Parliamentary brief
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BMA

Effect of leaving the European Union on the UK's health and social care sector

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The BMA is a professional association and trade union representing and negotiating on behalf of all doctors and medical students in the UK. It is a leading voice advocating for outstanding health care and a healthy population. It is an association providing members with excellent individual services and support throughout their lives.

Despite concerns being raised before the referendum, no one could have foreseen the extent of the complications, uncertainty and confusion that Brexit could bring to health services across UK and the rest of Europe.

The BMA believes that no Brexit deal could ever deliver the kinds and range of benefits which the UK's current membership of the EU confers on patients, the medical workforce and health services across the UK and Europe. A 'no deal' outcome could have potentially catastrophic consequences across the health and social care sector, including for EU nationals working in health services, for patient access to medicines, reciprocal healthcare, treatments and for NHS funding.

Given the risks that Brexit, and in particular a 'no deal' Brexit poses to the NHS and the nation's health, the BMA opposes any form of Brexit and believes it is vital the public has the final say on any proposed deal.

Key points

- A 'no deal' Brexit could have potentially catastrophic consequences across the health and social care sector.
- There is a very real risk that some EU nationals, including highly skilled doctors and medical researchers, will choose to leave the UK because of ongoing uncertainty in the Brexit negotiations. The NHS cannot afford to lose highly skilled EEA medical staff, or put up barriers to those who may want to work in the UK, at a time when they are needed the most.
- 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 return of a hard border would hinder the free movement of vital healthcare staff and potentially restrict patient access to a range of key cross-border health services.
- 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. A no-deal Brexit would lead to considerable uncertainty including difficulties in accessing medicines.

- Any deal which would see the UK operating outside of Euratom and source radioisotopes from outside of this framework would remove the guarantee of consistent and timely access to radioisotopes. This could potentially result in delays in diagnosis and cancelled operations for patients.

Workforce and future immigration policy

Freedom of movement and the EU directive on mutual recognition of professional qualifications (MRPQ) has allowed hundreds of thousands of health and social care staff from Europe to come to the UK to provide key public services, carry out vital medical research and contribute to the overall economy. 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
- 5.7% (1,139) in Scotland
- 8.8% (550) in Northern Ireland
- 6.4% (624) in Wales[1].

The Immigration and Social Security Co-ordination (EU Withdrawal) Bill and Immigration White Paper propose to end freedom of movement and impose tougher controls on immigration. Any reduction in the number of doctors or healthcare staff migrating to the UK will exacerbate current workforce shortages and impact on staffing levels in hospital wards, in GP practices and in community settings across the UK. A recent BMA survey of EEA doctors from November 2018[2], found that:

- More than one third of EEA doctors (35 per cent) currently working in the NHS are considering moving abroad.

Amid an already growing workforce crisis, the quality of patient care will suffer, and patient safety will be put at risk if an immigration policy is introduced which restricts the flow of vital workers.

Efforts to increase the domestic supply of doctors are underway, but they will not address likely shortages resulting from the UK's decision to leave the EEA in the short to medium term given that it can take at least ten years to train a senior doctor. The UK will continue to need to recruit from the EEA and overseas, simply and flexibly, to sustain staffing levels across the NHS. However, the Government's own economic appraisal on the impact of proposed changes to the immigration system predict an 80% reduction in long-term migration to the UK.

The NHS simply cannot afford to put up barriers to medical or other healthcare staff, or to deter staff from coming to work in the health service at a time when they are needed the most.

European Temporary Leave to Remain

On 28 January 2019, the Government confirmed that in the event of a no-deal Brexit, EEA nationals arriving in the UK after 29 March 2019 who intended to stay for longer than three months would have to apply for European Temporary Leave to Remain (ETLR). While ETLR will entitle EEA citizens to stay in the UK for 36 months from the date of their application, it will be a temporary, non-extendable immigration status: it will not give indefinite leave to remain (ILR), lead to status under the EU Settlement Scheme or make EEA citizens eligible to stay in the UK indefinitely[3]. EEA citizens wishing to stay in the UK for longer than 36 months will have to apply for an immigration status under the new (currently undefined) immigration system, which will come into effect from January 2021.

[1]GMC (November 2017) Our data about doctors with a European primary medical qualification in 2017
[2] BMA (November 2018) EU Doctor Survey
[3] Gov.uk guidance (January 2019) European Temporary Leave to Remain

We have serious concerns about the implications of this new three year visa system for the medical profession, particularly for EU medical students and EU doctors in training whose medical degrees and specialty training exceed three years. In practice, this would mean that under the arrangements outlined above, an EEA medical student would be required to apply for a new immigration status during their degree. The BMA has repeatedly raised concerns about the Home Office's capacity to deliver immigration services. Given the Home Office's track record in this area, we are apprehensive about the process, its operability and the impact on medical students should there be any errors or problems during the application process.

There is also a concern that for EEA doctors and other health and social care staff who have enjoyed the flexibility that comes with freedom of movement, including working within the UK and EEA simultaneously, the introduction of visas may act as a major disincentive to working in the NHS in the future. This could have particularly dire consequences for specialties already facing acute shortfalls including general practice, emergency medicine, paediatrics, occupational medicine, radiology and psychiatry and on staffing levels on hospital wards, in GP practices and in community settings across the UK.

Northern 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 across the border to provide healthcare to their patients. Alongside this 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. Co-operation between Northern Ireland and the Republic of Ireland, which is in part funded by the EU[4], has been crucial in facilitating and delivering these services whilst also ensuring that highly skilled clinicians can be attracted and retained in Northern Ireland.

'No deal' risks the return of a hard border between Northern Ireland and the Republic of Ireland. At a minimum, this could deter cross border workers (upon which the Health and Social Care system in Northern Ireland relies heavily) from making the daily commute, thereby putting an already pressurised service under even more strain. The loss of MRPQ could, for example, lead to significant difficulties for medical students from Northern Ireland who opt to study and train in the Republic of Ireland, but who wish to return home to practise medicine in Northern Ireland.

The return of a hard border and any threats to cross-border cooperation in the delivery of vital health services arising from a 'no deal' Brexit, could hinder patient access to the cross-border health services outlined above and also raises the risk of forcing patients to once again travel considerable distances to receive care.

Patient safety

The Internal Market Information (IMI) alert system, which is a part of the Mutual Recognition of Professional Qualifications Directive, is a vital patient safety tool which allows the General Medical Council (GMC) and medical regulatory authorities across 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.

[4] The Interreg project provides an example in which the European Union supports cooperation and funding, on cross-border issues such as health and research

In the event of a no deal Brexit, the Internal Market Information system will no longer be available in the UK. It will be vitally important to consider how health regulators will ensure doctors working in the UK are fit to practise medicine in the event of a 'no deal' Brexit. The GMC will need to work with regulators in EU member states to establish a new system (instead of the IMI) to communicate when doctors have restrictions placed on their right to practise. However, it is highly unlikely any new system would be as efficient, effective, or as timely as the IMI in sharing fitness to practise concerns, which could have serious consequences for patient care.

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 and that any issues with medicines or medical devices are picked up quickly. The CE (Conformité Européenne) marking system for medical devices has similarly facilitated access to innovative medical devices from across Europe.

A 'no deal' outcome would lead to considerable uncertainty about the UK's approach to medicines and medical devices regulation. The immediate risks of a 'no deal' Brexit include difficulties in accessing medicines. To remedy this, we note that the Government is asking manufacturers to stockpile an additional six weeks' worth of medicines, including vaccines. This is at best a short-term solution. A 'no deal' Brexit risks creating a shift away from products being developed for the UK market: this could have significant ramifications for timely access to new medicines and medical devices, and on the UK's pharmaceutical and medical devices industries.

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.

Brexit could lead to obvious and significant changes in existing reciprocal healthcare arrangements[5]. Guidance published by the Government on 28 January 2019 for UK nationals living in the EU/EEA and Switzerland confirms that their existing access to healthcare may change if the UK leaves the EU without a deal. The Government confirms that EHIC and the S1 certificate will only be valid until 29 March 2019 if there is a 'no deal' and advises residents to buy insurance to cover your healthcare after this date, as you would if visiting a non-EU country'[6].

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. There is also a risk that ending access to reciprocal healthcare arrangements for UK citizens and residents within the EU could act as a barrier to patients accessing services whilst abroad.

[5] Nuffield Trust (May 2017) NHS could face bill of over half a billion pounds from Brexit
[6] Gov.uk guidance (January 2019): UK nationals living in the EU/EEA and Switzerland: Healthcare

In an announcement on 6th February 2019, the Government clarified that the UK was seeking to make arrangements with individual EU Member states to ensure that there are no immediate changes to people's access to healthcare after March 29th, 2019. The UK is seeking to maintain reciprocal healthcare rights for pensioners, workers, students, tourists and other visitors in line with the current EU arrangements, including reimbursement of healthcare costs, for a transitional period lasting until 31 December 2020[7]. The Government confirmed that this is only possible with agreement from other individual Member States. This raises a risk that, in contrast to the existing single set of agreements with the EU, the UK could in the future have over 27 different sets of reciprocal healthcare arrangements, entitlements and mechanisms for cost recovery, on top of the existing non-EEA system of which we are highly critical.

The Healthcare (International Arrangements) Bill which is currently going through Parliament provides a necessary legislative framework to fund and implement reciprocal healthcare arrangements after Brexit. It is essential that any new reciprocal healthcare system should be straightforward and cost-effective; the Government's announcement indicates a clear risk that, post-Brexit, reciprocal arrangements could be the opposite.

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 to receive care, the additional cost to health services is estimated to be between £500 million and £1 billion per year[8]. There would be a requirement for an additional 900 hospital beds, and 1,600 nurses to meet demand[9].

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.

As isotopes have a short half-life and cannot be stockpiled, 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[10].

Any deal which would see the UK operating outside of Euratom and source radioisotopes from outside of this framework would remove the guarantee of consistent and timely access to radioisotopes. This could potentially result in delays in diagnosis and cancelled operations for patients. Recent guidance from the Royal College of Radiologists[11] suggests doctors should prepare for possible delays for some drugs used to detect cancer as well as reducing their workload in the event of a no deal Brexit. A no-deal Brexit 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.

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[7] EU Exit: Reciprocal Healthcare Legislation:Written statement - HCWS1304
[8] Nuffield Trust (May 2017) NHS could face bill of over half a billion pounds from Brexit
[9] Ibid
[10] Nature (December 2013) Radioisotopes: The medical testing crisis (last accessed on 13.07.2017)
[11] Royal College of Radiologists (March 2019) Practical advice for radiopharmacy and nuclear medicine services in the event of a no-deal Brexit