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ACUTE PERSPECTIVE

David Oliver: Do the NHS workforce plans really add up?

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Workforce recruitment, retention, and morale are the biggest threats to the viability, quality, and scope of health and care services in the UK. We need credible solutions, quickly.

July saw the publication of the *We are the NHS: People Plan for 20/21* for England and a "further details" Home Office document on implementing the new UK-wide, points based immigration system.[1-5]

In 2018 a joint report by the King's Fund, Nuffield Trust, and Health Foundation found that around one in 11 clinical posts throughout the NHS was vacant, including one in eight nursing vacancies, and vacancy rates are higher in some areas of geography or practice.[6] The Health Foundation has reported a dramatic drop in nurses coming from overseas during the pandemic.[7] And the Royal College of Nursing reported that 31% of nurses were considering leaving the profession, citing workload and staffing gaps.[8]

You'd hope for government policy to tackle this, but will it?

Let's look first at the new immigration rules. In 2018, 12.7% of the NHS workforce was overseas trained, including 5.7% from the European Union.[9] The Office for National Statistics estimated in May that 350 000 workers in adult social care (a sixth of the workforce) were from overseas—around one third from the EU and up 43% since 2010.[10]

Under the new system,[3 4] NHS clinical roles qualify as "skilled work." The visa salary threshold of £25 600 (€28 300; $33 500) when applying for most jobs falls to £20 480, although lower paid NHS roles such as healthcare assistants may also be included, as they count as a "shortage occupation."

Social care workers, largely off the state payroll or salary scales, don't count. The Home Office's impact assessment[5] acknowledges that their exclusion from these exemptions and their classification as "low skilled" workers will considerably reduce inflow to the sector. The government's justification is that these roles are unattractive because of poor terms and conditions. Immigrants and natives alike tend to leave them for less demanding and better paid work. There's an assumption that, if the care sector pays and looks after its people better, helped by the national living wage, then more UK citizens will want to work in it. Yet there's still no funding settlement for social care. Providers are struggling to remain viable because of inadequate funding and are competing with other sectors, including the NHS.[11 12]

But at least the work on the new immigration rules is full of detailed diligence, risk assessment, impact modelling data, and rationale for its decisions. You can see the workings, the numbers, the logistics—it's a serious set of documents.

By contrast, the delayed NHS *People Plan* and *People Promise* are a damp squib. They ignore social care. They include so much content on the impact of covid-19 that they seem last minute, rushed out to tick a box. Covid has thrown public finances into uncertainty, and we still have no clarity about the scale of additional government spending on NHS recruitment, training, and education from which any meaningful detail would follow.

Some of the vision in these plans is welcome, with clear acknowledgment of the need to do far more to support workplace wellbeing, diversity, equality, and inclusion and to retain older workers or help former staff return to practice. Retention is as important as recruitment, and we do have to look after our people better.

There are also nods to broadening entry routes into clinical professions and increasing training places and numbers, with some limited financial support for nurses to study and some new apprenticeships. But you'll have to look very hard for concrete numbers not previously announced elsewhere, let alone logistics, operational plans, and timelines.

In the face of the existential threat posed by the existing workforce crisis in health and social care, government policy veers between too little too late, ambition over action, and—in the case of immigration policy—an act of self-harm.

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