

# Key Messages: Brexit and Health in Scotland Briefing Event

12 September 2018

Voluntary Health Scotland held a briefing event looking at the possible implications of Brexit on health, social care and the third sector in Scotland. Erin McGinley who previously worked for the Scottish Parliament's SPICe team and co-authored 'Leaving the EU – Implications for Health and Social Care' provided a full briefing on her report. The event also heard from Dr Neil Henery, Director of Camphill Scotland, Lindsay Paterson, Policy Manager at The Royal College of Physicians of Edinburgh, Craig Wilson, Public Affairs (Parliamentary) Officer at SCVO and Rob Murray, Head of Scotland for Changing Faces, who provided a range of third sector perspectives on Brexit and health.

The event was attended by an array of third and public sector organisations as well as service user groups.

**Erin McGinley, former Research Assistant at the Scottish Parliament Information Centre (SPICe) and now working for Audit Scotland**  
**Leaving the EU: Implications around - Workforce, reciprocal healthcare, new medicines, research and life sciences, the recognition of professional qualification and public health**

## **Negotiation**

- Less than 200 days away from leaving the EU however negotiations are still on going and there is a possibility of a no deal
- Discussions around the transition periods could mean that the UK could still have access to a number of EU agencies such as EURATOM and others until Dec 2020

## **Workforce**

- Immigration is not a devolved issue and lies out with the Scottish Government.
- Workforce shortages are already adding pressure on the NHS and the ageing population will increase pressures on existing workforce.
- Currently relying on staff from East Asia and EU to bridge some staff shortages in NHS. Any change to freedom of movement would create further difficulties in recruiting and retaining staff
- The Scottish Government population survey based on information from 7 NHS Boards estimates that there are approximately 12,000 non-UK EU nationals working in health and social care in Scotland.

- There is no data on EU social care staff in the third sector
- There are 1177 people working in the NHS in Scotland who graduated outside the UK
- The latest data showing the number of non-UK medical graduates joining and leaving the UK workforce shows that as of 2017 there was a net deficit in the UK.
- A British Medical Association survey shows that there has been an 89% drop in nurses from the EU.

### **Reciprocal healthcare**

- In 2015, EU member states claimed £674 million in reimbursement costs from the UK compared to £49.7 million claimed by the UK
- 190,000 UK pensioners accounted for around £500 million of the claims and of these pensioners were to return to the UK it is estimated to cost NHS England around £1 billion per year and would require 900 more hospital beds and 16000 additional nurses.
- People in Northern Ireland with heart conditions are treated in Dublin – if there is a hard border or no reciprocal healthcare than this can cause serious barriers to people's treatment.
- Around 27 million people UK citizens have a European Health Insurance Card (EHIC) and approximately 1% of those make a claim each year costing the UK £150 million
- If the EHIC no longer exists individuals may need to take out health insurance for EU travel and people with cancer or other pre-existing conditions will find travel in and around the EU difficult.

### **European Medicines Agency**

- The EMA approve medicines at a high level and these are then sent to the UK and Scotland for local level approval
- The EU accounts for a quarter of the worlds medicine sales whereas UK accounts for 3% globally
- Post-Brexit: EMA will move 900 jobs out of the UK and could result in the breakdown of the relationship between UK and EMA
  - The UK could remain a member of the EMA (however, there are currently no non – EEA members)
  - Negotiate a reciprocal agreement whereby EMA and UK respect each other's decisions
  - UK accept EMA decisions without reciprocity
  - UK carry out our own approvals
  - Develop other international agreements with Australia and Japan, however this would take a lot of time but could result in savings and new partnerships.

## **Access to Medicines**

- The UK government is starting to plan a six week stockpile of medicines. Nuffield Trust estimate the cost of stockpiling the medication will be over £120 billion and it is not clear whether the tax payer will bear the cost of the stockpile.
- Parallel Trade saves the UK around £100 billion per year. The UK is able to buy medication and medical devices at lower prices and pass the savings onto the NHS. Without parallel trade agreements the cost to NHS will increase.

## **Research**

- The UK is the highest beneficiary of EU research funding.
- Horizon 2020 contributed €420 million to health research in the UK since 2014 however there is already uncertainty around eligibility of UK institutions for future funding rounds of funding.
- It might be possible to remain members of Horizon 2020, however, it is unlikely as even Switzerland temporarily lost their membership when they removed a right to Freedom of Movement.

## **EURATOM**

- EURATOM regulates medical isotopes for use in the treatment of cancer.
- Withdrawal from EU will disrupt access to medical isotopes and the UK will not be able to produce them on our own until at least 2027.
- Even if the UK is able to develop a trade agreement the transport of medical isotopes could be impeded by the lack of other agreements which can cause delays in the delivery of the isotopes, which have to be used within 4 days of manufacture.

## **Public**

- Brexit could have some potential positive outcomes for public health as it could mean that Scotland can impose stricter controls on threats to public health for example, minimum tobacco pricing, stricter alcohol unit pricing and tighter alcohol licensing.
- The negative impacts could include further privatisation of the NHS and vulnerability to more aggressive lobbying by tobacco and alcohol industries.

## **Procurement**

- The potential positive implication of Brexit on procurement include the ability to award more local contracts, more small and medium enterprise involvement, and more of focus on social and environmental responsibility.
- However, it could also mean a return to Westminster control and open up more opportunities for privatisation.

## **Working time directive**

- Brexit will allow for flexibility on the 48 hour work limit which will allow for quicker training of Junior doctors
- However, this could mean a potential threat to patient and staff safety, as well as to workers' rights

## **Panel discussion**

### **Dr Neil Henery, Director of Camphill Scotland**

- [Camphill Scotland](#) formed in 1939 by Austrian refugees who wanted to preserve the idea of a cosmopolitan Europe and provide a shared space for people with disabilities. Camphill continue to want to provide a multicultural experience and as such out of their 251 volunteers 170 are from Europe and around 40% of workers at Camphill are from Europe. This illustrates the vulnerability of Camphill to Brexit and how quickly they will experience the impacts of Brexit on their service
- Camphill are also seeing difficulty in recruiting Tier 5 non EU volunteers who face a 40% refusal rate due to a tight interpretation of rules which sees a small payment of expenses that works out at around £5 a day as a wage
- Camphill have been engaged in a range of activity around Brexit
  - They supported The Alliance, SCVO and VHS amendment to the Withdrawal Bill which was narrowly defeated by 19 votes at the House of Commons and was not read due to a technicality at the House of Lords.
  - Contributed at the CPG on Brexit at the Scottish Parliament
  - They are working towards a Members Bill
  - Camphill have also written to the Home Secretary to raise the issues Tier 5 volunteers face.

### **Lindsay Paterson, Policy Manager at the Royal College of Physicians of Edinburgh**

- The Royal College of Physicians is based in Edinburgh but has an international platform. There are 1200 fellows and members in 91 different countries and 50% of membership is abroad whilst the other 50% is from across the UK.
- The Royal College represents the interests of 30 different types of doctors and there are a number of issues in relation to Brexit and Health
  - The alternatives to reciprocal healthcare do not include things like chronic conditions and dialysis leaving a lot of people vulnerable.
  - There will be an impact on the mobility of researchers and initiatives such as Marie Curie funding individual exchanges could be impacted
  - With regards to Horizon 2020 the UK could potentially still take part but would have to pay and it would be in a limited capacity.

- There are many vacancies and rota gaps with a number of specialities and vacancies unable to be filled across Scotland.
- The UK benefits greatly from shared working and information on public health, in areas such as disease control and prevention and the EU Organ Donation Directorate.
- The UK cannot stand alone and needs to work collaboratively

### **Craig Wilson, Public Affairs (Parliamentary) Officer at SCVO**

- A survey conducted by SCVO shows that the third sector in Scotland is overwhelmingly pro-European with 86% of respondents saying Brexit is bad for the economy, 80% feeling that people's rights and poverty will be adversely affected.
- Issues such as staffing and volunteers, human rights, funding and research and development have been highlighted as the main issues.
  - 40,400 people in the third sector social care workforce and around 3-5% are from the EU. Losing the EU workers will put extra strain on an already constrained resource.
  - In terms of human rights Brexit could result in the UK missing out on a lot of legislation and policies that would help keep us up-to-date in terms of our rights, for example, the EU Accessibility Act which has not been passed in the UK or Scotland.
  - A significant proportion of third sector funding comes either directly or indirectly from EU. £63 million of British Heart Foundation research comes from EU sources for principle investigators – if they leave post-Brexit this will have a knock on effect on funding
- Brexit may also mean an increase in austerity and this will have a negative impact on mental and public health. The third sector is a preventative force and Brexit could mean that the third sector have to do a lot more with fewer resources.

### **Rob Murray, Head of Scotland for Changing Faces**

- There are a number of negative impacts of Brexit for people with disabilities.
  - Access to and the quality and quantity of public services will be affected. The reduction in EU staff in the NHS will put additional strain on people with long term conditions and disabilities
- The right to fair treatment will be affected with ties to the Charter for Human Rights removed. The Withdrawal Act also gives power to the Government to amend equality laws without going to Parliament.
- People with disabilities are less likely to work and can face abuse and discrimination in the workplace. The lack of economic opportunities and the financial constraints people will face post-Brexit due to austerity will negatively impact people who are already disadvantaged.
- We need to think about how we can continue to share best practice and support cross border working

## Audience Discussion

A range of comments were made by members of the audience:

- The EU fund a range of local level initiatives especially in rural areas which will be gone post-Brexit. This will have a negative effect on those rural communities that rely on these initiatives.
- Important to note the effect of Brexit on unpaid carer. The increased pressure on unpaid carers will result in health and mental health issues which will also causes added costs to the NHS.
- Community pharmacists have been working with the Government on the issue of medical supply and the fragility of the medical supply chain. There is a shortage of generic medical supply and Brexit will add to this.
- A lot of work that the third sector do is commissioned by the Public sector. It may be that projects and initiatives that are commissioned and contracted will be reduced.
- The EMA provides a single point of access to supply to over 31 countries. A third of medicines are not being offered to Scotland as there is uncertainty around Brexit and the medicines are waiting to be processed.
- Audit Scotland will focus on how public bodies will be affected by Brexit and the resulting issues, risk areas and challenges. In October Audit Scotland will publish its annual report on the NHS which will include potential implications of Brexit. There will also be publication around Local Government, Health and Social Care Integration and the NHS workforce that will also include the impact of Brexit.
- Need to think strategically about recruitment and retention issues in social care who provide a preventative and protective function for vulnerable people in the community.
- Need to understand the full implications of Brexit on access to medication and choice of medication and how this can be constrained
- SCVO campaign, [#EUareValued](#) for third sector employers to support EU staff.
- [Scotland Declaration of Human Rights](#) signed by around 200 small and large third sector organisations
- In terms of Human Rights it is important to understand that UK law is separate from Scots Law and that EU human rights legislations is enshrined within the Scotland Act (1998) and will be harder to withdraw.

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