



Inquiry Submission

Health Select Committee: Impact of a no deal Brexit on health and social care inquiry

1. Summary of key points

- 1.1 National Voices is a member of the Brexit Health Alliance, and we support their submission to this Inquiry.
- 1.2 Since the 'impact' of a no deal withdrawal from the EU cannot be quantified, we prefer to talk about 'risks'. The Brexit Health Alliance has, previously and in its current submission, identified the key risks to the health and care of patients and the public.
- 1.3 National Voices' members have also asked us to highlight the risk to workforce supply, as one of their biggest anxieties, and as potentially affecting both healthcare and social care.
- 1.4 Talking publicly about the risks in itself may create adverse impacts. However, as we are now moving into the end stage before EU exit, it is important that the government explains how it will actively monitor the risks and their potential impacts both before and after withdrawal.
- 1.5 It is also time to recognise that public uncertainty and anxiety in themselves constitute a potential risk, which may lead to behaviours and decisions that have significant feedback effects on the health and care system and on the supply of medicines and other goods.
- 1.6 The committee may wish to question the government and other relevant authorities on their plans and arrangements to create clear, reliable and up to date public information channels and materials; to resource the various sector associations and leaders to manage information for their constituencies; and to receive accurate and

timely intelligence on the uncertainties and anxieties affecting groups and organisations in the health and care sectors.

2. About National Voices

- 2.1. National Voices is the coalition of national health and care charities that stands for people being in control of their health and care. It has 160 charity members, and its mission is to achieve person centred care. An important part of its work is to represent the views and contributions of the voluntary and community sector in health and care policy.
- 2.2. National Voices is a member of the Brexit Health Alliance, which ensures that those who use health services, healthcare commissioners and providers, educators, researchers, the healthcare industry and those working to improve population health and wellbeing and to reduce inequalities in health can have a strong, collective, evidence-based voice as the formal process of leaving the EU gets underway

“The likely impact of a no-deal Brexit on the health and social care system”

3. Identifying Risks

- 3.1. The Brexit Health Alliance has identified a set of risks to patients, and made matching requests (‘asks’) for action to mitigate these risks. The four areas of risk described in the Alliance’s submission to this Inquiry, and in greater detail elsewhere, are:
 - 3.1.1. Collaboration for research and innovation
 - 3.1.2. Regulatory alignment for the benefit of patients and population health
 - 3.1.3. Reciprocal healthcare arrangements
 - 3.1.4. Coordination mechanisms for public health and wellbeing
- 3.2. In addition, National Voices has been asked by member charities to highlight the risk of workforce shortages. For many patients, service users and carers – and the organisations working with them –

workforce shortages are one of the biggest and most threatening risks of a no deal Brexit.

3.3. For example, Carers UK told us:

'We are concerned about the future of the health and particularly social care workforce and the impact that any no-deal might present for the supply of the social care workforce in particular. Families and friends who provide unpaid care, rely just as much on the care provided by the care workforce to support people needing care. Already unpaid carers struggle to receive the support that they need to remain health and well, to be connected and not isolated, to be able to juggle paid work with unpaid caring for someone with a disability or illness. Around 1 in 7 carers in Carers UK's State of Caring survey has seen a cut to their support even though the person they care for needs' have increased or stayed the same.'

Age UK has expressed similar concerns.

4. Public awareness of the risks

4.1. The Brexit Health Alliance and its constituent members have forcefully and insistently raised concerns about the risks with politicians and civil servants both in the UK and the EU. At the same time we have attempted to act responsibly in relation to public communication. We have aimed to inform the public discourse with a series of mini-campaigns; but have carefully avoided painting alarming scenarios of the things that might transpire if these risks materialise.

4.2. However, the UK is now approaching the end game on withdrawal – with or without a deal. In this period, public and patient awareness and perceptions of the risks to health and care may in themselves become material factors that affect the health and care sector and public policy.

4.3. For example, if people fear running short of their essential medication they may start taking their own actions to mitigate the risk, for example by trying to make personal stockpiles. This could affect pharmacies, pharmaceutical suppliers, manufacturers, and in turn NHS organisations whose supplies might be influenced.

4.4. As another example, if EU citizens in the UK health and care workforce develop the perception that things are going to get worse, either for

themselves personally or for the service they work in, they may make decisions about their future work and residency that could affect workforce supply.

4.5. There is the potential for these 'feedback' effects to arise rapidly and unpredictably.

4.6. Thus public awareness and perception should now also be identified as one of the significant risks in relation to a 'no deal' withdrawal.

“Potential risk to patient care of any disruption to the supply from the EU-27 to the UK of medicines, medical devices or substances of human origin”

5. 'Immediate and damaging'

5.1. These risks are discussed both in the Brexit Health Alliance submission to this Inquiry, and in that of the Association of Medical Research Charities. The AMRC is a fellow member of the BHA, and many of its members are also members of National Voices.

5.2. The AMRC makes clear that a 'no deal' withdrawal would have immediate, damaging impacts on patient access to treatments and on medical research.

“How effectively stakeholders are planning for the possibility of a no-deal Brexit”

6. Voluntary Sector actions and response

6.1. Voluntary sector organisations can be a significant source of information, advice and support to patients, service users and carers. The provision of fact sheets, information helplines and online information is a common function of most of our member organisations.

- 6.2. National Voices members are beginning to experience a rise in the number of enquiries from the patients, service users - and clinicians - with whom they work, seeking information on issues such as the future supply of medicines.
- 6.3. Members tell us that they are not finding it easy to manage such enquiries in a general context of uncertainty. They are trying to take preparatory action to arm themselves with the best information and knowledge, but this is far from easy to do. Brexit-related information is subject to sudden and confusing political events and changes; and is often abstruse and hidden in highly technical discussion in the political, legal, policy and industrial spheres. For example, it is difficult to absorb and understand the detail of the government's technical notices; and to assess their relevance to particular patient groups.
- 6.4. As an illustration of these challenges, our member Diabetes UK has been seeking to become fully informed about the realities of medicines supply, in particular in relation to insulin. They are providing a submission to this Inquiry that shows the difficulty of obtaining clear information; and therefore of being able to inform the many thousands of people with diabetes who may turn to them for help - as well as those including their own staff, and associated clinicians, who work with diabetes patients.
- 6.5. As with patient and service user-facing charities among our membership, so the industry associations, professional leadership bodies, NHS suppliers, NHS managers and other groupings and networks in the sector will now be looking at strategies and preparedness for managing information to their constituencies.

“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”.

7. Public Information

- 7.1. In a context of great uncertainty, public information may not always be able to be reassuring. But it can always aim to be clear about scenarios, risks, mitigating actions that have been taken, how to find out more, and where to get advice.

7.2. It would therefore be timely and constructive for the committee to question the government and other authorities about their plans and arrangements to:

- 7.2.1. create clear, reliable up to date and proactive public information channels and materials in relation to the health and care impacts of EU withdrawal;
- 7.2.2. resource and assist relevant associations (industry, NHS, professional and patient/service user) to handle enquiries and concerns from their constituencies;
- 7.2.3. receive and respond rapidly to accurate and timely intelligence on the uncertainties and anxieties affecting groups and organisations in the health and care sectors.

Contact

National Voices thanks the Health Committee for the opportunity to submit our thoughts on this inquiry.

Please contact National Voices' Policy Director, Don Redding, if any further clarification is required on the contents of this submission. His email is don.redding@nationalvoices.org.uk.