Lords debate on the implications of the EU referendum result on ensuring safe staffing levels in the NHS and social care services

Briefing for Peers

About us
The NHS Confederation has approximately 500 members and partners across health and social care, including hospitals, CCGs, community and mental health providers, ambulance trusts and independent sector organisations providing NHS care. It is the only membership body to bring together and speak on behalf of the whole NHS.

We have prepared this briefing drawing on information from the NHS European Office and NHS Employers, both of which are part of the NHS Confederation.

Executive summary
The UK’s decision to leave the European Union has created uncertainty for the significant portion of our workforce who are from other EU countries. Approximately five percent of staff working in the NHS are from other EU countries; the proportion is higher for some professions and some regions. This represents over 57,000 people. If many of these staff leave, there would be some risk to our ability to deliver current levels of access to care.

We therefore ask that immediate steps be taken to assure staff from other EU countries currently working in the NHS and social care that they will be able to remain in the UK indefinitely.

The uncertainty created about our ability in future to recruit from other EU countries is also worrying NHS leaders, given current staff shortages in some professions and some local areas. We have an immediate and pressing need for clinical staff which cannot be met from our domestically trained market.

There is also concern about what leaving the EU will mean for the NHS’ ability to recruit the best international candidates to support its world-leading clinical practice, research and education.

We note too that a similar and most likely higher proportion of the social care workforce is from other EU countries; if social care struggles to deliver services then demand for NHS care will increase further still.

The implications of this will need careful management, including both adapting future NHS workforce planning and training and ensuring long term migration policy meets the NHS’ needs.
Key points

How much of the workforce of the NHS in England is from other EU countries?  

- A total of 57,604 NHS staff in England are from other EU countries – this represents 5% of our overall workforce.
- 19,000 of these staff work in London – this represents 10% of the London based NHS workforce.
- 10,000 doctors across England are from other EU countries – this represents 9% of the medical workforce.
- 21,000 nurses across England are from other EU countries, with more than half of these working in London, south east and East of England. The NHS currently has a shortage of nurses, and as a result the Migration Advisory Committee recently advised the Government to keep nurses on the shortage occupation list.
- 6500 scientific and therapeutic staff across England are from other EU countries.
- This is particularly significant for specialist Trusts. For example, the Royal Brompton and Harefield NHS Trust has 15.3 percent of its workforce from other EU countries and 11 percent of Great Ormond Street Hospital staff are from other EU countries. 
- At least 6% of the social care workforce in England is from other EU countries.

What is the current policy context?

The NHS currently faces an extremely challenging set of circumstances. Demand, particularly from our ageing population, continues to increase faster than funding, putting further pressure on an already strained service. Fundamental change in how we provide care is critically needed if the NHS is to be successful in meeting the twin challenges of providing high quality services while balancing the books.

To deliver on our commitments to the Government and the public, we need not only the right numbers of staff in the right place but also to ensure they are valued and feel engaged in the work they do.

The recent levels of recruitment of doctors and nurses from within and outside of the EU indicates that we have an immediate and pressing need for clinical staff which cannot be met from our domestically trained market.

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1 Except where indicated, all statistics in this section are from the Health and Social Care Information Centre: [http://www.hscic.gov.uk/catalogue/PUB20913/nhs-work-stat-mar-2016-pdf.pdf](http://www.hscic.gov.uk/catalogue/PUB20913/nhs-work-stat-mar-2016-pdf.pdf). Figures refer to the NHS in England on 31 March 2016. HSCIC advise these figures are treated with a degree of caution, they are however the best available.


3 There is evidence that levels of staff engagement are linked to quality. For example, West, M. and Dawson, J., Employee engagement and NHS performance, paper for The King’s Fund, 2012
Example: supply of trained nurses
Over the last few years the demand for trained nurses has exceeded the available UK supply following the report of Robert Francis into Mid-Staffs Hospital, and even with the Government’s helpful commitment to additional training places, a return to practice programme for nurses, a focus on retention and inclusion on the shortage occupation list last year, the gap will not be bridged for some time. This is because it takes four years to commission the extra places and train a nurse.

Using staff from within the EU and outside in recent years has helped our employers to provide the responsive, high quality care our patients deserve, help us to more effectively manage spiralling agency costs and retain the staff we have.4

Planned changes include ending the national commissioning of training places for healthcare professionals, increasing apprenticeships and developing other roles to support registered practitioners, for example, nurse associate and physicians associate. They will all play a part in the future shape of the workforce. However, at present we do not have these individuals in post and ensuring the NHS can secure these skills from within and outside the EU is critical.

Social care also employs many staff from other EU countries; any effect on their capacity to provide care is likely to further increase demand for NHS care.

What difference may Brexit make?

The next few years
There is concern across the NHS about the potential implications. Leaders from NHS trusts tell us that following the referendum, NHS staff from other EU countries have expressed uncertainty about their future.

There are currently staff shortages in some professions and some local areas. Recruiting from abroad allows this need to be met more quickly than relying on training new healthcare professionals from scratch. Many NHS employers are concerned they will have trouble recruiting much-needed staff to fill these vacancies.

The prospect of Brexit could discourage EU citizens from coming to work in the NHS due to fears of being unwelcome and / or concerns that in future they may (for example) lose out by being unable to transfer pension entitlements from one country to another, or may lose entitlement to social security benefits. There is also speculation about the impact of a less favourable exchange rate making the UK a less attractive destination for healthcare workers to live and work.

It is too early to know what the scale of the impact will be in practice. If the NHS recruits and retains fewer staff from other EU countries than it requires, the impact of this may mean having

4 For further information, see http://www.nhsemployers.org/case-studies-and-resources/2016/01/2015-nhs-registered-nurse-supply-and-demand-survey-findings

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to spend more on agency staff and / or having to reduce elective capacity in order to maintain safe staffing levels in non-elective services (this would be likely to increase waiting times for patients). It will be important that policymakers pay close attention to the emerging evidence, and respond promptly if the NHS becomes less able to secure the skilled staff it requires.

In addition to the issue of overall staff numbers, there is also some concern about what leaving the EU will mean for the NHS’ ability to recruit the best international candidates to support its world-leading clinical practice, research and education – particularly alongside the uncertainties about future collaboration and access to funding.

**Longer term workforce planning**

The longer term implications for staffing depend on the extent to which the final Brexit agreement includes full freedom of movement for EU citizens to live and work in the UK and vice-versa.

Under a Norwegian-style agreement, we think it is likely that the current assumptions about migration on which workforce planning is based will (broadly speaking) hold.

If the UK Government were no longer to follow EU rules on free movement, Britain could unilaterally decide to relax entry restrictions for certain groups of workers in key occupations of public value and make it easy for them to stay, in the same way as Australia uses a points system to actively encourage entry by healthcare workers.

Employers in the NHS have some key objectives for the longer term approach to migration policy:

- Enabling recruitment of enough high quality clinical staff to support the delivery of a high quality service.
- Supporting its world-leading clinical practice, research and education.
- Honouring UK commitments and WHO practice on ethical international recruitment.

In the longer term, the NHS could reduce its need for health professionals from the EU by training more domestically, improving retention, and recruiting from non-EU countries. These solutions would require action at both national and local level.

**What will be the implications for education and training?**

Currently, students from other EU countries can come to the UK and pursue medical training on the same basis as British students, and without having to obtain Tier 4 visas that apply to non-EU overseas students. British students can study in other EU countries and increasing numbers of British young people are pursuing medical degrees (often taught in English) at European universities. European rules on mutual recognition of qualifications also mean that medical graduates from some EU countries can apply for Foundation Year 1 places as trainee doctors. Loss of freedom of movement provisions on mutual recognition of qualifications for students and for medical trainees could potentially exacerbate shortages by reducing the pool of applicants for these posts, as it would be harder to recruit UK and EU citizens qualified in other EU countries.

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Action we want the Government to take

The extent of uncertainty about the impact of the decision to leave the EU on our ability to retain and recruit healthcare professionals from other EU countries poses a serious challenge to NHS workforce planning at both the individual organisation and the national level. We believe the Government will want to avoid making it difficult for the NHS to recruit and retain the staff it needs. There are a number of actions we recommend the Government should take in this regard:

1. A commitment as soon as possible to staff from other EU countries working in the NHS and social care currently, that they will be afforded indefinite leave to remain in the UK.

2. Continue to make it clear that staff from other EU countries working in health and care are a valued part of our workforce. We welcome Jeremy Hunt’s recent public statements on this point. NHS Chief Executives and HR Directors have also been working hard to emphasise how highly they value their own staff from other EU countries.

3. A commitment that nurses, and other health related occupations as and when relevant, remain on the Shortage Occupation List.

4. In the longer term, an approach to migration policy which:
   - Enables recruitment of enough high quality clinical staff to support the delivery of a high quality service.
   - Supports its world-leading clinical practice, research and education.
   - Honours UK commitments and WHO practice on ethical international recruitment.

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