Brexit and the NHS

R&D Forum
Newport, 14 May 2018

Niall Dickson CBE
Chief Executive
NHS Confederation
Co-chair Brexit Health Alliance
The path to Brexit: Key decisions for the NHS

The EU workforce
Will EU workers have the right to remain in the UK? Both the EU and the UK have said they would like to reach an agreement early in the negotiations, so EU nationals in the UK and UK citizens in the EU get clarity as soon as possible.

Access to healthcare
Will UK citizens continue to have the same access to healthcare abroad? Will EU nationals still have the same access to healthcare in the UK?

Health research
Will the European Medicines Agency, which is currently based in London, be relocated? How will this impact health research, medical trials and the approval of new medicines? What access will NHS clinicians and researchers have to EU research funds?

Recruiting new EU staff
What will be the implications for recruiting new staff from EU countries? The Immigration rules and visa requirements for future EU employes may only be known at the end of the exit negotiations.

Existing EU law
What of the current EU regulations affecting NHS organisations, such as the Working Time Directive, will be kept, changed, or removed?

And at the end of negotiations the UK parliament must repeal the 1972 European Communities Act, meaning EU law will no longer be binding.

2017
29 March 2017: The UK government triggers Article 50 - the two year time begins
October 2018: Expected date for draft agreement
December 2018: Negotiations in progress
2019
29 March 2019: End of Article 50 negotiations (time frame)

Brexit Health Alliance
Supporting healthcare on the UK home for the EU

Cavendish Coalition
- Association of Dental Groups
- Association of Directors of Adult Social Services
- Association of Independent Healthcare Organisations
- Academy of Medical Royal Colleges
- Association for Real Change
- Association of UK University Hospitals
- British Dental Association
- British Medical Association
- Care England
- Care Forum Wales
- Care and Support Alliance
- Chartered Society of Physiotherapy
- Company Chemists’ Association
- Council of Deans of Health,
- Mental Health Network
- National Association of Primary Care
- National Care Association
- Co-convenors: Nadra Ahmed OBE Danny Mortimer
- Secretariat NHS Employers
- National Care Forum
- New NHS Alliance
- NHS Clinical Commissioners
- NHS Confederation
- NHS Employers
- NHS European Office
- NHS Partners Network
- NHS Providers
- Northern Ireland Confederation for Health and Social Care
- Registered Nursing Home Association
- Royal College of Nursing
- Shelford Group
- Skills for Care
- Skills for Health
- The Richmond Group
- The Royal College of Midwives
- The Welsh NHS Confederation
- UNISON
- United Kingdom Homecare Association,
- Voluntary Organisations Disability Group

22/05/2018
Cavendish Coalition
Future health and care workforce

Coalition has called for:
- More training places
- Measures to improve recruitment and retention of domestic workforce
- Right to remain for existing EU staff
- Realistic migration policy which enables necessary recruitment overseas
- Strong evidence base to underpin policy

Workforce supply
- UK health and social care sector has become dependent on EU staff - 150,000
- Geographical variations across the UK and across specialities

![Figure 8: All licensed EEA graduate doctors on the Specialist Register only, showing % of each specialty group that are EEA graduates in 2017](GMC 2017)
Workforce supply

- If implemented the agreement from phase 1 will resolve many of the issues of citizens’ rights when translated into a binding legal text
- If implemented, EEA nationals living in the UK (and vice-versa) will have the same rights as now, for the rest of their lives
- BUT, important questions remain:
  - Future UK migration policy? What arrangements will apply to migrants seeking to work in the UK after the transition period ends (end of 2020)?
  - Will the UK wish or be able to be part of the mutual recognition of professional qualifications scheme?
  - How will being out of the EU affect mobility trends for health professionals from the EU?

Brexit Health Alliance

- Academy of Medical Royal Colleges
- Faculty of Public Health
- Medical Schools Council
- Association of UK University Hospitals
- Association of British Pharmaceutical Industries
- Association of British Healthcare Industries
- Bio Industry Association
- National Voices
- Co Chairs Sir Hugh Taylor Niall Dickson CBE
- Secretariat NHS Confederation European Office
- Association of Medical Research Charities
- Richmond Group of Charities
- NHS Confederation
- NHS Providers
- Northern Ireland Confederation for Health and Social Care
- Scottish NHS Chief Executive Group
- Welsh NHS Confederation.
Brexit Health Alliance campaigns so far…”

Maintaining reciprocal healthcare for patients after Brexit

The impact of Brexit: Patient access to medical research

Brexit and the impact on patient access to medicines and medical technologies
Access to and supply of medicines & medical devices

- European Medical Association relocation to Amsterdam: disruption and capacity issues - significant amount of evaluation work by UK regulatory agency has been reassigned to other member states.
- Uncertainty over trade barriers and tariffs
- Real possibility of delays at ports
- Impact of non aligned regulatory systems
- Risk of delays in accessing innovative therapies

EU currently represents 25% of world market – the UK just 3%
- UK patients may lose access to new treatments for some rare diseases
- Loss of voice in European regulation of standards going forward

Medical research: collaboration and trials

- UK has played a very significant role in European medical research
- 25% of the world's top 100 prescription medicines discovered and developed in UK
- UK conducts highest number of pan-European clinical trials for both rare and childhood diseases
- UK is European leader for phase 1 trials
- UK hosts the world’s leading genomics site
  Sangar Institute, Hinxton, Cambridge
Medical research: collaboration and trials

- EU research programmes provide funding opportunities for UK organisations
- Researchers rely on this funding for transnational clinical trials and research
- 80% of UK international research is with co-authors from EU
- UK leading role depends on diverse workforce - 17% of science, technology, engineering and maths academics in UK universities are EU nationals.
- Harmonised standards are needed for international research – EU is UK’s key research partner.

Where now?

- Cooperation on new research programmes
  - UK and EU negotiators have called for UK to have associated membership of future EU research and innovation programmes
  - But will rely on what UK government is willing to pay in
  - Current financial net gain for UK will be lost
Regulation of research

• Regulation of medical research is an single market issue
• Not clear whether UK will have access to EU wide clinical trials portals and databases
• Two approval processes would add a layer of bureaucracy
• Scale is significant. 1,500 registered clinical trials including multiple EU member states with a UK sponsor.
  - 50% ongoing as of March 2019. What happens thereafter?
• Will UK based researchers be able to obtain EU personal data for health research?
• Aim must be to maintain collaboration post-Brexit for the benefit of patients

European Reference Networks

• 24 pan European networks - focus on rare and complex diseases (e.g. bone disorders, heart conditions, adult and paediatric cancers, musculoskeletal disease)
• Bring together expertise and knowledge and drive EU basic and translational research on rare diseases…
  - 1 in 4 networks led by the NHS
  - 40 UK hospitals involved across European Networks
• Will NHS organisations be allowed to stay as members post-Brexit?
Where are we now?

1. Withdrawal

• 29 March 2017 - Article 50 triggered by UK Government
• 2 years to conclude a deal
• Phase I (withdrawal agreement) – joint report (UK-EU) December 2017 on citizens’ rights, financial commitments and Irish border
• Translating all commitments of phase I in legal terms as quickly as possible
• European Council meeting December 2017– recommended start of phase II negotiations (transition and future relationship – including trade)
• Transition phase first on the list of priorities – EC recommended this does not go beyond December 2020.

Where are we now?

2. Future relationship – UK view

*Prime Minister’s Mansion House speech, 2 March 2018*

• Seeking a free trade agreement
• Leave Single Market + Customs Union (pay for “access” to mutually beneficial programmes
• Collaboration in education, culture, science, energy, transport
• A science and innovation pact with EU
• Associate membership of the European Medicines Agency and other EU agencies
• Will not accept “the obligations of Norway and the rights of Canada”
Where are we now?

2. Future relationship – EU view

- **European Council guidelines, 23 March**
  - A “balanced, ambitious, wide” Free Trade Agreement
  - Continued collaboration in research & innovation
  - **BUT**
    - UK can’t have same rights as Single Market members
    - No “cherrypicking” – no sector by sector approach
  - Proposed “framework for voluntary regulatory co-operation” (could cover medicines, medical devices, clinical trials?)
  - UK excluded from decision making during transition period
    - Possibly continue to take part in EMA approval process?
    - No vote, no leadership and no say in policymaking
Where are we now?
3. Future relationship - EU-UK agreed topics May ‘18

- No stand-alone topic on health
- Need to monitor several topics for scope to make sure health is addressed such as:
  - Participation and cooperation with EU bodies *(Future of the EMA)*
  - Aims of economic partnership *(Include ‘to maintain public health’)*
  - Mobility framework *(to reflect need for UK to have access to researchers, health professionals etc)*
- Specific mention of
  - Cooperation on science and innovation
  - Data protection (critical for research).

So where are we now?

- Huge complexity – continuing uncertainty
- Is there political will to seek compromise?
- Jurisdiction of the European Court of Justice
- Irish Border
- Need for a mechanism for regulatory convergence/equivalence
- Health sector – competing with other sectors – not an EU competence
- Need to make the case for both sides to put patients first
Thank you

niall.dickson@nhsconfed.org

Stay informed:
www.nhsconfed.org/nhsandbrexit
@nhsconfed_EU

Register for our BREXIT Bulletin
http://www.nhsconfed.org/register