

Memorandum of evidence from the BMA to the Health and Social Care Select Committee inquiry on 'Impact of a 'No deal' Brexit on health and social care

September 2018



The BMA (British Medical Association) 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.

Since the EU referendum in June 2016, the BMA has thoroughly considered the impact of Brexit on the NHS and health services across the UK and Europe. Our series of 'Brexit briefings' 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 detrimental effect Brexit could have on them¹.

Despite concerns being raised before the vote, 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. It is highly unlikely that any 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.

Key points

- 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, and treatments. The UK's ability to respond to cross-border health emergencies and pandemics would similarly be put at risk.
- The return of a hard border between Northern Ireland and the Republic of Ireland would hinder the free movement of vital healthcare staff and potentially restrict patient access to a range of key cross-border health services.
- The International Monetary Fund has warned that a 'no-deal' Brexit on World Trade Organisation terms would result in "substantial costs" for the UK economy. A 'no deal' outcome risks a domestic economic downturn: any reductions in public spending and in the level of funding available to the NHS and to local government could lead to cuts in the delivery of vital health and preventative public health services.
- We are deeply concerned that the Government's 'no deal' Brexit planning is too little, too late. The 'no deal' technical notices published so far provide limited reassurance and do not address the longer-term dangers of a 'no deal' Brexit for the health and social care sector.
- Despite reassurances from Government that the rights of EU citizens in the UK will be protected in the event of a 'no deal', the Government has so far failed to publish 'no deal' notices on EU citizens in the UK, UK citizens in the EU or on reciprocal healthcare. This is causing unnecessary anxiety amongst UK and EU nationals and is hindering the ability of organisations such as the BMA and others across the health and social care sector to support our members who are affected.
- A 'no deal' scenario will almost certainly lead to the end of freedom of movement and yet there continues to be a lack of clarity on which immigration system will be put in place to manage migration from the EU. This is hindering the ability of health and social care organisations to plan future staffing accordingly.

¹ The BMA has published [12 Brexit briefings](#) to date on the following topics: Workforce and Immigration; International trade and health; The dangers of a no deal Brexit; Competition and procurement; Euratom; Health improvement; Health protection and health security; Impact on patients; Medical Research; Medicine and medical device regulation; Reciprocal healthcare arrangements; Northern Ireland

- 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.

The impact and risks of a ‘no deal’ Brexit for the health and social care system and for patients

Workforce and future immigration policy

Freedom of movement and the EU directive on mutual recognition of professional qualifications (MRPQ) have enabled many health professionals from countries within the European Economic Area (EEA) to work in the UK.

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 Wales².

Risks of a ‘no deal’ Brexit for the health workforce

There is a risk that many EEA nationals, including highly skilled doctors and medical researchers, may choose to leave the UK in the event of a ‘no deal’ Brexit. Last year, nearly 2,000 EEA doctors responded to a BMA survey about the impact of the Brexit referendum on their future intentions³. The findings from the BMA’s survey showed:

- 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
- most respondents (77%) said a negative outcome of the Brexit negotiations on citizens’ rights would make them more likely to consider leaving the UK.

Both the Prime Minister and the Secretary of State for Exiting the EU have sought to reassure EU nationals in the UK that in the event of a ‘no deal’ Brexit, their rights in the UK will be protected. These statements, and the UK Government’s Settled Status scheme for EU nationals currently in the UK may provide some reassurance should a ‘no deal’ scenario emerge⁴. However, a ‘no deal’ scenario will almost certainly lead to the end of freedom of movement, creating uncertainty about the status of future EU nationals wanting to come and work in the NHS and impairing future NHS workforce planning.

EU doctors working as ‘civil servants’ within Public Health England, in local government, and in other settings also need urgent clarity as to whether they will be able to continue their employment in a ‘no deal’ scenario.

Any developments which impact on already over stretched staffing levels in hospital wards, in GP practices, and in community settings across the UK, put the quality of patient care and patient safety

²GMC (November 2017) [Our data about doctors with a European primary medical qualification in 2017](#)

³BMA (Nov 2017) [EU Doctor Survey](#)

⁴[NHS workers and students to trial EU Settlement Scheme](#) (July 2018)

at risk. Any reduction in the number of doctors migrating to the UK, or an increase in the number leaving the UK because of a 'no deal' Brexit, risks having a destabilising effect on the medical workforce, and the staffing of health and social care across the UK⁵.

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 EU⁶, has been crucial in facilitating and delivering these services whilst also ensuring that highly skilled clinicians can be attracted and retained in Northern Ireland.

Risks of a 'no deal' Brexit for 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 (HSC) 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. Furthermore, 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 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.

Recognition of professional qualifications and patient safety

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.

The Internal Market Information (IMI) alert system, which is a part of the MRPQ 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.

⁵ Data from the Office for National Statistics published in August 2018 revealed EU net migration was at its lowest level since 2012
[Migration Statistics Quarterly Report: August 2018](#)

⁶ The [Interreg project](#) provides an example in which the European Union supports cooperation and funding, on cross-border issues such as health and research

Risks of a 'no deal' Brexit for the recognition of professional qualifications and patient safety

The Government's technical notice on professional qualifications⁷ confirms there will be no system of reciprocal recognition of professional qualifications between the remaining EEA states and the UK in the event of a 'no deal' and that 'the Internal Market Information system will also no longer be available in the UK'. The technical notice provides no clarity on what system will be put in place to replace MRPQ or the IMI.

The potential loss of MRPQ risks disrupting the UK's health workforce pipeline at a time when the NHS is in the middle of a recruitment crisis. It will also 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.

Risks of a 'no deal' Brexit for the regulation of medicines and medical devices

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. In an attempt 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.

Risks of a 'no deal' Brexit mean for reciprocal healthcare

The BMA's understanding is that 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

⁷ BEIS Guidance (October 2018) [Providing services including those of a qualified professional if there's no Brexit deal](#)

act as a barrier to patients accessing services whilst abroad and increase the likelihood of the spread of disease.

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 year⁸. There would be a requirement for an additional 900 hospital beds, and 1,600 nurses to meet demand⁹.

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.

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.

Risks of a 'no deal' Brexit for access to medical radioisotopes?

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 temporarily¹⁰.

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. 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.

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 initiatives to 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).

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

In a 'no deal' scenario, it is very unlikely that the UK would be able to secure a future partnership agreement with key EU bodies, such as the ECDC, by March 2019. This would create considerable uncertainty about the UK's ability to coordinate pandemic preparedness planning and response with its European neighbours, and would weaken the capacity of all parties to respond effectively to cross-

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)

border health emergencies. Loss of access to UK research and expertise would 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 food 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 2019¹¹.

Rare diseases: impact on patients

Across the EU, around 30 million people¹² are affected by up to 8,000 rare diseases and a rare disease may affect anything from only a handful of people to as many as 245,000¹³. 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) to enable health professionals and researchers to share expertise, knowledge and resources.

ERNs cover 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 currently 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 2020¹⁴.

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. 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. Reports suggest the UK experts who currently lead six of the 24 networks 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 unknown¹⁵.

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.

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

¹¹ BBC News (July 2018) [Operation Brock 'lorry park' on M20 'could last years'](#)

¹² [European Commission: European Reference Networks](#)

¹³ World Health Organisation (2013) ['Priority Medicines for Europe and the World'](#)

¹⁴ [European Commission: European Reference Networks](#)

¹⁵ The Times (July 2018) [Brexit threatens rare-diseases care for 100,000 British children](#)

funding programmes FP7 (Framework Programme 7) (2007-2013) and Horizon 2020 (2014-2020). Over the same period, the UK was actively involved in 1,000 EU health-related projects¹⁶.

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. While government commitments to funding of current research projects up to 2020 are welcome, 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.

Risks of 'no deal' for health budgets

The International Monetary Fund recently published warnings that a 'no-deal' Brexit on World Trade Organisation terms would result in "substantial costs" for the UK economy¹⁷. The Health Foundation has also 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 factors¹⁸. There is a very real risk that the UK's decision to leave the EU may result in a domestic economic downturn, therefore reducing public spending in general and leading to further reductions in the level of funding available to the NHS and to local government to deliver health and preventative public health services. The BMA is deeply concerned about the implications of this for the nation's health.

Is the Government planning effectively for a 'no deal' Brexit outcome?

With less than six months to go until the UK leaves the EU, we are deeply concerned that the Government's 'no deal' Brexit planning is too little, too late. To date, the UK Government has published more than 100 no deal technical notices¹⁹, six of which focus explicitly on the regulation of medicines and medical equipment in the event of a 'no deal' Brexit. While these plans will provide limited reassurance to the stakeholders dealing with the risks of a 'no deal' Brexit, it is vital that greater clarity is provided on underlying long-term concerns, such as the implications of separate regulatory systems for medicines on access to new medicines and medical devices, and how professional qualifications gained outside the UK will be recognised.

Furthermore, in a letter on 'no deal' preparedness to all NHS organisations, GPs, community pharmacies and other service providers, the Health Secretary²⁰ asks doctors to advise their patients that the Government has plans in place to ensure a continued supply of medicines to patients from the moment the UK leaves the EU. The BMA has deep reservations regarding this suggestion and whether this is either the role, or the responsibility of the medical profession.

In the same letter on 'no deal' preparedness to all NHS organisations, GPs, community pharmacies and other service providers, the Health Secretary clarified that stockpiling of additional medicines, beyond their business as usual stock levels, is not necessary. The Government has also advised clinicians not to write longer NHS prescriptions. The BMA is exploring how we can best share this information with our membership.

¹⁶ Technopolis Group (2017) [The impact of collaboration: the value of UK medical research to EU science and health](#). London: Technopolis Group

¹⁷ BBC News (September 2018) [No-deal Brexit would hit UK economy, says IMF](#)

¹⁸ [Health Foundation \(July 2016\) NHS finances outside the EU](#)

¹⁹ BuzzFeed (August 2018) [A New Leak Reveals The Government's "No Deal" Brexit Papers Will Cover 84 Areas Of British Life](#)

²⁰ Department for Health and Social Care (August 2018) [Letter to the health and care sector: preparations for a potential no-deal Brexit](#)

What further planning, or reassurances, are required in order to ensure that the impact of a ‘no deal’ Brexit on health and social care would be minimised?

Despite reassurances from the UK Government that the rights of EU citizens in the UK will be protected in the event of a ‘no deal’ Brexit, we remain concerned that to date, no technical notices or detail have been published which would clarify what would happen to ‘EU citizens in the UK’, ‘UK citizens in the EU’ in a ‘no deal’ scenario or on the implications of a ‘no deal’ Brexit on reciprocal healthcare. We would urge the Government to provide clarification on these key points at the earliest opportunity.

Similarly, the technical guidance on MRPQ provides no detail on what system will be introduced instead to recognise professional qualifications²¹. Clarity is needed on each of these points to ensure organisations such as the BMA, which represent a significant number of EU nationals in the UK, can support our members, during a period of intense anxiety for them and their families.

It is vital that the Government offers clarity and confirmation on what immigration system will be put in place to manage migration from the EU in the event of a ‘no deal’ Brexit. As outlined earlier, a ‘no deal’ scenario will almost certainly lead to the end of freedom of movement. However, given the significant contribution EEA nationals make to the health and social care workforce, employers across the sector need to be able to properly plan to provide a workforce to maintain safe staffing levels and to maintain patient safety.

²¹ BEIS Guidance (October 2018) [Providing services including those of a qualified professional if there's no Brexit deal](#)