THE NHS EMPLOYERS SUBMISSION TO THE MIGRATION ADVISORY COMMITTEE (MAC) CALL FOR EVIDENCE 2018 (FINAL RESPONSE FOR ANNEX B)

Full review of the shortage occupation list

6 January 2019
Questions

Please indicate from which of these industries you are providing evidence?

Health

If you wish, you can provide details of individual job titles you/your members have found hard to fill in the boxes below (maximum of 10). Please help us by matching the job titles you have provided with the closest standardised ONS job title and associated 4-digit occupation (SOC) code using the Office for National Statistics (ONS) Occupation Tool.

There is also space to list the sector(s) where shortages of candidates to fill these job titles has been most acute. If providing this information, please refer to the list in question 24.

<table>
<thead>
<tr>
<th>Job title</th>
<th>Closest ONS job title</th>
<th>Closest ONS occupation code (4 digit)</th>
<th>Sectors most affected</th>
</tr>
</thead>
<tbody>
<tr>
<td>All healthcare professions in shortage</td>
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If there are more than 10 jobs in shortage, please use this space to provide the job titles, closest ONS job titles, ONS occupation code and sector most affected as above.

What do you think are the main reasons for job shortages (answered in question above), and or wider shortages in the sector(s)? Not to exceed 500 words.

1. In short, demand for healthcare is increasing. Employers and staff in the NHS are, and have for some time, been under considerable strain and pressure to meet the care requirements of an ageing population, with growing complex care needs. Accident and emergency attendance is growing at an unprecedented rate. In 2016/17, staff cared for 23 million A&E attendances, 1.2 million more than the three years prior. Latest NHS Improvement (NHSI) data\(^1\) shows that there were 940 more emergency admissions per day compared to the same quarter last year. A total of 6.18 million people visited A&E during the quarter — 252,360 (4.3 per cent) more than the same period last year.

2. In parallel, there has been an increased focus on quality and staff to patient ratios which drives demand for clinical staff.

3. The Prime Minister made a very welcome announcement of additional investment into the NHS England budget in June 2018. This followed a period

\(^1\) Quarterly performance of the NHS provider sector: quarter 2 2018/19
when plans about demand were based on assumptions that it would be managed to meet the resources available, and staff numbers were assumed to be only those that could be afforded. This investment will also drive demand for staff. Despite national efforts to train more clinical staff, the lead in time for clinical training is significant.

4. Uncertainty about the new immigration system and Brexit has resulted in increases to worker outflow along with a reduction of new EEA joiners. The most substantial changes in EEA leavers since the referendum has been seen in nursing and midwifery with an outflow of 600 EEA nurses in Q2 of 2017 alone.

5. Various IT and technical roles can be difficult for employers in the NHS to fill, often in relation to disparity between the salaries seen outside of the NHS, resulting in competition.

Please explain what measures have been taken to reduce shortages in the sector as informed by your members and or research. Not to exceed 500 words.

Domestic supply/widening participation

Over the last three years, NHS organisations have focused on local community engagement as a proactive part of their recruitment campaigns and workforce supply strategies. This includes work experience programmes; pre-employment programmes; traineeships; internships; apprenticeships and targeted engagement with local communities.

NHS England’s national television recruitment campaign which began in the summer of 2018 has helped to raise the profile of nursing careers, with Health Careers having seen a significant increase in their nurse resources’ online views.

Pay deal

The refresh of the Agenda for Change contract in 2018, which saw an end to the lengthy pay freeze in the NHS has seen an increase to starting salaries, and for most staff, will shorten the time it takes to reach the top of the pay band. This was an important intervention and investment by the Government and the NHS, designed to retain the valuable staff currently in the NHS and to make careers in the NHS far more attractive.

Retention

The percentage of nurses leaving the NHS for non-retirement reasons was 8.7 per cent in 2016/17 - 5,000 more than in 2011/12.

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2 NHS Employers (Nov 2018), Cavendish Coalition: NHS could be short of 51,000 nurses p80
Flexible working initiatives, a focus on staff health and wellbeing (particularly rapid access\(^3\) for staff), skills development and utilising pay flexibilities are all part of employer strategies to support and improve staff retention.

Initial results of NHSI’s own nurse retention programme\(^4\) demonstrate that retention can be improved where trusts focus time, energy and resources on the problems.

Since the start of NHSI’s programme in June 2017, national turnover rates of nursing staff have improved from 12.5 per cent to 12 per cent. This reflects trusts’ increased focus on retention and has delivered an additional 1,000 WTE nurses working in the NHS compared to the stabilised position.

NHSI improvement have also developed a programme to specifically support a cohort of mental health trusts. Initial data from this cohort demonstrates that turnover rates have improved from 14.3 per cent to 13.5 per cent, equating to an additional 800 WTE clinical staff working in the NHS mental health sector.

**Education and training reform**

The Government’s changes to education funding, which included the removal of the NHS bursary in August 2017 was designed to provide more training places and more healthcare workers for the NHS.

For some professions, these changes have seen a positive increase in course applications but unfortunately this hasn’t yet translated across to all groups, with particular decline seen in applications for some of the smaller allied health professions. The government has also provided investment to support additional clinical placements to support this expansion.

**Apprenticeships**

Employers have been focussing on apprenticeships following the introduction of the levy in April 2017 and the Public-Sector Apprenticeship Target. The number of healthcare-specific apprenticeship standards has more than doubled since the introduction of the levy which is largely due to the engagement and investment of NHS employers in developing these new standards through trailblazer groups. The range of apprenticeships available has also grown significantly, with apprenticeships now available from level 2 to level 7 (masters level)\(^5\).

The most popular apprenticeship framework in England in 2016/17\(^6\) was health and social care, where starts have increased by 16,000 from 2011/12. In 2016/17 Health, Public Services and Care apprenticeships in England saw 138,000\(^7\) starts, up 7,000 from 2015/16. Also, the range of standards within the NHS has increased offering more routes into healthcare roles.

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\(^3\) NHS Employers (March 2018), *Rapid access to treatment and rehabilitation for NHS staff*

\(^4\) NHS Improvement (October 2018) *Staff retention and support programme: one year on*

\(^5\) Healthcare Apprenticeships Standards Online

\(^6\) House of Commons Library Briefing paper: Apprenticeships statistics England

\(^7\) House of Commons Library Briefing paper: Apprenticeships statistics England
Apprenticeships can help with the supply of registered nurses following the introduction of the registered nursing degree apprenticeship standard in May 2017, in addition to traditional full-time university route programmes. Whilst we’ve seen a gradual take-up, employers have shared plans to make use of this standard in the coming years to support their ongoing nurse supply.

NHS Employers anticipates an increase in the numbers of regulated professions being trained through apprenticeship routes in the near future, partly because a number of standards are now available and because of the levy.

Nursing associates, new and extended roles, advanced clinical practice, and medical associate professions (MAPS)
The NHS has actively sought to create new roles and ways of working to mitigate some of its demand for registered nurses and medical staff. The 2016 ‘Reshaping the Workforce’ report from the Nuffield Trust and NHS Employers highlighted the opportunities and benefits of developing the support workforce, expanding the physician’s associate role, and exploring how the advanced clinical practice workforce could be scaled up and deployed more effectively. Since the introduction of the nurse associate role in 2017, numbers of trainees in the NHS have increased from 1000 in the pilot cohort, to a target of 5000 across the workforce in 2018.

- Advanced clinical practitioners have been used across the NHS workforce for several years to support the changing shape of care needed and to help manage supply challenges in other areas of the workforce.
- Increasing numbers of MAP students are progressing through training and NHS Employers has been working in partnership with Health Education England to raise awareness of the scope and potential of physician assistants, physician associates (anaesthesia), surgical care practitioners and advanced critical care practitioners. There are approximately 450 qualified physician associates and 1200 currently in training. The training pipeline will deliver 3,200 trained PAs by 2020 to work in general practice, acute (internal) medicine and emergency medicine. There are also an estimated 200 qualified surgical care practitioners, 180 qualified physicians’ assistants (anaesthesia), and 130 qualified advanced clinical care practitioners currently working in the NHS, along with further cohorts currently in training.

Return to practice

Return to practice is a valuable element of an organisational workforce supply strategy, allowing practitioners whose registration has lapsed to undertake re-training. Return to practice initiatives have so far seen over 4,000 people commence training to return to practice in nursing and other professions, but more can be done.

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8 Royal College of Nursing (February 2018), Left to chance – the health and care nursing workforce supply in England
9 NHS Employers (May 2017), Nurse degree apprenticeship now available
10 HEE Facing the facts, shaping the future p7
Have these measured worked, if not why? Not to exceed 500 words.

The number of people in the NHS workforce has increased by 2 per cent in the year to April 2017 but not evenly across groups and despite growth, aren’t allowing organisations to keep up with service demand. Staff groups with the highest rates of growth are those who provide support to clinical staff (2.5 per cent), medical consultants (3.5 per cent).

Apprenticeships

Despite employers’ appetite to make best use of the new and emerging degree apprenticeships, there are some challenges which NHS Employers has evidenced\(^\text{11}\). These include the range of standards available at degree level, placement and supervisory capacity, and the expense to backfill for supernumerary training time.

Medical Associates, nursing associates and advanced clinical practice

- Medical associate roles need to be fully embedded within the existing workforce and accepted by the medical profession as an integral part of the healthcare workforce.
- Given nurse associates are typically trained using apprenticeships, inflexibilities in the levy is impacting employer use of the role.
- In the last five years, national organisations have recognised that there has been a lack of consistency in the understanding of roles working at ACP level across the healthcare environment and a lack of governance and different approaches in how the practitioners were deployed. In response to this, the ‘Multi-professional framework for advanced clinical practice in England\(^\text{12}\) was published. NHS Employers is working in partnership with Health Education England to help build understanding, consistency and use of ACP-level roles in trusts across England.

Retention

Turnover remains high in the NHS in general, particularly in the nursing workforce. In a working environment of high vacancies, high turnover and difficult working conditions, trusts ability to fully implement initiatives to improve their retention is limited.

Although the initial evidence from NHSI’s retention programme is promising, retention is a complex and multi-faceted issue, and it will require a continued focus over a period of years to narrow the gap between workforce supply and demand.

Are the jobs that you have said are in shortage, open to eligible workers from the Tier 2 points-based system?

- Yes ✓
- No

\(^{11}\) NHS Employers written evidence June 2018
\(^{12}\) Health Education England (2018), Multi-professional framework for England
If known, how many workers from outside of the UK have been recruited using the Tier 2 points-based visa system in the past 12 months, stating the job titles. Not to exceed 500 words.

We understand from the Home Office that the NHS utilises approximately 40 per cent of the 20,700 Tier 2 certificates of sponsorship (CoS) available each year for skilled professionals which equates to 8,296 successful visa applications. Whilst we don’t have a recent official breakdown of the professions who mostly use the certificates, 2015 Government SOC code data demonstrates that medical, natural social science roles and nurses were in the top ten used within Tier 2.

The demand for restricted certificates of sponsorship was highlighted to us by employers from December 2017 to June 2018 when the numbers of Tier 2 applications exceeded the availability of certificates. Intelligence from employers demonstrated the impact of the unavailability of certificates, specifically for doctors which in some cases, compromised service delivery. This was used in communications with Government which led to the temporary decision by the Home Office to remove doctors and nurses from the CoS cap in June 2018.

An international recruitment survey (mentioned later in this response), conducted with NHS trusts in early 2018, also demonstrated that many employers had recruited skilled staff from outside of the EEA in 2017 and were planning to again in 2018. Aside from nurses, radiographers and paramedics were the most common professions recruited from overseas in 2017.

If you have supporting evidence such as survey results from members, please attach here. Please remember to omit sensitive details before attaching.

Nurses

One of the greatest workforce challenges across health and social care is in nursing. One in eight posts are vacant and the recent NIESR report states that the NHS currently has a nursing workforce gap of around 41,700 nurses. It forecasts a shortfall of around 51,000 nurses in the NHS in England by end of the Brexit period – enough to staff 45 small to medium sized hospitals. The NIESR report (particularly Appendix C) also includes statistics on NHS leavers and joiners which will be useful as part of this call for evidence.

Recent NMC data shows a decrease of 2,385 nurses and midwives from the EU joining the register. It also shows that the number of people from the EU joining the register for the first time dropped by 219 in 2018. This follows a drop of 9,071 in 2017, largely attributed to Brexit. NHS Digital data shows that between July 2017 and July 2018, 1,584 more EU nurses and health visitors left their roles in the NHS than joined.

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13 Review of the Tier 2 report, balancing migrant selectivity, investment in skills and impact on UK productivity and impact p44
14 NHS Employers (Nov 2018) Brexit and the health and social care workforce in the UK
15 The NMC Register 2018, The big picture
16 HEE Facing the facts; shaping the future
In social care, only 64 per cent of the registered nursing workforce in social care is British, highlighting the demand for skills from both within and outside of the EEA.

UCAS figures show that the numbers applying to begin nurse training in September 2018 have dropped 12 per cent compared to the same time last year, resulting in a total decline of 16,580 since March 2016, the last year students received financial support through the NHS bursary.

The numbers of nurses leaving the NHS is also worrying, particularly at the younger end of the spectrum. In 2016/17, 5000 more nurses left employment than in 2011/12. UK nurse leaver rates have been higher than numbers of joiners in 2015/16 and 2016/17.

**Medical**

The number of hospital medical staff has grown substantially from 87,000 in 2004 to 113,500 in March 2018. Within that figure, the number of hospital consultants has risen by more than half – up from 30,650 in 2004 to 47,816 in March 2017. Despite this growth, hospitals continue to face medical shortages across specialties.

Recent feedback from employers suggests that their clinical and medical oncology services are under strain due to the shortage of consultants available to enter these specialties. A report undertaken by the Royal College of Radiologists highlights that cancer doctors will be more than 20 per cent understaffed by 2022. The five year forward view sets out a plan to ensure that we have the right number of skilled health professionals to meet the new demands of a personalised cancer service for patients. This includes investment in the number of radiology, diagnostic radiographers and nurse endoscopy training positions and an increase the number of clinical oncology, medical oncology, medical physics, therapy radiography and CNS training positions.

There are increasing shortages of non-British practising doctors. In 2017, 33 per cent of licensed doctors in the UK are non-British and the number of EEA doctors has declined from 22,967 in 2012 to 21,609 in 2017, a decrease of 5.9 per cent.

Applications for medical student places are decreasing. In 2011 there were 83,000 compared to less than 69,000 in 2017. The strongest decrease was for EU applicants with a 20 per cent reduction in applications.

The Royal College of Physicians reported in March 2017 that 84 per cent of their members were experiencing staffing shortages across the team, with rota gaps occurring on a regular or frequent basis.

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17 NHS Employers (Nov 2018), Cavendish Coalition: NHS could be short of 51,000 nurses
18 Health Education England (2017), Facing the facts, shaping the future
19 NHS Digital data, NHS HCHS workforce statistics
20 Clinical oncology UK workforce census 2017 report
21 NHS Employers (Nov 2018) Brexit and the health and social care workforce in the UK
22 NHS Employers (Nov 2018) Brexit and the health and social care workforce in the UK
23 Royal College of Physicians (2017), Physicians worried about future patient safety, whistleblowing and rota gaps. Royal College of Physicians.
Allied health professions

AHP’s make up 1 in 7 of the clinical workforce and growth\textsuperscript{24} has been steady, ranging between 1.6 per cent and 2.4 per cent per year. In 2016/17 this growth did reduce vacancies from 7.2 per cent to 5.1 per cent but the NHS is still not attracting the numbers of registered AHPs required. Only 45 per cent of AHP’s registered with the Health and Care Professions Council work within the NHS, which demonstrates the attraction and flow to other sectors. AHP’s employed in the NHS have increased by almost 8,000 fte (10.7 per cent) over the past five years. However, during the same period the NHS created almost 12,000 posts (15.7 per cent).

When looking at individual AHP professions, the situation varies. The physiotherapy profession has shown steady growth and is likely to be boosted by increased training numbers. Whilst paramedics saw a worrying decrease between 2012 to 2014, this was supported by investment in additional training and active recruitment and retention initiatives. Diagnostic radiography has risen but as the cancer plan shows demand is expected to continue to rise and therefore further supply effort is needed. Podiatry numbers have fallen in every year except 2014/15.

NHS Employers international recruitment survey

In January 2018, NHS Employers invited all NHS trusts in England to take part in an international recruitment survey. 102 (42 per cent) of organisations responded, representing all regions in England. The survey gathered information on the recruitment of qualified/registered overseas nurses and allied health professionals between January to December 2017. It also asked for projected 2018 recruitment data. Employers were also given the opportunity to share other key information relating to their overseas recruitment.

Key points:

- 55 organisations recruited nurses from overseas in 2017 and 45 said they were planning to again in 2018
- 15 per cent of respondents told us they recruited allied health professionals from overseas in 2017.

NHS Employers, NHS Providers and the Shelford Group EU workforce survey

For two years, under the umbrella of the Cavendish Coalition, NHS Employers, along with NHS Providers and the Shelford Group, have been surveying employers to understand local and national workforce issues since the vote to leave the EU in 2016.

Key data from the first year of collection includes:

- 19 per cent NHS trusts in 2016 said the impact of Brexit on their workforce would be negative. This increased to 41 per cent of trusts in 2017
- In 2016, 49 per cent of trusts had a recruitment strategy to recruit from the EU which fell to 35 per cent in 2017.

\textsuperscript{24} Health Education England, Facing the facts, shaping the future
Statistics from the latest collection show that:

- approximately 40 per cent of organisations still think Brexit will have a negative impact.

- Only 42 per cent of employers think the Home Office EU settlement scheme will allow them to retain their existing EU staff and 34 per cent think it will allow them to recruit new EEA staff.

- Over one in five employers have changed their plans to recruit from the EEA following the vote. This has increased from just 6 per cent in September 2017.

- 65 per cent of employers don’t currently have recruitment strategies to recruit from the EU.

If you have other information that might be useful for our call for evidence, please use the space below to explain. Not to exceed 500 words.

Despite Government measures to improve education and training, routes into professions and attraction into roles, there simply aren’t enough skilled domestic staff across many professions to meet increasing service demand. The NHS is also seeing greater demand from staff for flexibility and part-time working, particularly in the fields of medicine and general practice.

Health Education England predicts that by 2027 the NHS in England alone will require an additional 190,000 workers, compared to a supply rate which would only add 72,000.

The NHS has in the region of 100,000 vacancies which equates to 1 in 11 posts and the vast majority of these are filled with expensive bank and agency staff25. Every vacancy carried causes pressure on other staff. Latest NHS Digital workforce statistics show that in March 2018 the highest percentage of vacancies were in nursing and midwifery, which accounted for 40 per cent of the 28,998 reported. This was followed by Administrative and Clerical which accounted for 21 per cent26.

The health and social care sector is heavily reliant on recruiting talented professionals from overseas. For many employers, recruiting nurses from overseas forms a critical part of meeting demand and delivering high quality patient care. In social care, the contribution of EEA nationals is also important with them making up to 5.4 per cent of the workforce.

As of June 2018, 144,074 (12.7 per cent) of NHS staff are reported27 to have a non-British nationality.

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26 NHS Digital vacancy statistics in England July 2018
27 House of Commons Library, NHS staff from overseas statistics
The recent National Institute of Economic and Social Research (NIESR) report commissioned by the Cavendish Coalition shows that just over 5 per cent of the regulated nursing profession, around 9 per cent of doctors, 16 per cent of dentists and 5 per cent of allied health professionals are from the EEA.

The shortage occupation list has had a very clear purpose and function within the current immigration system. It allows the NHS to quickly fill workforce shortages and allows skilled individuals to settle in the UK, removing the need to meet the current £35,000 salary threshold.

While we recognise that the timing of this review is not within the remit of the Migration Advisory Committee, it may present more challenge without knowing how the shortage occupation list will fit into the future immigration system and what value it will add. For example, with the proposed removal of the resident labour market test, and certificates of sponsorship cap, the function of the shortage occupation list will be quite different to what it is now and possibly facilitate the recruitment of occupations and roles in shortage which do not qualify within the boundaries of the current Tier 2 rules.

About NHS Employers
NHS Employers is a national organisation and represents the views of NHS trusts in England and Wales. It is part of the NHS Confederation and supports workforce leads across the NHS in policy development by providing advice, guidance and through sharing good practice which helps employing organisations to put patients first.

Our response to this consultation has been informed by our strong engagement with employers on the domestic and overseas recruitment challenges faced and workforce data.

We have encouraged employers to respond directly to this consultation.

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28 NHS Employers (Nov 2018), Cavendish Coalition: NHS could be short of 51,000 nurses
29 The Cavendish Coalition