

Briefing: Leaving the European Union

September 2019

Summary

As paediatricians we need to know that children and young people are placed at the centre of Brexit preparedness. As the political situation Brexit intensifies, this briefing document highlights our concerns and recommendations around three core priorities: continuity of access to medicines, a strong workforce, and preserving our vital research strengths. We have particular concerns in relation to Northern Ireland.

Supply of medicines, devices and the delivery of care

Registration and supply

There are potential challenges to supplies of medicines if the UK leaves the EU without a deal. The Health and Social Care Secretary has written to suppliers of medical devices and clinical consumables to say that contingency plans are being developed and that stock holding at a national level will be increased to six weeks supply. The Government has confirmed that the supply of medicines will be prioritised in the event of delays or disruption at the border. The Government has also secured additional roll-on, roll-off ferry capacity between the UK and EU specifically for critical goods such as radioisotopes.

The Department for Health and Social Care are having ongoing, frequent engagement with key suppliers of medical devices.

However, the UK does not have access to a domestic supply of radioisotopes, close to the point of use, and so relies on imports from Europe and beyond. Leaving Euratom will risk supply issues. Breaks in supply can lead to delayed diagnosis and treatment, as occurred in 2009 and 2013 when maintenance of reactors resulted in facilities going offline temporarily.

Reciprocal healthcare arrangements

In the event of a no-deal Brexit, the European Health Insurance Card (EHIC) card will not be valid and UK citizens travelling to the EU will need private travel insurance. Guidance published by the Government on 28 January 2019 for UK nationals living in the EU/EEA and Switzerland confirms that their existing access to healthcare may change if the UK leaves the EU without a deal.

The government has indicated that the S1 certificate (providing access to free healthcare for those resident in the EU) may not be valid in a no-deal Brexit. In this case, the government would seek bilateral agreements with individual member states to protect current rights to reciprocal healthcare, though nothing has been determined. Agreements have been reached with EFTA states (Switzerland, Norway, Iceland and Liechtenstein), which will protect the healthcare rights of UK nationals resident in those countries at exit even in a no-deal scenario.

It is expected that the loss of reciprocal healthcare rights could increase demand for NHS care if large numbers of UK ex-pats move back from the EU.

We are calling on the government to:

- Publish detailed reassurance for patients and people who use medication that supplies will be maintained
- Publish and communicate measures to ensure the consistent supply of supply of radioisotopes
- Discourage trusts, patients, and members of the public from stockpiling medicines in preparation for a no-deal Brexit
- Government should undertake a full assessment of the impact of losing reciprocal arrangements on the NHS and other healthcare systems in EU/EEA members for children accessing health services

Workforce

Freedom of movement

The NHS currently employs around 30,000 doctors whose primary qualification is from a EU or EEA country. This is 11% of the total number of doctors working in the NHS. In paediatrics, 6% of consultants and 7.2% of specialty and associate specialist (SAS) grade doctors qualified in EU countries.

NHS England has reported that the number of EU doctors has not fallen over the past six months, which is encouraging. However, there is now a real possibility of a sudden end to free movement if the UK leaves the EU without an agreement on 31st October.

We are concerned that recruitment and retention figures will continue to fall as the UK begins the process to leave the EU. Prospective trainees are hesitant to join an already pressurized workforce, while EU citizens are putting plans on hold due to the high degree of political uncertainty.

Less than full time working

One fifth to one quarter of the paediatric workforce are working less than full time. 22% of paediatric trainees were working LTFT in 2018 and 24% of paediatric consultants were working LTFT in 2017. Many paediatricians working or training less than full time do so for family reasons.

The Parental Leave Directive which gives both mothers and fathers the right to take 13 weeks unpaid leave per child before his or her fifth birthday may be repealed. This would have major implications for paediatricians who are already juggling their work-life balance.

We are calling on the government to:

- Provide immediate reassurance regarding maintenance of terms and conditions of employment, and migrant status, to EU nationals working in the NHS
- Enact the recommendation from the Migration Advisory Committee to place paediatrics (along with other medical specialties) on the shortage occupation list, with exemption from the resident labour market test
- Develop short stay career development opportunities in the UK for non-training grade healthcare professionals from abroad and identify a responsible body for national coordination
- Ensure immigration rules allow entry to the UK of healthcare professionals whose clinical skills will benefit the NHS
- Ensure any future points-based system does not include a wage-based metric which would bar many essential NHS workers
- Government commitment to introducing the European Working Time Directive into UK law.

Science and research

EU Horizon Funding 2020

At the end of 2017, confirmation was issued that UK institutions can continue to bid for EU Horizon 2020 funding post-Brexit, in 2019 and 2020.

A search was carried out of the European Commission's Community Research and Development Information Service website to ascertain the amount of funding received by the UK from the EU for child health research. The search was limited to all Horizon 2020 projects which were either Coordinating Actions or Research Innovation Actions, using the search terms "paediatr*" and "child*", from 01.01.2012 to 23.01.2018. The search identified 40 child health related projects with funding contributions from the EU, of which 32 had UK involvement. The total EU contribution to the 32 projects was just over €200 Million with €64 Million (32%) directed to the UK. The UK is the coordinator for 14 of the 32 projects.

Pharmaceuticals market

The UK has 2% of global pharmaceutical market, whilst the EU is 28% – a no deal exit from the EU and non-translation of EU regulations and policies over to the UK systems may result in the UK being undesirable for clinical research. This will have a knock-on negative impact for the UK economy, science research reputation and higher education sector.

We are calling on the government to:

- Ensure UK can continue to participate in EU-wide clinical trials in the event of a no deal Brexit
- Guarantee funding from EU research programmes in the event of a no deal Brexit

Northern Ireland

Border

RCPCH estimates that approximately 15% of the paediatric medical workforce in Northern Ireland gained their primary medical qualification in the EEA, among these graduates, we estimate that approximately 72% gained their primary medical qualification in the Republic of Ireland.

Doctors and healthcare workers, who are often in possession of medication, would need assurances that they are covered legally to both be in possession of medication in an EU country and be legally insured to drive there.

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

Specialised services

A number of paediatric specialised services are delivered on an all-Ireland basis dependent on cross border cooperation.

One notable example is the All-island Congenital Heart Disease Network, which operates on an all-Ireland basis. Paediatric cardiac surgery ceased in Belfast in 2015 and there is currently ongoing implementation of surgical patient transfer to Our Lady's Children's Hospital Crumlin, Dublin. It has been reported that between January and September 2017, 23 children travelled to Dublin for cardiac surgery and it is estimated that overall, during 2017 approximately 100 children from NI were treated in Dublin who otherwise would have had to journey to Britain. Moreover, adolescent patients from the Republic of Ireland have been able to access treatment in Belfast.

We are calling on the government to:

- Publication of a clear strategy outlining how all-island healthcare services can be retained after Brexit
- Establish the rights of freedom of movement and mutual recognition of professional qualifications retained
- The restoration of the executive in Northern Ireland to allow for better responsiveness in the event of a no deal Brexit

Wider Impacts

NHS finances

The Office for Budget Responsibility has forecasted that the economy will take a financial hit following Brexit, which will be larger in the event of a no deal Brexit scenario). Coupled with the expectation that costs for running the NHS will rise post-Brexit, we can expect finances to be squeezed both ways. The Nuffield Trust has forecast that a no-deal Brexit will incur an overall figure of up to £2.3b in extra costs by 2019/2020. It is likely that this will make it harder to deliver on education and training, capital, public health and social care commitments.

Public health

This year's flu vaccine will be distributed from North West France. In the event of a no deal Brexit, cross channel trade will face significant disruption. It is not possible to stockpile prior to the 31st October as production has only just begun.

We are calling on the government to:

- Commitment to delivering the spend on health and social care as set out in the 2019 Spending Review
- Publication of contingency planning in relation to this year's flu vaccine

Call to government

Professor Russell Viner, President of the Royal College of Paediatrics and Child Health said:

"I call upon the Government and all MPs to place the best interests of our children and young people at the heart of decisions on the future of our country.

"I am increasingly concerned about the effects of such chronic political uncertainty on our doctors, patients and parents. Those working at the heart of our NHS deserve reassurance and peace of mind so they can get on with looking after patients. It is difficult to provide vital reassurance in such a profoundly uncertain environment.

"We must not, in leaving the European Union, harm the very thing on which our future depends – the health and wellbeing of today's children and young people. The politics are divisive but the details of what must be done for young people and children need not be. We must have clarity and certainty on the maintenance of our NHS workforce, the supply of medicines, and how to protect our research base from the effects of leaving the EU.

"An abrupt severance of the vast web of connections we have built over the past 40 years will inevitably disrupt the health of children and young people. It is essential to do all we can to protect children and young people and those who care for them. For the UK to be successful, no matter what our future relationship with the EU, the health and wellbeing of our children is key."

Engagement

RCPCH has had the opportunity to feed into a number of stakeholder roundtables at the Department for Health and Social Care and will continue to do so over coming months. In addition, we have written to the UK Government to press the importance of developing robust plans that are communicated with patients in good time. We have highlighted as a priority the urgent need for the development of clear, public-facing information to be shared with clinicians in order to help them provide advice to patients.

For further information please contact:

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