CAMPAIGN FOR REVIEW OF ADR (ADULT DEPENDENT RELATIVE) RULES

Who does this relate to?

The rights of migration for elderly or ill parents of those permanently settled in the UK (often British citizens) who are currently living on their own abroad and are no longer able to live independently.

The child now settled in the UK is willing and able to look after them, so they can be with their caring family and grandchildren, in their family's home in the UK without public economic or health burdens, with contributions to mitigate any costs of healthcare.

Many NHS workers and other professionals made the UK their home in the expectation that they would be able to provide care for their elderly parents in their twilight years as allowed by the pre-2012 Rules, as an inherent human right, that such elderly parents would join their children for their final care.

What are the current obstacles?

Under new rules introduced in July 2012, British citizens with elderly parents are only allowed to have their dependent parents join them if they can demonstrate that they require a level of long-term personal care that they are unable to get in their home country, either due to cost or availability.

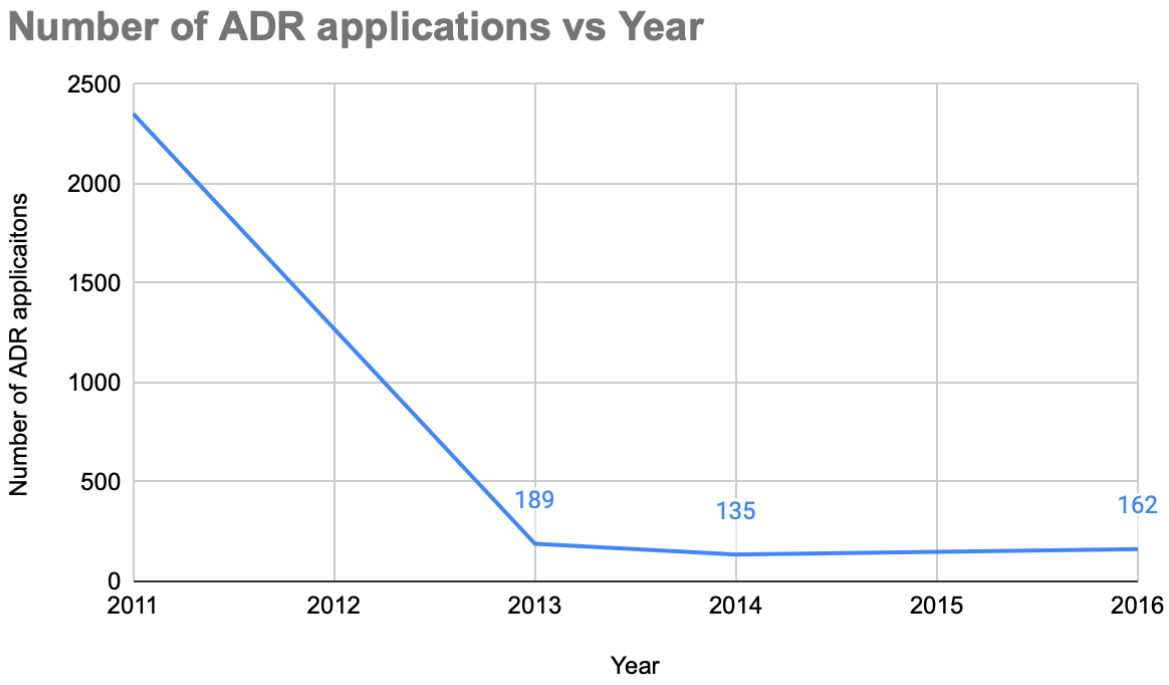
Those who meet the new requirements are granted Indefinite Leave to Enter if their sponsor is a British citizen or settled here, subject to the five-year undertaking by the sponsor that they will maintain and accommodate (and, under the new rules, care for) their relative without access to public funds.

The lawfulness of the new ADR rules was upheld in a legal challenge in 2016, with the judgement concluding:

- The new ADR rules had resulted in far fewer applications succeeding than had been estimated.
- The financial savings stemming from the implementation of the new rules had been underestimated, therefore as the numbers dropped from over 2000 to just over 100, by 95% instead of the anticipated 10% per year.
- The June 2012 Impact Assessment **had not** taken account of the potential loss to the Exchequer of sponsors who might leave the UK because they could not bring their elderly parents to join them, particularly sponsors in the medical profession employed by the NHS.
- Alternative methods of avoiding the burden on the NHS and local authorities were likely to be available in some ADR cases, e.g., medical insurance, the Immigration Health Surcharge introduced under the Immigration Act 2014 or a bond.

Of note is the fact that it was estimated that the rule change in 2012 would result in a reduction of 281 ADR grants per annum leading to estimated NHS savings of £23 million over 10 years.

But the number of applicants had fallen to just 162 applications in 2016, clearly demonstrating that it has become impossible to successfully bring deserving elderly parents to the UK.



Figures have not been made available since 2016, and requests for this information have been rejected.

As a direct consequence of these rules, there are heart-wrenching and disturbing tales of many elderly parents left to live and die in isolation, without the support and vulnerable to potential abuse and exploitation that no human should ever have to. Those serving in key frontline roles are expected to make stressful multiple trips to care in times of emergency or need, with disruption to their patient services.

The public care sector in most of these countries is neither accredited nor regulated and much less developed than in the UK. Private care is even less accountable or dependable. The fact is that the elderly succumb to illnesses and are less motivated to live from loneliness and isolation.

NHS workers who are expected to treat patients with utmost compassion are being bereft of the very compassion when it comes to their own family. In many cases, they are not even able to discharge their filial obligations or say final goodbyes.

What is the scale of the issue?

In many cases, elderly parents are well looked after by siblings of those settled in the UK and many do not wish to come to the UK having spent most of their lives in the home countries. A small minority of them and have no one to love and care for or support them, and as has been highlighted in the pandemic, are overwhelmingly isolated and neglected and die alone

The numbers involved are very small in the context of overall immigration. Before the rule change in 2012, the total applications constituted approximately 0.0069 % of total immigration to the UK and 0.011% of all non-EU immigration.

Home office review in 2016 states that “It should be borne in mind that the number of NHS staff who support ADRs overseas is likely to be a very small proportion. The NHS in England employs more than 600,000 professionally qualified clinical staff. This compares to a total of 2,325 ADRs granted settlement in the UK in 2010-11 under the old ADR rules.”

If the numbers are small, why the campaign

The numbers were never high, but the impact of the Rules has been disproportionate and profound, and discouraged applications because of the stringency of the Rules as acknowledged in caselaw.

In a survey carried out by BAPIO and APPNE, 80% of nearly one thousand doctors surveyed are considering relocating from the UK due to the impact of ADR rules. We have testimonies from many senior clinicians who have already left, and more are planning to leave.

They either relocate back to their country of origin or are gained by comparable nations such as Canada, Australia, and neighbouring Ireland, who have a more humane and proportional system.

General Medical Council (GMC) figures suggest that since 2015 more than 2,000 GPs and specialists have left for another country and asked to be erased from the UK register. More than 4,000 non-specialists, such as junior doctors, have quit their jobs and moved abroad.

The cost of training a nurse is £51,000 for every nurse, a junior doctor is £230,000 and a consultant or a GP is about half a million pounds. Equally, the loss of one trained Consultant to GP is £500,000 excluding loss of taxes to the exchequer and excluding spend on replacement/locums. There are 81,427 non-UK graduates on the GMC register, meaning a significant number of the workforce has been impacted by these rules.

Cost of training the numbers lost would alone run into billions of pounds, massively exceeding any potential ADR savings.

Besides, years of organisational experience and irreplaceable expertise is simply being lost and is invaluable.

This is exacerbating the existing serious staff shortages within the NHS. There are serious concerns around the significant exodus of the NHS workforce in future.

Figure 1: Future supply of and demand for NHS staff

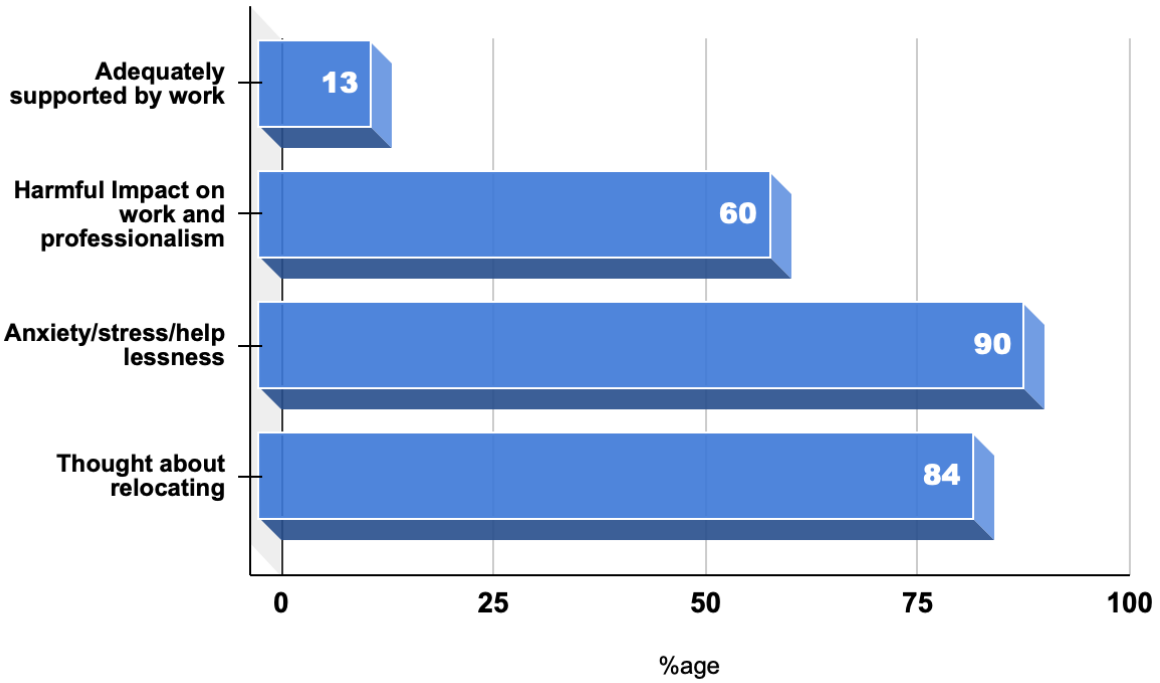
Source: Health Foundation projections, based on workforce data from NHS Digital and Health Education England.

These rules also affect the credibility of the UK as a future destination for the medical workforce when other nations have an inherent advantage due to their approach to allow deserving elderly parents into those countries with some safeguards.

Also, the pandemic has left the healthcare workforce at high risk of burnout and many are considering leaving the profession early, 26% of respondents to the BMA's February 2021 COVID-19 tracker survey said they were now more likely to take early retirement and 47% reported being more likely to reduce their hours. In the BAPIO/APPNE survey, over 90% of the respondents reported feelings of anxiety, stress and helplessness due to this issue alone. They are often forced to take leave and even make multiple journeys disrupting clinics and operations including emergency and cancer care. The Covid pandemic has dispelled the presumption that such care can be delivered by visits from the UK-based offspring.

We are already seeing an unprecedented number of patients on waiting lists with record waiting times and the situation is likely to get worse. Hence, any frontline worker lost and clinical time lost has direct consequences for patient safety.

Undoubtedly, the loss to the NHS and the taxpayer is profound and the issue has a direct impact on patient safety.



BAPIO/APPNE survey, August 2020

Our view

In the joint letter from BAPIO, APPNE, BMA, RCGP, RCOG, RCPsych and RCOphth to the Home Secretary, we set out how the rules are adversely affecting our members, their families as well as the wider NHS. The national and medical media has encapsulated some tragic stories.

Since then, there are many other organisations including nursing groups who have joined the campaign.

We have argued that there is no statistical evidence to suggest that the cost of lifting these restrictions for doctors on the NHS would be a burden to the taxpayer. Perversely, the potential loss to the NHS of these doctors who feel that they are forced out of the country due to their inability to care for their elderly parents in the UK is far greater.

How has the Home office responded?

In the Government's response to the joint letter, the Minister stated that the Department of Health and Social Care has estimated a person living to the age of 85 costs the NHS on average around £150,000 in their lifetime, with more than 50% of this cost arising from the age of 65 onwards. This figure does not take account of any social care costs met by local authorities

What about the economic burden on the taxpayer?

As already stated, the numbers involved are relatively small.

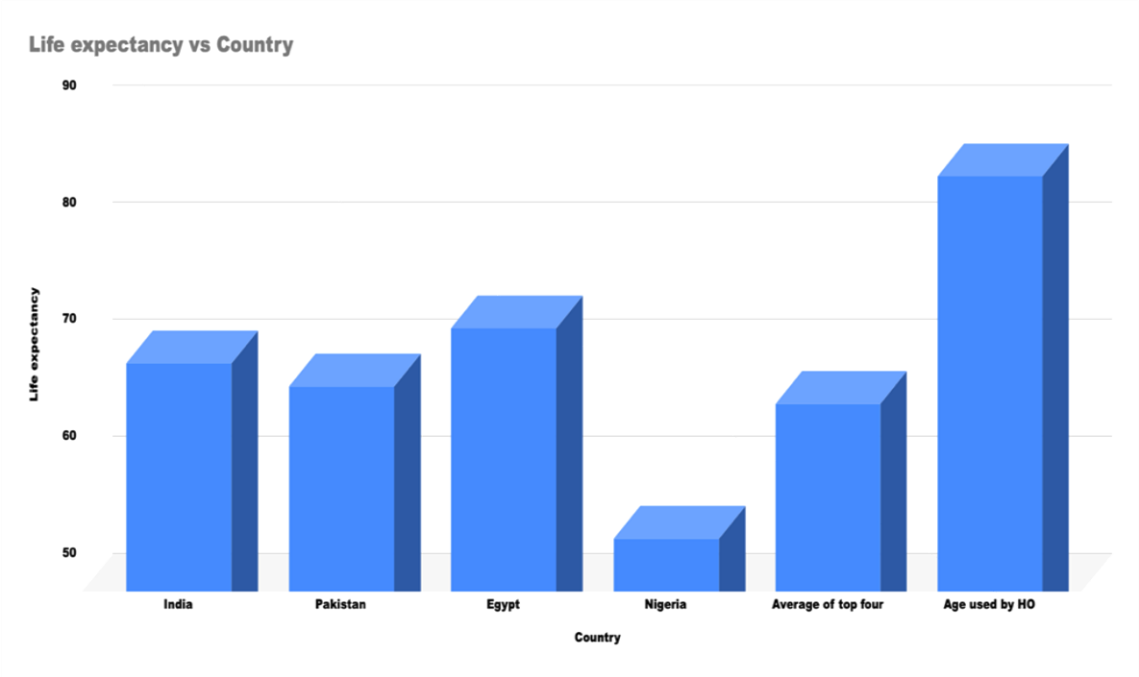
The very reason these professionals want their elderly parents to come to the UK is to look after them and there is no evidence that they rely on any residential care settings.

Traditionally, health and social care use is low in the migrant workforce compared to the native population. There is also a culture of caring for the elders within the family, seen as an 'extension of responsibility or informal caring as recognised in the Census 2011. This vacuum of care has been highlighted during the pandemic.

The use of care homes is significantly lower in the BAME population. Only 3% of the care home population is of BAME origin whilst constituting 13% of the total population.

Life expectancy in the home countries (see top four by country of qualification) is significantly lower than the figures used in the Home Office review suggesting the need for a review. The average life expectancy from countries with the maximum number of migrant doctors is 65.5 years which is 20 years lower than the life expectancy used in home office extrapolations. Considering the NHS estimates that a person aged 65-74 costs the NHS £2,287 per year, any cost is significantly lower than £150,000 as stated in the Govt. response.

All these factors suggest that the economic cost has been overstated and need reviewing.



What about recourse to public fund/benefits?

Any parents brought under the ADR rules will have no recourse to public funds or benefits.

A health surcharge along the lines of the existing health surcharge for migrant workers for use of NHS can be considered.

How do other nations deal with this issue?

Countries such as Canada, New Zealand, Australia, France and Ireland have a flexible and pragmatic approach to the elderly parents of its migrant workforce who settle there.

They have a variety of safeguards in place such as an annual cap on the numbers, bonds, private medical insurance and super-visas.

All these options remain available to the Home office for consideration in addition to the health surcharge.

What are we asking for and current support?

An urgent review of the ADR rules so that they are more reflective of the needs of those who have made the UK their home as well as put a stop to the drain of highly skilled and committed professionals, the brightest and the best in whom the country, the society and the taxpayer have invested in.

As regards the NHS, the UK has always and continues to rely on the migrant workforce, without whom the system will simply be unsustainable. The UK has benefited by billions for the taxpayer through

training costs in addition to a dedicated and committed workforce that contributes in all walks of life and deserves to be treated with fairness and at par with British citizens by birth.

We intend to ensure the basic human migration of the elderly whilst being fair to the taxpayer. The campaign has the support of several political parties and the APG in addition to professional organisations.

What will be the benefits to the UK?

- Stop the exodus of highly trained professionals and reduced disruption to the services at a time when NHS needs them the most.
- Provide the elders and grandchildren of settled families with the same rights to family care and family life which cannot be provided remotely
- A fairer deal for the taxpayer
- Enhanced credibility of UK as a future destination for the highly skilled.
- Happier and more integrated workforce.
- Preserve credibility of UK as a 'just' and 'fair' nation.

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