it. I will share the experiences of some real-life migrant NHS and social care workers to make that very point.

Mary is a healthcare assistant and a Unison member from Nigeria. She and her care worker husband work all hours possible to provide for their three children, aged 13, nine and three. Owing to their immigration status and having no recourse to public funds, the family is not eligible for any state aid, free school meals or child benefit. Despite that, Mary, her husband and her three children have all had to pay the immigration health surcharge individually and have not been told by the Home Office when they will receive a refund. When the increase comes into effect, that will only get worse for families such as Mary’s.

Helen is a nurse from the Philippines, working on a tier 2 visa. She came to the country two and half years ago on a hospital-sponsored three-year visa. She is currently on maternity leave expecting her second child, and is faced with the burden of paying the visa charges for herself, her husband and their children, including for the baby once it is born. The family have had to downsize to a one-bedroom property to be able to afford to pay the immigration health surcharge, despite the Prime Minister’s announcement. Like many, the family also has no recourse to public funds, so receives no free school meals or child benefit.

I have already raised in the House the story of Dr Ahmed Bani Sadara, originally from Pakistan. He had to pay the surcharge for his new-born daughter twice in a year—first, when she was born and again when he changed his role six months later within the NHS, in addition to paying the surcharge again for himself and his wife. We implore the Government to listen to those individual case studies and to devise a solution that offers immediate exemption of the immigration health surcharge for all migrants working in the NHS and social care.

The absence of such an exemption is just one reason why we cannot sign off on the increases. The current initiative does not work for people, and I am sceptical about whether it works for the Government or the Home Office either. Can the Minister share a sense of the administrative cost to the Home Office of issuing refunds in that way? Beyond the delivery of the exemption, we are concerned that the eligibility does not reflect the spirit of what was promised. All staff within the NHS and social care sector have played a front-line role during this crisis. Everyone from specialists in intensive care, allied health professionals, nurses and hospital porters have collectively pulled together, and as such should all be recognised for their herculean efforts.

Labour believes that every migrant worker in the NHS and social care sector should be exempt from the immigration health surcharge; however, on 15 July, the Minister told the House that only those who qualify for the new tier 2 visa will be eligible for automatic exemption, and that other health and care workers would qualify for the refund only if they had worked in the NHS for six months. The Government have failed to clarify how the refund will work in practice.

I heard the Minister say that colleagues in the Health team will provide some clarity, but it would have been incredibly valuable to have had that prior to discussing the SI. Paragraph 7.11 of its most recent explanatory memorandum merely promises the publication of another reimbursement scheme in due course. That is clearly a million miles away from what the Prime Minister promised, so we hope that the Minister can be clear with the Committee when that will be published and what the mechanism will be for delivering it.

The Minister will be aware that we face a clinical skills shortage in the NHS. Until there is a successful domestic training programme, that shortage cannot be resolved without migrant medical staff. Yet Government policy still acts punitively towards those vital workers. The UK has a world-beating system, I am afraid, for discouraging skilled migrants, which in turn threatens to compromise the quality of our public services at the time when we need them the most. The immigration specialist law firm Fragomen carried out international

comparison analysis and found that out of 119 countries only the UK required an advance yearly fee payable upfront in one lump sum to the relevant country's Government, as the SI does.

We place a significant financial burden on applicants, due to the payment of lump sums such as the immigration health surcharge. The Government should look to abate the up-front costs and could do so by making it possible for the IHS to be paid in yearly or six-month increments, rather than in one lump sum at the outset; again, that applies particularly to those who are already here.

Beyond the implications for healthcare workers, Labour rejects the proposed increase in the IHS from £400 to £624, and the rise from £300 to £470 for the discounted rates more broadly. Right now, people are in more vulnerable and precarious work than ever before—people with families, who could be key workers, who have come to the UK for good jobs, worked hard and paid into the system face uncertainty in the workplace, as almost everyone does right now.

To ramp up the costs for those who are already here, who might be changing jobs and who have to apply for a change of sponsor so that they have to pay the fees again, whether or not they will be reimbursed, and find the extra money to access healthcare, when the financial outlook is more precarious than it has ever been, is simply not the responsible thing to do in the middle of a public health crisis. It is wrong to increase the surcharge during this time, and it will further increase the financial burdens faced by lower paid migrants. Let us remind ourselves that they could include those working on farms and in shops, keeping shelves stocked and food on our tables.

This statutory instrument represents one step forward and two steps back for migrants in the UK. We agree that future tier 2 visa applicants should be exempt from the immigration health surcharge, yet the decision to make current healthcare and social care workers pay the fee and be refunded down the line is illogical and harmful, with some of them still missing out all together in the long term.

We would also welcome much greater clarity from the Government on who will be eligible in the future for exemption, and we make the case once again that the exemption must be extended to all healthcare and social care workers, as well as their dependents. We oppose the rise in the immigration health surcharge for all other migrants to the UK. At the start of the pandemic, the Chancellor stated that we are all in this together, but measures such as this SI suggest that some people are more in it than others. As a consequence, Labour will vote against it.

The Minister referred to some of the discussions that we had at the Committee stage of the Immigration Bill. He knows that what I said then was that Labour is engaging in a huge amount of work to make sure that we have a radically different approach to immigration in the future. Of course, there are cost implications, and we are not in a position just yet to outline all of them the Minister, but he knows that work is under way and I look forward to sharing the results of it with him in the not-too-distant future.

2.52 pm

Stuart C. McDonald: Thank you for calling me to speak, Mr Robertson; it is a pleasure to see you in the Chair. I also thank the Minister for his introduction to the debate.

I echo the concerns raised by the hon. Member for Halifax regarding the miscommunication about which statutory instrument we are debating today, because there was a chance that if I had missed an email this morning, I would have come here with absolutely no idea at all that we were discussing the healthcare workforce. Such things do not happen very often, but it is important to try to make sure that we learn from them and put in place processes to stop them from happening again.

Nevertheless, we are where we are, and of course I absolutely agree that NHS workers should not pay the health surcharge. It is welcome that the Government have moved some way towards what campaigners and the Opposition have been saying in that regard. However, for the reasons outlined by the hon. Member for Halifax, there is still further to go. We also welcome the fact that in this draft SI, children will be charged at a reduced rate—basically a frozen rate—instead of the full increased rate. If the Government were to bring back an SI with those features alone, then fine. However, if my amendments to the Immigration Bill had been accepted, no NHS worker would have to pay the health charge and no child would have to pay the health charge, because it would have been scrapped all together. So no teacher, firefighter, shop worker or distribution worker would have had to pay it either.

That is because, as the Minister alluded to, we as a party object much more fundamentally to this monstrous fee. We object on a point of principle, we continue to oppose the charge and we certainly oppose the 50% increase that is being pushed through today. An exemption for one group of workers cannot be justified by whacking thousands of pounds in extra charges on all sorts of other workers. I do not need to repeat everything I said on this topic during the passage of the Immigration Bill, but in short we regard this surcharge not as a charge at all, but as a double tax. It is also a poll tax, and an extortionate one at that.

The fact that this charge is a double tax is confirmed absolutely by the impact assessment that all Members received with their other papers. Deep in annex four, there is reference to the many thousands of pounds that the migrants subject to this charge contribute in the form of direct and indirect taxes every year, and those thousands of pounds dwarf the estimate of the cost of providing them with NHS care that the Minister referred to. That same impact assessment says, in its “key assumptions” section,

“This analysis looks at the impact on the health costs of migration, without considering the scope to offset these costs with fiscal revenue raised from migrants (e.g. income tax).”

In short, we are handing out a bill for the average cost of treating people on the NHS, but not giving those people any credit for the taxes they pay. Anyone wanting to apply a degree of fairness would take into account the tax that people are paying.

The question then arises: why are the Government sticking to just an NHS charge? I share the views of the chair of the Migration Advisory Committee, who told the Select Committee on Home Affairs that he did not think that made sense. Why not have a policing surcharge,

[Stuart C. McDonald]

a transport surcharge and an education surcharge, so that migrants are contributing to all those services as well? The answer, of course, is that they already pay tax for those services. Exactly the same principle should apply in relation to the NHS. This charge is a poll tax, because an international celebrity coming to work here on a multi-million-pound salary will make precisely the same contribution as a junior doctor coming to shore up the NHS, and it is particularly brutal in its application to families for whom Britain is home and who get put on the 10-year road to settlement. Kids who have known no other country will have this fee levied against them year after year for a decade.

Finally, I have a couple of requests of the Minister. I say again that we urgently need to see analysis of the impact of extending the surcharge to EEA nationals. We should have seen that when the immigration Bill was being debated, and we certainly should have seen it before today, before we started discussing increasing the fee that the Government want to extend to EEA nationals. As of next year, if a business in my constituency wants to employ somebody from Germany or Italy, they are going to have to pay thousands of pounds in health fees to recruit that person, whereas a business in Ireland or Denmark will not have to pay a penny. That is going to have a profound effect on my constituents, never mind the people of Northern Ireland. Businesses there will have rival companies just a few miles down the road that will be able to recruit people from all across Europe free of charge, yet we are going to be levying fees of thousands and thousands of pounds on those people. We need to know what assessment the Government have made of the impact of that.

The Minister alluded today, as he has before, to the argument that the surcharge is comparable to the cost of health insurance in other countries. Of course, it is fair that people going to countries with insurance-based systems pay in the same way as citizens of those countries, in a way that is related to their income. However, as the hon. Member for Halifax has also pointed out, I have seen absolutely no evidence that they are charged anything that remotely resembles the UK double poll tax on top. Again, I rather suspect that apples are being compared with oranges. The impact assessment also refers to “internal analysis by DHSC” to justify the assertion of competitiveness; I would like to see that too. Where is this DHSC research into how this operates in other countries? In short, there is a lack of fairness and a lack of transparency behind these proposals, and we in the Scottish National party continue to oppose them.

2.57 pm

Mr Carmichael: It is a pleasure to serve under your chairmanship, Mr Robertson. First of all, I associate myself with a number of the arguments that we have heard, particularly those made by the hon. Member for Halifax about the inappropriateness of bringing forward an increase in this charge at this time and in the circumstances of the global covid pandemic. To pick up the point made by the hon. Member for Cumbernauld, Kilsyth and Kirkintilloch East towards the end of his speech, the lack of proper underpinning analysis to justify the figure is something that should make us all pause for consideration. It is not good enough for the

Government to pluck a figure out of the air, as seems to have been the case here, and bring it forward in the way they have done.

The Minister perhaps has a fair point when he says that anybody stepping off a boat or a plane has immediate access to care on the NHS, but the longer that person is here, the less relevant that case becomes. Of course, as the Minister himself made clear in his contribution, this charge applies to not only those who are just arriving, but those who have been here for a number of years and are seeking to renew their visas. I am afraid that it also conforms to a pattern that we have seen before, whereby this Government seem to view visa application fees as some sort of extra cash cow—another little bonus for the Treasury. The actual application processing cost of a tier 2 visa is something in the region of £317, but the fee paid by the person making the application is £704, so we see that the Government are creaming off something in excess of 50% of the fee as pure profit—nice work if you can get it, I am inclined to say.

Let me put that into the broader context of the contribution made by those who, having come here, work in our economy. Let us be honest, that is why most people come to this country: to work and to contribute to our community. The work by Oxford Economics for the Migration Advisory Committee concluded that the average non-European economic area national made a net fiscal contribution of £310 per annum more than that of the average UK adult. The same analysis states that the net contribution of an EEA national is some £1,940 greater than that of the average UK adult. That goes to the point that was made by the hon. Member for Cumbernauld, Kilsyth and Kirkintilloch East—I wish he had a shorter constituency name—about the lack of underlying analysis and justification for the figure that the Government have brought to the Committee in support of the provisions before us.

Then of course there is the question of those who are exempt from paying the health surcharge. As I said to the Minister, it is of course welcome that healthcare and associated professionals are exempt. I am afraid, however, that it bears no scrutiny to say that when somebody works in the NHS as a cleaner or a porter—doing critical and, sadly, as we have seen in recent months, quite dangerous work—it is somehow too difficult to work out whether they work in our hospitals and care homes. The concessions that have been made are welcome, but it is almost as if they are given grudgingly. Really, I think that all those who contribute to our NHS and its success should be valued more highly than that, and are entitled to expect better for the contribution that they make to our NHS and our community in both the work they do and the financial contributions they make.

We heard the Minister talk about the rebate system, but yet again, it is being offered without any clear timeline. When will we see the details of that rebate system? Again, tabling an instrument such as this without having that detail is, I would suggest, a case of putting the cart before the horse.

The instrument is part of a bigger picture. About one in seven people who work in the NHS are foreign nationals—some 36,000 doctors, 59,000 nurses and 40,000 clinical support staff. Meanwhile, one in six of the adult social care workforce is a foreign national; that is 249,000 care workers who are not given the benefit of the exemption

given to the professionals in the NHS. That is the number of people who will be affected by this approach to migration.

The instrument tabled by the Government, although it is being considered by the Committee and done through delegated legislation, is not a matter of detail or a minor accounting adjustment. It reflects a quite fundamentally objectionable principle that states that the people who help us most seem to be valued least. That is why, in the event that the Committee divides today, I shall oppose the instrument.

3.4 pm

Bell Ribeiro-Addy (Streatham) (Lab): I want to associate myself with the remarks of the three previous speakers, particularly those of my hon. Friend the Member for Halifax, because I believe that, overall, immigration surcharges are based on a series of falsehoods.

First, the statutory instrument claims that the order will increase the amount of charge to cover the full cost of use. As a flat charge on all visitors or temporary residents, it is not at all related to use. Some might require no NHS support at all, while others might require substantial NHS assistance, and increasing the surcharge during a pandemic is potentially a disastrous false economy, so I do not know why we are discussing this.

This statutory instrument is also premised on the false notion that the NHS is overwhelmed by health tourism. Despite various Ministers making that claim over a number of different years, they have yet to provide the evidence. On the contrary, according to the Department of Health's own estimates, the sums are tiny in relation to the overall health budget, which I believe is £140 billion in England alone. In the past few months, the Government have wasted millions on a failed tracing system, faulty face masks, unsafe testing kits and useless antibody tests.

Despite the false claims, it should be clear that that is just another part of the hostile environment policy which, in this case, is used to support the false assertion that the severe problem in the NHS is due to the demand from overseas visitors, when that is simply not so. The truth is that the NHS is underfunded, has health staff shortages—something that could be resolved by allowing more migrants to work in the NHS—and has been starved of funds by outsourcing and privatisation. Those are all Government policies, so I will oppose this statutory instrument.

3.6 pm

Kevin Foster: I thank the members of the Committee for their valuable contributions.

I will start with the comments of the right hon. Member for Orkney and Shetland. I was pleased to hear him say that it was a fair point that, when someone steps off a plane, they need to have access to the NHS if they have the type of immigration permissions that we are discussing today. That is why the measure was introduced under the coalition. To reassure him, given his comments on wider charges in the immigration system, the fundamental charging criteria are still pretty much what they were back in 2014, when agreed during his own time in Government.

To come on to some of the wider points made, the first by both the SNP and Labour spokespersons, any confusion in the supply of the explanatory memorandum

is concerning. I am certainly more than happy to pick that up through my private office. When we lay statutory instruments, I am also more than happy to ensure that copies of relevant documents are sent directly to hon. Members. I am conscious that an important part of scrutiny is to have those documents easily to hand, without having to rely on the Table Office. I will ensure that that is actioned.

I will also clarify a couple of comments made on the pandemic by the hon. Member for Halifax. To be clear, anyone who needs treatment for covid-19 may approach the NHS for it. Across the United Kingdom, there is no charge for that, and whether people are able to access treatment does not in any way relate to their immigration status. As I said in the Chamber in response to a question from my right hon. Friend the Member for Haltemprice and Howden (Mr Davis), information supplied to the NHS will not immediately be supplied to immigration enforcement. Our priority is to ensure that people feel they can approach the NHS in this country if they have symptoms of covid-19, regardless of whether they have lawful immigration status or are undocumented. I wish to be very clear on that point.

I will go into some of the other issues raised. To be fair to the hon. Member for Halifax, she was specific in her wording, probably for a reason, that other countries do not require payment to the “relevant Government”—the exact words used. That rather misses the point about the situation in other countries. We all know the situation in the United States of America, where a payment may not be required to the US Government, but in reality people take a risk with their own health and of potentially crippling medical bills if they do not have medical insurance. Thankfully, we do not have such surcharges for people living here in the United Kingdom, and never will. Talking about no payment to the Government also misses the fact that to get the type of cover provided by the NHS here, people have to spend a significant amount of money. That is true in other countries, such as New Zealand, which requires foreign fee-paying students to hold acceptable medical and travel insurance as a condition of their visa. They do not have to pay the Government, but they do have to buy something specific. In addition, they still have to pay for GP practice consultations, which would be free here in the UK.

Holly Lynch: That was a series of points about the fact that the way we ask people to make that fee—up front, in advance and in one lump sum to the Government—is very unusual. Even comparing it with insurance, which is slightly different but it is the point that the Minister is making, I would imagine there would be different payment plans to make it a bit more manageable for people if that financial contribution, up front and in one go, is a challenge and a barrier to healthcare. Can he reflect on that point?

Kevin Foster: Again, some of those costs are up front, then followed up by having to pay for healthcare treatment. One thing that is unusual and which is really good about this country is the level of free-at-point-of-need healthcare that we have across the nations of the United Kingdom, dating back to 1948 and the introduction of the NHS. That is not replicated in many other countries, where there is either a social insurance system or there is still co-payment for many areas.

[Kevin Foster]

Ireland was another example given and we have had a quick look at the position for someone who has moved there. In my understanding, there is a charge levied more generally, not just on migrants, where people pay €100 if they attend an accident and emergency department without a referral letter from the doctor. Again, we do not have those sorts of charges here and neither will we look to have them. Similarly, there can be charges for being an in-patient in a hospital in Ireland. Again, that would not apply to someone here who has paid the immigration health surcharge or who has indefinite leave to remain and therefore is exempt.

Stuart C. McDonald: I am happy to have this debate, but I will say two things. First, can we see the analysis that I referred to earlier that the Department of Health and Social Care has done on this point so we can have the debate in full knowledge of that? Secondly, in terms of Ireland, migrants there are being charged on the same basis as local residents, but here people are being asked to pay the tax—as local residents do—and the dreamed-up £600-odd fee, for which we have yet to understand the full basis.

Kevin Foster: We are happy to supply how we come to the costings. As we said in our manifesto, it is the cost of treatment to those who are covered by the health charge element. I think the situation is different. We rightly have got a social contract in the UK that those of us who are long-term residents or who have been here for a period of time pay taxes year in, year out. That is not dependent on whether we have been ill and not dependent on how much we have needed to use the NHS; we all pay that fee.

It is not unreasonable to ask those who have moved to the United Kingdom specifically at a point in their lives, who will not necessarily have that long-term payment of tax and other contributions, to make their contribution for the period, as some of them will have limited leave. Then, when they make the commitment that indefinite leave to remain represents—that is, permanent settlement—they become exempt. That has been the basis.

I appreciate that the Scottish National party has a very different view on this particular area despite its having produced £120 million of funding for Scotland's NHS in its period of operation—and it will continue to produce income for Scotland's NHS. We believe it is the right approach that when someone has just arrived, they make a payment that reflects the fact that others who have been here—permanent UK residents—have made contributions over a period of time, on average.

I heard the comments by the hon. Member for Streatham. The basis is that some need it more or less. That is, of course, the basis of how the NHS, which is taxpayer funded, works. We would not want to link that to how much someone uses the NHS, although I accept that in other countries people face direct healthcare charges, including those who are permanent residents and sometimes those who may not have built up the level of social insurance payments of a longer-term resident. As for the expression that it is unique to a certain Government, it is certainly not unique for those migrating to other nations to face either up-front charges or the prospect, if they become unwell, of having to find money to fund their treatment. That is a prospect they will not be facing here in the United Kingdom.

As for further details on reimbursement, I mentioned in my speech that the Department of Health and Social Care intends to launch that in October and to publish the figures shortly. That is for those who are not automatically exempt as a result of qualifying for the health and care visa and, similarly, those who are applying to renew their migration status.

The hon. Member for Halifax used the example of how a doctor can seek to apply—if they are on tier 2—for the health and care visa if their migration status is coming up for renewal. She also made points about when sponsors change. To reassure her, we are looking to make some changes under the new points-based system from 1 January to make it slightly easier for people to move between sponsors if they are doing fundamentally the same job. That also partly responds to legitimate concerns about ensuring that employees are not wholly tied to one employer.

Obviously, the NHS overall is a unique organisation, but if someone is absolutely tied to one employer for their migration status in the United Kingdom, that can present some challenges. We will make it slightly easier for people here in the United Kingdom to move between employers, subject to the workplace role still being fundamentally what their status was based on.

The debate has been a useful opportunity to scrutinise the order. It sounds like, in the Labour party's immigration policy, I have some Christmas reading to look forward to from the hon. Member for Halifax. I very much recommend that she bases it on the policies the Government put out on 13 July. There will be further details about the new points-based system, which will be a very firm base. The hon. Member for Streatham has her view on whether the immigration health surcharge should in principle be part of the immigration system in the future, and I look forward to hearing the view of the hon. Member for Halifax.

The order is the right approach, based firmly on our manifesto commitment and on reassuring the UK taxpayer that, as a whole, our migration system exists to support our health services and make a contribution to them. I commend the order to the Committee.

Question put.

The Committee divided: Ayes 8, Noes 7.

Division No. 1]

AYES

Baker, Duncan	Mohindra, Mr Gagan
Foster, Kevin	Moore, Damien
Griffith, Andrew	Pursglove, Tom
Lewer, Andrew	Sturdy, Julian

NOES

Carmichael, Mr Alistair	Owatemi, Taiwo
Elmore, Chris	Ribeiro-Addy, Bell
Lynch, Holly	
McDonald, Stuart C.	Whitley, Mick

Question accordingly agreed to.

Resolved,

That the Committee has considered the draft Immigration (Health Charge) (Amendment) Order 2020.

3.18 pm

Committee rose.

