ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF GLASGOW

**Response to the The Scottish Parliament's Health and Sport Committee inquiry into the impact of leaving the EU on health and social care in Scotland**

The Royal College of Physicians and Surgeons of Glasgow was founded in 1599 to improve quality and practice of Medicine.

Although based in Glasgow, we have 14,000 Fellows and Members who work as senior clinicians throughout the United Kingdom and across the world. Unlike our sister Royal Colleges, we have a multidisciplinary membership, which we believe gives us a more complete viewpoint of the health environment and the needs of patients and medical professionals.

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Introduction

The College is grateful for the opportunity to contribute to this inquiry. We believe that Brexit remains one of the largest strategic issues facing the health sector in Scotland and the rest of the UK, and overall we remain concerned about the progress made to date in addressing the challenges and opportunities that our decision to leave the EU will have on patients and staff within the NHS.

The RCPSG agree with the broad principles set out by the UK Government which should underpin the UK's future relationship with the EU:

- Patients must not be put at a disadvantage
- The UK will continue to play a leading role promoting and ensuring public health – both in Europe and around the world
- Industry must be able to get their products into the UK market as quickly and simply as possible, with the UK and Europe at the forefront of medical innovation.
- Pharmacovigilance and drug safety systems for patients must be maintained at the same levels
- Research in all its facets should continue to benefit patients. This ranges from maintenance of funding, ability of research personnel and research itself to be international and sharing results of research

Now that talks between the UK and EU have moved to the second stage, it's imperative that the UK Government now steps up its work to constructively engage with the EU and build towards a mutually beneficial Post-Brexit deal.

It is of concern, however, that in the months that have passed since these principles were outlined in July 2017, no public progress has been made in terms of advancing practical steps to deliver them.

We remain concerned that if we reach a situation where no agreement is reached with the EU on our future relationship would mean that these aims have not been met, and would have an adverse impact on patients in a number of ways. This would include constraining the development and introduction of new drugs or treatments, increased costs to the wider NHS or in working collaboratively on issue of public health.

## 1) How could the potential risks of Brexit for health and social care in Scotland be mitigated?

The Royal College for Physicians and Surgeons of Glasgow believes that the largest potential risks for health and social care in Scotland from Brexit are:

- Impact on workforce
- Regulation, safety and access to medicines and medical devices
- Funding for research
- Cross-border care
- European Centre for Disease Prevention and Control

### Impact on workforce

The Scottish Government estimates that non-UK citizens account for approximately 5% of the total NHS workforce in Scotland, and around 6.8% of Scotland's doctors.[1]

Migrants form a proportionally larger share of higher paid groups such as Doctors and senior nurses but they are also represented in lower paid roles within the NHS and Social Care Sector, including care staff and other support workers such as cleaners, porters and kitchen staff.

Beyond these top level figures, there is a lack of reliable statistical data on the positon of EEA Migrants in the health sector across the UK. As the Scottish Government stated in its response to the Migration Advisory Committee's call for evidence on "EEA-workers in the UK labour market":

> *Health Boards have not historically collated (in a retrievable format) nationality data for EU workers, as there is no restriction on such workers seeking employment within the UK. The regulation of doctors, nurses and midwives is undertaken by UK wide regulatory bodies; in some instances, Scotland-only statistics are not available.*

This lack of data inhibits effective workforce planning and remains a significant barrier in developing an effective migration before the UK exits the EU, and so this issue should be addressed as a matter of priority.

External reports, however, have suggested that EEA Migrants are choosing to leave their posts in the NHS in greater number. A report by NHS Digital, published in September 2017, has found that in the 12 months to June, 9,832 EU doctors, nurses and support staff had left, with more believed to have followed in the past three months.

[1] http://www.parliament.scot/parliamentarybusiness/28877.aspx?SearchType=Advance&ReferenceNumbers=S5W-09508&ResultsPerPage=10

This is an increase of 22% on the previous year and up 42% on two years previously. Among those from the EU who left the NHS between June 2016 and June 2017 were 3,885 nurses and 1,794 doctors.

In addition, a survey by The British Medical Association found that four in 10 EU doctors were considering leaving the UK, with a further 25% unsure about what to do since the referendum.[2]

We understand that the announcement by the UK Government in December 2017 that EU Nationals currently living in the UK will be able to apply for "Settled Status", which would give individuals an opportunity to have indefinite right to live in the UK, may provide some reassurance to some individuals. We remain concerned, however, that the details of this proposal have yet to be published, and that the number of EU citizens seeking work in the UK appears to have been in decline since our vote to leave the EU.

A reduction in the availability of EEA migrants within the NHS would have a significant and substantial detrimental impact on the ability of the health service in different parts of the UK to maintain current levels of service.

For example, overall vacancy rates for Consultant positons within the Scottish NHS remain high at 7.4%, there are a number of specialities, including Psychotherapy and Occupational Medicine where this vacancy rate is far higher (22.8% and 22.2% respectively). High vacancy rates in Radiology continue to account for a delay in diagnosing and treating patients.

Any further pressure on consultant staff numbers has the potential to exacerbate this already serious situation.

With this in mind, future immigration rules should be set in with a stated aim of maintaining and augmenting the work of the health and social care sector in Scotland. This should include regular reviews of the Tier 2 Shortage Occupation Lists to ensure that specific staff shortages in the Scottish NHS are able to be addressed through this route.

Regulation and access to medicines

The College believes that the best possible framework for future regulation of medicine lies in ongoing cooperation and partnership between the MHRA and the EMA. Agreeing a cooperative regulatory framework would allow the smoothest transition in terms of the authorisation of medicines for use in the UK, safety and pharmacovigilance. It will provide the best possible opportunity for patients and clinicians.

It remains a concern that because such issues have not been fully discussed as part of the Brexit negotiations until the second phase of talks between the UK and the EU, this may reduce the time available to plan and effectively deliver a new standalone regulatory regime for the UK if this is required.

[2] https://www.theguardian.com/society/2017/sep/21/almost-10000-eu-health-workers-have-quit-the-nhs-since-brexit-vote

If the UK Government's preferred outcome of agreement on a close working relationship is realised, a transition period may be unnecessary.

However, a situation where the EU and UK fail to agree an agreement on future cooperation between these agencies, and/or where additional barrier between cooperation such as barriers for trade in medical goods or services would require a significant transition period in order to fully mitigate against short and medium term challenges, and to allow for development of long-term strategies to ensure that the needs of patients, our health service and industry are able to thrive.

Funding for research

The Scottish life sciences sector currently employs 37,000 people across some 700 organisations. Companies in the sector contribute more than £4.2bn turnover and about £2bn gross value added to the Scottish economy, and the sector is growing at around 6% per annum.

The life sciences sector in Scotland is distinct from the UK sector, in that the sector has noted that Medtech/diagnostics companies comprise nearly half of the sector in Scotland, and pharmaceuticals about 5%.[3] In this context, any future deal or strategy for the UK's life sciences sector should take into consideration the make-up of the industry in each part of the UK.

We agree with the Life Sciences Scotland Industry Leadership Group that the main areas that need to be addressed in relation to this sector are:

- **Regulation** – UK life sciences regulation should not diverge from EU regulation and we should continue to see continued cooperation with the European Medicines Agency
- **Trade and Supply** – Ease of movement of our goods and supplies needs to continue tariff free and there needs to be minimal customs procedures to allow quick and efficient distribution of our products across the EU. As a minimum there needs to be continued mutual recognition for testing and release between the UK/EU & EU MRA Partners to ensure security of supply to patients·
- **Access to talent** – any future immigration rules should be set to encourage and facilitate highly skilled workers to continue to come to Scotland and the UK to carry out research
- **Maintaining R&D** - the EU currently supports a high level of life sciences research in Scotland and the UK. In order for this sector to continue to flourish, the level of this funding must be at least maintained as the UK leaves the EU.

Cross-border care

The College welcomes the agreement reached between the UK and EU last year that citizens who live in another EU country on the day the UK leaves will be still be eligible for the same healthcare as citizens and will still be able to use the EHIC scheme when visiting another EU country.

We remain concerned that no agreement has been reached on whether EHIC would be available to those who travel to, or go to live in, another EU country after the UK has left the bloc.

[3] https://www.med-technews.com/news/life-sciences-scotland-brexit/

This agreement is particular concern to the significant number of patients in the UK with conditions such as kidney disease, who require access to regular dialysis services in order to be able to travel abroad.

European Centre for Disease Prevention and Control (ECDC)

The European Centre for Disease Prevention and Control (ECDC) operates systems for the early warning of communicable diseases amongst its members. This is a vital service, which allows rapid sharing of information and technical expertise in response to potential pandemics, communicable diseases and other cross-border health threats, including pan-European responses to the H1N1 'swine flu' pandemic and efforts to tackle anti-microbial resistance.

The College believes that the interests of Scotland and the UK are best served by maintaining close links with the ECDC after we leave the EU.

**2) How could the potential benefits of Brexit for health and social care in Scotland be realised?**

On balance, the Royal College of Physicians and Surgeons of Glasgow is concerned that there currently remain more challenges than benefits to health and social care in Scotland following our decision to leave the EU. This view is substantiated by the position of the UK Government, whose main aims are to maintain and protect the current position of the sector following Brexit.

Notwithstanding this position, there would be significant benefits to health and social care in Scotland if the financial benefits of leaving the EU, as outlined by the official leave campaign in the referendum, were realised, and then re-deployed within the wider NHS. Such an increase in funding would amount to an increase of approximately 10 percent in Scotland on this years' funding settlement.

While EU legislation has had a significant and positive impact in some areas of public health, such as air quality, Scotland and the UK currently leads the way in Europe in a number of areas, including the introduction of standardised packaging for tobacco and through the introduction of Minimum Unit Pricing for alcohol.

While the UK Government has yet to set out its strategy for maintaining or strengthening public health measures after, we agree with the Faculty of Public Health that there are circumstances where Brexit may provide an opportunity for improving public health:

> *If the political vision and political will both existed, the UK would be free to take bolder or faster action in favour of public health (when not constrained by the readiness of other countries).*[4]

Implementing an immigration system which is designed to support the evolving needs of the health and social care sector and to encourage the brightest and best research talent to contribute to the growth of the life sciences sector would provide a significant benefit to Scotland.

[4] http://www.fph.org.uk/remaining_in_eu_best_option_for_everyone's_health_and_wellbeing

**3) In what ways could future trade agreements impact on health and social care in Scotland?**

There are a number of ways in which any future trade agreements with the EU or other countries could impact on health and social care in Scotland.

The College notes the significant public concern around the potential implications of the Transatlantic Trade and Investment Partnership (TTIP) on the NHS and other public services. The College agrees with the findings of the Scottish Parliament's European and External Relations Committee inquiry on this issue, published in 2015, which stated:

> *The protection of public services in Scotland, particularly NHS Scotland, was a key concern of those giving evidence to the Committee. The Committee heard from the UK Government and the European Commission that public and health services were not at risk from the agreement. However, we remain concerned about the definitions of public services and whether the reservations contained in the final agreement would protect the full range of public services that are delivered in Scotland.*[5]

Such issues should be explicitly addressed in any future trade deals.

The College believes that the imposition of trade barriers, including non-tariff barriers, has the potential to have an adverse impact on Scotland's health and social care sector, and so should be avoided whenever possible in any future deal.

The College remains concerned that in circumstances where no trade deal is agreed between the UK and UK following Brexit, the UK would be forced to fall back on World Trade Organization rules. Such a move would mean that specific tariffs being imposed on some goods and services, including healthcare goods and services. We would be concerned that such a situation would increase pressures on the NHS and social care sector by increasing the cost of goods and services, and in impacting on supply, including of drugs and medical treatments.

**4) The Joint Ministerial Committee (EU Negotiations) has agreed a definition and principles to shape discussions within the UK on common frameworks including enabling the functioning of the UK internal market. What implications might this have for health and social care in Scotland and what are your views on how these common frameworks are agreed and governed?**

The College believes that any future changes in this area should respect the devolution settlement in respect to the Scottish Parliament, and should protect the current responsibilities that the Scottish Parliament has to legislate for the health and social care sector in Scotland.

We acknowledge that the principles published in October 2016 underpinning any future frameworks include the important agreements that:

> *Frameworks will respect the devolution settlements and the democratic accountability of the devolved legislatures, and will therefore:*
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> - *be based on established conventions and practices, including that the competence of the devolved institutions will not normally be adjusted without their consent;*

[5] http://www.parliament.scot/parliamentarybusiness/CurrentCommittees/87794.aspx#key

- *maintain, as a minimum, equivalent flexibility for tailoring policies to the specific needs of each territory as is afforded by current EU rules;*
- *lead to a significant increase in decision-making powers for the devolved administrations.*

The College supports these principles as the best means to support the continued development of the health and social care sector in Scotland.