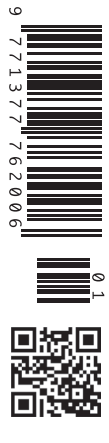




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# Reimagined Hospitals



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# Brexit Disruption Harnessed for Better NHS

Summary: The UK National Health Service (NHS) has been a cornerstone of deliberations for Brexit, Britain’s exit from the European Union (EU). Proceedings have put into high relief operational problems faced by the NHS with concerns over nurse numbers at the forefront. With the UK set to leave the EU on January 31, 2020, how is the NHS addressing the nursing shortage crisis?

## The Background

The UK voted to leave the EU in 2016 with a very close margin of 52% to 48%. The outcome sent shockwaves around the world and there were few places where they were felt more keenly than in the UK’s healthcare system. The NHS has traditionally in part relied on migrant labour for several staffing areas – especially for nursing. Most nurses from abroad come from non-EU countries but those who have

solution for a number of reasons. The UK is not alone in relying on nurses from abroad to help fill a local shortfall and is competing with countries that offer higher salaries. Additionally, there is the ethical question of luring trained nursing staff away from their own countries where they are also needed.

Another way of tackling the nursing shortfall is employing temporary staff. However, this is unsustainable finan-

workforce (Palmer and Rolewicz 2019 n2). These are both regarded as key opportunities to come out of Brexit.

## Attracting and Training Nurses

So what are policy makers doing to attract more recruits to the nursing profession?

In December last year, the new government announced a £2 billion raft of financial support measures for new students of nursing (gov.uk).

**More nurses need to be UK trained and more effort needs to be made to retain the workforce. These are regarded as opportunities to come out of Brexit.**

come from the EU to work, have made a significant head count contribution (Palmer and Rolewicz 2019).

In the middle of June 2015, one year before the EU exit poll, UK-trained nurses were leaving the NHS at a rate of 2,500 annually while the number of EU nurses rose by 3,500. Since the plebiscite, there has been a reversal in this trend (Gilbert 2020).

## Traditional ‘Solutions’

Presently, there is a shortage of 43,000 nurses across the NHS (Mitchell 2019).

While reliance on imported labour is not likely to slow significantly overnight, it is not regarded as a long-term

cially. At the close of 2018, NHS trusts forecast £5.6bln on temporary staff expenditure which exceeded a budgeted £5bln. Concerns about cost is not the only factor; there are worries that relying on temporary staff can be disruptive for patient care (Palmer and Rolewicz 2019).

## Efforts

Experts have warned that migration alone won’t solve the problem. While they acknowledge that imported labour will still contribute to nursing numbers, they also stress that more nurses also need to be UK trained and more effort needs to be made to retain the

Those entering degree-level nursing and midwifery courses from September this year will receive support of up to £8,000 a year (non-repayable) to help cover living costs. More than 35,000 students are expected to benefit. Nursing students will also still be able to access tuition funding and maintenance loans from the Student Loans Company.

The measures are part of the government’s pledge to increase home-grown nursing numbers by 50,000 over the next five years. Out of these, 31,500 will be new, 5,000 will be nursing apprentices and 12,500 will be migrant nurses. Nurses who have been

persuaded not to leave or to return to the NHs will constitute the remaining 18,500 (Gilbert 2020).

The government action comes alongside the biggest push for nursing recruitment in decades. The NHS ‘We Are the NHS, We Are Nurses’ campaign (NHS Employers 2019), backed by the Health Secretary, is targeting school leavers about to choose their degrees and people switching careers.

The campaign has already seen a rise in UK nationals joining the NHS following this drive to encourage staff to return and boost retention rates (Gilbert 2020).

In addition to investment in nursing staff, the government aims to expand NHS staff further with 6,000 doctors in GP surgeries and 6,000 primary care staff, such as physiotherapists and pharmacists.

### Retaining Nurses

Staff retention is perhaps where the greatest challenge is and one that is felt in healthcare across the globe. For nursing in the UK, this would mean making the profession more attractive both in terms of salary and working

conditions.

Speaking to the UK media in January, Andrea Sutcliffe CBE, chief executive and registrar for the Nursing and Midwifery Council, praised the government recruitment initiative but stressed that more action was needed to address the pressures nurses and midwives face to attract and retain the workforce numbers needed by the NHS (Gilbert 2020).

“In our last survey of those leaving the register, one third cited too much pressure leading to stress and poor mental health as a reason for leaving,” she said. She went on to say that challenges included effective workforce planning, a coordinated approach across health and social care and support for continuing professional development to create an attractive career pathway for both new and existing staff.

“This is why the NHS has funded thousands more clinical placements for those in training, delivered a 6% increase in nursing applications as a result of the largest ever recruitment campaign, and rolled out a successful nurse retention programme which has

reduced turnover rates.”

Last year, the Health Education England (HEE), responsible for education in the NHS, released a report recommending measures for dealing with staff burnout. These included provision of safe places and 24-hour helplines to help NHS workers deal with traumatic incidents and fast-track mental health referrals to prevent burnout. It also recommended appointment of a ‘workforce wellbeing guardian’ for every NHS organisation (Baska 2019).

### Silver Lining

While attracting migrant nursing staff will remain part of the NHS recruiting policy, Brexit is contributing to forcing the NHS and policy makes to look even more keenly at addressing reasons for the homegrown staff shortage.

The UK’s departure from the EU could bring short-term disruption to the NHS, but if this is ultimately harnessed for improving nurse numbers and staff retention, it can only be a good thing for one of the world’s largest employers (McCarthy 2015). ■

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