The Scottish Parliament
Pàrlamaid na h-Alba

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Culture, Tourism Europe and External Relations Committee

**Health and Sport Committee**
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Dear Convener

**EU Engagement and Scrutiny of the Committees of the Scottish Parliament**

I write in response to your letter dated 9 December 2016 in which you invited the Health and Sport Committee to report back on any EU scrutiny it has carried out.

At its meeting on 6 September the Committee considered a paper on the potential implications to Scotland of Brexit on matters within our remit. Following discussions we agreed to include consideration of EU withdrawal issues into our forthcoming work as appropriate. This has included work conducted on recruitment and retention, the social and community care workforce, delayed discharges and GPs and GP hubs. The Committee also agreed to appoint two European reporters – Richard Lyle MSP and Donald Cameron MSP.

We noted the following areas within our remit where there could be potential impacts to Scotland of Brexit:

- workforce issues
- research and life sciences
- public health
- new medicines and clinical trials
- funding
- sport

We agreed that all the areas noted above would be considered but we agreed the two main areas of focus for us were workforce issues (health and social care) and research and life sciences funding. Richard Lyle MSP agreed to lead on research funding and Donald Cameron MSP agreed to lead on workforce issues.

We undertook to gather information on these areas through questioning of witnesses and external requests for information. A full list of relevant extracts from the Official Report of our meetings is included at Annexe A.

**Health and social care workforce**

Potentially the most significant impact could be in relation to workforce issues. The EU policy of freedom of movement and mutual recognition of qualifications and standards within the EU means many health and social care professionals currently working in the UK have come from other EU countries. However, there is currently a lack of data on the number of EU nationals currently working in Scotland in the health and social care sector. To determine the possible implications of Brexit it would seem important data to have for future negotiations and workforce planning.

The Health and Social Care Information Centre estimates that 55,000 of the NHS's 1.3 million UK workforce and 80,000 of the 1.3 million UK workers in the adult social care sector come from EU countries.[1] Within that some 9.4% Doctors and 6.3% nurses UK wide are other EU citizens. The General Medical Council currently has 1371 doctors on its register who have an EU nationality and are working in Scotland. Of this figure, 220 are GPs, 506 are on the specialist register and 424 are in training.[2]

SPICe briefing 16/86 – EU nationals living in Scotland[3] states that "In the public administration, education and health sector, the largest area of employment is health and social work, which employs 12,000 EU nationals. However, because this sector is a large employer, EU nationals only account for 3% of total employment in this sector. Again, the majority of EU nationals working in this sector are from EU accession countries (8,000 of the total)".

In response to a letter from the Committee on recruitment and retention the Cabinet Secretary for Health and Sport noted that[4]:

- EU 27 nationals make up 4.5% of the Scottish workforce in employment across sectors, and account for 3.0% of the workforce in the Health and Social Care Sector (Annual Population Survey 2015, Office for National Statistics)

- Just over 1,159 non-UK EEA-qualified doctors in Scotland (as at 27 October 2016), from a total of 20,028 – 5.8%. (GMC 2016)

[1] Health and Social Care information Centre 2015, Skills for Care 2016.

[2] Equivalent figures for all with international nationality and working in Scotland are 8567 registered, of which 3096 are GPs, 3664 on the specialist register and 787 in training

[3] http://www.parliament.scot/ResearchBriefingsAndFactsheets/S5/SB_16-86_EU_nationals_living_in_Scotland.pdf

[4] http://www.parliament.scot/S5_HealthandSportCommittee/Inquiries/Letter_from_Cab_Sec_to_Convener(1).pdf

- Around 4% of nurses and midwives and 2% of dentists in training are from the EU. (Office for National Statistics data – 29 June 2016)

The possible issues within the health and social care workforce were discussed by witnesses during evidence sessions on recruitment and retention and the social and community care workforce.

We heard there is concern health and social care services would be seriously impacted if EU workers currently working in Scotland had to leave or if new EU workers were not allowed to take up posts. Estimates on the levels of EU workers in the health and social care sector in Scotland vary from 5-15% depending on the source.

UNISON advised they currently have about 6,000 members in Scotland who are EU nationals and mostly work in the health and social care sector. Scottish Care noted in the past 18 months they have recruited about 55% of their staff from the EU. It is worth noting that the Scottish Government's vision of a shift from hospital based care to community based care will result in an increase in demand in the social care sector, ergo an increase in need for workers.

We are aware that the Scottish Government are now working with Scottish Social Services Council (SSC) to incorporate a new question into the SSSC annual staff survey, which would allow the Scottish Government to gather data on the number of EU nationals in the social care workforce.

During our evidence sessions on recruitment and retention we were made aware that certain areas within Scotland have a higher dependency on EU staff and as a result may be hit harder should EU nationals no longer have the right to work in the UK. Western Isles IJB noted of the 12 consultants working in the Western Isles hospital, only one is Scottish – 8 were from the EU and 3 were non-EU.

Regard, in due course, will also need to be given to any potential implications that access to EU workforce and migrant labour in the social care sector may have on pay and other conditions.

Another potential area where Brexit may impact upon was the procurement and tendering process. This was raised by the Coalition of Care and Support Providers in Scotland who noted the issue that came up first with their membership in relation to Brexit was not workforce but whether their membership could follow different procurement rules as a result of Brexit.

Another issue to consider in relation to Brexit is the European Working Time Directive (EWTD). Health service staff are covered by the EWTD, most since 1998, with junior doctors fully covered in 2009. The EWTD is implemented through UK regulations and staff contracts and we have a shared concern over possible post-brexit de-regulation and the potential impacts on the terms and conditions of the social care workforce in particular.

**Research and Life Sciences**

Scottish research institutions receive funding from a number of UK-wide and external sources, including UK Research Councils, government departments, EU funding programmes, business (including foreign direct investment) and charities. Such funding can be significant in areas such as healthcare and medical research. Analysis by Universities UK earlier this year found EU research generates more than 19,000 jobs across the UK, with UK universities in 2014-15 attracting £836million in research grants and contracts from EU sources. Universities Scotland briefing suggested 13% of all research funding derived from EU sources.

The Royal Society analysed EU research funding from 2007 to 2013 and based on ONS figures identified total UK contributions for research development and innovative activities of €5.4billion with €8.8 billion of funding grants made to the UK over the same period. That figure represents around 3%[5] total UK expenditure on research and development. SPICe briefing (page 31) suggests Scotland received €741 million of the UK figure.

The UK Government announced[6] that Universities and researchers will have funds guaranteed for research bids made directly to the European commission, including bids to the EU's Horizon 2020 programme, an €80bn (£69bn) pot for science and innovation. The UK Treasury has indicated that it will underwrite the funding awards, (agreed before the Autumn Statement) even when projects continue post-Brexit.

To gather information on levels of EU funding currently awarded to Scotland we wrote to Universities Scotland and Scottish Enterprise.

Universities Scotland advised in 2014/15 Scotland's 19 higher education institutions won £79.3 million in research income from EU Government bodies. Another £14.8 million came from other EU sources (EU charities, industry and public corporations) bringing the total to £94.1 million. This accounted for 12.2 per cent of all competitively won research income Scotland's universities received that year from all sources. Or, if you include research grants from the Scottish Funding Council in the total research income, funds from EU sources would account for 8.9 per cent of all research income received by Scotland's HEIs.

We were advised it was difficult to analyse the data to show specific health research funding within that £94.1 million however, they could possibly obtain figures based on the University department where the research funding was allocated to. Universities Scotland have since advised such approximations of funding has not been possible due to the variables involved and they were concerned any approximation they would be able to provide could actually risk confusing things when clarity of message during the Brexit negotiations was very important.

Scottish Enterprise provided details of the Horizon 2020 programme to us.

[5] The figure may be slightly higher as EU funding through structural funds is not included.

[6] https://www.gov.uk/government/news/chancellor-philip-hammond-guarantees-eu-funding-beyond-date-uk-leaves-the-eu

Horizon 2020, formerly known as the Framework Programme, is the EU's main programme for funding research and innovation projects and follows the same seven-year programming period as most other large EU funding programmes, with the current period being 2014-2020.

The awards to Scottish organisations in July 2016 as reported by the European Commission were almost €19.5 million. HIEs were the main beneficiaries securing just over €11 million. It was noted health related projects are also awarded in other areas of Horizon 2020 and an initial review indicates projects which were dependent on their categorisation could be categorised as health related total €32 million. Just over €29m of which was awarded to HIEs. Since 2014 Scotland has received just under €165 million from Horizon 2020.[7] In the period 2007-2013, Scotland secured £636 million from Horizon 2020's predecessor, the EU Framework 7 Programme.[8]

It is worth noting that Horizon 2020 is a competitive fund and as such there are no guarantees about how much money Scottish projects might receive in the future even if we remained in the EU. This means we cannot really say this amount of money would be lost by Brexit but more it's an indication of the amount of money that we would not be able to access in the future – unless the UK chose to participate in Horizon 2020 after Brexit. Norway participates in the programme despite being out with the EU.

**Public Health**

The EU adopted its Public Health Strategy in 2007[9]. One key area within this strategy is the prevention and control of communicable diseases through coordinated surveillance, communication and response. At the centre of this is the European Centre for Disease Control and Prevention (ECDC) which collects information, provides expertise and coordinates relevant bodies. Given the global nature of many communicable diseases, some commentators[10] have raised concerns about the UK no longer taking part in the ECDC. Both Norway and Switzerland work with the agency, but do not have a role in decision making within the organisation.

There are numerous environmental regulations and conditions covering such things as clean air through to water, and although existing protections/laws/directives will likely continue post exit it is not known whether any or all of these will be repealed and replaced with UK drafted alternatives. While none are health driven they all impact on the health of citizens and the workforce. Similarly the working time directive, food safety, procurement and competition law and other such regulations impact on health but are not health driven.

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[7] EU Open Data Portal CORDIS – EU research projects under Horizon 2020

[8] http://www.universities-scotland.ac.uk/wp-content/uploads/2016/09/Scotlands-relationship-with-EU-US-response-FINAL-0916.pdf

[9] European Commission, White Paper: Together for Health, A strategic approach for the EU 2008-2013, 2007

[10] BMJ, *How Brexit might affect public health*, 16 May 2016

It is imperative that should EU regulations be removed public health considerations be prioritised in all post-brexit trade deals.

There are also a number of specific public health problems where the EU has been active. For example, the Tobacco Products Directive has recently introduced stricter rules on packaging and e-cigarettes in a bid to reduce smoking related harm.

Another public health concern may arise from the UK Government's announcement that the UK will leave Euratom when it leaves the EU.

The Euratom treaty predates the formation of the EU (1957) and its main aim was to contribute to the development of Europe's nuclear industry and ensure security of supply. However, article 2 of the treaty also set out that in order to achieve this, the Community should "establish uniform safety standards to protect the health of workers and the general public and ensure that they are applied."

Therefore, the role of Euratom in public health relates mainly to the protection of workers and the general public from ionising radiation. It does this by laying down basic safety standards in relation to; nuclear safety, medical and occupational exposure to radiation, radiation in foodstuffs and monitoring the level of radioactivity. It then ensures that such standards are applied. A new revised Basic Safety Standards Directive was adopted in 2013 by the European Council (2013/59/Euratom) and consolidates and updates five existing Euratom directives. The new directive broadens the application of the safety standards to all radiation sources and categories of exposure, including occupational, medical, public and environmental. It also strengthens the requirements for countries' emergency preparedness and response. The directive is due to be implemented into UK law by February 2018.

**New medicines and clinical trials**

EU regulation provides a harmonising approach to medicine recognition across member states. That includes a centralised EU authorisation system (via the European Medicines Agency (EMA) based in London) and allows a single application for authorisation valid across the EU (and EEA and European Free Trade Association).

The inclusion in the EMA of countries that are members of the EEA (Iceland, Lichtenstein and Norway) may mean the UK could continue to participate after leaving the EU, depending on the negotiations. Otherwise pharmaceutical companies would need to apply for marketing authorisations separately to the UK's Medicine and Healthcare products Regulatory Authority (MHRA) for a medicine they wished to supply in the UK. If the UK were able to continue to participate in the EMA, only as part of the EEA for example, there is a risk access to new medicines would be delayed because the UK would now be part of a smaller market, which generally results in delayed access.

There is still uncertainty around whether the UK will look to remain a member of the EMA. Jeremy Hunt, Health Secretary, has stated that he does not expect the UK to remain a member of the EMA once we leave the EU. However, the Prime Minister

did not specify how drugs regulation would work after Brexit in response to a recent question in the House of Commons.

**Reciprocal access to healthcare**

Access to treatment and medicines might be affected including the reciprocal arrangements in the EU (via the Cross Border Health Directive and the European Health Insurance Card) This might affect tourism and travel perhaps with costs to the NHS in treating EU nationals dropping, partially offset by the costs of treating returning UK citizens if not covered when abroad.

The UK Government recently announced that all nationals from outside of Europe coming to live in the UK for longer than six months will be required to pay a 'health surcharge' in order to gain access to the NHS. This has been set at £200 per year and will be payable at the same time that an individual submits their visa application on-line. Visa applicants will need to pay up-front for the total period of their UK visa (generally 5 years = £1000 up-front payment). It is possible that post-brexit this health surcharge could be extended to include EU nationals. This may affect the recruitment of staff to the health and social care sector who while working for the NHS would nevertheless be expected to pay to receive treatment themselves.

It has been suggested that some UK pensioners currently living elsewhere in the EU may return, this could place increased pressure on health and social care services.

There has been UK debate about the impact of immigration on the NHS. Where immigration increases the population this usually results in additional people needing NHS treatment. Research has suggested the average use of health services by immigrants and visitors appears to be lower than by people born in the UK, partly due to immigrants and visitors on average being younger.[11]

**Sport**

Any alterations to free movement may affect professional sports in Scotland. Football in particular, but also rugby, and maybe some other sports like cricket. In football there are more than 400 players plying their trade in the top two divisions in England and Scotland, with the vast majority unlikely to pass the stringent work permit requirements for non EU nationals introduced by the Football Association in March 2015.

Previously, in order to qualify to play in the UK, players needed to have played in at least 75% of their country's senior international matches over the previous two years. The new requirements state non-EEA (European Economic Area) players have to meet a minimum percentage of international matches played for their country over the previous 24-month period, as determined by that country's Fifa world ranking.

We do however recognise this may result in an opportunity for more Scottish players to be selected for sports squads than currently happens.

[11] http://journals.sagepub.com/doi/pdf/10.1258/jhsrp.2010.010097

Coaching staff could also be affected by the loss of free movement which could result in Scottish and UK individuals and teams losing access to top quality coaches.

In relation to hosting events there should not be any issue with Scotland bidding for or competing in major sporting events, unless those events require EU Membership. “European” championship events feature countries not in the EU (normally Russia, Ukraine etc. compete) and they can be hosted by countries outside the EU.

Erasmus Sport funding could potentially be affected. While it is unclear how much has been awarded to Scottish applicants, in relation to relevant projects those falling under “mobility” may fall within the Health and Sport broad remit and in the year to 2016 one award was made in Scotland totalling €229,607.

The above details the information we have gathered so far in our inquiries into the implications of leaving the EU for Scotland, however we will continue to ask questions of witnesses going forward and provide updates to your Committee where appropriate.

Kind regards,

Neil Findlay MSP

Convener

**Annexe A**

**Health and Sport Committee Official Report extracts – EU Questions**

**Meeting date: 13 Sept 2016 – Social and Community Care Workforce**

http://www.parliament.scot/parliamentarybusiness/report.aspx?r=10518

**The Convener:** I wonder whether we can talk about this issue of being undervalued, which has come up time and again this morning.

**Annie Gunner Logan, Director, Coalition of Care and Support Providers in Scotland:** Just to add to what Dr Macaskill has said about recruitment, which is certainly an issue, I think, more generally, that the numbers of people who might be required in the future to make the sector sustainable will present quite a challenge. At one point, the Scottish Government came out and said that it would not be very much longer before every single school leaver would have to go into the care sector if it was to be kept afloat. One of the things that our members are looking very carefully at is service redesign, because we cannot keep going in and providing care and support in the way that we are providing it at the moment. We therefore need to figure out a different way of doing this, and we in the voluntary sector are very interested in the potential of self-directed support in that respect.

With regard to the question about barriers, you will know, convener, that it does not take me long to get round to the commissioning and procurement of care and support, and one issue is the way in which care is commissioned on framework contracts. It used to be much more the case that a provider would get a contract for a service with a certain number of hours and a certain number of people to support, and they could plan their workforce around that. Increasingly, providers are being accepted on to a framework, which means that they have no sense of, say, the number of people they might have to support in future or the number of hours of support that they might have to provide. In those circumstances, it is very difficult to carry out forward planning for the workforce. As a result, we want not just service redesign but a redesign of the way in which care is commissioned, because we think that that is quite a significant barrier.

**Donald Cameron MSP:** The committee has given itself the task of examining the implications of the Brexit vote. It would help us if the witnesses could give us an estimate of the percentage of EU nationals in the social care workforce. Is there any great divergence in terms of geography or internal structures? I do not know who can answer that, but Dave Watson mentioned the issue.

**Dave Watson, Head of Policy and Public Affairs, Unison:** That is right. The day after the referendum, I thought that we had better find out how many members we had who were EU nationals so I got my team working on all the usual sources, but I quickly discovered that there is no data and that we do not know. In the national health service, there is a survey of ethnicity, but it is voluntary and large chunks of staff choose not to answer it—you might be worried about why they feel that they are not able to answer it. However, the sad fact is that they do not answer it, so we do not know the answer.

We have done some work on the matter. We reckon that we have about 6,000 members in Scotland who are EU nationals. They are mostly in the health and care sector. The bulk of them are in the private nursing sector—they are mostly in Dr Macaskill area. We have an overseas nurses group, through which I meet quite a lot of them. The honest answer is that we do not know what percentage of the social care workforce are EU nationals but we know that EU nationals are a large chunk of that group.

Some years ago, I worked in the Scottish Government's health department doing workforce planning of the sort that Annie Gunner Logan referred to. At the time, we talked about having to bring almost every young person—women and girls, certainly—into the workforce. That did not happen because migration took up the slack.

The next big jump will require 60,000 care workers, not just in social care but in healthcare, but the workforce is just not going to be available. The simple demographics tell us that there will not be enough young people, and not enough young people want to work in the sector anyway. Without a significant level of migration, I do not know what we are going to do. There are two real concerns for us about Brexit. First, as we said to the Scottish Government and your colleagues on the European and External Relations Committee, we need an absolute commitment from the United Kingdom Government that existing EU nationals will be allowed to stay. That should be said now, unequivocally, or people will start to make alternative plans and go. Secondly, we need a long-term arrangement whereby we can still recruit and retain staff from overseas, because we will need them.

**Dr Macaskill, Chief Executive, Scottish Care:** EU nationals work predominantly in the independent sector. Our most recent data is from about nine months ago. We are currently doing some research, which I hope will be available in the next few weeks. The vacancy level for nurses in the independent sector is 18 to 20 per cent. We have noted that, in the past 18 months, about 55 per cent of the people we have recruited have come from the European Community. Major care home organisations as well as smaller organisations have set up recruitment units in European cities. About 14 to 16 per cent of our membership—the largest social care workforce—were born in mainland Europe.

Because Scotland is so hospitable, we are confident that we will encourage those who are here already to stay and find a place of value and welcome here. However, as Dave Watson said, that will not help us to address the question of how we plug the gap that already exists and will only grow in future. Migration seems to be the only answer to that question.

**Annie Gunner Logan, Director, Coalition of Care and Support Providers in Scotland:** The question is very interesting. The key issue is exploitative zero-hours contracts, in the Sports Direct fashion. There are very few—if any—voluntary organisations that operate those contracts as a general package of terms and conditions for staff.

With the agreement of staff, zero-hours contracts can be very useful for relief and sessional staff. A lot of organisations operate them in co-operation with their own

staff, but by and large what you are talking about does not really exist in the voluntary sector.

Dave Watson's comments about fair work are crucial and to the point. In some social care tender exercises, we have found that the fair work question is there for bidders to answer, but the weighting given in the tender evaluation is 5 per cent, whereas the cost is 30 or 40 per cent. That is where we need some change: much more weight must be given in tenders to fair work principles and practice.

Someone made a point about community-based alternatives to getting a provider's infrastructure into a village, which is very difficult and costly. The minute that you tender for that, you kill it—that would be my view.

When we started talking about Brexit with our membership, the issue that came up first was not the EU national workforce but whether our membership could follow different procurement rules, because people really want to be able to do that.

**Meeting date: 27 Sept 2016 – GP recruitment, GPs and GP hubs and Social and Community Care Workforce**

http://www.parliament.scot/parliamentarybusiness/report.aspx?r=10549

**Maree Todd MSP:** Hi there. I want to ask about a couple of issues. Data sharing has come up as an issue that presents challenges for the multidisciplinary team model that you have described. Will you tell us a little about some of the solutions that you propose for that?

I would also like you to address the impact that Brexit might have on our NHS workforce. I know that 5 per cent of the doctors who work in Scotland are European Union nationals and that 15 per cent of the social care workforce are EU nationals. I represent the Highlands and Islands region, and I have heard anecdotally that some of the island boards think that they have a higher proportion of EU nationals working in areas in which it is harder to recruit. That issue is causing a reasonable level of concern already. Will you comment on that?

**Shona Robison, Cabinet Secretary for Health and Sport:** I would be happy to write with more information on the issue of data sharing.

The issue of EU nationals and Brexit is important. We want to keep people working here in Scotland, regardless of whether they are EU nationals. Brexit throws up some real challenges, but the message that I want to send out now and at every opportunity is that those people are welcome, we want them to be here working in our NHS and we want them to stay here working in our NHS. We will consider how we can help to encourage them to do so.

**Donald Cameron MSP:** I have a specific question about Brexit. Annie Gunner Logan, who represents voluntary care providers, told us—I am speaking from memory—that, when she asked her staff about the implications of Brexit, they mentioned that it provided an opportunity to lessen the burden of rules on procurement and tendering. Do you have any observations about that?

**Shona Robison, Cabinet Secretary for Health and Sport:** Whatever constitutional arrangements we have, there will always be rules on procurement and tendering because of the need for openness and transparency, and to ensure that due process is followed and seen to be followed in the spending of public money.

On the impact of Brexit, given where many of the workers in social care come from, I am extremely concerned about the potential loss of workers from other parts of Europe who support our care services, particularly in the care home sector. We should all be extremely concerned about that. Again, I take the opportunity to send the social care workforce the message that, no matter where they come from, their work here is valued and we want them to remain working here, whether that be in our care home sector or our care-at-home sector.

**Donald Cameron MSP:** On that subject, the panel of witnesses that we heard from two weeks ago said that one of the problems was that it was hard to estimate the number of non-UK EU nationals working in the social care workforce. Is the Government doing anything to establish what those numbers might be?

**Shona Robison, Cabinet Secretary for Health and Sport:** I will let Geoff Huggins respond in a second, but if you go round the care home sector in particular—this is also true, to some degree, of the care-at-home sector—and speak to the staff in care homes the length and breadth of Scotland, you will find that many not only in our social care workforce but in our nursing workforce have come from other parts of Europe. That is very visible to me.

Alan Baird probably has a bit more data and information on the numbers, but I do not think it unreasonable to say that the loss of that cohort of staff, who do a hugely important job here, would be a blow to the sector that we would want to avoid. That is why I am sending the message that we value them and want them to remain working here in the sector.

Alan, do you want to say a word about the make-up of the workforce?

**Alan Baird, Scottish Government:** As I think was noted in the meeting on 5 September, we do not currently know the number of people in the workforce who come from the EU and beyond, but I think that that is something that we will increasingly need to understand in order to look at the potential gap in social care.

**Shona Robison, Cabinet Secretary for Health and Sport:** Did you want to come in here, Geoff?

**Geoff Huggins, Scottish Government:** I want to make two points. First of all, Annie Gunner Logan made an interesting point about procurement, because part of the challenge that we face in delivering the living wage is the legal framework within which we can specify contract rates. There is therefore a question about what would happen next in the context of Brexit. The other component is that we do not know whether the next step beyond Brexit would be a reserved or a devolved matter, and if it were a reserved matter, how it would be handled in the broader context of UK policy on earnings.

We are certainly conscious of the issue in respect of non-UK nationals in the workforce and, in that space, we would also be careful about the degree to which that patterns in different ways across the country and how likely it is to affect different components of service delivery differently across Scotland, particularly—and I think that the committee has previously taken evidence on this—in island authorities as well as more remote and rural authorities, especially those in the north-east.

We are and will be discussing this area with the partners group, which comprises not only providers but Unison, and with which we have been working more generally on taking forward some of the reforms. The issue is right in front of us at the moment.

**Shona Robison, Cabinet Secretary for Health and Sport:** I think that Sarah Gledhill is going to say something about data collection.

**Sarah Gledhill, Scottish Government:** As I am sure you know, the SSSC collects annual data on the social services workforce, and we are discussing with it whether we might be able to add a question that will enable us to collect more accurate information on this topic.

**Alison Johnstone MSP:** Colleagues including Maree Todd and Donald Cameron have raised the issue of the potential impact of Brexit on the workforce. We are discussing the move to care in the community, but the whole thing is predicated on our having enough social care staff.

The SSSC spoke about a survey of employees that tried to understand better where people come from, but it seems that there is a dearth of definitive data on the number of EU nationals working in the NHS and in social care. What steps is the Government taking to establish that number and what contingencies are being put in place in case EU nationals do not have an automatic right to remain after EU withdrawal?

**Shona Robison, Cabinet Secretary for Health and Sport:** That is a little easier with our medical and nursing workforce, because we have the data, as do the regulators. Therefore, we can provide more definitive information about the medical workforce, and we have done so. The numbers are a concern.

As you heard earlier, the situation is less clear with the social care workforce, because the gathering of information is work in progress. As Sarah Gledhill said—she might want to expand on this—we are looking at including additional questions on the workforce survey to try to gather more information about whether people are EU nationals or, indeed, where they come from more generally. That would be helpful.

I ask Sarah whether we can give a timeframe for that.

**Sarah Gledhill, Scottish Government:** Over the next couple of months, discussions will take place with the SSSC on whether we can change the data collection for the next round of data. We are also considering whether we need to do something more urgently or in the shorter term. The SSSC publishes data retrospectively, so there is a bit of a time lag between the data being ready to publish and the year that it refers to. We are looking at whether we need to do an exercise

shortly, and whether we should include a further question so that, going forward, we collect the data needed to answer that question.

**Meeting date: 1 November 2016 – NHS recruitment and retention**

http://www.parliament.scot/parliamentarybusiness/report.aspx?r=10599

**Clare Haughey MSP:** A number of the written and oral submissions to the committee have raised issues about recruiting staff from overseas. Health and social care providers use staff from the EU and outwith the EU and some rely on them more heavily than others. Can the panel members comment on how the changes to immigration by the UK Government have impacted on recruitment from overseas and also whether they have seen an effect of the changes to the post-study work visa?

**Caroline Lamb, Chief Executive, NHS Education for Scotland:** When I spoke earlier I raised the point that the move away from permit-free training in the UK, which happened some years ago, has had an effect on recruitment into medical training posts. I cannot comment on the post-study visa effect, but I can say that about 20 per cent of the medical undergraduate population in Scotland is from either Europe or overseas. It is probably a concern to us all what might happen to that population post-Brexit.

**Dave Watson, Head of Policy and Public Affairs, Unison:** The honest answer is that the data is very poor indeed. We do not know the precise answer. Someone asked a similar question the last time that I gave evidence and I think that I said that the day after Brexit I was busily trying to find some data, but I did not succeed. We have been doing some survey work with our members and what is clear from that is that a certain proportion of them—predominantly EU nationals, rather than those who come from outwith the EU—have considered leaving because of the uncertainty and the lack of a guarantee about what will happen post-Brexit. That is why it is our number 1 ask of the UK Government to provide clarity and certainty on that. We probably have about 6,000 members in Scotland in that situation. They are concerned for their future and some of them are considering returning.

The sector where the issue is most prevalent is in the private residential sector—we have received the bulk of responses from there. The members concerned range from fully qualified nurses to other social care staff. There are quite large chunks of affected staff in the home care sector. That is not hard data. There is plenty of anecdotal stuff and survey response work, but we do not have the hard data.

What is clear is that those are the sectors where we are struggling to recruit and retain at present, so we can be pretty sure, given the demands on the sector in the future, that we will have to address the issue. Plugging the gap without overseas or EU nationals will be beyond challenging.

**The Convener:** Candy Millard does what Dave Watson said reflect the experience of your organisation in relation to social care staff?

**Candy Millard, Head of Strategic Services, East Renfrewshire Health and Social Care Partnership:** We do not employ anyone in the health and social care

partnership—they are employed by the NHS, the council or third sector providers. We benefit from being in the central belt, so we probably retain people for longer because of our area. We struggle the most with recruiting staff in specialist roles—for example, it has been difficult to recruit a consultant for our child and adolescent mental health team. Our providers experience similar problems to those that Dave Watson was discussing in relation to recruitment and retention of social care staff.

**Sian Kiely, Scottish Knowledge and Research Manager, Professional Practice, Royal College of Nursing:** Thank you for that question. The UK's exit will have a profound effect on nursing across the UK and in Scotland. The Royal College of Nursing published "Unheeded warnings: health care in crisis—The UK nursing labour market review 2016", which contains data and information on both non-EU and EU nationals working in nursing across the UK. Looking at what is happening in both health and social care employers—certainly in the care home sector—the potential impact of the UK's exit from the EU is an issue that is coming to prominence. That report contains some detailed information.

**Clare Haughey MSP:** I have a brief supplementary question on that. What are the national organisations doing to lobby the UK Government about the issue?

**Dave Watson, Head of Policy and Public Affairs, Unison:** We have lobbied. We have written a number of briefings for the UK Government that also support the Scottish Government's initiatives in this area. Our number 1 ask at the moment is for the Government to give a guarantee to EU nationals who are currently living in Scotland—and more broadly, in the UK—that they will have the right to stay post-Brexit. That is essential, because the longer that drags out, the more uncertainty there is and the more likely it is that we will lose those key workers in some sectors. There are big issues in not just health and social care, but a number of other areas where we represent staff, such as construction.

We are lobbying loud and hard on that issue. We welcome the support that we have had in Scotland. Opinion polls have been extremely positive on that. The public gets that point. Even among those who voted to leave, a clear majority believe that people who are currently working in Scotland should have the right to stay.

**Sian Kiely, Scottish Knowledge and Research Manager, Professional Practice, Royal College of Nursing:** I concur with those points. Across the UK, the RCN has been focusing on the potential impact of Brexit. We have made the point at UK Government level about developing a coherent workforce strategy that preserves the rights of EU nationals currently working in health and social care, as well as making sure that it is very clear what the huge impact of Brexit could be. As a UK organisation we are concentrating on those issues.

**Jill Vickerman, National Director, British Medical Association Scotland:** Our position is very similar to that of others. The British Medical Association has been lobbying hard, at both the UK and Scottish levels, on the point about providing reassurance and removing uncertainty about the future for overseas employees who are currently employed in Scotland. We are hearing slightly different perspectives from Scotland and the rest of the UK because of the different messaging about the position in Scotland. That is also creating some confusion.

In our last few meetings with the Academy of Medical Royal Colleges, there has been an increasing focus on the issue and trying to get an understanding of the scale of the potential problem—it is now part of our regular agenda. The medical profession is as least as reliant on overseas staff as any of the other health and social care professions. The challenge is not just about retaining the staff that we already have and rely on so much to deliver the NHS in Scotland. It is also that we expect that in the very near future—the next months and years—there will be people thinking about coming to Scotland to take up a number of the vacancies that we are so desperate to fill. They might look at the situation in Scotland and the UK and make a different decision. That is an immediate and urgent problem. We need reassurances from Government about that and we regularly make that point.

We will start to see the impact immediately in terms of the types of applications that we get for posts, as well on the number of applications for places at university and training posts, as we discussed earlier.

**Tom Arthur MSP:** I have a final question. The UK Government has characterised EU nationals as “a bargaining chip”. Given that there has been no clarity from the UK Government and given that it voted against a motion in the House of Commons to reassure EU nationals, what will the impact be if such people are denied the right to remain in the UK?

**Dave Watson, Head of Policy and Public Affairs, Unison:** I can be clear about particular sectors. In the residential care sector, the absence of overseas nurses and other care workers who are employed in that sector would be devastating. The numbers from the cases that we handle in that sector suggest that the majority of staff are overseas nurses or EU nationals. If they went, that sector would have problems. I am sure that Dr Macaskill would be happy to clarify that from the employers’ perspective, but that is our impression.

Increasingly, we are seeing issues in the home care sector. For particular groups of staff who responded to our survey, the numbers are somewhat larger than I expected. There will be an impact there. We are talking about care professionals, whom we would expect to have a certain culture and to behave in certain ways, but the problem is that, when they are treated in a way that is somewhat subhuman by being described as “a bargaining chip”, they feel that they are not wanted here. There are other countries in Europe that have exactly the same demographic challenges as we have in Scotland and, if those staff feel that they are not wanted here, they will go elsewhere, believe you me. That would have a devastating impact on health and social care in Scotland.

**Jill Vickerman, National Director, British Medical Association Scotland:** I hope that my previous answer reinforced what a devastating impact there would be on our medical workforce. One EU source of medics that people sometimes do not think about is southern Ireland, where a significant number of our doctors are trained. The potential impact of reducing the flow from that source and causing uncertainty is unmeasurable at the moment. We all see a hugely worrying potential impact on the numbers of people in post, the potential flow into the country and the morale of all the other workers around them.

**Trisha Hall, Country Manager, Scottish Association of Social Work:** I concur. The British Association of Social Workers has already made representations to Westminster on the issue. If a lot of social care professionals left, that would have a huge impact on social work. On the issue of being "a bargaining chip", I have lived in Scotland for about 30 years as a Dutch citizen. I feel personally quite strongly about the issues—I need to be careful not to get too involved.

**Ron Culley, Chief Officer, Western Isles Health and Social Care Partnership:** I heard the committee talking earlier on about Brexit and the international element. We need to be honest and open about how we tackle that. Of the 13 consultants working in the Western Isles hospital, only one is Scottish. We have an international workforce; that will continue to be the case, and we will continue to need to draw down on that. We are actively recruiting from Spain just now and there are questions about whether that can continue. Again, the more the committee can do to raise that issue in a political context, the better.[12]

**Dr Macaskill, Chief Executive, Scottish Care:** On Brexit, I have said before to the committee that we have profound concerns, particularly in rural parts of the country, where a significant number of staff come from outwith Scotland. To answer Clare Haughey's question about whether there has been an impact on recruitment, it is too early to say, but in the medium to long term, we will have profound difficulties. Last week, I spoke to a major national organisation that said that it was having to close its recruiting office in continental Europe because people were stopping coming. That is the beginning of a sign that we will have difficulty in attracting people, particularly to lower-paid roles.

**Gillian Smith, Director, Royal College of Midwives Scotland:** We have done some work on the Brexit issue. It was done across the UK, so you will have to excuse me if I cannot tell you the exact figures for Scotland, which will be much lower. We reckon that, when Brexit goes ahead, if there is no commitment to the workforce, we will lose some 1,500 midwives. Some of you will know that England is 3,500 short at present.

In the next month to six weeks, the maternity and neonatal review will come out in Scotland. I cannot pre-empt that, but one of the drivers for the maternity review down

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[12] Ron Culley, Chief Officer, Western Isles Health and Social Care Partnership later confirmed that Western Isles now have 12 medium to long term consultants (locum and substantive):

One is Scottish, the rest are from outside the UK, as follows:

Psychiatry – one Scottish, one EU

Obs and Gyn – one non-EU, one EU

Ortho – one non-EU, one EU

Medicine – one EU

Surgery – one non EU

Anaesthetics – four from EU

The remaining posts (paeds, medicine and surgery) are filled by regular short term locums.

south was around continuity of carer. There is no way that we can say that continuity of carer does not give better outcomes, but if we do not have the people on the ground to be able to deliver that, it is not going to happen.

**Meeting date: 8 November 2016 – NHS Recruitment and Retention**

http://www.parliament.scot/parliamentarybusiness/report.aspx?r=10612

**Tom Arthur (Renfrewshire South) (SNP):** Good morning. My question is a supplementary to Alison Johnstone's question on workforce planning. What impact has Brexit had on the deliberations and the work that is under way on workforce planning? In particular, given the UK Government's failure to assure the status of European Union nationals and, indeed, its description of EU nationals as a "bargaining chip", are any contingencies being factored into workforce planning for a hard Brexit?

**Shona Robison, Cabinet Secretary for Health and Sport:** Those issues will be looked at in more detail in this afternoon's debate. There are concerns about the impact on our medical and nursing workforce in particular. I think that around 6.8 per cent of doctors currently have EU status, and there would be a significant dent in the workforce if we were not able to retain those doctors to work in Scotland. We want them to continue to work here as well as the nurses and the social care workforce who have come to train and work in Scotland. We very much value them.

To give reassurance to students who are already studying here, those who are about to begin their studies here and those who are applying to study here from 2017-18, we have made a commitment that they will continue to enjoy free tuition for the duration of their studies at our medical and dental schools. Unfortunately, we cannot provide assurance on their future rights to remain here to train and work. That could impact on their future career decisions when they are deciding where they want to go.

The issue is important and is part of the negotiations. We will have more to say about that later today. It is important that the key message is that we very much value the contribution that those people already make in our health and care services.