SECURING A HEALTHY BREXIT DEAL

ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF GLASGOW

BACKGROUND

The Royal College of Physicians and Surgeons of Glasgow was established in 1599 with the core aim of improving the lives of people in need through improving standards of medical and surgical care.

It was then, and remains today, the only Royal College in the UK that brings together physicians, surgeons and other health professionals. Working together as one College, with care and compassion, we ensure our membership community are able to deliver the best outcomes for their patients and inspire the next generation of healthcare professionals.

INTRODUCTION

The Royal College of Physicians and Surgeons of Glasgow believe that Brexit is one of the greatest strategic issues facing the health sector across the UK.

We believe that a successful Brexit process would deliver the following outcomes for patients, clinicians and the wider NHS:

- The current standards of service and care provided to NHS patients will be maintained
- That all NHS staff are valued and supported no matter where in the world they come from, and that current workforce challenges are not adversely effected by any future changes to immigration rules or processes
- The UK would remain a world leader in medical innovation, and that new products, treatments and services should be able to be introduced into the UK market without any disadvantage to patients
- The UK's positon as a world leader in medical research is maintained
- Standards for public health are maintained during and after the Brexit negotiations.

We are, however, 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.

Now that talks between the UK and EU have moved to the critical stage, it is imperative that the UK Government constructively engages with the EU to build towards a mutually beneficial Post-Brexit deal.

If we reach a situation where no agreement is reached with the EU on our future relationship, or that this new relationship fails to facilitate the high standards patients expect from their NHS, this would have an adverse impact on patients in a number of ways.

This report sets out the views of the College on a number of the key aspects of Brexit, and makes a number of recommendations which, if adopted, would protect the best interests of patients, the NHS and its staff across the UK.

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

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BREXIT AND THE NHS WORKFORCE

The NHS in England, Northern Ireland, Scotland and Wales are all reliant on doctors from outside the UK.

Around 10% of all doctors in NHS England are from outside of the UK. 12.5% of all staff , around 139,000 in total, report a non-British nationality.. Between them, these staff hold 200 different non-British nationalities. Around 62,000 are nationals of other EU countries - 5.6% of NHS staff in England. Around 47,000 staff are Asian nationals.

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 not only work as doctors and nurses, but they also work in lower paid roles within the NHS and social care sector, including as 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 migrants from the European Economic Area (EEA) 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.***

The lack of data on the nationality of NHS workers inhibits effective workforce planning and remains a significant barrier in developing an effective migration policy before the UK exits the EU. This issue should be addressed as a matter of priority.

External reports 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.

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]

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

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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.

This issue is exacerbated by the current well-documented staff shortages in several parts of the health service.

1 **Recommendation 1:**
Applications from NHS staff to receive "Settled Status" should be expedited and prioritised for action when this process is established. The cost of this process should be met by government rather than individuals who are currently employed in the NHS.

2 **Recommendation 2:**
Future immigration rules should be set with a stated aim of maintaining and augmenting the work of the health and social care sector across the UK. This should include regular reviews of the Tier 2 Shortage Occupation Lists to ensure that specific staff shortages in the NHS are able to be addressed through this route, and that our medical research and pharmaceutical sectors also retain access to the best staff wherever they may come from.

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

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REGULATION & ACCESS TO MEDICINES

3

Recommendation 3:
The College believes that the best possible framework for future regulation of medicine lies in ongoing cooperation and partnership between the Medicines and Healthcare products Regulatory Agency (MHRA) and the European Medicines Agency (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 yet been fully discussed as part of the Brexit negotiations, this may reduce the time available to plan and effectively deliver a new standalone regulatory regime for the UK if this is required.

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

A significant transition period may be required if the EU and UK fail to agree on future cooperation between these agencies, or additional barriers between cooperation such as barriers for trade in medical goods or services are imposed in future. This transition period would be necessary 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.

4

Recommendation 4:
The UK Government should agree a sufficient transitional period following the current negotiation process to allow for the development of robust, deliverable regulatory processes which do not disadvantage patients in the UK.

FUNDING FOR RESEARCH

In addition to its vital work in helping people to live longer and more productive lives, the UK life sciences sector comprises of over 5000 companies with a combined annual turnover of around £70 billion. In Scotland alone, the sector currently employs 37,000 people across some 700 organisations.

5

Recommendation 5:
In order for the medical research sector to continue to flourish, and the best interests of patients protected, government should guarantee that the current level of funding available to this sector 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 the EU will still be eligible for the same healthcare as citizens and will still be able to use the European Health Insurance Card (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.

This agreement is of 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 among 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.

6

Recommendation 6:
The College believes that the interests of public health are best served by maintaining close working links with the ECDC after we leave the EU.

THE IMPACT OF FUTURE TRADE AGREEMENTS ON HEALTH AND SOCIAL CARE

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 across the UK.

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.***[4]

7

Recommendation 7:
Future trade deals agreed by the UK government should explicitly address issues relating to the definition of public services in order to provide explicit protection to the NHS from unintended consequences.

4. http://www.parliament.scot/parliamentarybusiness/CurrentCommittees/87794.aspx#key

The College remains concerned that in circumstances where no trade deal is agreed between the UK and EU 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 are 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.

8 **Recommendation 8:**
The College believes that the imposition of trade barriers, including non-tariff barriers, on medical goods and services has the potential to have an adverse impact on the UK's health and social care sector, and so should be avoided whenever possible in any future deal.

NORTHERN IRELAND

Northern Ireland and the Republic of Ireland currently have a close working relationship around the delivery of health care. This close relationship is essential to the delivery of many vital services.

9 **Recommendation 9:**
The UK and EU should agree to ensure continued close collaboration between Northern Ireland and the Republic of Ireland's healthcare systems to the benefit of patients, staff and health services.

PUBLIC HEALTH

The College is a signatory to the #DoNoHarm Campaign, co-ordinated by the Faculty of Public Health. The campaign aims to amend the EU Withdrawal Bill to explicitly guarantee and protect the health of future generations as we leave the EU.

The College sees this as a critical issue.

10 **Recommendation 10:**
Standards for public health should be maintained during and after the Brexit negotiations.

RECOMMENDATIONS SUMMARY

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