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Brexit Update

The message from experts at the BMA event – Keeping Europe Health: Brexit and the European Medical Profession - in the EP (European Parliament) couldn’t have been starker: Brexit is a threat to Europe’s health. Hosted by Wajid Khan MEP and run in conjunction with the BMA’s European partners, speakers were clear about the threat that Brexit poses to their profession and the patients that they serve across the continent. MEPs and diplomats from across the EU 27 members states heard Dr Jacques de Haller, President of the CPME (Standing Committee of European Doctors), call on negotiators to recognise the medical profession’s special status and elevate its concerns above the politics of Brexit.

Professor Trevor Duffy, Chair of the IMO’s (Irish Medical Organisation) International Committee, described how, across both sides of the Irish border ‘over decades we’ve developed a system that is mutually dependent.’

President of the EJD (European Junior Doctors’ Association), Dr Kitty Mohan, startled attendees with her analysis of how Brexit is already damaging the pan-European workforce and the cross-border nature of medical education and training. Portuguese national, Dr Miguel Reis Ferreira, a clinical research fellow in uro-oncology at the Institute of Cancer Research in London, demonstrated clearly how collaborative projects involving both UK and EU researchers delivered better outcomes than those which were conducted in without such cross-border working.

Professor Andrew Rowland, Head of the BMA’s delegation to the UEMS (European Union of Medical Specialists), spoke about the UK’s key role in developing “gold standards in pan-European training curricula”; with Dr Peter Bennie, Chair of Council BMA Scotland, stating that “we totally depend on our European friends to keep the health service running.”

Mairead McGuinness, an Irish MEP and Vice-President of the EP, couldn’t have been clearer in her support for a solution which doesn’t threaten Europe’s health as “both Ireland and the EU have a lot of skin in the game.”

She was, however, equally forthright in her view that the UK’s decision to diverge from the EU’s regulatory framework, and the limited amount of time remaining to find solutions, mean that such an outcome might simply not be possible.

Accordingly, and as negotiations continue apace, we are continuing to work with our European colleagues to safeguard the future of the medical profession and the patients it serves. Further details about our extensive work on this key issue are available here.
Transforming Health and Care in the Digital Single Market
The EC (European Commission) has recently published proposals to increase the free flow of non-personal healthcare data in the DSM (Digital Single Market) and related activities for the coming years. The Communication on Digital Transformation of Health and Care in the DSM identifies three priorities (see bullet points below) with this infographic detailing how each priority can be attained:

- Citizens’ secure access to their health data, also across borders;
- Personalised medicine through shared European data infrastructure;
- Citizen empowerment with digital tools for user feedback and person-centred care.

The EC has also published a report on the public consultation on the matter carried out last year (July-October) to which the BMA has contributed advising the following:

- The BMA’s vision in relation to secondary uses of health data.
- The major barriers, including electronic, to sharing of health data are: risks of privacy breaches; lack of infrastructure; cybersecurity risks; lack of technical interoperability; data quality and reliability; lack of awareness; lack of information accompanying requests for data; public concerns about data security; outdated IT systems and disjointed databases prevent interoperability and reduced capacity to share data.
- Making health data available should be for the following purpose: improving health care organisation; improving clinical practice; progressing research and innovation; informing public health programmes; supporting public health policy making; increasing efficiency of health and social care.
- Provided the EC with an overview of Section 251 of the NHS Act 2006 as a tool allow core health service activities and important medical research to progress, whilst at the same time maintaining public trust through independent scrutiny of applications for access to data.

The consultation report shows that 64% of respondents indicated that high-performance computing, big data analysis and cloud computing for health data research and personalised medicine should be advanced, whilst 18% opposed this idea. The BMA is currently analysing the proposal and liaising with European partners to confirm next steps.

European Medical Profession on Alcohol Labelling
Following on from the joint letter from the BMA’s partners in the CPME, UEMS, EMSA (European Medical Students Association) and EJD, sent to the EC back in January of this year, a delegation met with the EU Health Commissioner to reiterate that a self-regulatory approach, presented by the alcohol industry back in March, would be insufficient in tackling alcohol related harm. The delegation, comprised of the CPME and EMSA Presidents, UEMS Treasurer, and Robert Delis, BMA EU Public Affairs Officer, presented the medical profession’s views and called on the EC to introduce a mandatory requirement, covering the entirety of the alcohol industry, obliging producers to comply with Regulation 1169/2011 and list ingredients and nutritional information per 100 ml on products’ labels. The Commissioner was broadly supportive and advised that the EC is currently accessing the self-regulatory proposal and is expected to announce its official opinion, together with future actions, before the Summer recess with the aim of concluding the process before the end of his term in 2019.
Following on from this meeting, and additional intelligence gathered, the BMA is continuing to work with our European partners to ensure that all parts of the EC are cognisant of the inherent weaknesses in the industry’s proposal and act accordingly to tackle alcohol related harm.

New Proposal for Excise Duty on Alcohol
A recently published EC proposal would change the rules governing excise duty on alcohol in an effort to reduce costs for small alcohol-producing businesses and improve protection for consumer health by restricting the illegal use of tax-free denatured alcohol to make counterfeit drinks. The proposal includes:

- Introduction of a uniform certification system, recognisable in all EU member states confirming the status of independent small producers across the EU.
- Ensure a precise and consistent classification of cider.
- Clarify the correct manufacturing processes and conditions for denatured alcohol in the EU. Such alcohol is used in the production of goods such as cleaning products, screen wash, perfume and anti-freeze and is exempt from excise duty. This exemption has been exploited by some producers who use denatured alcohol to make and sell potentially dangerous counterfeit drinks without paying tax and, even more importantly, endangering consumer health. The new proposal will establish a modern system for reporting the misuse of certain alcohol formulations so that they will no longer be usable as denaturants.
- Update IT systems: the new rules will replace the outdated paper-based procedures used to track movement of certain denatured alcohol and will result in the mandatory use of the EMCS (Excise Movement and Control System). This will make it easier to follow movements of these high-risk products in real time, reducing the fraudulent use of this exemption and protecting consumers.
- Increase the threshold for lower strength beer that can benefit from reduced rates from 2.8% volume to 3.5% volume, to provide an incentive for brewers to be innovative and create new products. This should encourage consumers to choose low-strength alcoholic drinks over standard ones, reducing alcohol intake.

EU Health Funding Post-2020
An EC Communication proposes to allocate €413m over seven years to health in the next long-term EU budget 2021-2017, marks a decrease of 8% in health spending compared to the €449.4m allocated for 2014-2020.

The EU’s Health Program will be combined with several other programs under the broader European Social Fund with funding to be made available to support the reforms of national health systems. This will include helping health systems digitise and be better prepared for crises, and will also be used to fund implementation of EU health laws, including those on medical devices, health technology assessment and tobacco.

Part of the €413m allocation will be used to support the ERNs (European Reference Networks), which gather health organisations from across the EU in virtual networks to work on rare diseases. Further information about the specific funding opportunities will be circulated in due course.