

Dr Sarah Wollaston MP
Chair, Health and Social Care Committee,
House of Commons,
London SW1A 0AA

15 October 2018

Dear Dr Wollaston,

Submission to Committee inquiry on impact of no-deal Brexit

I am writing on behalf of the Royal College of Paediatrics and Child Health (RCPCH) to thank you and your Committee for undertaking its inquiry into the impact of a no-deal Brexit on health and social care. This letter outlines the particular concerns that the prospect of leaving the European Union without a Withdrawal Agreement or an agreement on the UK's future relationship with the EU presents to the members of my College and to the health of children and young people.

As you will know, RCPCH is the membership body for paediatricians, representing more than 18,000 child health professionals in the UK and abroad. We are responsible for the training, examinations and professional standards of paediatricians across the country, and we use our research and experience to develop recommendations to promote better child health outcomes. Our mission is to transform child health through knowledge, innovation and expertise and to ensure that children are at the heart of the health service.

The prospect of a no-deal Brexit presents varied and significant challenges to the provision of high quality and effective health and social care services across the UK, as well as to paediatrics and child health specifically. We recognise efforts of all authorities involved to mitigate and, indeed, avoid the UK leaving the EU without a deal; however, concerns remain across the sector and amongst our membership that disruption to the healthcare of children and young people (and others) would be inevitable in such a scenario.

This letter briefly outlines our position on a number of key areas that would have immediate and longer-term impacts on child health in the UK:

- the centrality of cross-border working to Northern Ireland's children's health services;
- the employment rights and protections for paediatricians in the UK, whether they are UK citizens or EU or EEA nationals;
- the accessibility of healthcare, medicines and medical devices, and their importance to care for patients;
- the financial position of the NHS; and,
- longer-term considerations for the UK's future relationship with the EU.

1. The impact on the border in Northern Ireland

The prospect of a no-deal Brexit jeopardises the established and successful working practices of the health system in Northern Ireland, unless plans are in place to facilitate continued service provision on an 'all-island' basis from 'day one', (i.e. the day after the UK leaves the EU). The impact of no-deal relates to the delivery of services and treatment of patients, and the nature of the workforce in the Northern Ireland health service.

a) Service delivery

The effective delivery of paediatric services in Northern Ireland and the Republic of Ireland is dependent on working together on an all-island basis to maximise resources and deliver the highest possible healthcare for children on both sides of the border.

Existing plans for paediatric strategies and networks in Northern Ireland embed cross-border working. The All-island Congenital Heart Disease Network – which facilitates delivery of specialised cardiac care on an all-island basis – is an example of this. Paediatric cardiac surgery in Belfast ceased in 2015 and there is ongoing implementation of surgical patient transfer to Our Lady's Children's Hospital Crumlin, Dublin. Approximately 100 children from Northern Ireland were treated in Dublin in 2017, who otherwise would have had to travel to Great Britain.

Other examples include: the New Children's Hospitals planned for both Belfast and Dublin; a cross-border early intervention framework committed to under the 'Multiple Adverse Childhood Experiences: Breaking the Cycle Project' (funded by INTERREG VA); and, cross-border Ear Nose and Throat (ENT) services developed under the 'Cooperation and Working Together' (CAWT) virtual partnership, through which ENT surgeons and patients currently move freely between Monaghan Hospital, Republic of Ireland, and Craigavon and Daisy Hill Hospitals, Northern Ireland.

A future in which the UK leaves the European Union with no deal – meaning no Withdrawal Agreement, no agreement for the future relationship between them, and no specific plans to facilitate cross-border working – would therefore detrimentally impact patient experience in Northern Ireland.

b) Workforce

The NHS across the whole UK has benefitted from the freedom of movement of people, along with the recognition of professional qualifications – both of which have been key features of the UK's membership of the EU. In Northern Ireland, the relationship between the paediatric workforce and these cornerstones of the UK's existing relationship with the EU has been especially profound. The RCPCH estimates that approximately 15% of the paediatric workforce in Northern Ireland gained their primary medical qualification in the EEA and, among these, we estimate that approximately 72% gained their primary medical qualification in the Republic of Ireland.

Meanwhile, the mobility of healthcare workers across the border is essential for the provision of high quality child health services. In the event of no deal being agreed between the UK and the EU, it remains unclear what burdens would emerge on 'day one' to manage cross-border mobility should a "hard border" be implemented. For paediatricians and other child health professionals who live in border areas of Ireland and are reliant on crossing the border every day, this is gravely concerning – for them and their livelihoods, and for the patients whom they travel across the border to treat.

In the event of a no-deal Brexit, there must be a clear strategy in place to ensure the current and future workforce in Northern Ireland is not negatively impacted. Any impact

that results in fewer paediatricians – whether from departures of those currently in the workforce, or difficulties in recruiting to the future workforce – would naturally have a real and harmful impact on the patient experience and quality of care.

2. Rights and protections

Paediatricians in the UK – whether they are UK citizens or not – enjoy rights and protections that it will be important to maintain from day one of Brexit, regardless of the UK's future relationship with the EU.

All paediatricians currently benefit from the European Working Time Directive, enshrined in UK law as the Working Time Regulations 1998, which resulted in the eventual implementation of the 48 hour week for junior doctors. Many paediatricians were working up to 90 hours or more a week before the Directive. The Directive has offered protection to clinicians from the dangers of overwork and to patients from the risks associated with treatment from overtired doctors.

Additionally, the EU Pregnant Workers Directive has had many positive impacts in tackling discrimination faced by women in the workplace. Although this Directive did not exceed existing UK law on maternity leave, further benefits were enshrined through several examples of case law testing the Directive following its implementation. Women comprise 55.2% of the paediatric workforce, making the future of such protections a key interest for the College and our members. Similarly, many paediatric trainees and consultants are able to work flexibly (25% of trainees and 21.5% of consultants in our 2015 workforce census), which many of them do for family reasons.

The RCPCH is reassured that, under the EU (Withdrawal) Act 2018, powers in EU Directives such as these will be transposed into UK law from 'day one' of Brexit; however, it is imperative that such rights and protections are not eroded through future revisions and amendments to the Directives that the EU (Withdrawal) Act could enable.

Meanwhile, specifically for members of the paediatric workforce who are from the EU or EEA, we have real concerns over the clarity of their rights and protections in the event of a no-deal Brexit. In paediatrics, 6.0% of consultants and 7.2% of specialty and associate specialist (SAS) grade doctors qualified in EU nations outside the UK. Furthermore 5.5% of UK paediatric trainees are EEA graduates. In the event of a no-deal Brexit, it is important to their own personal stability and wellbeing – as well as that of the children and young people they care for – that these paediatricians are able to remain living and working in the UK. Although the Government has sought to give such individuals reassurances, their rights will – in legal terms – remain vulnerable until negotiations about the UK's future relationship with the EU have been decided.

3. Accessibility of care and treatments

There is a risk that, in the event of a no-deal Brexit, children and young people from the UK who need care and treatment – in the UK and whilst in the EU – are not able to access it as easily as they were before the UK left the EU.

Currently, EU citizens have rights to reciprocal healthcare when they are in any of the European Union's 28 Member States. If there is no agreement in place on day one of Brexit, the unavoidable implication is that the reciprocal arrangements for healthcare for UK, EU and EEA citizens will no longer apply, (apart from for pensioners already living in the EU under the S1 and EHIC schemes and people visiting the EU for planned medical treatment or to give birth). This will mean a loss of access to healthcare for

children of parents working, living or travelling abroad. This will create increased costs in health or travel insurances or a need to return home to the UK to access healthcare.

Meanwhile, for those in the UK who need to access care or treatments, the prospect of a no-deal Brexit raises serious questions about the accessibility of particular medicines and medical devices that currently rely on frictionless mobility between the UK and the EU. Both in terms of customs checks on the import and export of medicines and medical devices, and the harmonisation of pharmaceutical regulation, it remains unclear how disruption to supply chains of vital medical supplies will be averted in the event of a no-deal Brexit.

4. *The financial impact on the NHS*

The NHS is at risk of the consequences of the economic turbulence that would be expected in the event of a no-deal Brexit. The devaluation of sterling that happened immediately after the EU referendum in 2016 led to an increase in inflation and higher prices for some drugs, other goods and services the NHS purchases. It is reasonable to anticipate similar economic fluctuation in the event of a no-deal Brexit. In such a scenario, there is a significant risk that NHS finances would face further pressure.

The NHS already faces significant – and well-known – funding pressures. There has been a welcome pledge of a £20billion cash injection for the NHS in England over the next five years. When considering the effects of a no-deal Brexit, however, it is worth noting that – until the Budget Statement is delivered at the end of October – it is unclear how this will be funded. Additionally, this funding does not cover public health services or social care, which are similarly facing pressure. A no-deal Brexit that had comparable economic effects to those felt in 2016 would therefore present significant immediate challenges to the delivery of high quality and undisrupted healthcare.

5. *Longer term considerations in the event of no-deal*

As well as the above impacts on paediatrics, child health and the health system more broadly from ‘day one’, there are longer term considerations that would need to be made if the UK left the EU without any agreement in place. Whether through continued negotiation beyond the ‘exit date’ or through unilateral action by the UK Government, it will be important to achieve clarity on the future of certain other issues that would have significant impact on our profession and our patients. A no-deal Brexit would leave many of these issues unclear from day one, though their tangible impact would be longer term.

a) Research and development in child health

The EU Paediatric Regulation has stimulated industry to include children in plans to develop medicines. There are still widespread (and sometimes lengthy) deferrals and waivers of paediatric investigation requirements by drug developers, and there remains a pressing need to improve matters when it comes to rare diseases. In the event of a no-deal Brexit, the UK would need to address how it would encourage and access research and development of paediatric medicines, presumably from outside of the EU Paediatric Regulation.

The RCPCH is concerned that a ‘no-deal’ Brexit could impede the UK’s ability to maintain regulatory standards in paediatric medicines and this would have a detrimental effect on the safety of medicines prescribed to children.

Additionally, we have identified that from 2012 to 2018 there have been 40 child health related projects with funding contributions from the EU (through the Horizon 2020 programme, and its predecessor). Of these 40, 32 had UK involvement and UK organisations were the lead coordinator for 14 of them. The total EU contribution to these projects was over €200 million with €64 million (32%) directed to the UK.

The UK Government has agreed to guarantee funding for competitively-bid EU projects, including Horizon 2020 projects; however, in a no-deal scenario, UK organisations may be unable to access future funding for new projects after exit day. In such a scenario, there would need to be clarity over how the longer-term loss of investment in child health research in the UK would be mitigated so that the expertise and leadership currently displayed by the UK is not lost.

b) The immigration system

A new immigration system will need to be in place on day one of Brexit, with or without a deal, and we await the White Paper on immigration with anticipation. However, for the NHS workforce, any changes to the immigration system (particularly in the event of a no-deal Brexit) will continue to have an impact for the long term.

It is imperative that post-Brexit immigration arrangements do not increase the likelihood that workforce gaps will increase in the NHS at a time where trusts are already struggling to fill rotas. In general paediatric and neonatal workforce rotas, there has been an increase in vacancy rates from 14.9% in January 2016 to 18.6% in January 2017, as revealed by the RCPCH Paediatric Rota Gaps and Vacancies Report (2017).

As outlined above in section 2, in paediatrics, 6.0% of consultants and 7.2% of specialty and associate specialist (SAS) grade doctors qualified in EU nations outside the UK. In addition, 30% of paediatric consultants and 45% of specialty and associate specialist grade doctors in the UK qualified from other non-EU overseas countries. These figures illustrate that any restrictions placed on immigration – from both the EU and EEA, and beyond – following Brexit would have a significant impact on paediatrics.

c) Public health

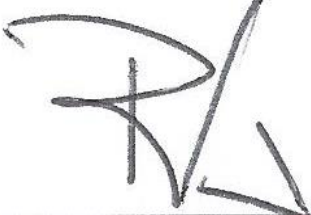
The health sector has expressed concerns that without the safety-net of EU law, and in the context of cuts to public health and wider health budgets, there is a risk of a gradual erosion of our existing high level of vitally important public health legislation, policy and practice after Brexit. For the future health of our children and young people, and the UK's economic prosperity and wellbeing, it is critical that such a longer-term erosion does not happen.

The RCPCH recognises that the Government remains committed to achieving a deal on the future relationship between the UK and the EU before exit day as a priority. All discussions regarding a no-deal scenario, its impact and its likelihood are inevitably hypothetical; however, it is nonetheless everyone's responsibility to identify where their sector interacts with the legislation and bodies of the EU in order to best forecast and prepare for how that relationship would change *de jure* on day one if there is no deal in place. The above submission reflects the areas in which paediatrics and child health in the UK relates to the EU. It is intended as a guide on what must therefore be considered and addressed by the time that the UK leaves the EU.

We welcome the Health and Social Care Committee's scrutiny of the progress made by the relevant bodies to prepare for such a scenario and we look forward to your recommendations.

If you would like further information from the RCPCH on this submission or related issues, please contact Alexander Lee-Hall, Public Affairs and Campaigns Lead (alexander.lee-hall@rcpch.ac.uk).

Yours sincerely,



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