

Consultation response

Salary threshold and points-based system commission call for evidence: The King's Fund response

We welcome the opportunity to contribute to the Migration Advisory Committee's call for evidence on salary thresholds and a points-based system in immigration controls.

We believe international recruitment is an essential source of workers for the health and care sector – at least in the short to medium term while domestic supply is improved – if we are to have a health and care workforce that meets the UK's needs. Given the immediate workforce challenges facing the health and care sector, we are pleased that the review of the shortage occupation list made several recommendations that aligned with our submission to your previous call for evidence,¹ and that these recommendations were [accepted by the government](#). However, the future role of a shortage occupation list remains uncertain as the immigration system is reformed when the United Kingdom leaves the European Union. Further changes to the immigration system will be needed to meet the ongoing challenges facing health and social care.

For this consultation, to supplement the information requested in your online response form, we set out two broader considerations that we believe should be taken into account for the health and social care sectors. They are:

- the context provided by workforce projections, which your latest commission for advice will need to consider
- the need for policy decisions arising from your advice to be part of a much broader policy response to the workforce crisis in health and social care.

Workforce projections

[Closing the gap](#) – a joint report by The King's Fund, the Nuffield Trust and the Health Foundation – modelled the expected trend in vacancies over the next 10 years for nurses and GPs – two professional groups with the most pressing workforce challenges. It also

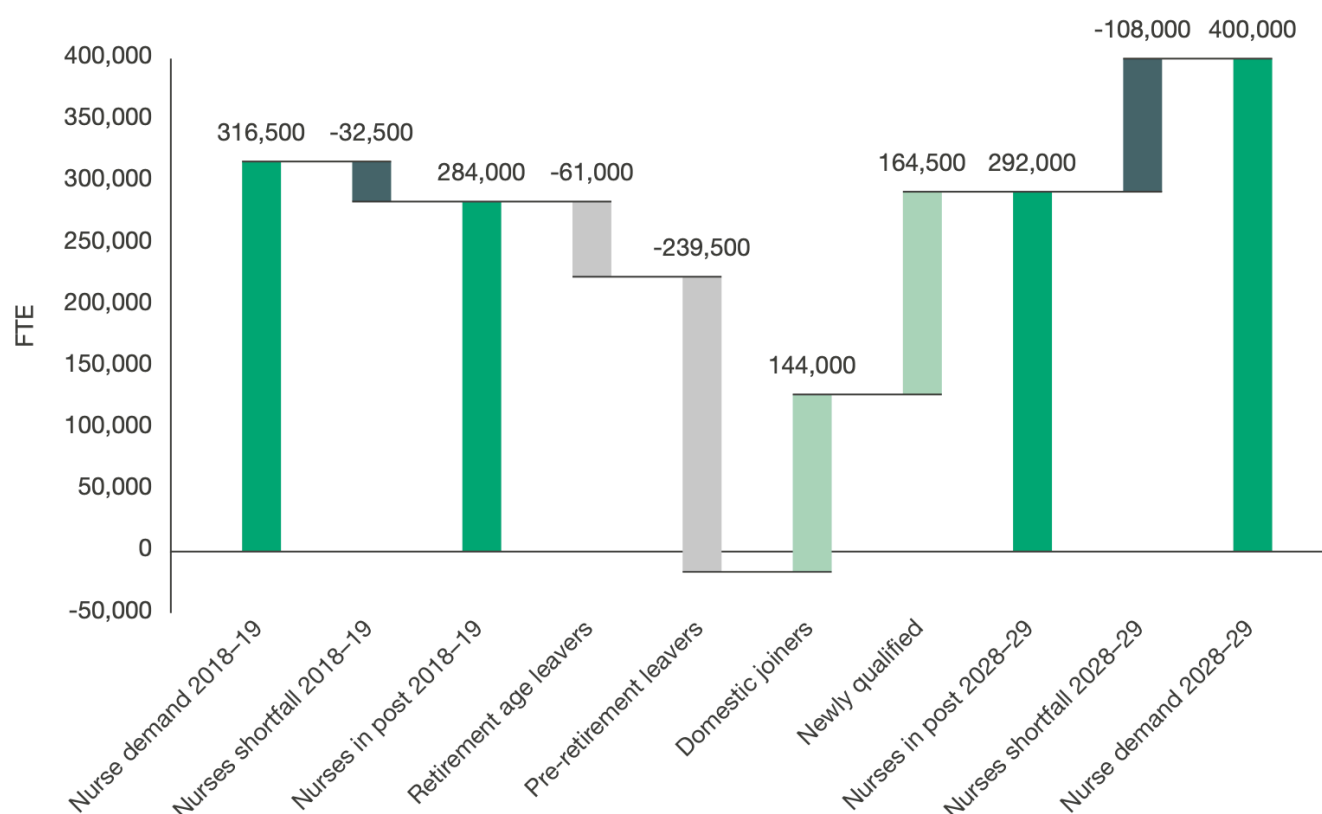
¹ Joint submission with the Nuffield Trust and the Health Foundation to the Migration Advisory Committee's 2018 [call for evidence](#) to inform review of the shortage occupation list.

modelled the expected impact of a range of policy responses. It confirmed that addressing profound workforce shortages will require wide-ranging and ambitious new policies.

Since this analysis, [latest figures for quarter 4 of 2018/19](#) show that the vacancy rate for nurses has plateaued rather than improved. The longer-term overall trend in vacancies continues to increase, remaining higher than in previous years. NHS England and NHS Improvement has promised a comprehensive NHS [People Plan](#) by the end of 2019, but with a general election in December, there is a high risk of delay – as happened with previous commitments to develop a workforce strategy. Implementing the People Plan will also be challenging due to the lack of a favourable, long-term workforce funding settlement, following the delay of the multi-year Spending Review.

Our modelling in *Closing the gap* is still valid: by 2028/29, we expect NHS trusts to face a shortfall of 108,000 nurses (see Figure 1). Nursing vacancies elsewhere – for example, in social care – add to the scale of challenge.

Figure 1: Nursing supply and demand projections for England 2018/19–2028/29



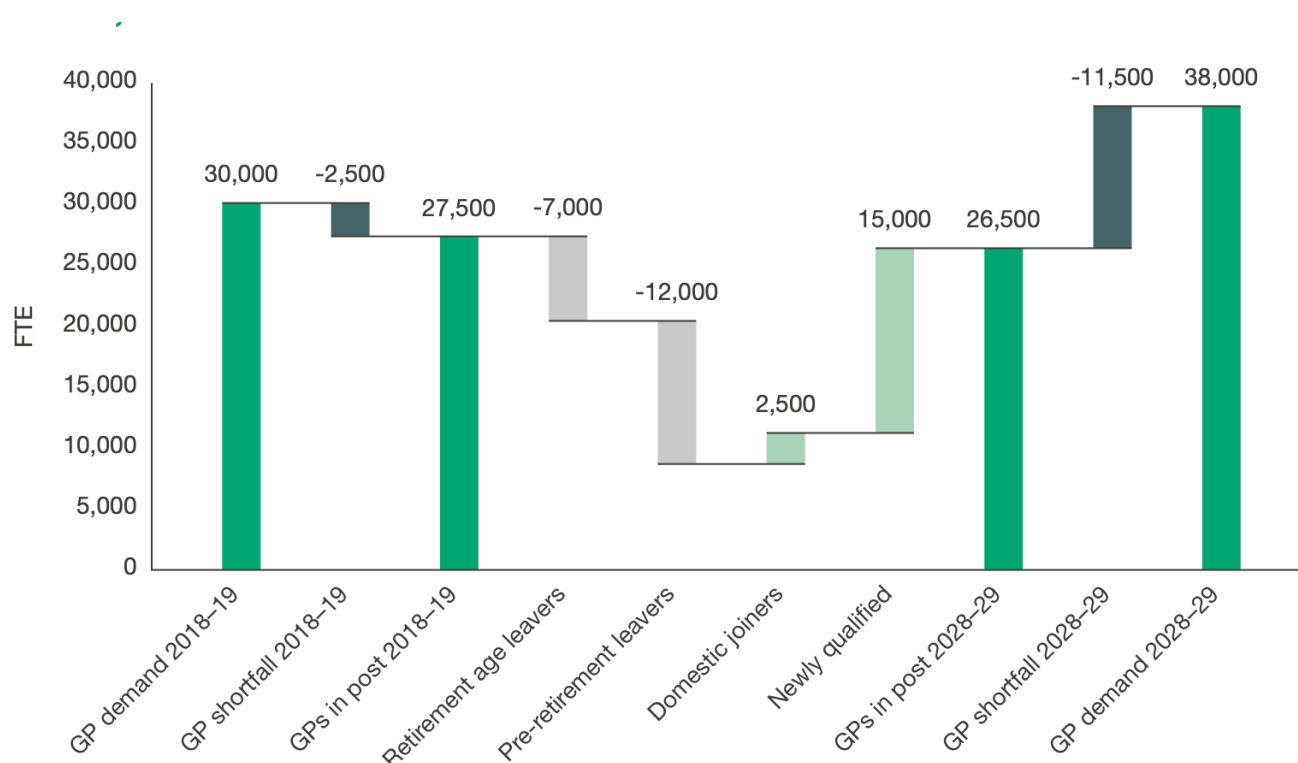
Source: [The King's Fund, Nuffield Trust and Health Foundation 2019](#)

This shortfall is far too large to be addressed by domestic training – there is a significant time lag (at least three years) before additional training places result in nurses taking up posts – and recruitment strategies alone. It is essential that immigration aspects of the policy response to nursing vacancies:

- are based on the commission of long-range expert advice, rather than seeking to change the shortage occupation lists and tier two visa arrangements every year or two (as has happened in recent years) or waiting until further crises have already materialised (as appears to be the current approach for social care managers)
- remove all barriers to ethical international recruitment of nurses, as this will be of fundamental importance in the medium term, until 'home-grown' capacity can increase.

Our modelling for GPs similarly showed that the size of the shortfall by 2028/29 (see Figure 2) means that recruitment and training will not be sufficient to meet needs, and a broader set of policy approaches will be required.

Figure 2: GP supply and demand projections for England 2018/19–2028/29



Source: [The King's Fund, Nuffield Trust and Health Foundation 2019](#)

Our modelling showed that addressing this crisis should include developing other professionals – particularly allied health professionals – to take on roles in patient care currently undertaken by GPs. It is essential that immigration aspects of the policy response to this situation:

- take a broad and anticipatory view of related professionals, as well as the specific professionals currently in short supply. In particular, we believe that all allied health professions should be added to the shortage occupation list (or its successor) to increase the supply of these professionals so the NHS can explore ways to develop their roles to substitute for shortage professions.

Immigration as part of a broader policy response to the health and care workforce crisis

The proposed salary threshold of £30,000 is clearly problematic, particularly for the social care sector. It is important that the immigration system considers the needs of the social care sector, including the possibility of lower salary thresholds better suited to the lower pay levels in social care. The distinction between low, medium and highly skilled workers is particularly unhelpful for social care: many care workers and other 'low-skilled' workers possess complex and much-needed skills but no formal qualifications, and this lack of formal qualifications limits their ability to join the shortage occupation lists (or successor systems). These issues need to be thought through but, equally, it is important to bear in mind that even if they are resolved, on their own they will not be anywhere near sufficient to address the scale of the workforce challenge in this sector.

To put current social care challenges in context, and in line with our earlier observation on the importance of commissioning expert advice on future rather than just current crises, updated projections have recently been published for the [adult social care workforce in England](#). On the most conservative modelling, simply to keep pace with increasing numbers of people aged over 65, the sector will need to recruit to 580,000 additional posts over the next 15 years (representing a 36 per cent growth in the workforce). This is on top of the current 122,000 vacancies. While a workforce strategy for the NHS is currently being developed, there is currently no equivalent plan for the social care.

In our view, it is important that government is fully and explicitly aware that, in relation to the social care workforce, addressing individual immigration issues such as the salary threshold will be of limited value unless they are part of:

- a much broader, fundamental approach to social care workforce strategy
- a broader, fundamental appraisal of how the visa system can work across the range of immigration challenges for recruiting overseas staff to social care.

The Migration Advisory Committee has a role as a key expert advisory body in ensuring this case is firmly made to government. We hope that you will find these observations useful when preparing your advice.

Thank you again for the opportunity to contribute.