

MP Briefing: Brexit

Rule out a 'no deal' withdrawal to prevent unacceptable and avoidable risks to health, care and patient safety

Summary

National Voices is the coalition of 140 health and care charities in England, bringing the voice of patients, service users and carers to bear on national policy.

After working with partners on the implications of EU withdrawal for health and care over the last 18 months, and based on information from members who work with patients, service users, and the NHS and social care systems, **National Voices is now calling on the UK government, working with parliament, to exclude the option of leaving the EU without an agreement.**

The UK will fall outside cooperative and harmonised arrangements for: reciprocal healthcare; research collaboration, clinical trials, and treatment for rare diseases; medicines licensing and regulation; and public health surveillance. These arrangements currently provide a benefit to patients, and we have not been reassured that an alternative set of arrangements will be available after leaving the EU.

We believe that leaving the EU without suitable alternatives in place makes the risks to health, care and patient safety greater, and more likely to have serious and lasting impacts.

Withdrawing without a deal also adds new risks: the risk of disruption to supplies, including medicines and other essentials for people's health; and the risk that workforce recruitment for both social care and health will be seriously hampered.

Various routes remain open to government and parliament to avoid this scenario and we urge politicians to come together to avoid the damage that withdrawal without a deal could cause.

Background: our work on Brexit

National Voices is a member of the [Brexit Health Alliance](#) (BHA).

Coordinated by the NHS Confederation, this group has representation from:

- the NHS system,
- the medical profession,
- patient and service user charities,
- the healthcare industries;
- the Faculty of Public Health; and
- research universities.

The BHA has played a responsible role in identifying the risks from withdrawal, in the absence of alternative arrangements; setting out 'asks' for action to mitigate them; and working with civil servants, ministers, the European Commission, stakeholders including patient groups across Europe and the media to create awareness of them.

National Voices' members have engaged in this work by providing real-world case studies of what matters to people using services, briefing the media and helping to inform parliamentary committees.

While arguing its case, the BHA has been careful not to take any position pro- or anti-Brexit¹, nor to create alarmist predictions of the 'worst case' scenarios that might arise.

BHA members are working with the government on contingency plans for a 'no deal' withdrawal.

¹ Only one medical body has taken a position opposing Brexit: the British Medical Association, which is a union of individual doctors, based on a vote of its members. A BMA briefing focusing on the dangers of a 'no deal' withdrawal is here: <https://www.bma.org.uk/collective-voice/influence/europe/brexit/bma-brexit-briefings/a-health-service-under-threat-the-dangers-of-a-no-deal-brexit>

The key risks to health and care from leaving the EU

The BHA identified five key areas of risk from the UK withdrawing from the EU (in any scenario), and set out [five corresponding 'asks'](#).

The risks are:

- *Reciprocal healthcare* – the risk is that UK citizens travelling, working or living in EU countries will lose their rights to have easy access to healthcare on a prior agreed basis;
- *Regulation of medicines and devices* – the risk is that the UK will fall outside harmonised arrangements via the [European Medicines Agency](#), that enable medicines to be authorised and prescribed effectively across European markets; UK patients to have fast access to new treatments developed elsewhere; treatments developed here to be licensed in Europe; and medicine safety to be supervised across the common market;
- *Research* – the risk is that the UK will be excluded from collaborations in healthcare research, including but not only research into new treatments, as well as collaboration on strategies and treatment for people with rare diseases;
- *Public health and preventing disease* – the risk is that the UK will be excluded from pan-European arrangements to detect, identify and share data on developing threats to public health, including pandemics;
- *Funding* – the risk is that the loss of access to EU funding arrangements will impact on the amount available to fund health and social care.

In-depth [briefings](#) on the first four topics are available on the BHA website.

There is also a sixth sizeable risk to both healthcare and social care – the risk that withdrawal will reduce the available *workforce* to provide people's care, treatment and support. Although the BHA does not work on this issue (because its sister organisation, the [Cavendish Coalition](#), is campaigning on this area) we know it is a major concern for some of our member organisations, especially those working in social care.

Health in the negotiations

We recognise that the government has taken cognisance of the risks identified, and has made some of its own intentions known, for example by committing to replicate reciprocal healthcare arrangements, and seeking associate membership of the European Medicines Agency.

However, these commitments would require EU reciprocation, which has not been forthcoming.

The two years of negotiations for the withdrawal deal have *not* included negotiating arrangements in relation to health or healthcare. Therefore we are in effect *no nearer to knowing* how matters such as the future regulation of medicines will be managed.

European institutions that are relevant to our six areas of risk gave a consistent message to UK stakeholders during the negotiations – that is, that they could not separately, and outside the main negotiations, engage in speculative talks about future collaboration. This means that no groundwork has been done as to how UK stakeholders might engage in the future with research collaborations, medicines authorisation, patient safety, or public health.

If a 'deal' were accepted by the UK and European parliaments, the 'transition period' would preserve existing arrangements up to the end of December 2020.

For that period, some of the identified risks would be mitigated. For example, 'citizens' rights' would still be protected, meaning that existing arrangements for reciprocal healthcare would apply.

It would also buy time for negotiating new forms of membership of the EU institutions and collaborations (though these would probably be dependent on an overall agreement on future relations).

Without a deal, membership of the institutions and collaborations will cease and any new arrangements will have to be negotiated with the EU collectively (e.g. for medicines licensing) or with individual countries bilaterally (e.g. for reciprocal healthcare).

National Voices cannot predict how likely the identified risks are to materialise; nor predict the degree of impact on people if they do.

What we can say for sure is that *the likelihood of these risks occurring is significantly greater under a 'no deal' scenario.*

This graphic from the BHA gives some [examples](#) of this.

Brexit and health: What's at risk in the event of a no-deal?



Research and innovation

The prospect of a no-deal is already having an impact on pharmaceutical research. Medical research firm Recardio has suspended all UK activities due to uncertainty about how new medicines will be approved after Brexit. The 114 NHS trusts currently involved in European Reference Networks, will be excluded.

Regulation

Patients in the UK could face additional delays in accessing new medicines, as the Swiss model has shown. It is estimated that as a smaller market, Switzerland gains access to new medicines 157 days later on average than the EU.

Medical supply chains

Trade between the UK and the EU is substantial, delivering medicines and medical devices to patients across Europe. For medicines, 45 million patient packs go to the EU from the UK every month, and 37 million patient packs go from the EU to the UK. Medical supply chains could be affected in the instance of a no-deal.

Reciprocal healthcare

Reciprocal healthcare agreements will end. 190,000 UK pensioners living in the EU currently have the right to receive healthcare in the member state in which they reside. In the event of a no-deal, there could be an impact on NHS services if some people decided to return to the UK for treatment.

Public health and disease prevention

If the UK no longer had a relationship with the European Centre for Disease Prevention and Control, both UK and European health protection will be weakened due to a reduction in information exchange.



For further information about the work of the Brexit Health Alliance, please visit www.nhsconfed.org/brexithealthalliance

EU citizens are likely to feel less confident in moving to work in the UK (and this may be compounded by new barriers in UK immigration policy), thus restricting the workforce supply for both healthcare and social care.

The supply of goods in the immediate aftermath of a 'no deal' withdrawal is a *seventh risk*. Interruptions and new barriers to cross border movement could significantly disrupt the multinational supply chain for the *manufacture* of goods related to healthcare, including pharmaceuticals and medical devices; and simultaneously disrupt the *supply* of these products to the NHS, pharmacies and patients in the UK.

This could put at risk people's access to medicines, devices and other products which are essential to their health, to management of existing conditions and even to life.

Contingency planning

We recognise that the government and partners, including members of the Brexit Health Alliance, have taken a number of actions to prepare for withdrawal.

The government's contingency plans for a 'no deal' withdrawal have included:

- Detailed arrangements with industry and suppliers to stockpile six weeks' worth of essential products;
- Measures to increase capacity at minor ports in case essential products are delayed on the main routes;
- A statutory instrument to change medicines legislation to allow the future creation of 'serious shortage protocols', permitting pharmacists to offer people alternative or substitute medications;
- The Healthcare (International Arrangements) Bill 2017-19, which establishes the legal basis for the Secretary of State for Health and Social Care to fund and implement reciprocal healthcare schemes and share necessary data after the UK leaves the EU.

The Department of Health and Social Care's guidance to the health and care systems on preparing for 'no deal' withdrawal is [here](#).

Consultation with our members suggests that both they, and the patients, service users and carers with whom they work, are uncertain about the extent to which these actions and the contingency plans can be relied upon.

Collectively, we consider that risks such as interruptions to the supply of vital medicines; a further reduction in care workforces; lack of intelligence sharing on public health threats; and the removal of reciprocal healthcare access, are not acceptable, and can be avoided by political action.

There is a strong possibility that leaving the EU without an agreement could cause harm to patients, carers and service users, and as a coalition of service user organisations it is our responsibility to call for these risks to be removed.

Notes

National Voices is the coalition of charities that stands for people being in control of their health and care. It has around 140 full members which are charities working in health and social care in England. Our recent submission to the House of Commons Health Select Committee on the health impact of a no deal Brexit on health and social care is [here](#).

For further information:

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