

**The Northern Echo**  
The North's campaigning newspaper

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## COMMENT

### Security and spending

A WEEK may be a long time in politics, but it is an absolute age in the internet age. The pace of online change is increasing exponentially and shows no sign of slowing down.

Yesterday the Queen opened Britain's show-piece national cyber security centre, part of a £2bn five-year national strategy to identify and defend the country against online attack.

When we see columns of tanks and missiles accompanied by thousands of soldiers goose stepping past the Kremlin it's easy to imagine the threat an emboldened Russia poses.

But cyber threats are much more insidious. We cannot see the viruses, trojans, keyloggers and fake blogs until they are deployed against us. Some of them may already be in place, ready to strike at the click of a mouse.

The Government now ranks cyber warfare among the gravest threats facing our country.

It's not hard to see why. Ten years ago the Internet of Things was the stuff of science fiction. Today there are more than six billion internet-enabled devices in use worldwide. By 2020 there will be more than 20 billion.

Having a fridge that can order a spare pint of milk may be useful but embedding the internet into our country's infrastructure puts us at greater risk of a devastating cyber attack.

The national cyber security centre has its work cut out. According to a survey last year, the UK's resilience to a cyber attack is worse than Nigeria, Latvia, Cyprus and even the Ukraine – and one of the biggest culprits is the UK Government.

Nearly all of England's NHS trusts still rely on PCs running Windows XP, three years after Microsoft stopped delivering security updates. Britain's independent nuclear deterrent also runs on the same obsolete operating system.

We welcome the new focus on cyber security but if the Government is serious it needs to upgrade its own infrastructure as a matter of urgency.

 **What do you think?**  
[echo@nne.co.uk](mailto:echo@nne.co.uk)

**Write to:** The Editor, Hear All Sides, The Northern Echo, PO Box 14, Priestgate, Darlington, DL1 1NF.

**Fax:** 01325-360754

**email:** [echo@nne.co.uk](mailto:echo@nne.co.uk)

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#### QUALITY

If you have any comments or suggestions about the print quality of today's copy of **The Northern Echo**, please contact our customer care department on 01325-505151.

# The passport to fair healthcare



**MEASURES:** Patients could be required to show their passports at hospitals under new government guidelines to tackle health tourism, according to a report  
Picture: KATIE COLLINS/PA WIRE

**P**LANS to charge foreign tourists for non-essential medical treatment up front has strongly divided opinions, with some sources claiming that the rise of so called "health tourism", where individuals arrive in the UK with the sole purpose of accessing routine medical care, is costing the NHS up to £500 million a year.

On the other hand, advocates of the "free at point of entry" principle, upon which the NHS was founded, state that policing of the service will lead to vulnerable persons being denied essential treatment, or worse, not attending due to fear of being refused much needed healthcare.

At present, individuals from abroad who specifically come to the UK for non-urgent treatments only make up a small deficit in the amount of money lost by the NHS every year. Non-essential treatments are defined as those which if not carried out would not pose any risk to life or limb. Examples would include elective hip replacement or cataract surgery. And although the figure of £500m, later revised down to £300m, seems massive in isolation, in reality it is 0.3 per cent of the total NHS budget, or even less if you use the smaller figure.

The real headline figure is the £1.8bn in costs incurred when persons from abroad are in the UK and become ill requiring either immediate or urgent treatment. This stark figure was highlighted last week by the unfortunate case of a 43-year-old Nigerian woman, named only as Priscilla, who was six months pregnant with quadruplets, travelling back from the US to her native country, after not having the appropriate paperwork to access US health facilities. Sadly, she went into premature labour and ended up in a London Hospital where, tragically, only two of the four babies survived childbirth. Her treatment bill of more than £20,000, and estimated to be more than £300,000, is a figure she herself admits she will never be able to pay.

From April this year, the Government hopes to set up a system whereby foreign na-



Is the NHS at the mercy of so-called health tourists and how can we make them pay for treatment? North-East GP **Zak Uddin** looks at the issue

tionals from outside the European Economic Area (EEA) and Switzerland, are advised of and billed for any treatment at point of commencement. This will replace the previous practice of allowing treatment and then invoicing after the event, which the Parliamentary public accounts committee labelled as utterly "chaotic" and has led to a vast loss of revenue. An important point is that this will not stop persons accessing urgent or emergency care, only that they will be aware of the costs up front.

**O**NE of the major issues is how to identify persons who should be paying. Free NHS care is based upon being "ordinarily resident" in the UK. And although presenting a passport and a utility bill with a UK address seems a good idea, it is not actually a complete guarantee of genuine residency in the United Kingdom.

On top of this there is widespread upset as to who will police the system. Many healthcare professionals have voiced concerns that they do not wish to be made into another form of border guard, and with only one properly trained individual for three London hospitals, the system is still under resourced.

Despite this, some trusts have already implemented the system, and with encouraging results. One healthcare trust has already

recovered £350,000 in the past year, noting that there has been no real reduction in attendances from individuals asked to pay for their treatment. This money has then been directly recycled back into the same trust to improve services.

It is very important to state that any victims of torture or those seeking asylum are exempt from all charges, and I hope that this is actively implemented to prevent the most vulnerable members of our global society from any further unnecessary suffering, and being able to access world leading health facilities without further issue.

So, although there are pros and cons to the new system, with a potential for obtaining much lost revenue that may be reinvested into improving healthcare, there is also the genuine worry that the most vulnerable aspects of society, for example those fleeing torture or genocide, will be too afraid to attempt the system, or worse be turned away by under-trained and overzealous proponents of the new concept.

My advice to anyone travelling abroad, especially outside the EEA, would be that in addition to making sure that you have the appropriate and up-to-date immunisations, you also have robust travel insurance that guarantees to cover any treatment in the unfortunate case of falling ill whilst away from home.

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**Dr Zak Uddin**