

## BREXIT BRIEFING

# A health service under threat: the dangers of a 'no deal' Brexit





## Foreword from Dr Chaand Nagpaul

Since the EU referendum, the BMA has thoroughly considered the impact of Brexit on the NHS and health services across the UK and Europe. We have produced a series of briefing papers which have highlighted the many ways in which the UK's membership of the EU has benefited patients, the health workforce and health services as well as the need to proactively address the risks of leaving. From the free movement of highly skilled doctors to collaboration on medical research, health protection and more, our extensive range of briefings explain why it's so important for the UK and EU continue to have a collaborative relationship in the future.

At our [annual representative meeting in June 2018](#), doctors made it clear that they believe Brexit poses a major threat to the NHS and the nation's health. With less than eight months to go until the UK leaves the EU, there is still far too much uncertainty and confusion around the implications of Brexit for patients, doctors and wider health services. For instance: how will the UK continue to secure a consistent supply of medical radioisotopes for cancer treatment once we leave the EU? What immigration system will be put in place to enable highly skilled EU nationals to come and work in the NHS? Could the introduction of a separate regulatory system for medicines in the UK lead to patients facing delays of up to 24 months to access lifesaving drugs?

On an almost daily basis, we hear of more warnings that, on 29 March 2019, the UK risks leaving the EU without a deal in place. The consequences of 'no deal' could have potentially catastrophic consequences for patients, the health workforce and services, and the nation's health. Such a scenario would raise immediate and urgent questions about the rights and status of EU nationals working in health and research across the UK and vice versa, patients' access to reciprocal healthcare arrangements, both here and in the EU, and the future supply of medicines, to name a few.

How does the health service even begin to prepare for the consequences of leaving the EU without an agreement in place which addresses the issues we set out? The UK Government has finally started planning to ensure the health sector and industry are prepared in the short term for a no deal Brexit, including stockpiling medicines and equipment and reviewing supply chains. We believe this is too little, too late and quite frankly, proof that the impact on the NHS has not received the attention it deserves in the Brexit negotiations.

It has become clear to the BMA that the risks of Brexit for the nation's health are too great, and that it is becoming increasingly difficult to secure the kind of deal which will work to the benefit of patients, the medical workforce and health services across the UK and Europe. Now that more is known regarding the potential impact of Brexit, the BMA believes the public should have a final informed say on the Brexit deal and to reject the notion of a 'no deal' given all the serious risks that such an outcome carries.

Some will say the BMA is scaremongering by warning of the dangers of a 'no deal' Brexit, but this is not the case. We have not shied away from discussing what is at stake for health services if the UK and the EU fail to reach a deal on the Withdrawal Agreement by March 2019. As experts in delivering health services and providing care for our patients, we have a duty to set out the consequences of leaving the EU with no future deal in place.

A handwritten signature in black ink that reads "Chaand Nagpaul". The signature is written in a cursive, flowing style.

Dr Chaand Nagpaul CBE  
BMA council chair

## BMA Brexit briefings

The BMA Brexit briefings outline our policy positions on a range of key issues relating to the impact of Brexit on the UK healthcare systems.

While the briefings outline proposals for how UK and EU negotiators should strive to maintain a working relationship after Brexit, they also clearly state the potential dangers of a failure to agree a withdrawal agreement (a 'no deal' scenario) by March 2019. This briefing paper brings together the 'no deal' scenarios from each of our Brexit briefings.

For more information on each topic, please go to the individual briefing at:  
[www.bma.org.uk](http://www.bma.org.uk)

[Workforce and future immigration policy](#)

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## Workforce and future immigration policy

The EU's principles of freedom of movement and the mutual recognition of professional qualifications (MRPQ) have enabled many health and social care professionals from countries within the European Economic Area (EEA) to work in the UK. Migration from the EEA and elsewhere provides a range of benefits to the UK beyond staffing services. Medicine and medical research thrives on the interchange of experience, knowledge and training across countries and backgrounds. Allowing doctors and medical researchers to work, train, teach, conduct research and practise in different countries contributes to widening the understanding of healthcare and advances new breakthroughs in medicine.

EEA doctors play a key role in staffing vital health services. Across the UK, approximately 7.7% of doctors (12,029) currently working in the medical workforce in England are EEA graduates, while the figures for EEA graduates for other UK nations are 5.7% (1,139) in Scotland, 8.8% (550) in Northern Ireland and 6.4% (624) in Wales<sup>1</sup>. There is a very real risk that many EEA nationals, including highly skilled doctors and medical researchers, will choose to leave the UK due to the ongoing uncertainty in the Brexit negotiations. Last year, we [surveyed nearly 2,000 EEA doctors](#) about the impact of the Brexit referendum on their future intentions. Almost half (45%) were considering leaving the UK following the referendum vote. Of those 45% considering leaving, more than a third (39%) of those surveyed said they had already made plans to leave. This is equivalent to one in five EEA doctors working in the NHS (18%) making plans to leave the UK. The top three reasons cited for considering leaving were the UK's decision to leave the EU, a current negative attitude toward EEA workers in the UK, and continuing uncertainty over future immigration rules. The majority of respondents (77%) said that a negative outcome of the Brexit negotiations on citizens' rights would make them more likely to consider leaving the UK<sup>2</sup>.

Employers are also becoming increasingly worried about the impact of Brexit on the workforce. [More than a third of NHS hospitals in England](#) say that Brexit would have a negative impact on their workforce (compared to 19% in 2016)<sup>3</sup>.

### What could a 'no deal' Brexit mean for the health workforce?

The UK Government has developed a tailored scheme – the EU Settled Status scheme – for EU nationals currently residing in the UK to apply for residence. The scheme will be rolled out on a trial basis from August 2018<sup>4</sup> and is expected to be fully operational by March 2019. The Home Office has since published a [Statement of intent](#) – providing more detail on what the scheme will look like and enshrined this within immigration rules. While these developments may provide some reassurance to EU nationals currently in the UK, the Government must consider other steps to guarantee the rights of EU citizens should a 'no-deal' scenario emerge.

We remain deeply concerned that the Government is yet to provide detail on a framework for a future immigration system for managing migration from the EU. A 'no deal' scenario will create uncertainty about the status of future EU nationals wanting to come and work in the NHS. Any reduction in the number of doctors migrating to the UK, or an increase in the number leaving the UK because of Brexit, will have a destabilising effect on the medical workforce, and the staffing of health and social care across the UK. This will impact on already over stretched staffing levels on hospital wards, in GP practices, and in community settings across the UK, putting at risk the quality of patient care and patient safety.

#### The BMA believes a Brexit deal must include:

- Free movement for healthcare and medical research staff
- Permanent residence for EU doctors and medical researchers currently in the UK
- Continued rights for EEA medical students in the UK to live, train and work in UK health services

## Northern Ireland

Northern Ireland is in a unique position given that it is the only region of the UK that shares a land border with another EU country – the Republic of Ireland. The existing open border arrangement between Northern Ireland and the Republic of Ireland enables healthcare professionals based on both sides of the land border to travel freely to provide healthcare to their patients.

Alongside the open border arrangement, the EU's principles of freedom of movement and MRPQ have enabled many health and social care professionals from countries within the EU, but especially those from the Republic of Ireland, to practice in Northern Ireland.

There are a number of areas in healthcare where cross-border service arrangements have been established and are currently providing high quality care for patients, for example, in primary care, cancer services and paediatric cardiac surgery. Northern Ireland, with a population of just over 1.8m, has insufficient demand to provide some specialised medical services alone; co-operation between Northern Ireland and the Republic of Ireland, which is in part funded by the EU, has been crucial in facilitating and delivering these services whilst also ensuring that highly skilled clinicians can be attracted and retained in Northern Ireland. It is vital that these health services are not destabilized during, or after, the Brexit process.

### What could a 'no deal' Brexit mean for Northern Ireland?

'No deal' risks the return of a hard border between Northern Ireland and the Republic of Ireland. At a bare minimum, this could deter cross border workers (upon which the Health and Social Care (HSC) system in Northern Ireland relies heavily) from making the daily commute, thereby putting an already pressurised service under even more strain.

Without cross border cooperation in the delivery of vital health services, Northern Ireland could not sustain specialised services. This runs the risk of forcing patients to once again travel considerable distances to receive care but also of exacerbating existing difficulties within the HSC to retain experienced, specialised doctors. A failure to recognise professional qualifications creates a very real risk that medical students from Northern Ireland who opt to study and train in the Republic of Ireland, would have significant difficulty in returning home to practice medicine in Northern Ireland.

Any developments which risk destabilising the Good Friday Agreement could make Northern Ireland a less attractive place to work and will make attracting and retaining clinicians to work in Northern Ireland even more difficult.

### The BMA believes a Brexit deal must include:

- Continuation of the existing open border arrangements between Northern Ireland and the Republic of Ireland
- Ongoing cross-border co-operation in the delivery of healthcare to patients on both sides of the border
- Freedom of movement for healthcare workers to live and work on both sides of the border
- Ongoing MRPQ to provide doctors the means to move and work between both jurisdictions

## Medicines and medical devices regulation

The UK has developed a well-functioning medicines and medical devices regulatory system, working with the EMA (European Medicines Agency) and built on EU regulations and directives. Collaboration across borders on the way medicines and medical devices are regulated has been a key advantage of the UK's membership of the EU. Establishing a robust common framework for assessing and monitoring drug safety and efficacy has meant patients across Europe have timely access to new therapies and technologies. The CE (Conformité Européenne) marking system for medical devices has similarly facilitated access to innovative medical devices from across Europe.

### What could a 'no deal' Brexit mean for the regulation of medicines and medical devices?

'No deal' would lead to considerable uncertainty about the UK's approach to medicines and medical devices regulation. The Secretary of State for Health and Social Care recently revealed the Government was exploring the stockpiling of medicines, including vaccines, in the event of 'no deal'<sup>5</sup>. As well as this, it is also likely that there would be a shift away from products being developed for the UK market, with significant ramifications on timely access to new medicines and medical devices, and on the UK's pharmaceutical and medical devices industries. There would also be considerable adverse impacts on the future capacity of the UK and EU in relation to pharmacovigilance, which for the UK would be compounded by a potential loss of expertise.

#### The BMA believes a Brexit deal must include:

- Ongoing participation by the MHRA (Medicines and Healthcare Products Regulatory Agency) in the regulatory framework for pan-European clinical trials
- A formal agreement between the UK and European Medicines Agency to continue to support and participate in their assessments for medicine approvals
- Mutual recognition of, and ongoing participation in, the CE-mark scheme for medical devices

## Reciprocal healthcare arrangements

EU reciprocal healthcare arrangements allow citizens of EU and EEA nations, as well as Switzerland, to access the same health and social care services as local residents while in any of those nations, usually at no or low cost to the individual.

The schemes include the EHIC (European Healthcare Insurance Card), which provides access to state-provided healthcare for short-term visitors, and the S1 scheme, which allows ongoing access to health and social care services for individuals living abroad, such as pensioners.

### What could a 'no deal' Brexit mean for reciprocal healthcare?

In a 'no deal' scenario, access to reciprocal healthcare arrangements for UK citizens and residents within the EU, and EU citizens and residents within the UK, would end. This would lead to significant disruption to those individuals' healthcare arrangements, an increase in costs of insurance, and uncertainty regarding accessing healthcare abroad.

Moreover, the NHS could face a drastic increase in demand for services, which could dramatically increase costs and place greater pressure on doctors and clinical staff.

For example, in a worst-case scenario, should the 190,000 UK state pensioners currently signed up to the S1 scheme and living within the EU return to the UK in order to receive care, the additional cost to health services is estimated to be between £500 million and £1 billion per year. There would be a requirement for an additional 900 hospital beds, and 1,600 nurses to meet demand<sup>6</sup>.

Ending reciprocal arrangements may also require the application of existing cost recovery methods for non-EEA patients to EU and EEA patients in the UK, or the development of new, alternative system. This could potentially increase the complexity of the cost recovery process as well as the administrative burden on clinical staff.

### The BMA believes a Brexit deal must include:

- The retention, or comparable replacement, of reciprocal healthcare arrangements and access to healthcare for both UK and EU citizens

## Recognition of professional qualifications and patient safety

The EU directive on MRPQ facilitates the free movement of EU citizens by making it easier for professionals qualified in one member state to practise their profession in another. In the UK, up to 10% of doctors gained their primary medical qualification from another EEA country. As set out previously, the mutual recognition of qualifications is a particularly vital issue in Northern Ireland where clinicians move freely between both jurisdictions.

The Internal Market Information System (IMI) alert system, which is a part of the MRPQ Directive, allows the General Medical Council (GMC) and medical regulatory authorities within the EU to communicate with each other when a doctor has his or her practice restricted in one of the other 27 EU member states. It will be important to consider how health regulators ensure doctors working in the UK are fit to practise medicine should the UK withdraw from the MRPQ Directive after Brexit.

### What could a 'no deal' Brexit mean for the recognition of professional qualifications and patient safety?

If medical qualifications gained in the EEA are not automatically recognised in the UK and vice versa following Brexit, this would disrupt the UK's health workforce pipeline and create particular challenges on the island of Ireland.

To mitigate risks to patient safety arising from the loss of the IMI, the GMC will need to work with regulators in EU member states to establish a new system to communicate when doctors have restrictions placed on their right to practise. However, it is highly unlikely any new system would be as effective or as timely as the IMI in sharing fitness to practise concerns, which could have serious consequences for patient care.

#### The BMA believes a Brexit deal must include:

- The maintenance of reciprocal arrangements, such as MRPQ (Mutual Recognition of Professional Qualifications) to facilitate the ongoing exchange of medical expertise across Europe and ensure quick access to the UK healthcare system by appropriately trained EU doctors
- Ongoing access to the IMI (Internal Market Information) alert system, which enables regulators across Europe to send and receive alerts about doctors' fitness to practise across the EU

## Euratom

Euratom facilitates a secure and consistent supply of radioisotopes which have a range of applications in medicine. They are vital for diagnosing particular diseases through nuclear medicine imaging techniques, treatment of cancer through radiotherapy, as well as palliative relief of pain, and biochemical analysis in clinical pathology.

### What could a 'no deal' Brexit mean for access to medical radioisotopes?

As isotopes have a short half-life and cannot be stock piled, continuous and timely access is vital for patient safety. The UK will not have access to a supply close to the point of use, and so leaving Euratom will increase the risk of supply issues. Breaks in this supply can lead to delayed diagnosis and treatment, as occurred in 2009 and 2013 when maintenance of reactors resulted in facilities going offline temporarily<sup>7</sup>.

A 'no deal' scenario would force the UK to operate outside of Euratom and source radioisotopes from outside of this framework. This would remove the guarantee of consistent and timely access to radioisotopes, potentially resulting in delays in diagnosis and cancelled operations for patients. In the longer term, it would also restrict the ability of the UK and EU to benefit from sharing expertise in radiation research, radiation protection and the disposal of radioactive waste.

#### The BMA believes a Brexit deal must include:

- The UK should remain a member of Euratom – this is vital to ensure the protection of the supply of radioisotopes

## Health improvement

Health improvement encapsulates measures to improve the health and wellbeing of individuals or communities through enabling and encouraging healthy lifestyle choices and addressing health inequalities.

The EU has influenced health improvement activities in the UK in three key areas: developing policy and legislation to promote public health; facilitating evidence-based decision making; and supporting investment in economically disadvantaged areas. For example, the [EC Directorate General for Health and Food Safety](#) works with member states to implement key tobacco control measures such as the Tobacco Advertising Directive, Tobacco Tax Directive and Tobacco Products Directive. This has provided the basis for the UK to develop its own domestic policy, and in many cases the UK has gone further than the requirements they set out.

### What could a 'no deal' Brexit mean for health improvement?

A 'no deal' Brexit scenario would create uncertainty and raise barriers to collaboratively tackling cross-border prevention challenges, such as illicit drug use. It would also limit the exchange of evidence between the UK and EU, and in turn lead to duplication or delays. Losing access to EU funding and structural support for disadvantaged areas would risk widening health inequalities within the UK.

#### The BMA believes a Brexit deal must include:

- The retention of measures to protect public health standards, including those affecting food, alcohol, air quality, and tobacco regulations

## Health protection and health security

Health protection and security in the UK has been fundamentally shaped by our membership of the EU. This includes efforts to combat infectious diseases such as Ebola and measles, and limit the spread of antimicrobial resistance. Other areas of shared competence include climate change, water, waste and air pollution and maintaining high food safety standards. It has also included facilitating the sharing of data, expertise and national strategies for pandemic preparedness planning and response via ECDC (the European Centre for Disease Prevention and Control).

The EU works with member states (and associated countries) in a range of ways to ensure cooperation and coordination to protect and respond to threats to the shared environment. The EU has developed regulations and directives to help member states take regional action on a wide-range of global health protection issues which cut across territorial borders and cannot be addressed at a domestic level, for example air pollution. The EU also develops standards to provide protections for the imports and exports of products, such as the trade of food.

### What could a 'no deal' Brexit mean for health protection and health security?

Failure to secure a future partnership agreement with key EU bodies, such as the European Centre for Disease Prevention and Control (ECDC), by March 2019 would create considerable uncertainty about the UK's ability to coordinate pandemic preparedness planning and response with its European neighbours. It would weaken the capacity of all parties to respond effectively to cross-border health emergencies. Loss of access to UK research and expertise could further undermine pandemic preparedness planning and response in Europe.

A 'no deal' Brexit would also lead to an alarming lack of clarity about the future of environmental protection standards affecting shared resources, such as air and water. Any uncertainty about the quality of imports and exports would need to be managed through additional inspections to ensure consumer safety and confidence. Recent internal impact assessments from Dover and Kent councils reveal significant gaps in the legal powers, infrastructure and resourcing needed to adequately inspect supply chains at UK ports of entry, which are unlikely to be resolved before March 2019<sup>8</sup>.

The risks and costs of a breakdown in the current smooth exchange of knowledge and goods would impact significantly on the EU as well as the UK. Failure to conclude a Withdrawal Agreement also risks ending access to reciprocal healthcare arrangements for UK citizens and residents within the EU, which may act as a barrier to patients accessing services whilst abroad and increase the likelihood of the spread of disease.

#### The BMA believes a Brexit deal must include:

- An agreement between the UK and EU to continue to share data and emergency preparedness planning in relation to cross-border threats.

## Medical research

The EU provides a unique platform for medical research collaboration by supporting the sharing of research staff and expertise, cross border trials, and the development of world-class facilities. The UK has been a leading partner in this. Between January 2007 and March 2017, the UK received the highest level of funding (£1.2 billion), among all EU countries, for health-related research projects from EU funding programmes FP7 (Framework Programme 7) (2007-2013) and Horizon 2020 (2014-2020)<sup>9</sup>.

Beyond providing financial resources, these programmes facilitate and actively promote international collaboration between researchers and research institutions. Over the same period, the UK was actively involved in 1,000 EU health-related projects<sup>9</sup>. While the UK's decision to leave the EU does not itself prevent collaboration, it damages the UK's scientific reputation and appeal for researchers and risks limiting the UK's ability to translate research into medicines and medical devices into products to bring to the market, whilst reducing training and career opportunities for research. Brexit will increase the burden of conducting multi-centre clinical trials and create barriers to working collaboratively and sharing expertise, facilities and datasets, ultimately delaying the development of and access to new medicines and devices across Europe.

### What could a 'no deal' Brexit mean for medical research?

A 'no deal' scenario could lead to the research community facing significant uncertainty about future funding sources and opportunities for collaboration. This would potentially lead to the UK losing academic expertise and a decline in demand from researchers to work in the UK, thereby damaging the UK's research outputs and reputation. In light of government announcements on funding of current projects up to 2020, researchers planning to collaborate on future funded projects beyond this time may lose access to EU funding and may be prevented from collaborating with colleagues.

#### The BMA believes a Brexit deal must include:

- Ongoing access to EU research programmes and research funding
- Immediate certainty for UK researchers who currently access Horizon 2020 funding about funding and collaboration on existing and future research projects
- Continued access to the European Investment Bank to fund research programmes

## Rare diseases: impact on patients

Across the EU, around 30 million people are affected by up to 8,000 rare diseases. One rare disease may affect anything from only a handful of people to as many as 245,000<sup>10</sup>. Worldwide, about 1 out of 15 people could be affected by a rare disease. Due to the low prevalence of a single rare disease, patients are usually scattered across different countries making it harder for them to access the right treatment from a health professional who is a disease expert. To support these patients, EU legislation encouraged the development of European Reference Networks (ERNs) so that health professionals and researchers can share expertise, knowledge and resources.

There are ERNs covering the majority of disease groupings such as bone disorders, childhood cancers, and immunodeficiency. Each ERN has a co-ordinator who convenes a 'virtual' advisory board of medical specialists across different disciplines to review patient cases. This ensures that specialists can review a patient's diagnosis and treatment without the patient having to leave their home environment. There are 24 networks, involving over 900 medical teams in more than 300 hospitals from 25 EU countries, plus Norway. The UK co-ordinates a quarter of the 24 networks and participates in nearly all, with around 40 NHS hospitals involved. ERNs receive support from several EU research funding programmes, including Horizon 2020.

### What could a 'no deal' Brexit mean for patients with rare diseases?

A 'no-deal' Brexit would lead to UK patients, experts and hospitals being excluded from the European rare disease network. This could have a damaging impact on nearly 1 million patients a year- 150,000 of whom are Britons- who are currently seeking diagnoses and treatment abroad<sup>10</sup>.

The exclusion of the UK from the ERNs risks having a devastating impact on the sharing of medical expertise amongst UK and EU healthcare staff, which is critical to the diagnosis and treatment of rare diseases<sup>11</sup>. The UK experts who currently lead six of the 24 networks we believe are to be stripped of their roles in the system in the next few months in preparation for Brexit; the implications for the UK hospitals currently involved in the system are unknown.

Excluding the UK and its expertise in rare diseases after Brexit would be a loss not just for the UK, but for Europe as well.

#### **The BMA believes a Brexit deal must include:**

- Ongoing access to and participation in the European Reference Networks, enabling healthcare providers across Europe to tackle complex or rare medical conditions requiring highly specialised treatment

## References

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BMA 20180535