Brexit and the NHS:
What could our departure mean for UK healthcare?

Funding
The NHS may not be in line to receive £350 million each week, but those who voted Leave will be eager to see our National Health Service receive a much needed increase in financial support. Bearing in mind the current uncertainty surrounding the UK’s economy, it is not too much of a surprise that the NHS was completely omitted from the Autumn Budget. The chair of the British Medical Association (BMA) Dr Mark Porter recently wrote to Prime Minister Theresa May, urging her to discuss the cuts and funding problems that plague the NHS. However, any decisions surrounding funding are unlikely to be made until our Brexit strategy is clearer.

Staffing
According to the English Health Service’s Electronic Staff record, EU immigrants make up around 5% of NHS staff including 10% of registered doctors and 4% of nurses. While in her January speech, Theresa May pledged to “guarantee the rights of EU citizens who are already living in Britain” she also promised “control of the number of people coming into Britain from the EU”. By making it tougher for EU nationals to get jobs within the UK, we could run the risk of alienating potential employees and creating further levels of understaffing within the NHS – existing workers may even choose to leave the UK. This is an unlikely possibility however, as a restriction on non-EU immigrants in 2010 did not cause existing non-EU healthcare professionals to leave the UK.

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Accessing treatment

So called ‘health tourism’ is often cited as one of the main causes of pressure on the NHS. Statistics surrounding immigrants and visitors from overseas are hard to find, however we can assume that as immigration levels increase more and more people will need treatment. By leaving the EU, we will no longer have to accept the European Health Insurance Card (EHIC), which gives holders the right to medical treatment while temporarily in another EEA country.

This works both ways though. If you fall ill while visiting or living in an EEA country then you could face staggering healthcare costs or even be refused treatment without upfront payment. In fact, the 1.2 million people living in the EU may choose to return to the UK as a result of this – putting further pressure on the NHS.

While Theresa May has promised to control migration between the EU and UK, she is yet to confirm if we will continue the existing medical arrangement with the EEA or how any reciprocal healthcare agreement might work.

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Regulation

A large number of our existing regulations have come from the EU. It is now up to the Government whether they will repeal these directives and replace them with UK versions or whether we will continue to follow EU legislation.

For example, the Working Time Directive limits the amount of time employees can work to 48 hours per week. It also sets out the minimum requirements for annual leave and rest periods between employees can work to.

This policy seems the UK Government has its work cut out. Without a limit of the amount of hours employees may not be allowed to work if the UK introduces its own employment issues to navigate, it is unclear what this will mean for the NHS.

Final thoughts

While Theresa May feels that the UK will “emerge from this period of change stronger, fairer, more united and more outward-looking than ever before”, it is unclear what this will mean for the NHS. With replacement funding to locate, regulations to review and potential employment issues to navigate, it seems the UK Government has its work cut out. While the future is uncertain, we are optimistic that as the UK strives to carve an identity separate from the EU, it will place the NHS, one of the UK’s most famous institutions, at the forefront of this change.

Working with the EU

The EU has a key role in surveying and notifying the public of potential pandemics and outbreaks via the European Centre for Disease Prevention and Control. The UK is currently part of this information network, with the European Medicines Agency (EMA) based in London. As the UK is leaving the EU the EMA will have to relocate, with Sweden currently the number one choice.

The EU is also a vital resource for research, with the UK being one of the largest recipients of funding – receiving £8.8 billion between 2007 and 2013. Without this support, the UK Government will need to find new avenues to facilitate research or risk missing out on potentially live saving developments.

References: