



Royal College of
Paediatrics and Child Health

Leading the way in Children's Health

**EU Home Affairs sub-committee
Brexit reciprocal healthcare**

**RCPCH response
November 2017**

Introduction

The Royal College of Paediatrics and Child Health (RCPCH) is responsible for training and examining paediatricians. The College has over 18,000 members in the UK and internationally and sets standards for professional and postgraduate education. We work to transform child health through knowledge, research and expertise, to improve the health and wellbeing of infants, children and young people across the world.

For the purposes of this response, we have defined children and young people are aged 0 – 18 years old. For some long-term conditions and disabilities the age range is often extended to 25 years old.

Response to specific questions

Current regulatory regime

1. What is your assessment of the current arrangements for reciprocal healthcare? To what extent is it effective and for whom?

The current system appears to work effectively for children who require healthcare services in other EU countries and for children from other EU countries accessing services in the UK. The RCPCH is not aware of any concerns or problems raised by College members incurred by children and their families under the existing reciprocal healthcare arrangements. The RCPCH recommends 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.

2. Assuming that the UK will be treated as a 'third country' once the UK is no longer a member of the EU, what will be the default position as a matter of law for healthcare coverage for UK citizens in the EU, and vice versa, if no agreement is in place on day one of Brexit?

Brexit could lead to significant changes in the UK's reciprocal healthcare arrangements with the EU and these may have very severe consequences. If there is no agreement in place on day one of Brexit, this will presumably mean that the reciprocal arrangements for healthcare for UK, EU and EEA citizens will no longer apply, apart from the 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, leading to increased costs in health or travel insurances (ie parents and/or carers will need to take out health and travel insurance) or a need to return home.

Government's proposals for UK citizens already living and working in the EU

3. What is your assessment of the Government's current proposals to the EU regarding reciprocal healthcare arrangements post-Brexit? What changes, if any, would you recommend?

The partial agreement reached by the UK government primarily benefits UK pensioners currently living abroad whose care and treatment will continue to be funded by the UK under the S1 scheme and who will be able to use a European Health Insurance Card (EHIC) when travelling within the EU post-Brexit. The UK and EU have also agreed in principle that people visiting the EU for planned medical treatment or to give birth that crosses over exit day will be able to complete their treatment.

Discussions have not yet dealt with the issue of future rights for people moving across UK/EU borders after the UK withdraws from the EU, as it was not in the Commission's mandate to discuss future healthcare rights until the terms of the UK's withdrawal have been agreed.

The RCPCH is concerned that children are not included in these agreements to date. If an agreement is not reached by Brexit day, parents and/or carers of children accessing healthcare services will have to pay. The RCPCH is concerned that this may prohibit the use of services which could be extremely detrimental to the healthcare of children as children rely on their parents/carers to address their needs

Affected groups

4. Which groups (e.g. people with disabilities, long-term conditions, children, etc.) and/or categories (e.g. residents, students, non-residents, etc.) will be most affected by any changes to existing reciprocal healthcare arrangements?

The RCPCH is concerned about the impact on children if there is no reciprocal healthcare agreement in place after the UK leaves the EU. The effect of having no agreement in place on children of UK citizens living abroad and have long term conditions (eg kidney disease which requires dialysis, type-1 diabetes, epilepsy, etc) or disabilities will mean that parents and/or carers will have to either pay for treatment or return to the UK. In addition, pregnant women, vulnerable and hard to reach groups and with complex needs and/or long-term conditions will be detrimentally and disproportionately adversely affected.

UK citizens and their children travelling within the EEA, and EEA citizens visiting the UK, will need to purchase their own travel or health insurance should access to reciprocal arrangement be lost. This is a particular concern for children with disabilities or long-term conditions and students transiting to adult services, as the cost of health and travel insurance for those with pre-existing conditions could be prohibitively high.

The same applies to children of EEA citizens living in or visiting the UK who, were the UK to lose access to existing reciprocal arrangements and no alternative be established, would also face a significant change in their access to care. Depending on the deal secured between the UK and EU citizens' rights, this could mean that children of EEA residents might face the same costs and terms of access to the NHS as other non-EEA visitors and migrants do currently. This may lead to EEA visitors and residents in the UK who have children with healthcare needs that require NHS treatment becoming liable to pay the Immigration Health Surcharge (IHS) or individual fees for their child's care. This could be further complicated as each of the UK's four nations has its own system for recovering the cost of care from non-EEA patients, beyond the IHS.

5. What should be the priorities for these groups in terms of the negotiations and future UK law?

Children must be prioritised. Children are reliant on their parents and/or carers to meet their needs so any financial impact as a result of the removal of the reciprocal arrangement may have a detrimental impact accessing healthcare and treatment.

Implications for the UK health and social care sectors

6. What impact would ending reciprocal healthcare arrangements with the EU have on the UK health and social care sector?

If the reciprocal arrangement ends and citizens currently residing in the EEA nations be required to return to the UK after leaving the EU, either permanently or in order to access healthcare services, then the NHS could be placed under even greater pressure.

The Nuffield Trust has estimated that if there are no reciprocal arrangements in place and individuals are to return to the UK for care, it could generate extra costs for the NHS of as much as £500 million per year and 1,000 extra hospital beds.

The Department of Health have also stated that under existing reciprocal arrangements, on average the cost of care received by UK citizens in other EEA nations is frequently cheaper than the equivalent care would be if provided by the NHS, meaning that the UK spends less on care funded through existing reciprocal arrangements than it would if that care had to be provided domestically. This is due to both lower costs of care and to the use of co-payments in other healthcare systems, such as the fees paid by individuals to receive GP care in France which are not reimbursed by the UK under reciprocal healthcare schemes. Therefore, even greater financial pressure would be placed on the NHS as a whole and potentially less funding for child health services.

The administrative burden on the NHS, as well as on its staff could also increase. If UK health services are required to implement another system of recovering cost of care provided to EEA nationals, it could increase the pressure on medical and nursing staff to support the cost recovery process. Given the workload already facing NHS staff, it is vital that they are able to focus their attention on delivering safe and high quality care not on cost recovery. The primary duty of clinical staff is to treat patients, not to recover costs or decide who is eligible for treatment.

Applying the existing non-EEA cost recovery measures, or new alternatives to EEA visitors and UK residents would also require significant resources and place a considerable additional burden on NHS providers.

7. What would be the financial, staffing, and other implications for the UK health sector if reciprocal healthcare arrangements were to end?

If reciprocal healthcare arrangements end, and a potential 1.2 million UK citizens living in the EEA return for hospital treatment, this could lead to a huge increase in workload for a workforce which is stretched and overloaded. This would compound existing multiple paediatric workforce crises when many NHS staff from the EEA are considering leaving the UK¹.

Impact on EU citizens in the UK

8. How important is maintaining reciprocal healthcare with the UK for EU/EEA citizens travelling, living or working the UK, and for EU/EEA countries?

It is extremely important that children of EU/EEA citizens in the UK can continue to access healthcare services under the reciprocal agreement. If parents are required to pay for services, this could act as a deterrent to accessing services which could be detrimental to the health of children in the of EU/EEA citizens living in the UK.

9. What incentive does the EU have to seek to maintain existing reciprocal healthcare arrangements with the UK?

The main incentive is that the current reciprocal healthcare arrangements appear work well. We have no evidence to the contrary. To change the system could take many years to renegotiate and could potentially be costly to communicate to citizens in their individual countries.

Judicial oversight

10. What is your assessment of the implications of the Government's 'red-line' on the European Court of Justice for negotiating a withdrawal agreement, transitional agreement, and future EU-UK agreement covering reciprocal healthcare?

11. What alternatives exist for resolving disputes or arbitrating on matters related to reciprocal healthcare? How do these compare to current arrangements?

12. What is your assessment of what a "bespoke" dispute resolution arrangement might look like in this area?

Transitional arrangements

13. What would be the key priorities for a transitional arrangement?

The key priorities should be maintaining the current reciprocal arrangements and ensuring the healthcare needs and provision of health services to children are prioritised.

14. In practical terms, how and when could a transitional arrangement be agreed and put in place? How long would the transitional period need to last?

The RCPCH wants a transitional arrangement agreed and implemented as soon as possible. This would provide clarification for parents and/or carers. The transitional period should last as long as required and

Options for future arrangements

15. What should post-Brexit healthcare arrangements with the EU look like? What guiding principles should shape the UK's approach to negotiating future reciprocal healthcare arrangements?

The retention or comparable replacement of reciprocal healthcare arrangements and securing access to healthcare for both UK and EU citizens should be an important consideration in the Brexit negotiations.

16. What options are available to the Government for a future arrangement?

17. What opportunities does Brexit present for the UK to change healthcare coverage for its citizens travelling, working and living in the EU/EEA and vice versa? Could there be opportunities to change arrangements for those from non-EU/EEA countries at the same time?

¹ RCPCH (2017) *The State of Child Health: The Paediatric Workforce* <https://www.rcpch.ac.uk/improving-child-health/better-nhs-children/workforce-planning/paediatric-workforce/state-child-health>

The EU Withdrawal Bill

18. What provisions of the EU Withdrawal Bill should be amended, clarified, or added, in order to secure appropriate arrangements for reciprocal healthcare on Brexit Day, during a transitional arrangement, and in the future?

17. What should the role of the devolved nations/regions be in future provision of reciprocal healthcare?

Northern Ireland, Scotland and Wales must be involved in all negotiations regarding the future provision of reciprocal healthcare. A process needs to be put in place that involves all devolved nations in agreeing the future healthcare agreement with EU nations

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