

## Joint Briefing on Immigration Health Surcharge

February 2024

This briefing addresses the implemented changes to the Immigration Health Surcharge (IHS), highlighting the impact the increased costs have on individuals and communities. For many people, the rising costs are forcing many people and families into debt and destitution.

### What are the Home Office changes?

The Immigration (Health Charge) (amendment) Order 2023 amends Schedule 1 to the Immigration (Health Charge) Order 2015. The full rate of the charge increased to **£1,035 per adult per annum**. The new rate applies to applications made on or after **6 February 2024**, affecting those already in the UK and part way along an immigration route.

The IHS was only implemented in 2015. The charge first rose from the initial £200 to £400 per year in 2019, and then to £624 in 2020. Now at £1,035 per year, that represents an **increase of 66% from the current charge, and more than 400% compared with five years ago**. An adult applying for a 5-year visa will need to pay **£5,175 for the IHS alone**, excluding their visa cost, any additional processing costs, solicitor fees, biometrics and more before applying for Indefinite Leave to Remain or Citizenship. In total some families are [paying over £50,000](#) to remain in the UK.

The rationale stated for the increase is to primarily fund migrants using NHS services, in practice, the charge is substantially above the average cost of private medical in the UK, [currently £712.08](#), **on top of the taxes many migrants already pay, effectively creating a double taxation**. In contradiction to their own [impact assessment](#) and rationale for these increases, it has been claimed by parliamentarians that increases in charges could be used to pay for [pay increases of other public sector workers outside of the NHS](#), including teachers and police officers, which would in effect mean migrants paying more than they receive back to cover the additional charges.

### What is the issue?

It is worth remembering that until 2003, the UK **charged nothing for visa extensions, work permits and settlement**. [Visa and citizenship fees were modest](#) - for example a student visa cost just £33. In the past twenty years, the UK made a political choice to make lives harder and financially punitive for people wanting to make this country home.

On 4 October 2023, **visa and immigration fees increased up to 35%**. Now with the **66% increase to the Immigration Health Surcharge**, many families already find themselves in poverty, debt and destitution to be able to pay for these. **A migrant family of four often has to pay around £50,000 over 10 years for the right to stay**.

Student visas, citizenship fees and permanent residence fees have also increased, with confirmed increases to the Minimum Income Requirement for spouse visas from [£18,600 to £38,700](#) threatening to break up families. Amid a cost of living crisis, this puts an **unhealthy, unnecessary strain on people**, some will risk losing status and becoming undocumented, this is already happening at an alarming rate.

Public sector workers deserve pay raises, but this should never come off the backs of migrants, or be used as a tool to stoke division in our workforce and our communities. To

fund this by further taxing migrants, by hiking visa costs and NHS fees is an attempt to sow division. Migrant workers are a vital part of our communities and our workforce. They are the backbone of our public services, applauded by the country during COVID, but now face hostility from our immigration system. **No worker should be pushed into poverty, unsustainable debt or homelessness simply because of the papers they hold.**

At a time when our country desperately needs immigration, increasing this unjust form of double taxation will deter the best and brightest from the UK, and exacerbate the risk of exploitation. 1 in 5 care workers are in poverty, with a [606% increase in modern slavery cases](#) with 18% of these occurring in the care sector.

[Our report in 2022](#) found **a third of respondents had paid around £20,000 overall, with 10% having paid over £40,000.** Two-thirds of respondents told us that they have been forced into debt to pay for their visa costs. People have reported debts reaching £30,000. **95% of respondents told us they had extremely negative feelings about their situation,** with some using words such as “terrible”, “hopeless”, “mental torture”, and “ruined my life”.

**We urge the Government to repeal the increases to the IHS and visa fees for migrants** and meet the pay demands of our public sector workers through progressive taxation ensuring those with the broadest shoulders contribute more to our vital public services. Over [30 MPs have signed an EDM Motion](#) against the visa fees increases and **over 80,000 people** have signed petitions against increasing the [IHS](#) and the [MIR](#). The IHS should be scrapped and visa costs proportionate to processing costs as set out by the [UK Constitutional Law Association](#). Charities, unions and politicians have also [criticised the policy](#) as “deeply unfair” and “deliberately divisive”, saying it will damage the UK economy by squeezing workers from overseas.

### What advice was taken in relation to this threshold?

#### Home Office: Numbers of users of NHS services

In Spring 2023, the Department for Health and Social Care (DHSC) reviewed the cost to the NHS in England of treating those who pay the surcharge and identified that costs are now higher than the current IHS level of £624. Using the same methodology as in 2020, with updated inputs, DHSC has estimated that the average healthcare costs for those who pay the surcharge amount to [£1,036 in 2023/24](#).

The NHS publishes information annually on NHS usage which includes demographic information such as age, gender and religion. **The data however [does not differentiate](#)** between the migrant community and the resident populace.

IHS payers are generally younger than the resident populace, they are potentially less likely to access NHS services. From March 2021 to March 2023, **77% of IHS payers were between the ages of 20-39.** In the same period, there was **0% of IHS payers between the ages of 55 and over.** [The Hospital Admitted Patient Care Activity, 2022-23](#) shows that **20-39 year-olds are the least likely group to use NHS services (3,358,081),** while significantly the age group of 55 and over are the most likely users of the NHS (11,534,609). Also, due to the disparity caused by gender pay gaps, **increases to the IHS may disproportionately impact female migrants.** As there is no evidence collected to prove that those paying the IHS use the NHS more or less likely than the general population of the same age group, there is no clear justification that the 66% increase is proportional through NHS data.

Furthermore, holding private medical insurance [does not negate the need to pay the IHS](#) and migrants still need to pay for certain types of services, such as prescriptions, dental

treatment, eye tests and assisted conception. [Doctors in Unite](#), which represents junior doctors, general practitioners and hospital consultants, have said that they are “*appalled*” at the move, calling it “*immoral and divisive*”.

### Home Office: Future migration statistics

The Home Office Economic Assessment uses these arbitrarily constructed statistics to estimate the growth of immigration within the next 5 years to justify these increases.

Recent analysis and Freedom of Information Requests by the [Migration Observatory](#) have since raised considerable concern about these statistics provided by the Home Office against the reality of net migration into the UK. For example, official figures showed 77,700 care workers on out-of-country visas in the year ending June 2023, but failed to account for the 26,200 graduate-to-work visa switchers who joined the care workforce, **the figure in that period was around 34% higher than the official statistics suggested**, at 103,900 in the year ending June 2023.

The Home Office needs to acknowledge that our health and social care sectors have been built, and are being propped up by migrant workers. With over [112,500 vacancies across the NHS](#), we have increasingly relied on migration to bridge this gap, in the last five years the number of international graduates joining the medical workforce has increased by 40%, and in 2020/2021 [nearly half of new GP trainees were international](#), joining the 265,000 non-British force. Many of these individuals have to pay the surcharge, to only end up joining the NHS anyway, effectively being double taxed to pay for their own salary increase and use the service they provide.

### Home Office: How the money is spent

The Home Office has said surcharge income “*goes directly into the NHS*,” but in responses to parliamentary questions, ministers have said this is not how it works: the money is instead [allocated to health departments across the UK](#). The health departments may choose to use the money for NHS spending, or to allocate it to non-NHS organisations.

**The UK Government does not keep central records of [how much goes to the NHS specifically](#)** and the Home Office keeps back a portion of the gross revenue to cover its administration costs. [Ministers have declined to say how much](#). However, impact assessment documents show that payments are collected by a private company which charges the [Home Office a percentage of the gross revenue](#). Migrant Voice has since submitted an FOI request to clarify how the money is allocated.

### Our Demands

- A system that works for everyone: [affordable, simpler and shorter settlement routes for migrants](#), and adequate pay rises for the public sector;
- Abolish the Immigration Health Surcharge, particularly considering that migrants already pay into and contribute significantly to our health and care services;
- Reduction in visa fees in line with actual processing costs;
- Capping of routes to settlement at five years; and
- Solidarity and cooperation between migrants, workers and everyone else.

## Signatory Partners

This Joint Briefing was written by [Migrant Voice](#), in partnership with [Reunite Families UK](#), [Ramfel](#), [JCWI](#) and [Praxis](#).

In addition, the following organisations are signatory partners to this Joint Briefing:

**Greater Manchester Immigration Aid Unit**

**The William Gomes Podcast**

**The Voice of Domestic Workers**

**African Rainbow Family**

**BARAC UK**

**Kanlungan Filipino Consortium**

**Southeast and East Asian Centre (SEEAC)**

**Kalayaan**

**Latin American Women's Rights Service (LAWRS)**

**Gabriela Safehaven- Southeast and East Asian Women's Association**

**IMIX**

**Haringey Migrant Support Centre**

**Refugee Support Group (Berkshire)**

**Humans for Rights Network**

**Manchester Migrant Solidarity**

**West London Welcome**

**Social Equity Centre**

**Lewisham Refugee and Migrant Network**

**ASSIST Sheffield**

**Doctors of the World UK**

**Haringey Welcome**

**Migrant Democracy Project**

**Birmingham City of Sanctuary**



THE JOINT COUNCIL  
for THE WELFARE  
OF IMMIGRANTS

