Parliamentary briefing

House of Lords debate, 24 November – The implications of the EU referendum result for the health and social care workforce

This briefing has been prepared by the NHS Confederation and NHS Employers ahead of the debate in the House of Lords on Baroness Finlay of Llandaff’s motion that this house notes the implications for the health and social care workforce of the result of the referendum on the United Kingdom’s membership of the European Union.

Key Points

- NHS Employers is the founder of the group of 31 health and social care organisations that make up the Cavendish coalition. The coalition is committed to coming together to secure the workforce required to deliver continuing quality in health and social care through:
  1. Supporting the economic as well as social health of the communities we work within through the creation of opportunities for training and employment
  2. Promoting employment policy and practice which ensures that the UK continues to attract workers from Europe and around the world to work in health and social care
  3. Seeking certainty for those already working in the UK by advocating for the right of the current health and social care workforce originating from European Economic Area (EEA) to remain in the UK post-Brexit.

- Across the UK, the social care and health sector is reliant on EU workers, with approximately 160,000 staff from EU countries currently employed across social care and public and independent health organisations across England. Colleagues from outside the UK bring invaluable experiences which enrich our services. They diversify the workforce and bring great skill and expertise to our sector which benefits those receiving social care or health services and the colleagues they work alongside. Our priority is to ensure that EU nationals who are already working in health and social care are provided with leave to remain in the UK.

- The sector requires a sustainable supply or continuing ‘pipeline’ of staff. Given the workforce shortages that the sector already faces, we need to ensure we recognise health and social care as a priority sector for overseas recruitment. We welcome the announcement that more healthcare professionals will be trained domestically from now on and accept that there is more for us to do in our local communities on raising the profile of employment and development opportunities within the sector. However, training times and the inexact nature of workforce planning in a
constantly changing system mean that our sector will need to continue to recruit overseas, including from within Europe.

- **After Luxembourg, the UK is the largest net importer of healthcare professionals qualified in other parts of the EU.** This is particularly true in some specialist NHS trusts. For example, at the Royal Brompton and Harefield NHS Trust over 15 percent of staff were trained in the EU. The single market makes it possible for healthcare professionals who qualified in other parts of the EEA to access the employment market in the UK without having to obtain visas and work permits. This makes it quicker and easier for the NHS to recruit health professionals from the EU, especially into shortage areas and specialties. We recognise that the UK benefits enormously from the single market and it is vital therefore that whatever immigration policy the government adopts, it should not undermine the ability of health and social care organisations to attract and retain talented colleagues from the EU.

- If the UK continues to have full access to the single market in future, entailing freedom of movement for EU citizens to live and work in the UK and vice-versa, our ability to recruit from the EU would not be heavily impacted. However, at the other extreme, a total exit from the single market would leave the UK completely free to determine its own policies on immigration, with possibly much greater implications for the sector. Under this latter scenario, it would be crucial to ensure that any future UK immigration rules take account of the needs of the health and social care as priority.

- We would also be keen to ensure **there is a thorough review of the migration system so that employers can recruit and retain European staff with confidence and transparency around processes and standards.** Such a review would need to consider arrangements for recruitment, employment, regulation and the transferability of pensions and employment and social protection rights.

- The experience of recruiting staff to the sector from outside the EU does highlight some requirements for a future post-Brexit migration policy. **It is clear that the present arrangements for the capped tier 2 immigration route are skewed to roles which pay higher salaries.** We have called in the past for a weighting which takes account of the value of public service and the contribution public service workers make to the health and wealth of the UK economy.
Workforce

There are approximately 160,000 EU nationals working in social care and public and independent health organisations across England with additional staff working in services in Northern Ireland, Wales and Scotland.

- 90,000 in adult social care in England
- 58,000 in the NHS in England
- 13,000 in independent health sector.

Breakdown across sector:

Social care:
Across the social care sector there are 90,000 EU nationals in employment – this is around seven per cent of the workforce. The detailed breakdown shows geographical variances:
- 22,000 staff in London - 12 per cent of workforce;
- 23,000 in the south east - 10 per cent of workforce.
There are a higher proportion of EU nationals in regulated professions, e.g. nursing, than managerial posts.

Independent health sector:
- 6000 staff in the independent health sector (mainly large independent hospitals) - around six per cent of their 100,000 staff are EU nationals. These 6000 staff occupy a range of roles, all critical to the delivery of services.
- 6500 registered dentists and 650 other skilled dentistry workers are on the UK General Dental Council register – around 17 per cent of dentists come from other EU member states. They provide essential NHS and independent dentistry services.

NHS in England:
Similar to social care, there are occupational and geographical variances as to where the 58,000 EU nationals working in the NHS in England are employed:
19,000 work in London – this represents 10 percent of the London based NHS workforce.

- 10,000 doctors across England, almost seven per cent of the medical workforce, are from other EU countries
- 21,000 nurses across England are from other EU countries, with more than half of these working in London, the South East and East of England.
- 6500 scientific and therapeutic staff across England are from other EU countries.

Predicting the number of professionals needed to ensure the smooth and safe operation of a health and care system in continuous change is extremely difficult. Shortages in specific areas can take only two to three years to develop, but may need 10-15 years for the UK trained workforce to respond. **It is to be expected, therefore, that our sector will need to continue to recruit overseas trained professionals, including from within the European single market, to operate smoothly and to offer safe and high quality services to patients in the future. Our priority will be to ensure a continuing ‘pipeline’ of staff for the sector.**

The UK also enjoys a strong reputation for its leading role in clinical research and innovation resulting in benefits to patients, and contributes disproportionately to collaborative research programmes and networks across the EU. **It is therefore important that in addition to**
recruiting and retaining frontline staff the UK can continue to attract the brightest and best researchers.

About us
The NHS Confederation represents NHS providers and commissioners. The organisation has nearly 500 members across health and social care, including hospitals, community and mental health providers, ambulance trusts and independent sector organisations providing NHS care in England, Northern Ireland and Wales. It is the only membership body to bring together and speak on behalf of the whole NHS.

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