
Risks to NHS sustainability arising from the United Kingdom's departure from the European Union

House of Lords

Wednesday 12 July 2017

The British Medical Association (BMA) is a voluntary professional association and independent trade union, representing doctors and medical students from all branches of medicine across the UK and supporting them to deliver the highest standards of patient care. The BMA is committed to safeguarding the future of the profession following the UK's vote to leave the European Union.

The NHS is facing unprecedented demand across almost all services, an ageing population coupled with increasingly complex patient illnesses, and a drastic funding shortfall. The NHS is struggling to attract and retain doctors and those that are currently working within the health service are increasingly being asked to work longer in an overstretched, under-resourced system.

The challenges facing the NHS risk being worsened by the UK's decision to leave the European Union, with the threat to the workforce being particularly acute. EU doctors in the UK have been left feeling unwelcome and uncertain about their futures here in the UK after Brexit, with a BMA survey recently showing that more than 40% of EEA doctors are considering leaving the UK following the referendum result¹. This supply of highly skilled individuals looks set to be restricted further by the forthcoming Immigration Bill, which will end freedom of movement and bring EU nationals within the UK's immigration system.

A further risk to the sustainability of the NHS is posed by economic predictions, which suggest that Brexit may result in a domestic economic downturn, or in the very least, economic uncertainty. If proved correct, this downturn could reduce public spending in general and, specifically, the level of funding available to the already under-funded NHS.

Key points

- Four in ten (42%) EEA doctors are considering leaving following the EU referendum result with a further quarter (23%) unsure about their future in the UK. The prime minister must deliver on her promise to guarantee the rights of EU nationals in Britain, and Britons living in Europe, as soon as possible.
- More than one in ten doctors (11 per cent) have colleagues who have already left the UK as a result of Brexit, while doctors report that fewer non-UK applicants are applying for vacancies².
- Immigration restrictions on EU nationals through the forthcoming Immigration Bill must not hinder the safe staffing of health services or seek to deter doctors, researchers and medical students from the EU wanting to work and study in the UK after Brexit.
- The outlook for NHS finances following the UK's decision to leave the EU is deeply alarming.
- Brexit poses distinct issues for all countries of the UK but has very specific risks for the sustainability of health services in Northern Ireland.

The position of EU nationals currently working in the NHS

The prime minister must deliver on her promise to guarantee the rights of EU nationals in Britain, and Britons living in Europe, as soon as possible³. Whilst we recognise the prime minister's proposals on the rights of EU citizens living in the UK following Brexit, these proposals are a starting point, and leave many unanswered questions.

The potential impact of these proposals on medical research, the NHS and its workforce is still unclear and this ongoing lack of certainty has left EU citizens in the UK feeling unwelcome and uncertain about whether they and their families will have the right to live and work in the UK after Brexit. A BMA survey of EEA doctors working in the UK found that more than four in ten (42%) are considering leaving following the EU referendum result with a further quarter (23%) unsure about their future in the UK. Around 10,000 doctors who work in the NHS – 6.6% of the UK medical workforce – qualified in the EEA with many more working in public health and academic medicine.

These individuals staff our hospitals and GP surgeries, look after vulnerable patients in the community, and conduct vital medical research to help save lives. Many have dedicated years of service to healthcare in the UK: it is extremely concerning that so many are considering leaving.

Individuals from the EU, who are already working in the NHS and care sector, and EU academic staff need to be given explicit reassurances that they have the right to continue living and working in the UK. **To provide certainty and stability for these individuals, and for the NHS and universities, EU doctors and medical academic staff currently working in the UK should be granted permanent residence, regardless of whether they have been here for five years.**

Immigration

The government has outlined its intention to achieve greater self-sufficiency in medical staffing in the NHS by increasing the supply of UK trained doctors, thereby reducing the NHS's reliance on doctors from overseas. Specifically, the Secretary of State for Health has announced that NHSE will fund training of up to an additional 1,500 students in medical schools in England from 2018⁴.

This shift towards medical self-sufficiency coincides with the forthcoming Immigration Bill, which intends to end free movement in the UK and bring EU nationals within the UK's immigration system. Currently, the EU's policy of freedom of movement of workers and reciprocal arrangements enables highly skilled medical professionals, with the appropriate level of training and education, to fill vacancies within health services, ensuring safe staffing levels and patient safety are maintained.

The imposition of immigration restrictions on EU nationals must not hinder the safe staffing of health services or seek to deter doctors, researchers and medical students from wanting to work and study in the UK. International doctors play a vital role in providing a safe and sustainable level of service for patients filling gaps in the medical workforce. Data from the GMC on licensed EEA graduates by UK country reveals that Northern Ireland has a relatively high reliance on EEA graduates (8.8%), while the figure in England is 8.2%, Scotland 6.6% and Wales 6.4%⁵. The Specialist Register (a register of doctors eligible to work as consultants in the health service in the UK) has a particularly high proportion of European graduates (14.6%); surgery and ophthalmology are particularly reliant on EEA graduates, where over a fifth (20% and 24% respectively) are EEA graduates.

Given the length of time taken to train a senior doctor – at least 10 years – the move towards self-sufficiency will not meet either the NHS' short-term or medium term workforce needs. It will

therefore be vital that the NHS continues to be able to recruit doctors from the EU and overseas to fill vacant posts.

Furthermore, doctors work closely alongside a range of individuals, including nurses, paramedics, allied health professionals, clinical scientists, lab and theatre technicians, porters and cleaners, many of whom are likely to be EU nationals or from overseas. All of these individuals play an integral role in the efficient and safe running of the health service⁶.

Following our withdrawal from the EU, any future immigration system must be flexible enough to allow EU doctors to fill gaps in the health service, university and research sectors and in public health where they cannot be met by UK nationals. The new system must be responsive to need, be flexible and capable of change to take into account changes in workforce requirements; be transparent, affordable and easily understood; and managed by employers, sponsors and migrants alike. Any future immigration system must take into account the needs of the NHS for both skilled and unskilled labour, which will be vital in providing a high quality, reliable and safe service to patients.

Workforce

Understaffed and under-resourced hospitals are having to manage unprecedented levels of patient demand leaving staff across the NHS to work under increasing pressure, in a system unable to cope, in order to ensure that patients receive the level of care which they deserve.

These pressures have resulted in overworked staff choosing to leave the NHS at a time of unprecedented patient demand. A recent BMA survey found that around two-thirds of hospital doctors have experienced rota gaps in the past 12 months, with 65 per cent of hospital doctors and 48 per cent of GPs reporting vacancies in their departments and practices⁷. It is all the more important therefore that a responsive and flexible immigration system is put in place following the UK's withdrawal from the EU to help meet the ongoing workforce challenges facing the NHS.

NHS funding

Economic predictions suggest that the UK's decision to leave the EU may result in a domestic economic downturn, reducing public spending in general and leading to, potentially, further reductions in the level of funding available to the NHS. The Health Foundation has suggested that the NHS budget will be £2.8 billion lower than currently planned for 2019/2020 if the UK leaves the EU due to a predicted fall in economic growth and other factors. The National Institute of Economic and Social Research reinforces this view, suggesting the UK economy would be approximately 2.5% smaller two years after a decision to leave the EU⁸.

The Department of Health (DH) has also admitted that the 'UK economy is experiencing some turbulence following the decision to leave the EU' stating in its evidence to the Doctors and Dentists Review Body that 'following the outcome of the EU referendum, the UK economy is entering a new phase which will pose new challenges to the public finances'⁹.

If these predictions regarding an economic downturn are proved to be correct, this could mean that in the longer term, and assuming that the UK is able to remain part of the European Economic Area (EEA), the NHS funding shortfall could be at least £19 billion by 2030/2031– equivalent to £365 million a week. Should the UK not retain access to the EEA, the shortfall caused by the domestic economic downturn and consequent loss of income is predicted to be as high £28 billion – equivalent to £540 million a week¹⁰.

Furthermore, given the weak tax receipts reported in the UK, which will slow efforts to reduce deficits, and the fall in Sterling, which will have a significant effect on the cost of medicines and

other health products, the outlook for NHS finances following the UK's decision to leave the EU is deeply alarming.

Northern Ireland

Brexit poses distinct issues for all countries of the UK but has very specific risks for the sustainability of the health service in Northern Ireland. The existing open border arrangements with the Republic of Ireland, since the introduction of the Common Travel Area in 1922, provide a number of benefits for patients, health services and health professionals, which risk being lost if restrictions are introduced following the UK's withdrawal from the EU.

The existing open border arrangements enable medical professionals based on both sides of the border to currently travel freely to provide healthcare to their patients: this needs to continue both for the benefit of patients and for the services on which they so heavily rely. Examples of cross border healthcare include:

- The provision of out-of-hour GP services in Castleblayney, Co. Monaghan and Inishowen, Co. Donegal, as well as shared dermatology clinics at four sites along the border
- ENT Services at Monaghan Hospital and Northern Ireland's Daisy Hill and Craigavon hospitals. Cross border collaboration has enabled ENT waiting lists in the Health Service Executive Dublin North East area to be significantly reduced by facilitating ENT consultants from Northern Ireland's Southern Trust to practise in Monaghan Hospital¹¹.
- The all-island paediatric cardiology service based at Our Lady's Children's Hospital, Dublin, enables children from Northern Ireland and the Republic of Ireland to receive treatment without having to undertake lengthy journeys or to travel to England to receive treatment¹².
- The new Radiotherapy Unit at Altnagelvin Hospital provides access to radiotherapy services to over 500,000 cancer patients in both Northern Ireland and the Republic of Ireland¹³. The creation of this service has meant that patients from Donegal in the Irish Republic no longer have to travel to Galway or Dublin for treatment.

There is a considerable risk that this cross border healthcare could be undermined or jeopardised by the UK's departure from the EU if the existing open border arrangements are not maintained.

For further information, please contact:

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¹ [BMA survey of EU doctors working in the EU, February 2017](#)

² [The government's negotiating objectives for exiting the EU: PM speech, January 2017](#)

³ <https://www.bma.org.uk/news/media-centre/press-releases/2017/june/bma-response-to-the-prime-ministers-proposals>

⁴ [Jeremy Hunt: Speech to Conservative Party Conference 2016](#)

⁵ [GMC: Our data about doctors with a European primary medical qualification](#)

⁶ The BMA is a member of the Cavendish Coalition, a coalition of more than 30 health and social care organisations, which is seeking certainty for the current health and social care workforce originating from the European Economic Area (EEA) to remain in the UK.

⁷ [BMA: Incidences of rota gaps surge, June 2017](#)

⁸ Baker J, Carreras O, Kirby S, Meaning J, Piggott R. Modelling events: the short-term economic impact of leaving the EU. NIESR, 2016.

⁹ [The Review Body on Doctors' and Dentists' Remuneration \(DDRB\) Review for 2017 Written Evidence from the Health Department for England, October 2016](#)

¹⁰ Health Foundation (2016) Briefing: NHS finances outside the EU

¹¹ Health Service Executive: Unique cross border Hospital service established

¹² BBC News: [Children's heart surgery: £42m for all-island congenital heart disease service](#)

¹³ BBC News: [£50m radiotherapy unit at Altnagelvin hospital to open](#)