HOUSE OF LORDS

Library Note

Leaving the European Union: NHS and Social Care Workforce

This House of Lords Library briefing has been prepared ahead of the following debate, due to take place in the House of Lords on 24 November 2016:

> Baroness Finlay of Llandaff to move that this House takes note of 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.

This briefing provides background information about this issue, including statistics on the numbers of citizens from other EU member states currently working in the NHS and social care. It examines a range of commentary and reaction to the result of the referendum on the UK's membership of the European Union and the potential implications for staffing in the NHS and briefly examines the debate and recent developments on the issue of 'safe' staffing levels. It also notes the recent Government announcement on expanding the number of training places in UK medical schools to make the NHS more 'self-sufficient' in medical staff.

EU nationals currently comprise around 5 percent of both the staff in NHS trusts and Clinical Commissioning Groups and of the social care workforce. To date there has been no change to the status of these staff, or their right to remain in the UK. However, a number of health organisations have called for explicit assurances that existing healthcare staff from the European Union will be able to stay in the country in the future, and that the UK health and social care sectors will continue to be able to recruit staff from the EU. The Prime Minister, Theresa May, has stated her desire to "guarantee the position" of both EU migrants in the UK and UK migrants in other EU countries, but said that no issue should be taken off the table prior to the commencement of negotiations on the future relationship between the UK and EU.

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LLN 2016/061

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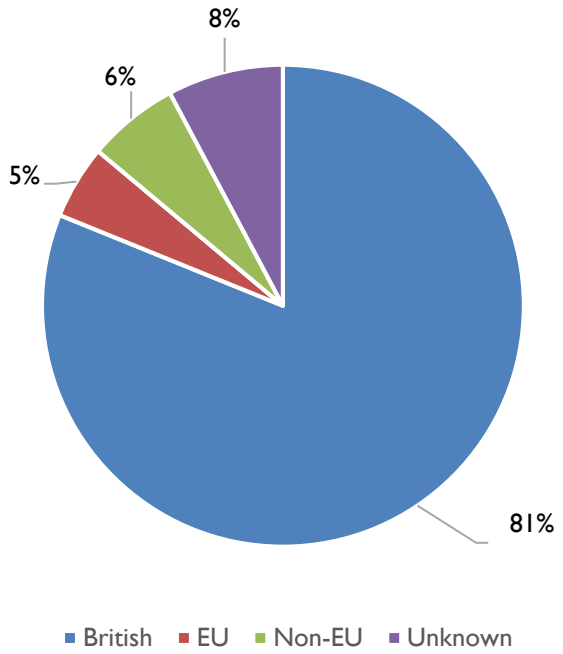
1. EU Citizens Working in the UK Health and Social Care Sectors

According to the most recent figures from NHS Digital, of the approximately 1.16 million staff employed in NHS Trusts and Clinical Commissioning Groups (CCGs) in England, an estimated 944,825 declare their nationality to be British (by headcount); 57,608 declare their nationality to be from a European Union member state; and 71,510 to be from non-EU member states (90,528 are unknown).[1]

This breakdown is represented in the graphics below in both numerical and percentage terms, and a more detailed breakdown of the nationalities of these staff, and the fields in which they work, is provided in the Appendix of this briefing.

NHS Hospital and Community Health Services: All Staff by Nationality in NHS Trusts and CCGs—Headcount

Nationality	All Staff
All Staff	**1,164,471**
British	944,825
EU	57,608
Non-EU	71,510
Unknown	*90,528*



Source: NHS Digital, NHS Hospital & Community Health Service (HCHS) Workforce Statistics, as at 31 March 2016[2]

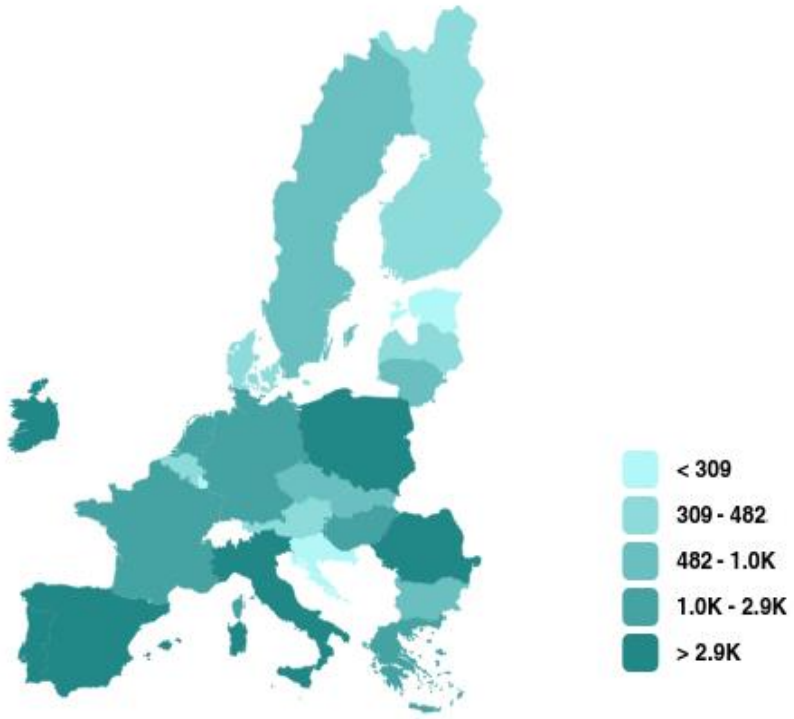
[1] NHS Digital, *NHS Hospital & Community Health Service (HCHS) Workforce Statistics*, 22 June 2016. Note: Nationality is a self-reported field in the Electronic Staff Record (ESR) system upon which these figures are based. Please also note that headcount totals are unlikely to equal the sum of components, due to some staff working in more than one role.

[2] Note: 'EU' does not include European Economic Area countries who are not members of the European Union, such as Norway. Further information is provided in the Appendix of this briefing.

A geographical breakdown of staff from EU member states currently working in the NHS is provided below:

EU Staff by Nationality in NHS Trusts and CCGs—Headcount

EU Nationality	Staff (Headcount)
Austrian	322
Belgian	332
Bulgarian	861
Croatian	235
Cypriot	413
Czech	683
Danish	376
Dutch	1,406
Estonian	155
Finnish	382
French	1,371
German	2,337
Greek	2,699
Hungarian	1,069
Irish	12,994
Italian	5,228
Latvian	369
Lithuanian	914
Luxembourg	10
Maltese	306
Polish	7,297
Portuguese	6,277
Romanian	2,961
Slovak	747
Slovenian	109
Spanish	7,121
Swedish	634
Total	**57,608**



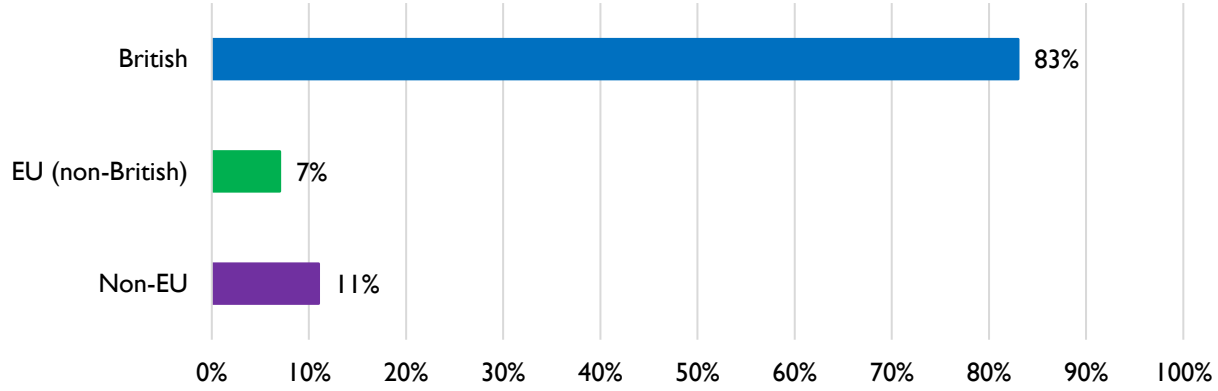
Source: NHS Digital, NHS Hospital & Community Health Service (HCHS) Workforce Statistics, as at 31 March 2016; and House of Lords Library

In social care, data published by Skills for Care in its 2016 report, *The State of the Adult Social Care Sector and Workforce in England*, revealed that in 2015 there were approximately 1.55 million adult social care jobs in England.[3]

[3] Skills for Care, *The State of the Adult Social Care Sector and Workforce in England*, September 2016, p 4.

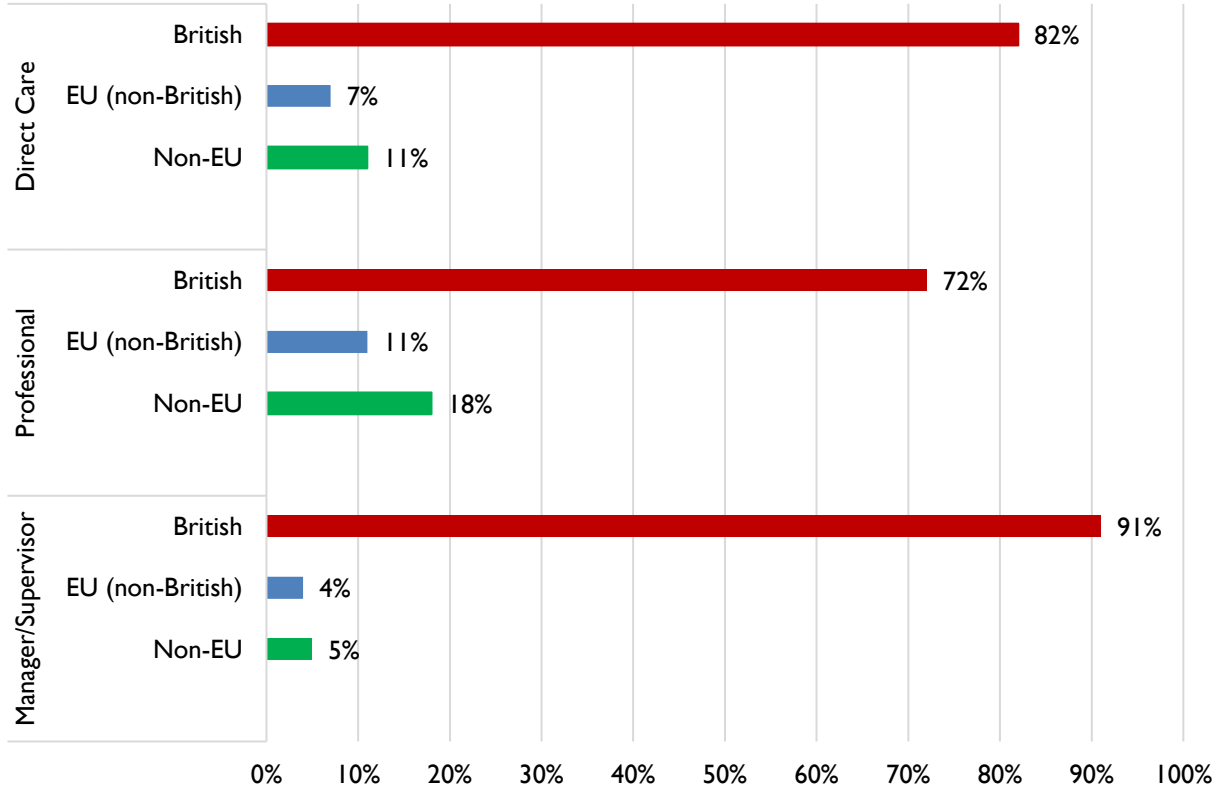
Of the workforce currently employed in the sector, the report provides the following breakdown by nationality:

Nationality of the Adult Social Care Workforce[4]
Source: NMDS-SC Workforce Estimates 2015/16



The report also provides a more detailed breakdown by job role:

Nationality of the Adult Social Care Workforce by Job Role Group
Source: NMDS-SC Workforce Estimates 2015/16

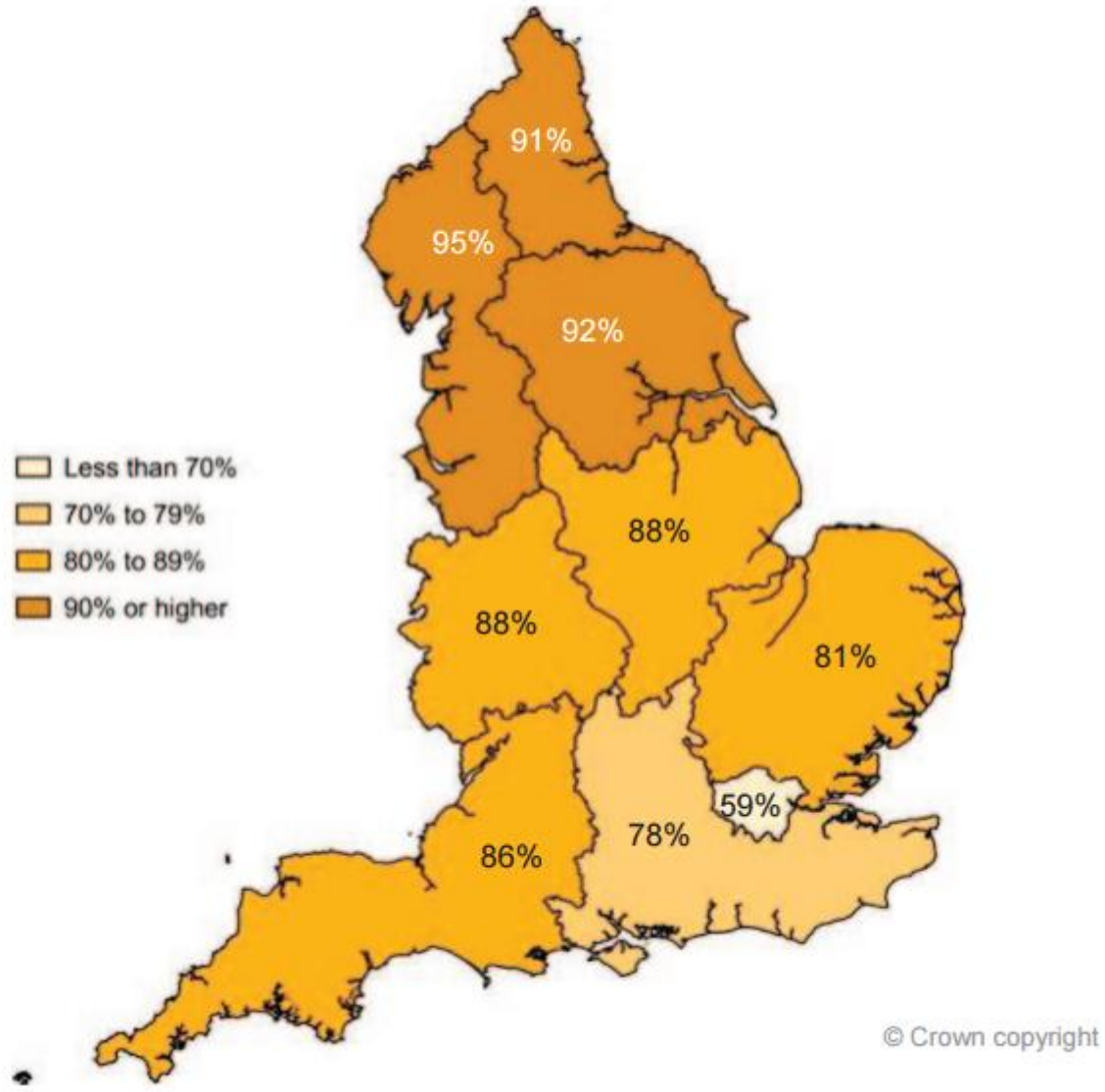


Source: Skills for Care, *The State of the Adult Social Care Sector and Workforce in England*, September 2016, p 63

[4] Figures do not add up to 100 percent due to rounding.

Skills for Care also highlights geographical differences in the makeup of the social care workforce in the UK (see Figure 1).

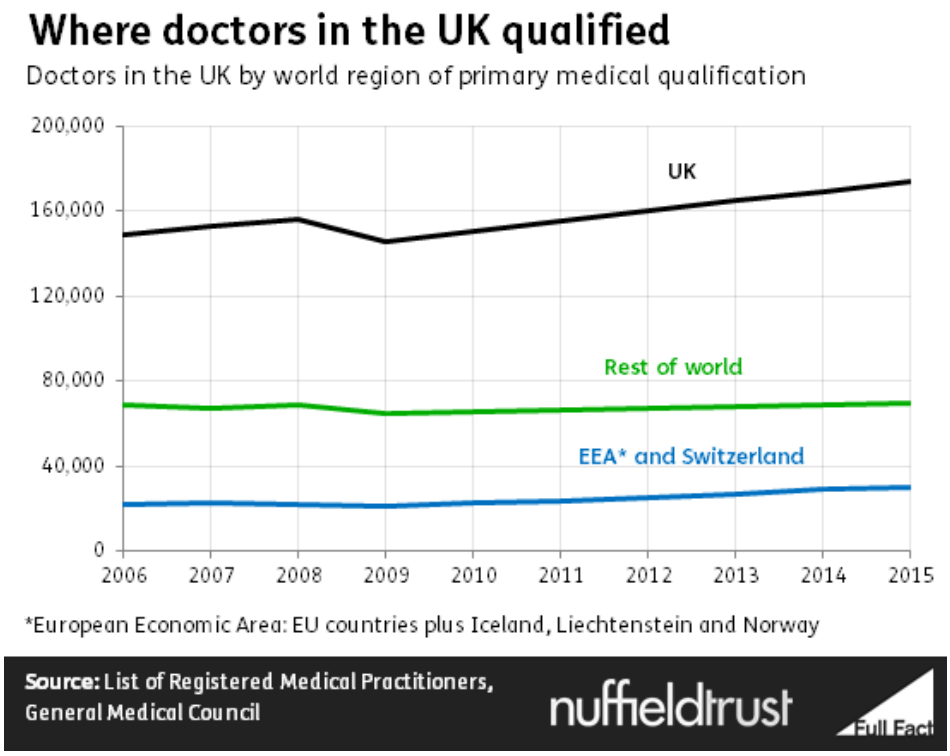
Figure 1: Proportion of the Adult Social Care Workforce with a British Nationality by Region
Source: NMDS-SC Workforce Estimates 2015/16

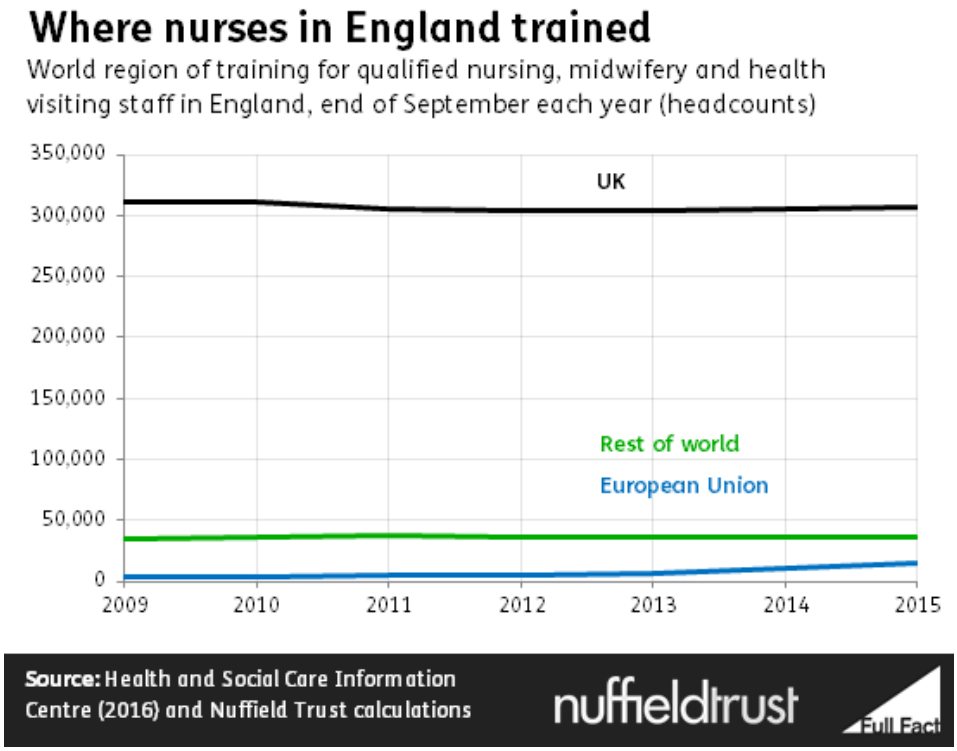


Source: Skills for Care, *The State of the Adult Social Care Sector and Workforce in England*, 2015, p 62

Since 2013/14, the proportion of the adult social care workforce in England with a British nationality has increased in London by 5 percent. In the South West, Eastern, North East and East Midland regions, the proportion of British people working in the sector fell between 2013/14 and 2015/16 and increased in other regions.

The organisation Full-Fact has also compiled data on where doctors and nurses currently working in the NHS qualified, using data provided by the General Medical Council, Nuffield Trust, and Health and Social Care Information Centre, and produced the graphics below:





Source: Full Fact, '[EU Immigration and NHS Staff](), accessed 17 November 2016

2. Implications of Leaving the EU: Reaction and Commentary

Assessing the potential implications of the referendum result on the UK's membership of the European Union for the health and social care workforce is very difficult, particularly when any negotiations on the shape of any future arrangements are yet to begin.

2.1 Post-Referendum Commentary

Commenting in the wake of the European Union referendum result, the King's Fund noted the numbers of EU nationals working in the NHS, and pre-existing issues of recruitment:

> The EU's policy of freedom of movement and mutual recognition of professional qualifications within the EU means that many health and social care professionals currently working in the UK have come from other EU countries. […]
>
> It is widely acknowledged that the NHS is currently struggling to recruit and retain permanent staff—in 2014, there was a shortfall of 5.9 percent (equating to around 50,000 full-time equivalents) between the number of staff that providers of health care services said they needed and the number in post, with particular gaps in nursing, midwifery and health visitors.
>
> Similar problems exist in the social care sector, which has an estimated vacancy rate of 5.4 percent, rising to 7.7 percent in domiciliary care services. High turnover is also an issue, with an overall turnover rate of 25.4 percent (equating to around 300,000 workers leaving their role each year).[5]

As a result of these issues, the King's Fund argued that the Government needed to make its intentions clear:

> Until the UK extracts itself from its obligations under EU treaties, the policy on freedom of movement remains unchanged; however, given the current shortfalls being experienced in both the health and social care sectors the Government must clarify its intentions on the ability of EU nationals to work in health and social care roles in the UK, not least to avoid EU staff who are currently working in the NHS deciding to leave to work in other countries.[6]

It noted that Bruce Keogh, NHS England's Medical Director, and Jeremy Hunt, the Secretary of State for Health, had both publicly sought to reassure EU nationals working in the health service following the referendum result.[7] However, the King's Fund advocated that any future settlement should also go further and guarantee an ongoing right for EU nationals to work in the UK healthcare sector:

> Providers of NHS and social care services should retain the ability to recruit staff from the EU when there are not enough resident workers to fill vacancies. This could potentially replicate the recent approach taken by the Home Office, by adding specific occupations to the Migration Advisory Committee's shortage occupation list, which

[5] King's Fund, 'Five Big Issues for Health and Social Care after the Brexit Vote', 30 June 2016.
[6] ibid.
[7] *Guardian*, 'NHS England Medical Director Strongly Defends Overseas Staff', 1 July 2016; and *HCL Workforce*, 'Hunt Seeks to Reassure EU NHS Staff', 1 July 2016.

> currently enables employers to recruit nurses and midwives from outside the European Economic Area.[8]

A number of professional bodies and healthcare organisations have emphasised the importance of clarity in any future arrangements for recruitment and for the right of those EU nationals currently employed in the UK healthcare sector to remain. For example, NHS Confederation Chief Executive, Stephen Dalton, said:

> It is impossible to predict the full impact [of the referendum result] at this stage, but clearly it is vital that our government seeks a strong, nuanced agreement with the European Union that recognises how interwoven NHS and EU policies have become. NHS organisations and our partners in social and community care will be anxious to see how this decision affects recruitment, economic stability, legislation and their local efforts to transform care.[9]

Similarly, Niall Dickinson, Chief Executive of the General Medical Council, stated:

> Withdrawing from Europe will have implications for the way that we regulate doctors, but we understand that the vote to leave the EU will have no impact on the registration status of any doctor currently on the register. We will now explore how doctors from the EU will be granted access to the UK medical register and how any concerns about those doctors will be shared between us and other countries. We will also seek to understand the implications for UK doctors wishing to work in the EU once the UK is no longer a member state.[10]

Chris Hopson, Chief Executive of NHS Providers, also said that providing reassurances on job security to workers from EU countries was "vital" so that any of those considering coming to the UK to work were not deterred from doing so.[11] Mr Hopson asserted that there was "anecdotal indications that this is already happening".[12]

The Prime Minister, Theresa May, has not yet stated whether EU citizens already working in the NHS or social care will, or will not, have the right to remain in the country in the future. Rather, Mrs May, as the then Home Secretary, suggested in an interview with Robert Peston on 3 July 2016 that, whilst there had been no change in the status of EU migrants currently in the country and that she wanted to "guarantee the position" of both EU migrants in the UK and UK migrants in other EU countries. However, Mrs May argued that no issue should be taken off the table prior to the commencement of negotiations on the future relationship between the UK and EU:

> What is important is there will be a negotiation here as to how we deal with that issue of people who are already here and who have established life here and Brits who have established a life in other countries within the European Union.

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[8] King's Fund, 'Five Big Issues for Health and Social Care after the Brexit Vote', 30 June 2016.
[9] GP Online, 'EU Referendum: GP Leaders and NHS Organisations React to Brexit Vote', 24 June 2016.
[10] *Telegraph*, 'Brexit: We Must Make Our European Workers Feel Welcome, says NHS Medical Director', 24 June 2016.
[11] *British Medical Journal,* 'Brexit Could Worsen NHS Staff Shortages, Doctors Warn', 28 June 2016.
[12] ibid.

> The position at the moment is as it has been, there has no change at the moment, but of course we have to factor that into negotiations. As part of the negotiation we will need to look at this question of people who are here in the UK from the EU.[13]

Responding to an urgent question in the House of Commons on the issue on 7 July 2016, prior to Mrs May assuming office as the new Prime Minister, the then Immigration Minister, James Brokenshire, similarly said:

> The discussions that we have with the European Union to agree the arrangements for the UK's exit will undoubtedly reflect the immense contribution made by EU citizens to our economy, our NHS and our schools, and in so many other ways; but they must also secure the interests of the 1.2 million British citizens who live and work elsewhere in the EU.
>
> The Home Secretary was clear yesterday when she said that we should seek to guarantee that the rights of both groups were protected, and that this would be best done through reciprocal discussions with the European Union as part of the negotiations to leave the EU. It has been suggested that the Government could now fully guarantee EU nationals living in the UK the right to stay, but that would be unwise without a parallel assurance from European Governments regarding British nationals living in their countries. Such a step might also have the unintended consequence of prompting EU immigration to the UK.[14]

However, the then Shadow Home Secretary, Andy Burnham, was critical of this approach, arguing that EU citizens living in the UK should be given immediate assurances that they would remain able to live and work in the country in the future, adding:

> The 3 million or so EU nationals living here are the fathers and mothers, aunties and uncles, and grandmas and granddads of millions of British children. To leave any uncertainty hanging over their right to be here is tantamount to undermining family life in our country.[15]

Similarly, the Leader of the Liberal Democrats, Tim Farron, also called for an automatic right to stay for those EU citizens currently living in the UK:

> There is real, and legitimate, upset and worry from European citizens across our country about their long-term status in the UK […] Regardless of the outcome of any negotiations with Europe around Brexit, EU citizens who have made Britain their home must be allowed to stay.[16]

The Leader of the Scottish National Party, Nicola Sturgeon, and Plaid Cymru's, Leanne Wood, Welsh First Minister, Carwyn Jones, the Green Party joint-Leader, Caroline Lucas, and the interim Leader of the UK Independence Party, Nigel Farage, are among those who have also

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[13] *Independent*/Peston on Sunday, 'Theresa May Warns that Future of EU Citizens Living in the UK is Uncertain', 3 July 2016.
[14] HC *Hansard*, 4 July 2016, col 607.
[15] ibid, col 609.
[16] *Independent*, 'Theresa May Warns that Future of EU Citizens Living in the UK is Uncertain', 3 July 2016.

called for EU citizens already in the UK to be assured a right to remain.[17]

On 21 July 2016, the House of Lords held a debate on the impact of the referendum result on NHS and social care staff.[18] Opening the debate, Baroness Watkins of Tavistock (Crossbench) argued that:

> The decision to leave the EU leaves us with serious uncertainty on the current and future supply of the lifeblood of our NHS, the private, voluntary and social care sectors—namely, the workforce.[19]

Lady Watkins argued that "EU nationals play an integral role in delivering safe, high-quality care now more than ever, and our NHS is particularly dependent on these crucial staff".[20] She suggested that a number of EU nationals working in the NHS were worried about their future and that a number of overseas medical staff had been subject to racial abuse.[21] She also argued that the "ambiguity around the immigration status of health professionals is not helping matters, and I ask the Minister to look at how quickly we can reassure them".[22]

Labour's Shadow Health Spokesperson in the Lords, Lord Hunt of Kings Heath, argued that the NHS was already facing a staffing crisis, regardless of the referendum:

> There is obviously a lot of concern about the impact of Brexit on NHS staffing but we have a crisis today. We cannot fill posts. The Department of Health has, in my view, tried to deal with the issue of agency costs but it has not gone upstream to deal with the real issue, which is that we are not actually training enough doctors, nurses, care workers and other staff and we are certainly not retaining them. The antics of the current Secretary of State in relation to the junior doctors, and the impact that this has had on the medical profession, threatens to ensure that we have even fewer staff in the future.[23]

He also called on the Government to guarantee the rights of EU staff working in the NHS and to take action against members of the public who abused staff from other countries.[24]

The Parliamentary Under Secretary of State at the Department of Health, Lord Prior of Brampton, responded to the debate. He emphasised the importance of EU and non-EU nationals working in the NHS and condemned racial abuse targeted at them:

> First, I will just put something on record, which I think everyone in the House will agree with, to recognise the fantastic job that is done by EU nationals and nationals from around the world. The NHS could not survive in its current form without the extraordinary contributions that they make. The second thing is to agree with the

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[17] Huffington Post, 'MPs From All Parties Tell Theresa May: EU Citizens In The UK Must Not Be Kicked Out', 5 July 2016; *Independent*, 'Nicola Sturgeon Seeks Guarantee on Rights of EU Nationals in Scotland Post-Brexit Vote', 2 July 2016; *Daily Express*, 'Nigel Farage Attacks Theresa May's EU 'Bargaining Chip' on Migrants', 6 July 2016; and BBC News, 'Jones: EU Citizens 'Should Not Be Hostages' in Brexit Negotiations', 5 July 2016.
[18] HL *Hansard*, 21 July 2016, cols 797–833.
[19] ibid, col 798.
[20] ibid, col 798.
[21] Ibid, col 798.
[22] ibid, col 799.
[23] ibid, col 824.
[24] ibid, col 827.

> words of the noble Lord, Lord Hunt, and other noble Lords in condemning any racist or hate behaviour. It is totally unacceptable, and people who do it should be exposed to the full force of the law. […]

In response to concerns about the status of EU nationals, Lord Prior observed that "until exit negotiations are concluded, the UK remains a full member of the European Union and all the rights and obligations of EU membership continue to apply".[25] In addition, he stated that:

> The Government's position is clear. We agree with Simon Stevens [Chief Executive of NHS England] that it should not be controversial to provide early reassurance to NHS employees from the EU that they continue to be welcome in this country. This is something we have done already. The Prime Minister has been clear that she wants to secure the status of UK nationals abroad as well as EU nationals already living here.[26]

On 19 October 2016, the SNP tabled a motion in the House of Commons that called for the Government to ensure that current EU nationals living in the UK would retain their rights if the UK left the EU.[27] Responding to the debate, the Parliamentary Under Secretary of State for Exiting the European Union, Robin Walker, argued that the Government wanted to protect the status of EU nationals living in the UK. However, Mr Walker argued that:

> The only circumstances in which that would not be possible would be those in which British citizens' rights in other EU member states were not protected in return, and, like my right hon. Friend the Secretary of State for Exiting the European Union, I find it hard—near impossible—to imagine that scenario arising.[28]

Mr Walker added that it would be "inappropriate and irresponsible to set out unilateral positions" ahead of negotiations with the EU.[29] He called for the motion to be rejected because the Government were confident that EU and British citizens would be protected through a reciprocal arrangement and because of "technical" failings in the motion.[30] The motion was defeated by 293 votes to 250.

2.2 Making the NHS More Self-Sufficient

As noted above, a number of commentators have suggested that the NHS is facing a staff shortage and that the UK leaving the EU has potential implications on the ability of the NHS to recruit staff. A recent report from the Royal College of Physicians (RCP), published in September 2016, observed that the UK "has one doctor for every 360 people, compared with an EU average of one doctor for every 288 people".[31] The report said that the UK did not train enough doctors and argued that:

> The number of training posts, from medical school onwards, must be planned across the system. […] This can only be addressed if there is a coherent plan to increase the overall number of training places across medicine, from medical school onwards.[32]

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[25] HL *Hansard*, 21 July 2016, col 829.
[26] ibid, col 829.
[27] HC *Hansard*, 19 October 2016, cols 821–874.
[28] ibid, cols 868–869.
[29] ibid, col 869.
[30] ibid, col 870.
[31] Royal College of Physicians, *Underfunded, Underdoctored, Overstretched: The NHS in 2016*, 21 September 2016, p 6.
[32] ibid, p 6.

In addition, the report that "between 2013 and 2015, the number of doctor vacancies increased by 60 percent" and noted that "to cope with the shortage of doctors-in-training, the NHS has become increasingly reliant on doctors who qualified outside the UK".[33] Further, the RCP recommended that:

> We need joined-up action across government if we are to address the workforce challenges facing the NHS. The Department of Health, Treasury, Home Office, Department for Exiting the European Union, and Department for Work and Pensions need to work together with the healthcare professions and NHS organisations to find immediate and long-term solutions. Migration rules and plans for exiting the EU must enable staff from outside the UK to work in the NHS; pension rules should not disadvantage doctors for staying longer in the NHS; and medical school and medical careers should be accessible across society.[34]

At the Conservative Party conference on 4 October 2016, the Health Secretary, Jeremy Hunt, announced that he wanted to make the NHS more self-sufficient in doctors and end its reliance on overseas doctors in particular. He also announced that new doctors would be required work in the NHS for four years.[35] A number commentators have reported that the number of doctors applying to work abroad has increased.[36]

Mr Hunt stated that "from September 2018, we will train up to 1,500 more doctors every year, increasing the number of medical school places by up to a quarter".[37] He suggested that this was the "biggest annual increase in medical student training in the history of the NHS".[38] Although Mr Hunt acknowledged that it would take a number of years for new medical students to quality, by the end of the next parliament, he stated that "we will make the NHS self-sufficient in doctors".[39]

In his speech, the Health Secretary noted the importance of overseas doctors:

> They do a fantastic job and the NHS would fall over without them. When it comes to those that are EU nationals, we've been clear we want them to be able to stay post-Brexit.[40]

However, Mr Hunt argued that it was not fair to import doctors from poor countries that need them when the UK has graduates "desperate to study medicine".[41] Moreover, he suggested that the global supply of doctors was "drying up" and that as the fifth largest economy in the world, the UK should be able to train all the doctors it needed.[42] Further details on Mr Hunt's announcement were provided in a Department of Health press release. This stated that

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[33] Royal College of Physicians, *Underfunded, Underdoctored, Overstretched: The NHS in 2016*, 21 September 2016, p 9.
[34] ibid, p 9.
[35] *Guardian,* 'Hunt Promises to End NHS Reliance on Overseas Doctors After Britain Leaves EU', 4 October 2016.
[36] BBC News, 'Junior Doctors' Strike: "I am Moving to Australia Permanently"', 6 April 2016; *Independent,* 'The Number of Doctors Applying to Work Abroad Surged by 1,000 Per Cent on the Day Jeremy Hunt Imposed New Contract', 17 February 2016; and *Telegraph,* 'A Third of A&E Doctors Leaving to Work Abroad', 22 September 2015.
[37] Conservative Party, 'Hunt: Speech to Conservative Party Conference 2016', 4 October 2016.
[38] ibid.
[39] ibid.
[40] ibid.
[41] ibid.
[42] ibid.

"students will be able to apply for extra places from next year in order to take them up from the academic year 2018/19".[43] In addition, the press release outlined that:

> The Health Secretary also pledged to reform the current cap on the total number of places that medical schools can offer, which is set at just over 6,000 a year. Currently, universities can only offer places to half of those who apply to study medicine, but this new measure will allow all domestic students with the academic grades, skills and capability to train as a doctor to have the chance to do so.[44]

The Department also announced that it would consult on how these proposals could be implemented and said that "we will also explore ways to ensure graduates provide a return on taxpayer investment to the NHS through, for example, a minimum period of NHS service".[45]

Prior to Mr Hunt's announcement on 4 October 2016, the Prime Minister, Theresa May, stated in an interview on BBC Breakfast that:

> There will be staff here from overseas in that interim period—until the further number of British doctors are able to be trained and come on board in terms of being able to work in our hospitals.
>
> We will ensure the numbers are there. But I think it's right that we say we want to see more British doctors in our health service.[46]

Mrs May's comments were criticised by the Scottish First Minister, Nicola Sturgeon, who tweeted that the UK Government was behaving arrogantly: "like they're somehow doing these doctors a favour by 'allowing' them to save lives here".[47] In a later interview that day, Mrs May said that doctors would not be asked to leave the country.[48]

The Government's training announcement was also discussed in a recent House of Commons Health Committee inquiry on the state of NHS finances. In response to a question on whether the Government would guarantee EU citizens currently working in the NHS the right to stay, Mr Hunt replied:

> As you know, these things are all part of the negotiations that lie ahead, but I have tried very hard at every opportunity to reassure the brilliant EU staff who currently work in the NHS—around 50,000 staff in total, 10,000 doctors and 18,000 nurses—and to be very clear that we want them to continue working in the NHS when we leave the EU. We are confident that we will be able to negotiate that and we think they do a fantastic job.[49]

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[43] Department of Health, 'Up to 1,500 Extra Medical Training Places Announced', 4 October 2016.
[44] ibid.
[45] ibid.
[46] *Guardian,* 'PM Under Fire for Saying Foreign Doctors are in UK only for "Interim Period"', 4 October 2016.
[47] Huffington Post, 'Theresa May Under Fire For Hinting NHS Doctors From Overseas Only Welcome Until 2025', 4 October 2016.
[48] ibid.
[49] House of Commons Health Committee, *Oral Evidence: Department of Health and NHS Finances,* 18 October 2016, HC 693 of session 2016–17.

Further, Dr Sarah Wollaston, chair of the Health Committee, asked Mr Hunt about the costs of funding the new medical training places given that Health Education England's budget was under pressure. He explained that:

> The answer is that we think that in this spending review period, between now and the end of the Parliament, the cost will be less than £100 million for that commitment, because when you are training up to 1,500 more medical students the costs to Health Education England and to the NHS come towards the end of the period of training, when they are doing their placements in hospitals. So we think it is possible to absorb it within the £116 billion annual budget, which of course will be going up as well between now and the end of the Parliament.[50]

In response to Mr Hunt's announcement, the chair of the British Medical Association (BMA), Dr Mark Porter, welcomed the announcement but suggested that it "falls short of what is needed". Dr Porter argued that:

> The Government's poor workforce planning has meant that the health service is currently facing huge and predictable staff shortages. We desperately need more doctors, particularly with the government plans for further seven-day services, but it will take a decade for extra places at medical school to produce more doctors. This initiative will not stop the NHS from needing to recruit overseas staff.[51]

Dr Porter also argued that "international doctors bring great skill and expertise to the NHS. Without them, our health service would not be able to cope".[52]

The President the Royal College of Physicians (RCP), Professor Dacre, and the President of the Royal College of Surgeons (RCS), Clare Marx, in a joint letter to the *Guardian* newspaper, welcomed the announcement of extra medical school places. However, they warned that:

> [A]s over a quarter of current NHS doctors are from overseas, the extra places will not in themselves produce a self-sufficient UK medical workforce, and we will still need our overseas doctors.
>
> The announcement has led to our colleagues from overseas feeling that they may not be as valued as UK doctors and is affecting morale. We cannot let this happen.
>
> Currently a quarter of NHS doctors are from overseas, and the NHS has benefited from their talents, their abilities and their will to work with us in the UK. We must continue to support them, despite the insecurity caused by the Brexit situation, and reassure them that they are valued and needed.
>
> Diseases know no borders, and medicine has therefore developed as an international profession, with global cooperation in research, drug development, standards of patient care, and free movement of doctors around the world. This model has served the UK

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[50] House of Commons Health Committee, *Oral Evidence: Department of Health and NHS Finances*, 18 October 2016, HC 693 of session 2016–17.
[51] British Medical Association, 'BMA Response to Health Secretary Announcement of More Medical Places in the UK', 4 October 2016.
[52] ibid.

> and the NHS well for decades. Moving away from it is a major risk to the success of the NHS.[53]

In addition, the President of the Royal College of Emergency Medicine, Dr Taj Hassan, suggested that it would take time to train sufficient numbers of new doctors:

> Medical student expansion is a helpful step in the right direction, but will not have an effect at all in the short or medium term. Any meaningful impact will be at least 10–12 years away, once these training programmes deliver fully trained physicians.[54]

Similarly, the Chief Executive of the Medical Schools Council, Katie Petty-Saphon, argued that "there is no way that by 2025, with the 1,500 [medical students] who will come in 2018, we will be anywhere near being self-sufficient".[55]

In response to criticisms of Mr Hunt's proposals, a Department of Health spokesperson argued that:

> Self-sufficiency simply means that we want the NHS to be able to train enough new doctors to meet the needs of patients—many will question whether it is ethical to continue to take doctors from poorer countries who need them given the global undersupply. That in no way diminishes the fact that we want to see the outstanding work of doctors who are already trained overseas continue in the NHS.[56]

3. 'Safe' Staffing Levels

A number of commentators have suggested that the UK leaving the EU may have implications for safe staffing levels in the NHS because of the potential to make it more difficult to recruit medical staff. This was also raised by Members during the debate on the impact of leaving the EU on the NHS and social care workforce held in July 2016.[57]

3.1 Background: Safe Staffing

The issue of what level of staffing is appropriate to ensure patient safety and effective treatment, particularly in an acute care environment, has particularly come to the fore following the Francis Inquiry into the failings identified at the Mid Staffordshire NHS Foundation Trust. In his 2013 report, Robert Francis QC emphasised the importance of ensuring that staffing levels were appropriate to the level of demand and to ensure safety, and recommended that the National Institute for Health and Clinical Excellent (NICE) should publish guidance as to how this should be assessed and quantified:

> **Recommendation 22**
> The National Institute for Health and Clinical Excellence should be commissioned to formulate standard procedures and practice designed to provide the practical means of compliance, and indicators by which compliance with both fundamental and enhanced

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[53] *Guardian,* 'Free Movement of Doctors Has Served the NHS Well', 7 October 2016.
[54] *British Medical Journal,* 'Hunt Aims for Fully Home Grown Doctor Workforce', 4 October 2016.
[55] *Lancet,* 'Scepticism Over the UK's Plan to Train More British Doctors', 15 October 2016.
[56] *Guardian,* 'Plan to End NHS Reliance of Foreign Medics Could Backfire, Hunt Told', 7 October 2016.
[57] HL *Hansard,* 21 July 2016, cols 797–833. For the Library's briefing produced for this debate see: House of Lords Library, *NHS and Social Care Workforce: Implications of Leaving the European Union*, 15 July 2016.

> standards can be measured. These measures should include both outcome and process based measures, and should as far as possible build on information already available within the system or on readily observable behaviour.
>
> **Recommendation 23**
> The measures formulated by the National Institute for Health and Clinical Excellence should include measures not only of clinical outcomes, but of the suitability and competence of staff, and the culture of organisations. The standard procedures and practice should include evidence-based tools for establishing what each service is likely to require as a minimum in terms of staff numbers and skill mix. This should include nursing staff on wards, as well as clinical staff. These tools should be created after appropriate input from specialties, professional organisations, and patient and public representatives, and consideration of the benefits and value for money of possible staff: patient ratios.[58]

Similarly, the 'Berwick report' from the National Advisory Group on the Safety of Patients in England, also published in 2013, made similar recommendations, including:

> [Recommendation for] All leaders of NHS-funded provider organisations:
>
> Staffing levels should be consistent with the scientific evidence on safe staffing, adjusted to patient acuity and the local context. (This includes, but is not limited to, nurse-to-patient staffing ratios, skill mixes between registered and unregistered staff, and doctor-to-bed ratios.) Boards and leaders of organisations should utilise evidence-based acuity tools and scientific principles to determine the staffing they require in order to safely meet their patients' needs. They should make their conclusions public and easily accessible to patients and carers and accountable to regulators.[59]

In its response to the Francis Review, published in November 2013, the Coalition Government made a commitment that all NHS hospitals would impose staffing levels based on NICE-provided guidelines:

> Safe staffing: from April 2014, all hospitals will publish staffing levels on a ward-by-ward basis together with the percentage of shifts meeting safe staffing guidelines. This will be mandatory and will be done on a monthly basis. By the end of next year this will be done using models approved independently by NICE.[60]

Between the end of 2013 and June 2015, NICE published such guidance in the form of *Safe Staffing for Nursing in Adult Inpatient Wards in Acute Hospitals* (July 2014), and *Safe Midwife Staffing in Maternity Settings* (February 2015). However, a June 2015 letter from Jane Cummings, Chief Nursing Officer for England, to directors of nursing at NHS Trusts, NHS Foundation Trusts and Clinical Commissioning Groups, stated that this work would henceforth be taken forward by NHS England as part of workforce planning. In that letter, Ms Cummings wrote that previously published NICE guidance would remain unaffected and that nothing in the work programme

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[58] Mid Staffordshire NHS Foundation Trust Public Inquiry, September 2013, 'Executive Summary', p 88.
[59] National Advisory Group on Safety of Patients in England, *A Promise to Learn—A Commitment to Act Improving the Safety of Patients in England*, Chaired by Don Berwick, August 2013.
[60] Department of Health, 'New Era for Patients and NHS as Government Accepts Recommendations of Mid Staffordshire Inquiry', 19 November 2013. The full response can be found on the Department of Health website.

would challenge or contradict the Care Quality Commissions inspection and rating role.[61] She further stated that:

> This is not about saving money; more about using the money we have as efficiently and effectively as possible. I would not suggest anything that would compromise patient safety.[62]

However, concerns have been raised by patient groups and sector bodies regarding the change, and the removal of NICE from the process. For example, the Safe Staffing Alliance, argues that NHS England is not sufficiently independent to perform such a role:

> [This change] is a serious backward step as NICE were commissioned to provide an independent review on safe staffing levels based on research and expert advice from the healthcare field. NHS England is not in a position to provide an independent view and the outcomes will be fragmented across its various initiatives with no standardized approach to staffing levels resulting in a serious risk to patient safety.[63]

The Safe Staffing Alliance also noted the contrast between the situation in England and Wales. In the latter, the Nurse Staffing (Wales) Act 2016 was passed by the Welsh Assembly earlier this year, which places a legal duty on providers to ensure sufficient nurse staffing levels on hospital wards and making it the first country in Europe to introduce such a measure.[64]

Commentary from the King's Fund on the issue of staff staffing from October 2015 further observed a potential tension between ensuring appropriate staffing levels and the financial pressures felt by care providers:

> [H]ospitals are under increasing pressure to cut staffing costs to reduce deficits. Last week, the Department of Health announced further attempts to cap agency staffing costs […] [and] while the anticipated savings of £1 billion over three years [resulting from these measures] will not do nearly enough to cover off the already unprecedented overspend, the interaction with safe staffing has yet to be seen. Many organisations may now feel trapped between the Care Quality Commission on one side, continuing to draw attention to staffing shortages, and Monitor and the NHS Trust Development Authority on the other, trying to bring down spending on temporary staff.
>
> […]
>
> If staffing numbers do indeed fall, there are also important implications for existing NHS staff given the relentless focus by the system on quality in the wake of the Francis report into Mid Staffordshire NHS Foundation Trust. For staff and their managers, overseeing quality of care in the face of these new controls may be a very difficult place to be.[65]

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[61] NHS Foundation Trusts and CCGs, 'Letter from Jane Cummings, Chief Nursing Officer for England, to Directors of Nursing at NHS Trusts', 11 June 2015.
[62] ibid.
[63] Safe Staffing Alliance, 'A Cause of Great Concern', accessed 8 July 2016.
[64] Nurse Staffing (Wales) Act 2016; and Wales Online, 'Wales Set to Become First Nation in Europe to Introduce Safe Nurse Staffing Levels', 11 February 2016.
[65] Helen McKenna, 'Safe Staffing in the NHS Comes at a Cost', King's Fund, October 2015.

In response to a written question from Derek Thomas (Conservative MP for St Ives) requesting guidance for NHS Trusts on ensuring any future reductions in frontline staff numbers are not made for the purpose of reducing trusts' deficits, Department of Health Minister Ben Gummer replied that the Government had made clear that staffing levels should be based on the appropriate mix of quality, safety and efficiency:

> Trusts should focus on the numbers and skillmix needed to deliver quality care, patient safety and efficiency, taking into account local factors such as acuity and casemix. Two communications to NHS trusts (a letter on safe staffing and efficiency dated 13 October 2015 from NHS Improvement, the Care Quality Commission (CQC), NHS England, Jane Cummings, Chief Nursing Officer and the National Institute for Health and Care Excellence; and a letter dated 15 January 2016 from Chief Executive-designate of NHS Improvement, Jim Mackey, and the CQC's Chief Inspector of Hospitals, Professor Sir Mike Richards) asked Trusts to consider quality and finances on an equal footing in their planning decisions; stated that it is not the case that NHS Trusts could only achieve their financial targets at the expense of quality, or that improving quality is more important than staying in financial surplus; and emphasised that responsibility for staffing rests (as it has always done) with trust boards.[66]

3.2 Implications of Leaving the EU on Safe Staffing Levels

On 21 July 2016, the House of Lords held a debate on implications of the European Union referendum result for government policies on ensuring safe staffing levels in the National Health Service and social care services.[67]

Opening the debate, Baroness Watkins of Tavistock (Crossbench) observed that:

> Staffing levels, recruitment and the retention of nurses in the NHS continues to lag behind the number of staff we need to guarantee the highest levels of safe care for people using the NHS. In Wales, and soon in Scotland, staffing levels are enshrined in law. I urge the Government in England to look at this option carefully for public protection in the post-Brexit era.[68]

In addition, Lady Watkins argued that providing high-quality care was dependent on the number of staff employed and that that following the Francis inquiry, there were assurances that financial considerations would not undermine the need to provide high-quality care and good standards.[69] She stated that:

> Many people who voted to leave the EU did so because they believed that extra resources would be allocated to the NHS as a result of savings in EU contributions. I argue that further funds should be found to train, develop and retain professional staff in the NHS and social services.[70]

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[66] House of Commons, Written Question: 'NHS Trusts: Staff', 24 March 2016, 32599.
[67] HL *Hansard*, 21 July 2016, cols 797–833.
[68] ibid, cols 796–9.
[69] ibid, cols 799.
[70] ibid, col 799.

Labour's Shadow Health Spokesperson in the Lords, Lord Hunt of Kings Heath, argued that financial pressures in the NHS had undermined commitments to safe staffing:

> It is also becoming clearly apparent from the posturing of the various regulatory agencies and NHS England that the emphasis on safety and staffing since the Francis inquiry has gone and that the pressure on the NHS is on money. We have a double whammy of a shortage of staffing and pressure, undoubtedly from the centre, for staffing ratios to be reduced, not increased.[71]

In response to concerns over safe staffing raised in the debate, the Parliamentary Under Secretary of State for Health, Lord Prior of Brampton, stated that "responsibility for safe staffing rests with hospital boards: there should not be any one-size-fits-all staffing level".[72] He also observed that "trusts should have arrangements in place to ensure they have the right numbers and skill mix of staff needed to deliver quality care, patient safety and efficiency" and that refreshed guidance on safe staffing had been published by the National Quality Board on 6 July 2016.[73]

[71] HL *Hansard*, 21 July 2016, col 824.
[72] ibid, col 829.
[73] ibid, col 829; and *National Quality Board, Supporting NHS Providers to Deliver the Right Staff, with the Right Skills, In the Right Place at the Right Time*, July 2016.

Appendix: All Staff by Nationality and Staff Group in NHS Trusts and CCGs (March 2016)

		Professionally Qualified Clinical Staff						Support to Clinical Staff				NHS Infrastructure Support					
Nationality	All Staff	Total	HCHS Doctors	Nurses & health visitors	Midwives	Ambulance staff	Scientific, Therapeutic & technical staff	Total	Support to doctors, nurses & midwives	Support to Ambulance staff	Support to ST&T staff	Total	Central functions	Hotel, Property & estates	Senior managers	Managers	Other staff or unknown
All Staff	**1,164,471**	**622,717**	**110,732**	**318,912**	**25,971**	**19,406**	**148,076**	**356,208**	**277,676**	**15,886**	**63,100**	**183,069**	**87,630**	**64,049**	**9,983**	**21,540**	**4,301**
British*	944,825	488,683	77,845	248,677	21,894	15,076	125,501	298,019	230,961	13,841	53,614	156,150	77,244	51,185	8,854	18,979	3,469
EU	57,608	39,252	10,150	21,032	1,331	212	6,537	11,834	9,446	232	2,175	6,268	1,898	3,725	190	456	317
Non-EU	71,510	47,885	16,752	25,126	577	464	5,000	17,117	14,974	122	2,039	6,430	2,214	3,712	105	407	216
Unknown	*90,528*	*46,897*	*5,985*	*24,077*	*2,169*	*3,654*	*11,038*	*29,238*	*22,295*	*1,691*	*5,272*	*14,221*	*6,274*	*5,427*	*834*	*1,698*	*299*
EU Nationalities:																	
Austrian	322	233	73	103	10	-	47	57	40	-	17	32	9	18	2	3	-
Belgian	332	227	100	66	12	2	47	64	55	-	9	40	12	22	1	5	1
Bulgarian	861	526	200	233	26	1	66	252	200	-	53	79	28	46	1	4	5
Croatian	235	106	54	44	-	-	8	85	77	-	8	9	5	2	-	2	36
Cypriot	413	341	209	69	1	-	62	56	36	1	19	14	8	3	-	3	2
Czech	683	419	143	190	20	2	65	176	124	12	40	87	33	48	2	4	4
Danish	376	286	63	103	16	9	95	62	40	1	21	28	14	5	3	6	1
Dutch	1,406	941	368	292	47	3	231	304	248	6	51	155	50	80	5	20	6
Estonian	155	90	22	47	5	-	16	42	33	-	9	23	8	15	-	-	-
Finnish	382	300	42	175	19	9	55	53	32	-	22	24	15	3	-	6	6
French	1,371	745	226	285	51	3	181	404	316	2	86	220	107	89	5	19	3
German	2,337	1,764	912	442	60	7	344	400	286	15	99	173	79	59	6	29	4
Greek	2,699	2,313	1,657	332	38	2	284	264	189	2	74	93	49	26	5	13	31
Hungarian	1,069	601	359	167	7	6	62	318	265	6	47	146	44	96	1	5	7
Irish	12,994	9,909	2,027	4,775	390	97	2,625	1,904	1,405	101	399	1,168	491	305	143	230	24
Italian	5,228	3,862	962	2,291	238	5	366	888	761	6	121	423	130	267	8	18	58
Latvian	369	109	42	48	2	-	17	125	104	4	18	133	22	109	1	1	2
Lithuanian	914	329	108	143	14	-	64	332	289	-	43	247	42	197	1	7	7
Luxembourg	10	6	2	-	-	-	4	3	1	-	2	1	1	-	-	-	-
Maltese	306	247	192	22	6	1	26	35	28	-	7	24	6	10	3	5	-
Polish	7,297	2,557	591	1,234	95	51	587	3,020	2,442	43	542	1,713	388	1,294	1	30	30
Portuguese	6,277	4,559	246	3,606	31	4	672	974	780	9	186	720	113	591	1	15	26
Romanian	2,961	2,039	611	1,314	8	2	104	728	644	7	79	170	48	122	-	-	26
Slovak	747	356	122	179	12	3	40	259	214	3	43	130	44	78	1	7	2
Slovenian	109	57	30	16	-	-	11	39	29	-	10	14	3	11	-	-	-
Spanish	7,121	5,904	639	4,699	203	3	361	828	686	13	130	355	121	214	-	20	36
Swedish	634	426	150	157	20	2	97	162	122	1	40	47	28	15	-	4	-

EEA States/Crown Dependencies (Not included in EU figures above)																	
Norwegian	*197*	*142*	*40*	*54*	*6*	*1*	*41*	*34*	*23*	*1*	*10*	*21*	*12*	*5*	*1*	*3*	-
Channel Isl.	*15*	*11*	*1*	*7*	-	*1*	*2*	*4*	*4*	-	-	-	-	-	-	-	-
Manx	*18*	*12*	*3*	*5*	-	-	*4*	*4*	*4*	-	-	*2*	*1*	*1*	-	-	-

*Includes Gibraltar. Note: These figures exclude Moorfields Eye Hospital NHS Foundation Trust and Chesterfield Royal Hospital NHS Foundation Trust.

Source: Health and Social Care Information Centre, NHS Hospital & Community Health Service (HCHS) Workforce Statistics