



The Impact of Brexit on Health



by Dr Philippa Whitford MP

WITH THE clock ticking down inexorably to March 2019, the Prime Minister has started up the spin machine, to promise, cajole and threaten her way through the Westminster Parliament; all to deliver a 'Blind Brexit'! We can start to see the real impact of leaving the EU as the Political Declaration - the outline proposals for the future relationship - is full of vague aspirational phrases but no mention of 'frictionless' trade. It is clear that we will be outside some of the key agencies of the EU, agencies that it took the Brexit process for the UK Government to even recognise were of great benefit. That old saying: "you don't know what you've got....."

While this Brexit mess is due to a chronic, and on-going, schism in the Tory party, anti-European sentiment has been created by politicians and the media using the EU as a

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convenient whipping-boy to blame for domestic failures. No-one celebrated the rights and opportunities we gained from EU membership over the last 40 years, including significant contributions to individual, public and environmental health. Instead, we heard apocryphal stories about straight bananas. People are finally beginning to recognise the impact Brexit will have on our health; not just the UK Government's warnings about stockpiling drugs in case of a No-Deal Brexit, but the direct effects on health and healthcare, even if there is some sort of deal.



While people often think the NHS is about hospitals and machines, it is actually people who diagnose, treat and care for us, and one of the biggest impacts of Brexit will be the loss of EU citizens brought to the UK by Freedom of Movement. Approximately 150,000 EU citizens contribute to our health and well-being as nurses, doctors and care workers across the UK, and workforce is one of the biggest challenges faced by all four UK Health Services, with Scotland having a 4% nursing vacancy rate while in NHS England it is over 10%. This affects the quality of care and patient experience, while a shortage of GPs and hospital doctors leads to difficulties getting an appointment and increased waiting times. Previous surveys by the BMA and GMC suggest approximately half of all EU doctors are considering leaving the UK and 14% of EU doctors are apparently already in the process of leaving Scotland. After two years worrying about their future status in the UK, EU citizens do not feel secure here, particularly after the Windrush scandal. Many EU medics are concerned about their families' rights as, while they have been accepted for permanent residency or citizenship, their partner or children have been turned down.

It is not just a matter of trying to keep the medical, nursing and social care staff who already work in our NHS but the need to attract others in the future. With a 90% drop in EU nurses registering to work in the UK since the referendum, it is clear that the Brexit vote itself, media coverage and

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speeches such as the Prime Minister's recent 'queue jumpers' accusation, have made the UK seem a very unwelcoming place for EU nationals.

This could have a huge effect in Scotland as, particularly in the Highlands and Islands, a significant proportion of doctors are from the EU. This means Scotland's NHS is under threat thanks to a Tory obsession with immigration.

The 'cake-and-eat-it' demands of the Chequers white paper show the UK Government has finally woken up to some of the key benefits of the EU but, unfortunately, the Prime Minister's own red lines make them hard to hold on to. Up until now, those traveling in the EU have been able to access medical treatment through the European Health Insurance Card (EHIC), while pensioners have been able to use the S1 system to transfer their healthcare rights to the EU country of their choice and retire to the sun.

The European Medicines Agency (EMA) symbolises much of what we have gained from the EU in the last 40 years. It originated from the separate regulatory systems of EU countries and, far from adding bureaucracy, evolved into a single streamlined licensing system which speeds up the availability of new drugs for patients and controls costs for the Pharmaceutical Industry. It has funded research into rare diseases across Europe, particularly in children, which has seen so much progress over the last two decades. Quality Control testing of medicines must be carried out within the EU so many of these jobs will move to the continent while non-EU pharmaceutical firms are likely to move their European offices from London as the EMA headquarters relocates to Amsterdam.

While the UK Government recognises the impact of leaving the European nuclear regulator EURATOM on the nuclear energy industry, the Royal College of Radiologists has highlighted the impact on the steady supply of medical radioisotopes for diagnostic scans and cancer treatments. As the Government point out, these materials are not explosive so can be purchased on the open market but, since a world shortage in 2008-10 affected many cancer patients, the EURATOM Supply Agency has ensured European countries have a secure supply.

Funding schemes like Horizon 2020, and the ability to collaborate and share data, have made the EU into the largest research network in the world with the UK, until now, the biggest beneficiary. Scotland punches well above its weight in academic research, due to its strong university, medical and pharmaceutical sectors, but may now lose its collaborative partnerships. Considerable EU health research is focused on challenging conditions such as Dementia, obesity, and antibiotic resistance which threaten all developed societies. Tackling the latter requires not just a change in practice by doctors but curbing antibiotic use in livestock farming and would need to apply across Europe.

Better maternity rights, employment protection and Health and Safety regulations have improved the safety of the workplace. What some criticise as red tape may save life or limb! As a young surgeon, I saw workers with chemical or thermal burns and horrific limb injuries from poorly protected machines. Product standards in the Single Market have protected children from burning nightdresses and dangerous toys.

Standards on water quality have improved sewage processing and cleaned up our beaches while pollution controls tackled the acid rain which was killing forests. However, Nitrous Oxide and particulate pollution from vehicles is still responsible for up to 40,000 UK deaths each year - yet the EU had to threaten legal action to force the UK Government to

tackle the problem. Who would apply that pressure after Brexit?

Although far from perfect, the EU has brought 28 countries together to face the difficult challenges of our time. It is, certainly, about much more than just trade!

Here in Scotland we face an additional threat, as Brexit is used to undermine the Scottish Parliament through the 'Power Grab'. This involves Westminster taking ultimate control over 24 areas of devolved policy rather than powers being passed from the EU to Holyrood. This includes fishing, agriculture, environment, food standards, safety, and labelling. This is clearly to allow a UK-US trade deal to be agreed with Trump, without any influence from the Scottish Parliament, which would mean accepting GM foods, hormone injected beef or American whisky sold as 'Scotch'. In addition, Theresa May has repeatedly refused to rule out offering greater access for US health companies as part of such a deal.

Scottish concerns over the Power Grab have been dismissed but one only has to ask why the Tories did not accept that UK-wide frameworks in devolved policy areas should be AGREED rather than Westminster having the right to impose them. This means that while UK Government Ministers will negotiate these frameworks on behalf of England, where there is disagreement they will now simply be able to overrule the three devolved Governments and enforce decisions that favour England.

This is already becoming obvious in the UK Government proposals for agriculture and farming support. It is proposed that there will no longer be direct financial support for farmers but only in exchange for 'public good' such as environmental measures. Oddly, food production does not qualify as a public good. This will particularly affect poorer land, such as hill farms and crofts, which are often classified as 'Less favoured Areas' and receive additional financial support. Notably, while England has less than 20% Less Favoured Area, Scotland and Wales have over 80% and Northern Ireland over 70%, which means the needs of the devolved nations are totally different from England. This is why agriculture was devolved 20 years ago and why full control of these powers should go to the devolved Parliaments rather than Westminster taking ultimate control. It is also why any necessary frameworks should have to be agreed rather than imposed.

For me, one of the most worrying powers on the list is over 'Public Procurement'. It has not had much attention but would give this Tory Government the power to set the ultimate rules on how the Scottish Government purchases or contracts public services on behalf of us all. This could be as simple as declaring that ALL public service contracts have to be put out to tender between public bodies and private companies. My concern, of course, is how this could be used against our Scottish Health Service.

In England, Section 75 of the 2012 Health and Social Care Act has forced their Commissioning Groups to put health contracts out to tender between the NHS and private companies as they come up for renewal. This has resulted in significant areas of NHS England, especially community services and GP practices, being run by Virgin Care, Capita, Circle and other private companies. The whole system runs as a healthcare 'market' with the administration costs alone estimated to take £5-10Bn per year away from frontline care,



and a recent report suggesting that 2.5 million nursing hours per week are wasted on non-clinical paperwork. The legal power of Section 75 was recently demonstrated when Virgin Care sued six Commissioning Groups in Surrey for trying to bring services back into the NHS rather than renewing the Virgin contract. This is clearly Virgin's modus operandi when they don't get a franchise renewed (remember West Coast rail franchise) but it is estimated that settling the case out of court has cost NHS services in Surrey £2m or more. It has also sent a chilling message to other Commissioning Groups - don't even THINK of trying to avoid putting NHS services out to tender!

NHS England is currently undergoing yet another huge top-down reorganisation to create area-based health and care services. While I support any improvement in integration under a statutory body (like our Health Boards) the Government contracts for such organisations would allow them to be taken over by private companies instead. This would make it easier for big US health companies to extend their hold on NHS England and, indeed, demand access to NHS Scotland.

It is not yet clear how this Tory Government will use their power over Public Procurement across all four UK countries but it utterly undermines Devolution. If we care about keeping NHS Scotland as a unified, Public Health Service, why would we allow a neighbour, who is obsessed by 'market' philosophy, to take ultimate control over it? While all three unionist parties want to deny Scottish voters a choice, it is crucial that we get to choose our future - as a backwater of Brexit Britain or a modern Northern European country, taking its place in the wider world.

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