



UK migration policy and the Welsh NHS and social care workforce

A new immigration system

As a consequence of the UK leaving the EU, free movement rules concerning EU migrants will end.

As an EU member, there were very few restrictions on EU nationals moving to the UK for work. Under the new system EU and non-EU citizens will be subject to the same rules.



Those wanting to work in the UK will need to apply for a 'Skilled Worker' visa, and only certain roles will be open to non-UK applicants:

- the job must require applicants to have qualifications equivalent to an A-level or above; and
- the salary has to be higher than £25,600 or the "going rate" for the job (whichever is higher). Significantly, the salary threshold is not pro-rated, so part-time posts that attract less than the threshold would not qualify.

The £25,600 salary threshold is reduced in practice (via the "tradable points" element of the system) for several categories, most importantly for roles in shortage (and therefore on the Shortage Occupation List), those with a PhD

appropriate to the role or in a STEM subject, trainees and new entrants to the labour market.

For jobs included on a Shortage Occupation List the salary threshold will be reduced to no less than £20,480 or at least 80% of the "going rate", whichever is higher.

In addition, there will be a new Health and Care Visa (HCV), which means that for certain occupations the salary threshold will be set at the appropriate NHS pay scale. This means that, for those roles, the NHS can hire non-UK nationals.

The new system will also introduce fees for employers of EU workers and the workers themselves:

- Employers will have to pay an Immigration Skills Charge for each skilled migrant which is employed through the Skilled Worker visa or the HCV, at a cost of £1,000 for the first 12 months, plus £500 each additional six-month period.
- The cost of the visa to the worker themselves is lower for the HCV (£464) than the Skilled Worker visa (£610); and any dependents would be required to pay the same.
- People coming under the HCV and their dependants will not have to pay the Immigration Health Surcharge, which as of October 2020 will increase to £624 per year for those who need to pay the fee.

How does this affect non-UK citizens seeking to work in the Welsh Health and Care system?

The proposals suggest that there are three groups of people that will be affected:

1. Those that fall within the HCV, which should include all medical, dental and nursing professions.
2. Those that qualify for skilled worker visa, which essentially corresponds to Band 5 or above on the NHS Wales pay scale.
3. Those that would not fall into either category. Where there are EU nationals that currently occupy those roles or might have occupied them in the future, there are implications for the NHS and social care.

For each of the first two groups, it will be possible to recruit non-UK nationals – both EU and non-EU – although the policy intention appears to be that it should be somewhat easier, and cheaper, to recruit via the HCV than via the standard skilled worker route.

This means that compared with the existing system, it will be easier (and, for those qualifying for an HCV visa, cheaper) for non-EU nationals, but considerably harder (and more expensive) for EU nationals (compared to the current free movement system).

For the third group, it will only be possible to recruit non-UK citizens if they are already resident here via another route (such as the EU Settled Status Scheme).

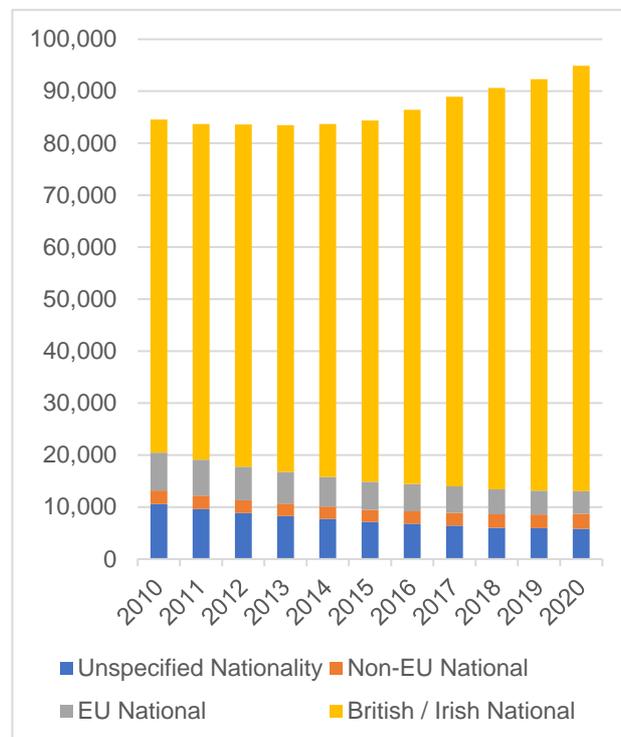
Migrant workers in the Welsh NHS

The reliance of the Welsh NHS on non-UK nationals has fallen somewhat over the last decade (Figure 1).

In 2020, approximately 8% of staff with an identifiable nationality are non-British; those from the EU account for 5% of staff, and those from outside the EU 3% of staff.

This is well below the proportions for the NHS in England, where a total of about 14% of staff are non-UK national, with a greater proportion from outside the EU (8.5% of the total, compared to 5.5% being EU nationals) (Baker, 2020).

Figure 1: Wales NHS workforce (by identifiable nationality)



Both in England and Wales, overseas doctors account for about 26% of the total. However, there are some significant difference between nationalities (Global Future, 2018a). EU nationals account for 10% of doctors in England, when compared to 6% in the Welsh NHS – meaning that the Welsh NHS has a greater reliance on non-EU nationals when compared to NHS England.

NHS estates and ancillary services are the second staff group that shows a higher concentration than average on overseas staff (8%), who are mostly EU nationals (6.3%). These are the essential services that ensure the smooth running of every hospital and other health care establishments – all the more critical during the Coronavirus pandemic.

How might new eligibility criteria affect the workforce?

As shown in Table 1 (page 6), our analysis suggests that the vast majority of non-UK nationals currently working in NHS Wales would qualify for a Skilled Worker and/or HCV visa under the current rules.

But there is a noticeable difference between EU and non-EU nationals with a substantially greater proportion of EU nationals who would be ineligible. This is not surprising given that non-EU nationals face much stricter rules at present (those non-EU nationals currently working in NHS Wales who would not be eligible presumably entered the UK through other routes, such as the family route).

The largest single group of current workers who would be ineligible under the current rules is EU nationals in the “additional clinical services” group. This would include, for example: ambulance drivers, dental surgery assistants, social care support workers, health care support workers / healthcare assistants, patient care assistants, emergency care assistants, and pharmacy assistants.

Nearly three quarters of social care occupations across the UK do not meet the qualification threshold, nor earn enough to meet the salary threshold

In order to assess the impact of the changes, we can also look at new starters in the Welsh NHS workforce (see Table 2, page 6). As noted above, recent years have seen a significant growth in the number of non-EU nationals as a proportion of new starters. Our data shows the vast majority of these would be eligible for an HCV or skilled worker visa; it also, in contrast to

the data for the overall workforce, shows most EU nationals joining now would be eligible, with 1% falling in the “at-risk” group (EU nationals who would probably not qualify for a visa).

Social care

There are particular difficulties relating to the immigration rule changes for social care as it is more difficult for those working in social care to meet the criteria set out by the UK Home Office in relation to the salary and the qualifications necessary to be eligible for a job.

Work by the Cavendish Coalition (2020) – a group of UK health and social care organisations – found that nearly three quarters of social care occupations across the UK do not meet the qualification threshold, nor earn enough to meet the salary threshold.



It's worth remembering that even with the current free movement of people from the EU for work, the social care sector already has severe staffing issues. Social care remains a low paid sector in Wales. Average earnings in full time terms are approximately £17,000, compared to the Welsh average across all jobs of £29,000 (Welsh Government, 2020).

Fewer than half of the personal care workforce are paid the Real Living Wage in Wales. The prevalence of women in the workforce also means these impacts are gendered, having a more significant impact on women who more often take on social care roles and work more in part-time environments.

In addition to this, the social care sector experiences high rates of turnover in staff – more so for commissioned services than in local authorities. Recent research has shown that over half of registered social care providers in Wales reported difficulties recruiting to vacancies, with over a quarter indicating that it had become ‘very difficult’.

It is unclear to what extent small changes to immigration system proposed by the UK Government would solve the problem.

Adding additional social care job types to the list of shortage occupations may help. But even then, the low salaries and often part-time working arrangements of social care staff would still leave potential workers struggling to qualify.

Adding additional visa routes for temporary or ‘low skilled’ workers may also address the gap. But this seems unlikely to be a priority for the UK Government. One final consideration is whether the Coronavirus pandemic generates long-term shift in domestic labour supply, but it’s too early to tell whether that is the case.

Support provided to employers and workers

Much can be learned from how the Welsh Government, Health Boards, Wales-wide organisations, Health Education and Improvement Wales (HEIW) and local authorities have supported EU citizens to acquire Settled Status in the UK.

The Scheme has been open since March 2019. Since then, the Welsh Government announced a package of support to help EU citizens to continue to live and work in Wales, including digital support with their applications, advice on welfare and workers’ rights, and immigration advice for cases that were more complex. Local authorities also supply detailed information as to help and support that is available, both in general terms and for individual groups. While there have been issues with the application process, it has been relatively straightforward for

Welsh NHS employees, as they are in an advantageous position to demonstrate their employment status.

Another helpful indicator of potential systemic support is to consider the support currently given to Tier 2 visa applicants in NHS Wales. NHS Wales Shared Services Partnership is responsible for sponsoring all junior medical and dental workers and trainees requiring a Tier 2 visa. This is delivered in conjunction with HEIW.

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As an already approved sponsoring organisation and with a good system already in place for international recruitment, the Welsh NHS is well placed to support new workers who meet the criteria either for the skilled worker visa or HCV. The processes themselves will not be radically different from the existing procedures, and while particular attention will need to be paid to ensure the system is in place from January 2021, the organisation should be amongst the best placed in the country to support new recruits from 2021 onwards.

Implications

The introduction of the Health and Care Visa, and in particular its wide-ranging coverage across medical, professional and technical services in the NHS, suggests that the specific impacts on NHS recruitment in Wales may be limited. Most roles within the Welsh NHS will qualify for either a Health and Care Visa and skilled worker visa, therefore the overall impacts

will be small. However, some jobs will slip through the new criteria and the existing system of support for recruits will need to adapt to continue providing important and highly valued people to join the workforce.

The implications for social care are more severe. Fewer roles will qualify for the Health and Care Visa or Skilled Worker visa, and the greater turnover of staff presents particular challenges. Given both the importance of social care provision for the NHS, and the desire for an integrated health and social care system in Wales, the particular challenges presented here represent a potential vulnerability for the whole system.

Should the Welsh NHS Confederation and other organisations wish to change the system to favour future recruitment and retention, the priority is likely to be expanding eligibility of occupations that are important with the social care sector for the Health and Care Visa, or failing that, increasing the roles on the Shortage Occupational Lists should be a priority. A more general reduction in the salary threshold would also be helpful for both the NHS and social care. While each of these may not solve the particular problem, they may soften the effects.

Sources

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Table 1 - Visa eligibility in the Welsh NHS, by nationality group

Year	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Eligible	83.1%	84.3%	85.4%	86.3%	87.3%	88.2%	88.9%	89.7%	90.5%	90.9%	91.4%
British / Irish National	75.8%	77.2%	78.7%	79.9%	81.1%	82.4%	83.3%	84.3%	85.2%	85.8%	86.2%
EU National	4.5%	4.4%	4.1%	3.9%	3.7%	3.5%	3.4%	3.2%	3.0%	2.8%	2.5%
Non-EU National	2.7%	2.7%	2.6%	2.5%	2.4%	2.3%	2.3%	2.3%	2.4%	2.4%	2.6%
Not Eligible	4.4%	4.2%	4.0%	3.8%	3.5%	3.3%	3.2%	3.0%	2.8%	2.7%	2.5%
EU National	4.1%	3.8%	3.6%	3.4%	3.1%	2.9%	2.7%	2.5%	2.3%	2.2%	2.0%
Non-EU National	0.3%	0.4%	0.4%	0.4%	0.4%	0.4%	0.5%	0.5%	0.5%	0.5%	0.5%
Unspecified Nationality	12.5%	11.5%	10.6%	9.9%	9.2%	8.4%	7.9%	7.2%	6.6%	6.4%	6.1%

Table 2 - visa eligibility for new starters in the Welsh NHS, by nationality group

	Year										
Eligibility/Nationality	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Eligible											
British / Irish National	82.1%	83.6%	85.8%	86.1%	86.6%	87.8%	85.1%	86.7%	87.9%	84.8%	84.8%
EU National	1.7%	2.8%	2.3%	2.9%	2.7%	3.1%	3.5%	2.8%	2.2%	2.0%	1.7%
Non-EU National	7.1%	7.3%	5.8%	5.2%	5.5%	4.0%	3.9%	4.2%	5.0%	5.1%	6.6%
Not Eligible											
EU National	0.8%	1.1%	0.6%	0.8%	0.7%	1.2%	2.1%	2.1%	1.3%	1.1%	1.0%
Non-EU National	0.8%	0.8%	0.9%	0.8%	0.6%	0.7%	1.0%	0.7%	0.8%	0.6%	1.0%
Unspecified Nationality	7.6%	4.3%	4.6%	4.1%	3.8%	3.0%	4.4%	3.6%	2.9%	6.4%	4.8%

Find out more

For the full report see: Portes, J., Oommen, E. and Johnson, C. (2020). [UK migration policy and the Welsh NHS and social care workforce](#). Wales Centre for Public Policy.

About the Wales Centre for Public Policy

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For further information contact:

Dr Craig Johnson

+44 (0)29 2087 5345

craig.johnson@wcpp.org.uk

Wales Centre for Public Policy

Cardiff University, 10/12 Museum Place, Cardiff CF10 3BG



www.wcpp.org.uk



029 2087 5345



info@wcpp.org.uk



@WCfPP



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