



How Brexit will affect healthcare

A quick check-up

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MEP

How Brexit will affect the NHS: a quick check-up

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Objective

This short briefing outlines challenges that the NHS is likely to face if the UK leaves the EU and the opportunities for the NHS if Brexit is stopped.

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Key findings:

- There is potential for a staffing crisis, suggested by the loss of 4067 EU nurses and midwives between October 2016 and September 2017.
- The Nuffield Trust estimate that drug costs to the NHS will increase by £2.3 billion per year. This could pay for 69,000 nurses or 2,600 MRI scanners.
- There is a risk of losing free health care in some EU countries for the 27 million British citizens with European Health Insurance Cards.

- There is a threat of losing funding for scientific and medical research: between 2007 and 2013 the UK received €8.8 billion for research, development and innovation activities while contributing only €5.4 billion.

1. Doctors & nurses:

- 1.1. The NHS relies heavily on EU nationals to work in hospitals, GP surgeries and as paramedics. Over one in 20 (5.6%) of the entire NHS workforce in England is from the EU27¹.
- 1.2. Since the 2016 referendum the NHS has lost EU staff. This has been driven by factors including falling value of salaries based on GBP, a feeling of unwelcomeness and anxiety about future rights to live and work in the UK.
- 1.3. Between October 2016 and September 2017, 4067 EU nurses and midwives left the Nursing and Midwifery Council register².
- 1.4. In 2017 the number of EU nationals leaving the NHS increased by 14% and the number of nurses and midwives from the EEA registering with the NMC fell by 91% in the year after the referendum³.
- 1.5. Some new NHS staff have continued to arrive from the EU but fewer than before the Brexit process began. EU nurses accounted for 19% of NHS recruits in 2015/16 which fell to just 8% in 2017/18⁴.

2. European Health Insurance Card (EHIC) & UK citizens living in the EU:

- 2.1. The EU covers healthcare of EU citizens away from their home state via the European Health Insurance Card (EHIC) which allows citizens to access state-funded healthcare in the EU. This is important to Britons living in the EU27 and when travelling on holiday or for business. It is inevitable that travel insurance would be considerably more expensive without access to the EHIC.
- 2.2. A no-deal Brexit would mean that UK nationals will no longer be eligible to access state-funded healthcare in EU member states.

¹ Catherine Barnard et al. "Cost of No Deal Revisited", The UK in a Changing Europe, September 3, 2018.

<https://ukandeu.ac.uk/research-papers/cost-of-no-deal-revisited/>

² Nursing and Midwifery Council, "The NMC register", September 30, 2017.

<https://www.nmc.org.uk/globalassets/sitedocuments/other-publications/the-nmc-register-30-september-2017.pdf>

³ <https://fullfact.org/health/eu-staff-nhs-what-has-happened-referendum/>

⁴ Ibid.

- 2.3. UK citizens living in the EU have been advised by the NHS to review access to healthcare. The NHS have said: “there may be a gap or permanent change in how you access healthcare if there’s a no-deal Brexit and no arrangements in place”⁵.
- 2.4. Healthcare arrangements after Brexit are being negotiated bilaterally between the government and member states, thus the specific arrangements will likely vary in different EU countries and may change over time. This will place a new burden of uncertainty on British people.
- 2.5. Around 27 million British people currently have an EHIC card⁶.

3. Medicines & radioisotope supply:

- 3.1. No-deal will cause the delay of access to medical supplies used in treatment due to extended delays expected at the UK’s major ports. The EU is an important source of certain medical supplies as the UK imports 37 million packs of medicine every month from the EU⁷.
- 3.2. On 29 August 2019, twelve organisations representing health professionals including the BMA and RCN signed a joint statement warning that a no-deal Brexit could “devastate the NHS”. Their statement notes that “many medicines, including life-saving agents for cancer diagnosis and therapy, cannot be stockpiled and for those that can, stockpiles could run out”⁸.
- 3.3. The Royal College of Radiologists has said there are concerns over the government’s contingency planning for hospital use of short half-life products, including the need to import appropriate supplies and purchase larger sizes of technetium generators for medical scans.
- 3.4. In the event of no-deal, suppliers will have to include new customs declarations accompanying inbound isotopes for cancer treatments. Not only will this increase costs, there is the risk that vital treatments will be delayed at the channel ports⁹.

⁵ “Planning your healthcare abroad”, *National Health Service (NHS)*, September 23, 2019. <https://www.nhs.uk/using-the-nhs/healthcare-abroad/moving-abroad/planning-your-healthcare/>

⁶ Jonathon Holmes, Beccy Baird & Helen McKenna, “Brexit: the implications for health and social care”, October 21, 2019. <https://www.kingsfund.org.uk/publications/articles/brexit-implications-health-social-care#accessing-treatment>

⁷ Francesco Guarascio, “No-deal Brexit could deepen Europe’s shortage of medicines”, Reuters, August 12 2019. <https://uk.reuters.com/article/uk-britain-eu-medicines/no-deal-brexit-could-deepen-europes-shortage-of-medicinesexperts-idUKKCN1V20FQ>

⁸ TUC, “No-deal Brexit could ‘devastate the NHS’, health union leaders warn”, August 29 2019. <https://www.tuc.org.uk/news/no-deal-brexit-could-devastate-nhs-health-union-leaders-warn>

⁹ “Medicines and radioisotope supply in the event of a no-deal Brexit”, *The Royal College of Radiologists*, February 26, 2019. <https://www.rcr.ac.uk/posts/medicines-and-radioisotope-supply-event-no-deal-brexit>

3.5. The Nuffield Trust estimate that drugs costs to the NHS will increase by £2.3 billion per year¹⁰. This is a shocking new cost that the NHS can ill-afford. This could pay for 69,000 nurses or 2,600 MRI scanners.

3.6. Health sector policy experts *The King's Fund* have said:

“Around **three-quarters of the medicines and more than half of the devices** that the NHS uses come into the United Kingdom via the European Union. The government has asked suppliers of medical goods to build up at least six weeks of extra stocks above usual levels, as government plans show that in the event of a no-deal Brexit there is likely to **be significant disruption to cross-channel import routes for up to six months**”¹¹.

4. Medical treatment across borders:

4.1. EU citizens have the right to access healthcare in any EU country and to be reimbursed for care abroad by their home country. This means that while we are EU members, UK patients can travel to another EU state to get quicker or better treatment.

4.2. For UK citizens, there are two options for receiving medical treatment abroad: the S2 route and the EU directive on cross-border healthcare.

4.3. The S2 route is a direct funding arrangement between the NHS and the state healthcare provider in the country of the patient's choice to receive treatment¹².

4.4. The EU directive on cross-border healthcare is a funding arrangement between the patient and the NHS. Using this route means the patient pays for the cost of the treatment and then claims eligible costs from the NHS on returning to the UK¹³.

4.5. Both arrangements will end if there's a no-deal Brexit and will depend on arrangements with individual member states that have not yet been made and may never be made.

¹⁰ Richard Murray, Nigel Edwards & Jennifer Dixon, “The impact of a no deal Brexit on health and care: an open letter to MPs”, September 3, 2019. <https://www.kingsfund.org.uk/publications/no-deal-brexit>

¹¹ Jonathon Holmes, Beccy Baird & Helen McKenna, “Brexit: the implications for health and social care”, October 21, 2019. <https://www.kingsfund.org.uk/publications/articles/brexit-implications-health-social-care#accessing-treatment>

¹² “Going abroad for medical treatment”, *National Health Service (NHS)*, August 28, 2019. <https://www.nhs.uk/using-the-nhs/healthcare-abroad/going-abroad-for-treatment/going-abroad-for-medical-treatment/>

¹³ “Going abroad for medical treatment”, *National Health Service (NHS)*, August 28, 2019. <https://www.nhs.uk/using-the-nhs/healthcare-abroad/going-abroad-for-treatment/going-abroad-for-medical-treatment/>

5. NHS for sale after Brexit:

- 5.1. The US under President Donald Trump has said that a post-Brexit trade deal with the UK should include American firms being permitted to bid for NHS contracts¹⁴.
- 5.2. As part of trade negotiations between the UK and US, it has been reported that 'drug pricing' and medicine 'price caps' have been discussed in six initial meetings¹⁵. This could potentially increase the costs of providing NHS services.

6. Medical data privacy:

- 6.1. The EU's General Data Protection Regulation (GDPR) recognises "data concerning health" as a special category of data and thus specific protections are enforced¹⁶.
- 6.2. EU watchdogs, including the European Data Protection Supervisor, help to ensure that this information is treated appropriately and only used with the patient's consent. It remains unclear what systems, if any, will be in place for lawful exchange of data between UK and EU member state authorities and, therefore, whether patient data can be shared. This poses a further risk of disruption to cross-border access to treatment.
- 6.3. Outside of the EU, it is unknown if such information will receive the same protections or be available for US private firms to acquire.

7. Funding & legislation:

- 7.1. During the Third EU Health Programme (2014-2020), €449.4 million was allocated in funding for a range of health priority areas¹⁷.
- 7.2. The European Social Fund Plus (ESF+) programme on health aims to support and complement national health policies. The ESF+ objectives include:
 - Strengthen crisis-preparedness and response in the EU to protect citizens against cross-border health threats.

¹⁴ Lizzy Buchan, "Brexit: NHS could be 'on the table' as part of US trade deal, ambassador says", *The Independent*, June 2, 2019. <https://www.independent.co.uk/news/uk/politics/donald-trump-nhs-trade-deal-woody-johnson-matt-hancock-a8940861.html>

¹⁵ Paul Gallagher, "NHS bill for US drugs 'could soar under post-Brexit trade deal'", *iNews*, October 28, 2019. <https://inews.co.uk/news/health/nhs-drugs-cost-brexit-trade-deal-usa-820816>

¹⁶ "EU Health Programme", *European Commission*. https://ec.europa.eu/health/funding/programme_en

¹⁷ "EU Health Programme", *European Commission*. https://ec.europa.eu/health/funding/programme_en

- Strengthen health systems by supporting the digital transformation of health and care, the development of a sustainable EU health information system and the national reform processes for more effective, accessible and resilient health systems.
- Support EU legislation on public health (medicines, HTA, tobacco, cross-border care).
- Support integrated work implementation of best practices to support structural innovation in public health¹⁸.

7.3. Outside the EU, the UK will not be able to benefit from EU funding and programmes dedicated to improving health services in the Union such as ESF+.

8. Research

8.1. Academics, doctors and leaders in the pharmaceutical industry have expressed concern that if Brexit happens it will damage science and research in the UK. As *The King's Fund* has said:

“The United Kingdom has furthered its scientific research agenda through EU collaboration, as a result of access to European research talent and to important sources of funding. For example, between 2007 and 2013 the **UK received 8.8 billion euros for research, development and innovation activities while contributing only 5.4 billion euros to EU research and development**. NHS organisations benefit from a range of EU funding schemes including Horizon 2020 and the European Structural Investment Fund (ESIF). The government has set an ambition for the United Kingdom to be a world leader in life sciences and medical research, but this will require it to address the loss of EU funding for research and development and the benefit from the collaboration of researchers and scientists across the European Union”¹⁹.

8.2. Although *The King's Fund* has acknowledged that short-term research spending commitments will be met, there is uncertainty over the future:

“In the longer term, arrangements are unclear. However, the government has stated that it wishes to ‘establish an ambitious agreement on science and innovation that ensures the valuable research links between us continue to grow’. While it may be possible to continue to participate in some research programmes after the United Kingdom leaves the European Union (non-EU countries are able to participate in Horizon 2020 as associates or third countries, for example), it **is unlikely that projects in the United Kingdom would be eligible to receive EU funding and the United Kingdom would have limited influence over work programmes**.

¹⁸ “Health policies in the future EU budget (2021-2027)”, *European Commission*
https://ec.europa.eu/health/funding/future_health_budget_en

¹⁹ Jonathon Holmes, Beccy Baird & Helen McKenna, “Brexit: the implications for health and social care”, October 21, 2019. <https://www.kingsfund.org.uk/publications/articles/brexit-implications-health-social-care#accessing-treatment>

“Restrictions on the movement of researchers will have a significant effect on research, with about three-quarters of researchers having spent part of their career in a non-UK institution and more than 28 per cent of university academics currently from outside the United Kingdom.

“Clinical trials for new drugs are currently carried out at a national level but are subject to EU regulations, including registration of trials. Revised EU clinical trials regulations will not be in force in the European Union at the time that the United Kingdom exits the European Union and so will not be incorporated into UK law on exit day. The government expects to align, where possible, with these new regulations, subject to parliamentary approval. Any divergence between the United Kingdom and the European Union on the regulation of clinical research would have a number of consequences, including:

- an impact on the status of UK-based patients who are participating in multinational EU clinical trials
- recruitment issues for clinical trials, especially for rare diseases and paediatric medicine; if the United Kingdom becomes isolated it may be seen as a less attractive option for clinical trials recruitment
- an increased burden on researchers and clinical trials sponsors if two different systems operate in tandem in the European Union and the United Kingdom.

Regulations on the transfer of personal data for research (currently overseen through the EU General Data Protection Regulation (GDPR) will also be affected by the Brexit deal²⁰.

²⁰ Jonathon Holmes, Beccy Baird & Helen McKenna, “Brexit: the implications for health and social care”, October 21, 2019. <https://www.kingsfund.org.uk/publications/articles/brexit-implications-health-social-care#accessing-treatment>

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