26 November 2018

Dr Sarah Wollaston
Chair, Health Select Committee
House of Commons
Westminster
London
SW1A 0AA

Dear Dr Wollaston

Additional information request

At last week’s evidence session you asked me to provide information about the potential additional costs for the NHS associated with international recruitment following the United Kingdom’s departure from the European Union. Colleagues from the European Union contribute a huge amount to the NHS. They are critical to providing patients with the care they need and it is important we make every effort to continue to welcome them into the NHS.

Costs associated with international recruitment following EU exit are highly dependent on future government immigration policy and Home Office implementation of them. You will appreciate that absent details of these, it is not possible to undertake detailed modelling as we have no basis on which to calculate likely costs.

A recent article from the Royal College of Physicians suggests that the NHS could spend significant sums on international recruitment. Specifically, the article sets the following scenario:

“If we modelled last year’s 12,303 EU staff that joined the NHS in 2017, and applied the tier 2 immigration system or a similar model, the NHS would have to find £105 million a year to recruit staff that previously attracted no immigration costs. If you then add in visa renewal costs for 60% of these staff at the end of their 3-year visas, the cost increases by a further £45 million, creating a total of £150 million…”

Clearly, access to workforce is of critical concern to the NHS. The Long Term Plan will set out how we intend to address these issues and, as government immigration policy related to EU exit becomes apparent I will, of course, work with partners across the NHS family to ensure we maximise opportunities to attract the best and brightest to work in the NHS.

Yours sincerely

[Signature]

NHS Improvement is the operational name for the organisation that brings together Monitor, NHS Trust Development Authority, Patient Safety, the National Reporting and Learning System, the Advancing Change team and the Intensive Support Teams.
Ian Dalton CBE
Chief Executive, NHS Improvement