Letter from Westminster

Party political knockabout on overseas visitors

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When a politician cites something as evidence to support a contentious case he is putting it is always worth going back to his source just to make sure he is telling the whole truth. There was an intriguing illustration of how a source may be "used" during the rather heated party political knockabout in the Commons that followed the announcement by Mr Norman Fowler, Social Services Secretary, of the new scheme to charge overseas visitors for using the NHS (27 February, p 682). The scheme, which will come into operation from 1 October, is expected to bring in £6m a year, a sum that will go to the district health authorities or boards to finance health care.

The scheme is the second version tried by the Government. The mark one version announced last year was strongly criticised, and as a result a working party was set up to try to solve the difficulties. Justifying his decision to introduce charges the Minister insisted that the report showed the present procedures used to establish eligibility to be racially discriminatory. This system, he complained, was the one that Mrs Gwyneth Dunwoody, Labour's health spokesman, had been defending. It sounded like the argument that clinched his case. But that was not quite what the report said. Earlier in the row, when he was sticking more closely to his brief, Mr Fowler said that the working party had found that the present position "contained a distinct risk of applying the rules in a way that discriminated against members of ethnic minorities living here." Now that is not quite the same as saying that the rules were racially discriminatory. Nor is it exactly in context—politicians love to claim that they have been taken out of context, so it is not surprising if occasionally they reverse the process.

To supplement the field study carried out at four hospitals a questionnaire was sent out to which 20 replies were received. The answers showed that the present arrangements for establishing eligibility varied from place to place, tended to be applied somewhat haphazardly, and were based on the intuition of hospital staff concerned rather than any clearly defined local guidelines. The working party decided, therefore, that clearer guidance was needed, irrespective of the Government's present proposals to introduce NHS charges, because the rules were not being enforced consistently. The point is that if the present rules were enforced consistently on the basis of proper guidance the "distinct risk" that they may be being applied in a discriminatory way would not necessarily exist.

Under the system that will start in the autumn all visitors, including overseas students, will be charged for NHS hospital treatment during their first year here. In the previous proposals they did not get exemption until after three years. People coming here to work will be exempt from the beginning of their stay, as will some visiting dependants—wives and children under 18. In most other respects the new scheme is the same as the one on which the Government consulted. Mr Fowler said that in making the changes the Government was bringing Britain into line with virtually every other Western country, and that there was no reason why the British taxpayer should

provide free hospital treatment to short-term visitors to this country, who are said to number around five million a year. Britain has about 12 million foreign visitors annually, but the seven million others are covered by reciprocal health agreements.

One of the arguments made on behalf of the parliamentary process is that MPs by questioning Ministers find out things and this acts as a check on the executive. On the evidence of the inquisition that followed Mr Fowler's announcement this is far from the case. It proved to be a rowdy swapping of party political points, with Conservative backbenchers congratulating the Minister—at last a Secretary of State with the courage to take this step which will delight the British taxpayer—while Labour backbenchers warned that it was all a diabolical plot to edge us one step nearer having to pay for NHS treatment too. Dr Maurice Miller, Labour MP for East Kilbride, a former medical practitioner in Glasgow, summed up the Opposition attitude when he warned Mr Fowler that this shameful decision was another way in which the nation's prestige was being eroded by the Government. "Will the £6m saving be at the expense of asking the British people to carry identity cards with them if they consult a doctor in another area?" he asked.

Favourable reaction from staff

Mr Fowler, who had earlier rebuked Mrs Dunwoody for making "a great number of silly statements," fielded that little lot neatly. There was no question of people being asked to carry identity cards, he said firmly. All this was quite good fun, but for information you really have to go back to the report. This said that most hospitals at which the tests were carried out thought that the questions to establish eligibility could be put without additional staff being employed, and that few of the patients who had been asked in the trial runs—only 12 in all—had objected to answering them. There was also a generally favourable reaction from most staff.

The report also recommended that the questions be incorporated in a hospital's registration procedure and that they be put to all new patients. The principle of universal challenge is seen as essential to the impartial operation of the system. In addition it made clear that during this initial stage no documentary evidence is to be asked for to verify the answers. Another point made was the importance of hospitals having clear and effective procedures for recovering the money once a patient's liability to pay had been established, and the report proposed that the hospital should ask for a reasonable deposit at the time the visitor sought private inpatient treatment. For outpatient treatment, the working party suggested that a deposit based on an assumed course of treatment should be asked for, adding that there might be some advantage in having this fixed at a standard level. In addition, GPs could help by indicating a patient's eligibility in appropriate cases in their letter of referral, the report added. This proposal has been put to the BMA's General Medical Services Committee.

In the Commons, however, MPs were too busy enjoying a party political squabble to trouble themselves with such practical details.