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DEBATE PACK

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Effect on the NHS of the UK leaving the EU

By Sarah Barber,
Alex Bate,
Alex Adcock

Summary

There will be a debate on the Effect on the NHS of the UK leaving the EU, on 22 March 2018, in Westminster Hall. This subject was determined by the Backbench Business Committee. The debate will be opened by Ben Bradshaw MP.

Contents

1. Background

Healthcare as a policy area is largely not one that comes under the competences of the European Union. However, the UK's exit from the EU could have an impact across a range of different areas in England, Scotland, Wales and Northern Ireland. This debate pack provides a brief overview of some areas which could potentially be affected by Brexit.

2. NHS workforce

Currently, around 62,000 people from other EU countries work in the English NHS (which has a workforce of around 1.2 million). In some parts of the country, particularly London and the South East, the proportion of EU workers is particularly high compared to the national average. More information can be found in the Commons Library briefing paper, NHS staff from overseas: statistics.

Scottish Government survey data shows that 4.5% of the Scottish NHS is comprised of EU nationals.[1] In November 2017, 1,438 individuals employed directly by the NHS in Wales identified themselves as EU Nationals. This is 2.6% of all staff with a known nationality, although 1/3 of staff in the figures do not have a known nationality.[2] There are no equivalent figures for Northern Ireland, although some have argued, including a 2017 report in the Lancet, that Health and Social Care in Northern Ireland would be particularly vulnerable to a loss of labour as it "effectively shares a health and social care workforce with an EU country", i.e. the Republic of Ireland.[3]

Any significant changes to immigration rules for European Economic Area (EEA) nationals could have a significant impact on the NHS's ability to recruit. Leaked modelling by the Department of Health and Social Care, seen by the *Health Service Journal*, showed that a stop to all EEA inflows of staff from 2019 could cause a shortfall of nurses of up to 20,000 by 2025/26, compared to the base case supply.[4] However, this is not an immigration policy the Government has proposed, and it has frequently stated its intention to continue to allow the NHS to recruit the necessary numbers of staff from the EU.

In response to a November 2017 PQ asking what plans were in place to ensure adequate numbers of essential healthcare staff would be recruited after the UK left the EU, the then Health Minister Philip Dunne replied:

> The Department continues to closely monitor the overall staffing levels across the National Health Service and social care and are working closely with Health Education England, NHS England and

1 'EU vital to NHS and social care services', *Scottish Government press release*, 1 February 2017
2 Welsh Assembly, Wales' future relationship with the European Union: Evidence from the Welsh NHS Confederation, February 2018
3 The Lancet, How will Brexit affect health and health services in the UK? Evaluating three possible scenarios, 28 September 2017
4 'Exclusive: Leak reveals worst case scenario for nursing after Brexit', *Health Service Journal*, 6 April 2017

> others in the health and care system to understand the impact of the United Kingdom's exit from the European Union on the health and care workforce.
>
> The Department has set out a plan to attract and retain talented staff, backed by an additional £2 billion investment in the sector over the next three years, including initiatives to increase domestic training places for doctors and nurses.
>
> The Secretary of State for Health has also made it clear that we will have an immigration system that means the NHS and social care system are able to get the number of people they need, from not just the EU, but from all over the world.[5]

However, the Health Committee's 2017 report into Brexit and health and social care quoted evidence from the Chief Executive of Health Education England, Ian Cumming, who stated that self-sufficiency from training UK healthcare staff could take "somewhere in the region of 10 or 12 years."[6] The Committee concluded that the "requirement for the UK to maintain an immigration system which facilitates swift entry to the UK for the health and social care workforce is likely to continue for many years."[7]

In addition to potential impacts on recruitment following any changes to immigration regulations, reports have also suggested that Brexit could have an impact on the NHS retaining EU staff already working in the UK. The Health Committee's report highlighted the increasing proportion of NHS leavers from EU countries since the EU referendum:

> Workforce data published by NHS Digital and referred to in evidence from the Department of Health has added a degree of credence to concerns that clinical staff from R-EU are now choosing to leave the NHS. In 2016 EU staff made up 6.6 % of all staff choosing to leave the NHS, up from 5.7% the previous year. Furthermore, the number of EU nurses choosing to leave the NHS increased from 7.5 of all leavers in 2015 to 10% in 2016. There was no such growth in the number of doctors leaving but Charlie Massey (Chief Executive of the General Medical Council) provided an insight into the reasons why some doctors may eventually choose to leave their posts in the UK:
>
> > If you look at what people said in their free text comments in our survey, basically there were two reasons that came out as being the drivers of that: first, a question of whether doctors felt valued and wanted in the NHS; and, secondly, a question of the uncertainty over their continuing and future residence status.[8]

According to a 2017 British Medical Association (BMA) survey of EEA doctors working in the UK, 45% are considering leaving the UK, with 18% having already made plans to leave.[9]

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5 PQ 112105 [NHS: Recruitment], 15 November 2017
6 Health Committee, Brexit and health and social care – people & process, 28 April 2017, HC 640 2017-19, para 54
7 *Ibid.*, para 61
8 *Ibid.*, para 44
9 BMA, 'Almost a fifth of EU doctors have made plans to leave UK following Brexit vote', 14 November 2017

The Government has stated its desire for current EEA staff in the NHS to remain, and argues that the December 2017 agreement with the European Commission will safeguard the rights of those already living and working in the UK.[10] It also quotes figures showing that as of September 2017, there are 3,200 more EU staff working in the NHS than in June 2016. However, as the number of staff with unknown nationality has fallen by more than 10,000 over the same period, we do not know exactly how the number of EU staff has changed since June 2016. Part of the apparent increase for particular nationality groups could be due to improved data coverage rather than genuine increases.

Professional regulation

Currently under EU rules, EEA nationals who hold medical qualifications from an EEA country are entitled to have their qualifications automatically recognised for the purposes of registration with professional regulators. In evidence to the Health Committee's 2017 report on Brexit and health and social care, the General Medical Council (GMC) argued that there would be benefits to changing the legislative requirements around this after the UK leaves the European Union:

> We have always argued that the GMC should have the right to test the competence of European doctors, like we do for other doctors who qualified overseas, with rigorous assessments of their knowledge and clinical skills. We believe that the current European law which restricts us from doing so has created a weakness in the system.[11]

Similar calls were made in evidence from the Chief Executive of the Nursing and Midwifery Council (NMC):

> Under the conditions of automatic recognition enshrined in the Directive, we are required to recognise a nurse or midwife's qualification even if they have been out of practice for a significant length of time. We believe that this poses a public protection risk.[12]

However, the BMA argued in its 2017 General Election Brexit briefing that mutual recognition of qualifications has allowed the UK to fill workforce vacancies quickly, and that it has also given the UK access to the EU-wide alert system for suspended and banned medical professionals.[13]

In evidence to the Committee, Health and Social Care Secretary Jeremy Hunt stated that remaining part of the alert system would likely not be particularly problematic. He also stated an intention to look at the English language testing requirements after the UK left the European Union, to see if it could focus more on clinical rather than basic English. More information can be found in the Commons Library briefing paper, Language testing for healthcare professionals.

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10 PQ 130055 [NHS: Staff], 7 March 2017
11 Health Committee, Brexit and health and social care – people & process, 28 April 2017, HC 640 2017-19, para 72
12 *Ibid.*, para 75
13 BMA, A Vote for Health, May 2017

The UK in a Changing Europe's report on Brexit and the NHS argued that increased restrictions on EEA workers through a more extensive registration process would inevitably have an impact on recruitment:

> There is clearly a trade-off between patient safety as served by restrictions on healthcare professions and patient safety as served by having a workforce sufficient to meet the country's needs.[14]

The BMA has noted that mutual recognition of medical qualifications is particularly important in Northern Ireland, "where clinicians move freely between both jurisdictions (NI and the Republic of Ireland)."[15]

3. Reciprocal healthcare

The UK currently has reciprocal healthcare arrangements with all countries in the EEA, allowing UK nationals access to healthcare abroad on the same basis as a national of the EEA state. This covers a range of situations including emergency unplanned care whilst abroad (through the European Health Insurance Card) and for pensioners who have retired abroad.

The Government has stated its intention to continue with existing arrangements after the UK leaves the EU, as set out by Health Minister Lord O'Shaughnessy in evidence to the Lords Select Committee on the European Union:

> What we want to achieve is a continuation—albeit necessarily in a new form—of the current arrangements, in terms of continued involvement in the EHIC process or a version of that; reciprocal healthcare for future pensioners, ie, those resident in the UK now but who may move abroad; and the continued possibility for UK and EU residents to come to one another's countries for planned care and for that to be funded by their respective Governments.[16]

In evidence to the Health Committee, Jeremy Hunt argued that continuation of existing reciprocal arrangements with the EU was "perfectly possible."[17] However, in evidence to the Lords Committee, Professor Martin McKee, Professor of European Public Health at the London School of Hygiene and Tropical Medicine argued that as reciprocal agreements were based on social security legislation, such an agreement with the EU would be extremely complicated:

> **Lord Crisp:** My question has slightly disappeared with the discussion that you were just having. If I understand it, what you are saying is that the EU does not have reciprocal healthcare agreements with non-EU countries as the EU.
>
> **Professor McKee:** No, because it is the responsibility of the individual member states. There has been a lot of argument as to why it should have one. The first would be economy of scale—for a small country, it is difficult to do all of this; secondly, because of the exchange of information. For example, should the legislation

14 The UK in a Changing Europe, Brexit and the NHS, March 2018, p9
15 BMA, The Impact of Leaving the EU on Patients, February 2018
16 House of Lords Select Committee on the European Union Home Affairs Sub-Committee, Corrected oral evidence- Brexit: reciprocal healthcare, 29 November 2017, Q95
17 Health Committee, Oral Evidence: Brexit and health and social care, 24 January 2017, HC 640 2017-19, Q117

> in a country with which you have a reciprocal agreement change, as it did in India a few years ago, what mechanism is there for the country that first discovers that to let everybody else know. There is not one at the minute, and that may have a material impact on some of these agreements. The arguments have been made very clearly that you should have but it has not proven possible.
>
> I do stress that the more I get into this, the more challenging I find it to be, so it is possible that I am wrong on something or not completely up to date, but the main discussions have been around the north African countries and an attempt to get something happening there. I am not exactly sure where those discussions have got to but, as far as I am aware, nothing has been concluded. That is in particular focusing on pensions more than anything else.
> […]
>
> **Baroness Pinnock:** If I can pick out the headlines of what you have said, it is going to be extremely difficult and challenging, with no precedents for it, for a non-EU country, which could be the UK, to make a reciprocal healthcare agreement with the whole of the EU. Equally, from what you have said, it is just as challenging to do bilateral arrangements.
>
> **Professor McKee:** Nothing is impossible.
>
> **Baroness Pinnock:** Challenging, not impossible.
>
> **Professor McKee:** I do not know how they would do it.[18]

Alongside the debate on retaining existing reciprocal healthcare arrangements has been a debate on the cost to the NHS if UK citizens were to lose healthcare rights in other EEA countries and return to the UK. An October 2017 PQ response from then Health Minister Philip Dunne confirmed that the Government was modelling the potential costs should this occur:

> During negotiations with the European Union on the Withdrawal Agreement, the United Kingdom has been seeking to protect the healthcare arrangements currently set out in EU Regulations 883/2004 and 987/2009. In the recent negotiating rounds, the UK has agreed with the EU to protect reciprocal healthcare rights for UK nationals who are resident in another member state on EU Exit Day. This includes individuals who are of UK state pension age, and those who are not yet at state pension age, once they start drawing their UK state pension. The agreement also applies to many others who have previously worked in the EU, irrespective of where they are living on EU Exit Day.
>
> The Department is undertaking some modelling work to assess and understand how the UK health and social care sector would be impacted by a number of returning migrants. We also engage with our Embassies in EU Member States, which provides us with useful information about the concerns of UK state pensioners and other groups as the UK prepares to leave the EU.[19]

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18 House of Lords Select Committee on the European Union Home Affairs Sub-Committee, Corrected oral evidence- Brexit: reciprocal healthcare, 15 November 2017, Q81-2

19 PQ 109849 [Health Services: British Nationals Abroad], 31 October 2017

4. Cross-border healthcare

Rights to reciprocal healthcare are of particular importance to Northern Ireland, not just for patients working or travelling in the Republic of Ireland, but also to the Northern Irish NHS, which has a number of cross-border arrangements in place. The UK in a Changing Europe report set out some of these, and the potential impact on them of Brexit:

> Northern Ireland and Ireland provide perhaps the best example of how this works. Services designed for both sides of the Irish border meet collective healthcare needs in the area. Sexual health, diabetes and eating disorders are all treated in this way, with integrated services offered to patients in both Northern Ireland and Ireland. For instance, the radiotherapy centre at Altnagelvin Hospital in Derry/Londonderry is accessible to patients in County Donegal in the Republic who would otherwise have to travel long distances—to Dublin or Galway—to obtain the same treatment.
>
> EU integration has also enabled economies of scale across the Irish border, such as the sharing of key healthcare services, particularly where specific expertise and facilities are not viable in a small region such as Northern Ireland. In 2014 the Northern Irish and Republic health ministers agreed that there would be a joint child heart facility established in Dublin. Between January and September 2017, 23 children travelled from Northern Ireland to Our Lady's Children's Hospital in Dublin. Such cooperation is facilitated by the EU Directive on the mutual recognition of professional qualifications and on EU rules on data protection that enable the sharing of patient details. It is possible that access to these shared facilities and similar ones (such as the North West Cancer Centre) can be facilitated by the future UK-EU relationship and even bilateral UK-Ireland arrangements under the Common Travel Area.[20]

In a 2017 evidence session on Brexit in the Oireachtas, the Chief Executive of Louth County Council, Joan Martin, argued that EU INTERREG funding had been crucial in supporting these cross-border health projects, and the removal of such funding could mean that "the future would look very bleak."[21]

With regards to the future of INTERREG funding, the Government has confirmed it will guarantee EU structural and investment fund projects signed before the UK leaves the EU, but decisions on the replacement of EU funding will be taken in light of wider UK strategic priorities.[22]

5. NHS funding

According to the Office for National Statistics 2015 UK Health Accounts, total healthcare expenditure in the UK amounts to 9.9% of GDP. As such a significant proportion of UK expenditure, funding for the NHS would be impacted by changes in the economy following Brexit.

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20 The UK in a Changing Europe, Brexit and the NHS, March 2018, p10

21 House of the Oireachtas, Seanad Special Committee on the Withdrawal of the United Kingdom from the European Union debate, 7 June 2017

22 PQ 7155 [INTERREG Programme], 29 September 2017

This was set out in a PQ response by the then Financial Secretary to the Treasury David Gauke, in March 2017:

> **Asked by Mr Nigel Evans Asked on: 20 March 2017**
>
> To ask Mr Chancellor of the Exchequer, whether he plans to allocate additional funds to the NHS when the UK triggers its withdrawal from the EU.
>
> **Answered by: Mr David Gauke Answered on: 28 March 2017**
>
> The funding choices we take after exiting the EU will be based on the UK's domestic priorities and will be affected by the then economic environment, the fiscal position and the negotiated outcome.
>
> This Government is committed to ensuring that the NHS and local authorities have the funding that they need to deliver health and social care at the high standards that patients rightly expect.
>
> On top of our existing £10 billion additional investment set out at the Spending Review, at Spring Budget we increased NHS capital funding by £425m, and will assess further capital funding proposals again in the autumn.[23]

The UK in a Changing Europe report into Brexit and the NHS has argued that some financial impacts have been felt already:

> The immediate effects of the referendum have increased these pressures. The depreciation of sterling has raised the costs to the NHS of goods and supplies that are imported, and the resulting inflation has eroded the real value of public-sector workers' pay. Simply compensating NHS staff for this increase in prices would cost around £1 billion in additional salaries. Indeed, in the November 2017 Budget the Chancellor announced that the public-sector pay cap would end for most NHS staff, at an expected cost of around £700 million in 2017-18. Finding additional funds to cover such increases in future will obviously affect the amount of healthcare that can be provided within a given budget.[24]

A 2017 article in the Lancet by several academics highlighted that the NHS since 2001 has been the recipient of €3.5million in "low-cost capital" from the European Investment Bank (EIB), which has contributed to the funding of public-private partnerships.[25] Continued access to capital from the EIB will likely depend on the final agreement between the UK and the EU.

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23 PQ 68593 [NHS: Finance], 28 March 2017
24 The UK in a Changing Europe, Brexit and the NHS, March 2018, p6
25 The Lancet, How will Brexit affect health and health services in the UK? Evaluating three possible scenarios, 28 September 2017

6. Public Health

Current legislation on a number of policy areas, such as regulation of blood and tissues, food safety, tobacco, alcohol, and the environment is derived from EU legislation, in some of these areas the UK has also legislated. When the UK leaves the EU, it will have the opportunity to consider whether this should be maintained, amended, or repealed.

EU strategies and agencies have also coordinated action on issues such as reducing alcohol misuse and tackling antimicrobial resistance.

Healthcare professionals have said it is a priority that these standards and cooperation are maintained following Brexit.[26] It has also been proposed that Brexit may provide the opportunity to strengthen regulation in areas such as the traffic light labelling scheme on food products.[27]

The UK is currently a member of a number of information sharing networks and systems on cross border health threats. The Early Warning and Response System, run by the European Centre for Disease prevention and Control (ECDC) allows notification at an EU level on cross border health threats. Other rapid alert systems allow for information sharing on food supply, human tissue and blood.

The UK could continue to work with the ECDC after Brexit. Non-EU Member States such as Norway and Switzerland both work with this organisation, although they do not have a formal role in decision-making.[28]

Dr Paul Cosford, Director of Health Protection at Public Health England has said that it is in everyone's interests to continue to collaborate closely:

> Paul Cosford, director of health protection at Public Health England, a government agency, stressed that Britain was a world leader in tackling cross-border threats and underlined the importance of communication. "We benefit from a range of international information-sharing mechanisms in the area of health security, including with the EU, among others and believe it is in everyone's interests to continue to collaborate closely going forward," he said.[29]

In its April 2017 report, *Brexit and health and social care—people & process,* the Commons Health and Social Care Committee noted that:

> Maintaining pan-European cooperation on public health issues was viewed by the Secretary of State as an existing mechanism that would not be jeopardised by Brexit. The Secretary of State outlined the rationale for his optimism but did not describe how the system would operate with the UK outside the EU:

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26 BMA, BMA briefing: Health protection and health security, 30 January 2018
27 Health and Social Care Select Committee, Brexit and health and social care—people & process, April 2018
28 Kings Fund, Brexit: the implications for health and social care, December 2017
29 Why Brexit could be bad for your health, Politico, 21 February 2018

> Obviously, we want to continue all aspects of co-operation with our partners and friends in the EU post-Brexit in order to reduce public health risks. It is incredibly unlikely that they will not want to do that, because it is as much in their interests as it is in ours.[30]

The 'do no harm' amendment

The Crossbench Peer, Lord Warner has tabled an amendment to the *EU (Withdrawal) Bill* on public health following Brexit.

This amendment draws on similar wording in Article 168 of the Lisbon Treaty and seeks to ensure that public health is a consideration in policy decisions. The Faculty of Public Health provide a summary of the amendment:

> The 'do no harm' amendment will guarantee and protect the health of future generations as we leave the EU. While the current Secretary of State for Health has outlined the Government's commitment to 'maintain participation in European cooperation on disease prevention and public health' – an assurance that is appreciated – conversations with the public health community have highlighted that concerns still exist about the potential impact of the Bill on the public's health. Without the safety net of EU law, and in the context of significant cuts to public health and wider health budgets, we fear the gradual erosion of our existing high level of vitally important public health legislation, policy and practice.
>
> If included in the Bill, this line of legislation would be a golden opportunity for the Government to provide much-needed reassurance to the health community that Brexit will 'do no harm' to the public's health and will not put increasing pressure on the NHS.[31]

The House of Lords considered this amendment in Committee Stage on 19 March 2018.[32] Responding for the Government, Lord Duncan of Springbank said that there would be no roll back of public health standards. He said that it was the intention to "secure the highest possible engagement on matters of wider public health." Lord Duncan also stated that there is an existing statutory duty for the Secretary of State to protect the health of the public under the National Health Service Act 2012 and therefore, the Government could not support the amendment.[33]

For further information on the environmental regulation and the potential impacts of leaving the EU, the following library briefings may be useful:

- Brexit and the Environment (January 2018)
- Brexit and air quality (March 2018)

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30 Health and Social Care Select Committee, Brexit and health and social care—people & process, April 2018

31 Better Health For all blog, FPH is campaigning to ensure Brexit will 'do no harm' to the public's health, 20 February 2018

32 HL Deb c109 19 March 2018

33 HL Deb c125 19 March 2018

7. Medicines and medical devices

The impact of Brexit on how we access medicines, and how these are regulated in the UK has been the subject of attention since the referendum result in June 2016.

Currently, the European Medicines Agency (EMA) provides and coordinates licensing, expertise and support for medicines and medical devices throughout the EU. It is currently based in London, but following the referendum result, will now move to Amsterdam.

The Medicines and Healthcare Product Regulatory Agency (MHRA) is the body responsible for licensing and regulating medicines and medical devices in the UK. It currently works with the EMA both as part of a regulatory network, and as a rapporteur doing a significant amount of work on behalf of the European Agency.

The Government have said that they wish to continue to collaborate with the EU on medicines and medical devices. In the Mansion House Speech in early March 2018, the Prime Minister said that the UK Government wanted to remain an associate member of the European Medicines Agency.[34]

The Commons Health and Social Care Committee has conducted an Inquiry on Brexit and medicines and medical devices and published its report on 21 March 2018. The Committee welcomed the Government's intention to seek regulatory alignment with the EMA, but expressed concerns about a no-deal outcome and urged the Department of Health and Social Care to be prepared for this scenario:

> We welcome the Government's stated intention to maintain regulatory alignment with the European Medicines Agency (EMA). The UK, with the expertise and capacity of the Medicines and Healthcare products Regulatory Agency (MHRA), has a great deal to offer its European partners. We believe this is in the interests of patients, citizens and governments on both sides of the negotiations. The entire supply chain of pharmaceuticals, from research and development, timely licensing, production, quality control, through to the product being launched and available on a pharmacy shelf, will be adversely affected by regulatory divergence and seriously so in the event of a 'no deal' Brexit.
>
> However, while the European Council has reiterated its wish to have the UK as a close partner in the future, it has also set out that preserving the integrity of the Single Market excludes participation based on a sector-by-sector approach. As negotiations under Article 50 will be conducted as a single package, any provisions which are put in place for continued co-operation between the EU and the UK in the life sciences are dependent on similar agreements being made across the whole of the negotiations. We heard evidence from witnesses that their preferred option was Britain's continued membership of the Single Market and Customs Union or retaining a Norway type EFTA/EEA relationship. We note that the Government has ruled those options out. In the absence of a change in the

[34] Prime Minister's Office, PM speech on our future economic partnership with the European Union, 2 March 2018

> Government's approach, we believe it is not just prudent, but essential, that scrutiny is undertaken of the Department of Health and Social Care's (DHSC) contingency planning for a 'no deal' situation.[35]

For a general overview on medicines and medical device regulation, and the potential impacts of Brexit on this, see the library briefing paper, Brexit and medicines regulation.

7.1 Medical isotopes

The European Atomic Energy Community (Euratom) provides the basis for the regulation of civilian nuclear activity.

Radioactive isotopes[36] are used in medicine for the diagnosis and treatment of various diseases, including cancers, cardiovascular and brain disorders.[37] In the UK, medical isotopes are imported and mainly sourced from a few research reactors,[38] many of which are in EU countries.[39] The isotopes often have short half-lives, meaning they decay rapidly and cannot be stored. This creates the need for constant supply which has failed in the past, creating global shortages.[40]

The UK Government have given notice that the UK will be leaving Euratom as part of Brexit.[41] Following this, concerns have been expressed that any changes to import arrangements as a result of Brexit and leaving Euratom could impact on the delivery of health treatments.[42]

The Business, Energy and Industrial Strategy Committee[43], and the Health Committee[44] have both called on the Government to keeps its position in Euratom under review and that it should retain "*as close as possible a relationship*" after leaving the EU. The Government have said that they wish to maintain "*a close and effective association with Euratom in the future.*"

The Government have also said that leaving Euratom will not affect the import of medical isotopes in future and has said continued access to these products remains a high priority topic:

> The Government is fully aware of the importance of molybdenum-99 (Mo-99) supplies for the National Health Service. However,

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35 Health and Social Care Select Committee, Brexit: medicines, medical devices and substances of human origin, 21 March 2018
36 POSTnote 558, 'Supply of medical Radioisotopes', July 2017
37 European Commission, 'Supply of medical radioisotopes', Accessed 11 July 2017
38 Some radioisotopes can also be produced in particle accelerators.
39 World Nuclear News, 'Radioisotopes in Medicine', May 2017
40 British Nuclear Medicine Society and Science & Technology Facilities Council, 'Future Supply of Medical Radioisotopes for the UK', December 2014
41 HM Government, European Union (Notification of Withdrawal) Act, Explanatory notes, 2017
42 The Royal College of Radiologists, RCR statement on the potential impact of leaving the Euratom treaty, July 2017
43 House of Commons Business, Energy and Industrial Strategy Committee, 'Leaving the EU: Implications for the civil nuclear sector', Second Report of Session 2017-19, 12 December 2017, para. 4
44 Health and Social Care Select Committee, Brexit: medicines, medical devices and substances of human origin, 21 March 2018

> Euratom places no restrictions on the export of medical isotopes to countries outside the European Union. Therefore, the United Kingdom's ability to import medical isotopes from Europe and the rest of the world, will not be affected by withdrawal from Euratom.
>
> The Government recognises the concern that changes to customs and border processes as a result of withdrawal from the EU and the EU Customs Union could affect the timely supply of medical radioisotopes. It is in the interest of both the UK and EU to avoid disruption in the timely access of treatment to patients; and to ensure that cross-border trade with the EU is frictionless as possible. Continued access to these critical products remains a high priority topic for the Government in both our domestic preparations as well as in our negotiations on our future relationship with the EU.[45]

More information about Euratom and Brexit is provided in a library briefing paper, EURATOM.

[45] HC Written Question 127855: Molybdenum, 26 February 2018

8. Press articles

FT, 14 March 2018

Brexit and the 'NHS dividend'

BMJ, 5 March 2018

Brexit will affect UK's supply of radioisotopes

BMJ, 27 February 2018

"Frictionless trade" of drugs must continue after Brexit, warn European organisations

Guardian, 23 Feb 2017

Thousands of doctors trained in Europe 'may quit UK after Brexit'

The Independent, 4 February 2018

Brexit is 'biggest threat' to the future of the NHS, say 100 MPs, MEPs and peers from five parties

BMJ 31 January 2018

Mental health workforce will suffer under Brexit, providers warn

BMJ, 24 January 2018)

"No deal" Brexit would threaten access to new drugs, Hunt warns

FT, 7 January 2018

UK in push to remain part of EU medicines agency after Brexit

The Herald, 31 December 2017

Warning: Brexit will leave Scottish NHS in ruins

BMJ, 21 December 2017

Working time rules must be kept after Brexit, say medical leaders

FT, 15 December 2017

Pharma's reach for post-Brexit harmony on medicines

FT, 12 December 2017

Pharma warning of Brexit impact to public-health emergencies

Guardian, 7 Nov 2017

Doubt over EU staff in NHS threatens patient care, hospital bosses say

The Lancet, 4 November 2017
How will Brexit affect health and health services in the UK?
Evaluating three possible scenarios

BBC News, 26 October 2017

What could Brexit mean for the NHS in Wales?

Guardian, 29 Sep 2017
Brexit in any form poses major risks to NHS, academics say

9. Press releases

Health and Social Care Committee

Brexit negotiators urged to prioritise patient safety

21 March 2018

The Health and Social Care Committee urges UK and EU negotiators to prioritise patient safety in next round of Brexit negotiations in its report into Brexit: medicines, medical devices and substances of human origin

- Read the report summary
- Read the conclusions and recommendations
- Read the full report: Brexit – medicines, medical devices and substances of human origin

Negotiators on both sides must heed the call of industry and patient groups in securing the closest possible regulatory alignment in the next round of Brexit talks.

Chair's comment

Chair of the Committee, Dr Sarah Wollaston MP, says:

"In order to minimise harm to their citizens, both the UK and the EU-27 should look to secure the closest possible regulatory alignment in the next round of the Brexit negotiations. Failure to do so would signal a triumph of ideology over the best interests of patients."

Regulatory alignment

The Committee welcomes the Government's stated intention to maintain regulatory alignment with the European Medicines Agency (EMA). The entire supply chain of pharmaceuticals, from research and development through to the product being available on a pharmacy shelf, will be adversely affected by regulatory divergence and seriously so in the event of a 'no deal' Brexit

However, the European Council has stated that preserving the integrity of the Single Market excludes participation based on a sector-by-sector approach. Any provisions for continued co-operation between the EU and the UK in the life sciences are dependent on similar agreements across the whole of the negotiations. We believe it is not just prudent, but essential, that scrutiny is undertaken of the Department of Health and Social Care's contingency planning for a 'no deal' situation.

Clinical Trials and Research and Development

For the benefit of patients, particularly with rare conditions, on both sides of the Channel, it is vital that the UK life sciences sector is able to continue to participate in Europe-wide clinical trials. If the UK does not adopt the new clinical trials regulations and is unable to access the EU infrastructure developed within the EU to underpin them, difficulties for patients and the life science industry could emerge.

The UK should seek to continue to be a member of EU Research and Development (R&D) funding and research mechanisms such as Horizon

2020 after leaving the EU, if possible on the same terms as it currently enjoys.

Patient safety

The UK should also seek mutual recognition of pharmacovigilance mechanisms by the MHRA and the EMA as a priority in the next round of negotiations, as the failure to do so could affect patient safety both in the UK and the EU. It is also in the best interests of patients for the UK to continue membership of all of the major EU pharmacovigilance systems and databases, including the European Database on Medical Devices (EUDAMED) and Eudravigilance.

Trade, customs and supply chains

We support the case for free and frictionless trade with the EU. The Government should assess the impact of the loss of parallel imports. We also recommend that the Government undertake further contingency planning on the impact on the supply chain of a failure to achieve free and frictionless trade in pharmaceutical products.

NHS Confederation

Brexit could disrupt supply of medicines, Brexit Health Alliance warns

29 January 2018

Patients could face disruption to the supply of their medicines when the UK leaves the EU, according to the Brexit Health Alliance in a briefing paper published today, which is calling on both sides to put patients first.

The Alliance brings together the NHS, medical research, industry, patients and public health organisations to safeguard the interests of patients and the healthcare and research they rely on.

Brexit and the impact on patient access to medicines and medical technologies warns that unless a deal is reached medicines and medical technologies could be delayed or even become unavailable to patients.

In an example, the Brexit Health Alliance is warning that up to 120,000 prostate cancer patients throughout Europe could be affected if Brexit negotiations fail to find a solution for future cooperation between the UK and the EU on regulation and trade of medicines and medical devices.

A prostate cancer medicine, made in a highly sophisticated process in the UK and used in 80 countries including all of Europe, is one of many medicines that risks supply disruption from a "no deal" scenario.

The future of research into new medicines and medical technologies could also be affected. Around 750 UK-led clinical trials including multiple EU member states could be at risk if there is no plan on how to approve and manage these multi-national trials with European partners

after March 2019.

The aim of the Brexit Health Alliance is to secure a cooperation agreement between the UK and the EU on regulation of medicines and medical devices.

Niall Dickson, co-chair of the Brexit Health Alliance, said: "It is critical that UK and EU patients do not lose out on the best treatments and medical devices as the UK leaves the EU.

"We want to make sure that patients continue to benefit from early access to new health technologies and cutting-edge medicines, and that includes being able to take part in international clinical trials.

"This can be achieved if will is there – what patients need is maximum co-operation and alignment between the EU and the UK on the regulation of medicines and medical devices and we very much welcome the UK Government's commitment to close collaboration with our European partners.

"Let's put patients first - both the UK Government and European Commission must make this cooperation priority in the interests of UK and EU patients."

Aisling Burnand, Chief Executive of the Association of Medical Research Charities, said: "It is vital that the health of patients is prioritised in the second phase of negotiations. If not, patients in the UK and the EU could face delays in accessing potentially life-saving treatments. Officials on both sides of the negotiating table must have patients' best interests at heart and ensure safety considerations are paramount."

Association of the British Pharmaceutical Industry (ABPI)

Preparing for Brexit: ABPI's reaction to MHRA update for pharma

16 Jan 2018

As the MHRA publishes an update to pharmaceutical companies on preparing for Brexit, the ABPI reaffirms the importance of patient and public health in negotiations.

In December 2017 the European Council formally agreed sufficient progress had been made in the UK's withdrawal from the European Union to move onto the second stage of negotiations. As our industry prepares for Brexit, the Medicines and Healthcare products Regulatory Agency (MHRA) has today published an update to pharmaceutical companies on exit preparations.

The ABPI - the trade group representing the pharmaceutical industry in the UK - has responded to the MHRA's statement reiterating the importance of getting Brexit right:

"Today's statement from the MHRA is a welcome update for companies who are already actively making plans and taking decisions in advance of the UK's departure from the EU.

"We share the MHRA and the Government's ambition for patients in the UK and EU to have continued access to best and most innovative medicines through a close working relationship with Europe, underpinned by the strongest regulatory framework and the sharing of data. This is an outcome we shall continue to work towards – yet, if such cooperation is unable to be agreed we welcome the MHRA's intent to take a pragmatic approach. Planning for this scenario does, however, require further detail, and further highlights why a realistic implementation period needs to be urgently agreed.

"For patients and the public there are very real consequences of failing to get this right, and we will continue to work with our members, regulators, governments and the Commission to mitigate these risks. The complex issues surrounding medicines regulation and supply chain need to be front and centre in the second phase of talks."

Read the MHRA's statement online here and find our more about how we're preparing for the UK's departure from the European Union.

Medicines and Healthcare products Regulatory Agency (MHRA)

MHRA update to pharmaceutical companies on exit preparations

16 January 2018

An update from the Medicines and Healthcare products Regulatory Agency (MHRA) to pharmaceutical companies on preparations for exiting the European Union.

Update on negotiations

The European Council formally agreed on 15 December that sufficient progress has been made to move on to the second stage of the negotiations, and adopted guidelines for that second phase.

This followed the publication of a Joint Report on progress during the first phase by the Government and the European Commission on 8 December.

These are important steps forward for both sides and demonstrate the shared interest in managing our exit smoothly, and in moving on with our negotiations.

In the context of ensuring continuity in the availability of goods placed on the market under Union law before withdrawal, the Joint Report makes clear that "goods placed on the market under Union law before the withdrawal date may freely circulate on the markets of the UK and the Union with no need for product modifications or re-labelling; be put into service where provided in Union law, and that the goods concerned should be subject to continued oversight."

The guidelines set out the need for the EU and the UK to complete work on all withdrawal issues and to start drafting the Withdrawal Agreement. The UK looks forward to continuing these discussions.

The EU guidelines also acknowledge the proposal put forward by the UK for a time-limited implementation period, based on the existing structure of EU rules and regulations. The aim is for access to one another's markets to continue on current terms throughout this period, and for it to be based on the existing structure of EU rules and regulations.

Both parties have recognised the importance of such a period in the interests of providing certainty and continuity to businesses and individuals, and the EU is expected to adopt additional negotiating directives on transitional arrangements in January 2018. The UK expects to be able to rapidly agree the detail with the EU in 2018.

Finally, the guidelines reconfirm the EU's desire to establish a close future partnership with the UK. As the UK enters the second phase of negotiations, its position on medicines regulation remains clear. The UK is fully committed to continuing the close working relationship with its European partners, in the interests of public health and safety. Its aim is to ensure that patients in the UK and across the EU continue to be able to access the best and most innovative medicines and be assured that their safety is protected through the strongest regulatory framework and sharing of data.

Preparing for all outcomes

MHRA is aware that companies who market pharmaceuticals in the EU and UK will need to plan and make decisions in advance of the UK's departure from the EU in March 2019.

As noted above, the UK's intention remains to secure an implementation period based on the existing structure of EU rules and regulations as quickly as possible, and to agree a deep and special future partnership.

We will continue to advise businesses on the basis of the UK position and will continue to work with the European Medicines Agency in planning for the UK's withdrawal from the EU and future relationship.

Current regulatory relationship between UK and European network

It is also important to note that the UK's current regulatory relationship with the European network remains unchanged. The UK has underlined to Member States and to the EMA on several occasions that at present:

- the UK continues to be a full member of the EU: we will fulfil our responsibilities, and, in turn expect to be treated as such.
- the UK continues to bid for EMA work and expects its bids to be respected and considered on merit. There are simple, pragmatic solutions to manage the possibility of various outcomes in March 2019: we are, for example, putting forward UK bids in conjunction with other Member States, in the centralised

procedure, to ensure business continuity where procedures are likely to run beyond this date.
- MHRA have committed to complete all assessments under evaluation at the time that the UK departs from the EU and will make assessment reports available to the network.
- the UK continues to carry out its Official Control Authority Batch Release (OCABR) responsibilities as part of the Official Medicines Control Laboratory (OMCL) network for human biologicals.
- the UK will continue to put candidates forward for leadership roles where appropriate and expects the committees with responsibility for electing chairs to do so on merit.

UK regulatory requirements after March 2019 in the event of no ongoing relationship with EMA networks

Companies have been asking for detail about UK legislative requirements in different scenarios. We have been working closely with industry associations and other stakeholders and further details on all these issues and more – both our Day One and longer-term proposals – will be published when appropriate.

As stated above, the UK intends to agree a time-limited implementation period with the EU, and both parties have recognised its importance. Should however there be no implementation period, MHRA's approach would be in line with the following principles:

- the European Union (Withdrawal) Bill will convert the existing EU legislative framework into UK law at the moment of exit, so there would be no sudden changes to the UK regulatory framework.
- we would be pragmatic in establishing UK regulatory requirements. We would give adequate notice and ensure that companies had sufficient time to implement any changed requirements.
- where possible, we would be making use of the information we already have to complete administrative tasks for continuity of work and licences.
- we would ensure the minimum disruption and burden on companies as the UK exits the EU, while building on the existing relationship between MHRA and firms.

We will continue to engage with business, patient groups and other stakeholders to help plan ahead with certainty, and will look to publish more technical detail if appropriate.

Nuffield Trust

'No deal' Brexit would harm NHS and its patients, Nuffield Trust warns

New briefing explores five key areas where the deals the UK government reaches with the EU - or lack of them - will impact upon health and social care.

7 November 2017

A 'no deal' Brexit would do serious damage to an already overstretched NHS, the Nuffield Trust warns today. Without deals in place to

guarantee the rights of EU staff, secure vital cross border treatment in Northern Ireland and safeguard access to lifesaving drugs, equipment and vital medical products, patients could bear the brunt of a chaotic exit from the European Union.

The warning comes in a new briefing, which looks at the priorities for the NHS as attention turns to a possible trade deal with the EU. The briefing explores five key areas [1] where the deals the UK government reaches with the EU - or lack of them - will impact upon health and social care. It also examines where the NHS might have greater freedoms and flexibility once the UK has left the European Union and what benefits these could bring.

Mark Dayan, report author, Nuffield Trust

The report finds that even with an exit deal on money, citizens' rights and Northern Ireland, **trade and co-operation deals** would be needed so that:

- Delays or charges at the border do not drive up prices of the supplies the NHS relies upon, or risk the loss of vital products with a limited shelf life like radioisotopes;
- British scientists and doctors can keep working as much as possible with European programmes, like Horizon 2020 which has funnelled €420 million into British health research;
- British patients do not face slower access to life saving drugs, and British and European taxpayers do not have to pay more for duplicate regulation in medicines.

The report argues that an **exit deal** will be needed to make sure:

- The rights of tens of thousands of EU doctors and nurses are guaranteed, minimising the chances of an exodus making already concerning staff shortages across the NHS worse;
- A hard border does not obstruct Northern Irish people who need to go to the Irish Republic for vital care and vice versa;
- A sudden legal vacuum does not risk supplies of already approved medicines, and human substances like blood plasma;
- Expat pensioners who access healthcare under EU schemes do not feel forced to return, potentially requiring up to £500 million more in annual spending, and 1000 extra hospital beds.

The report also highlights areas where the NHS could have greater flexibility after Brexit. One such area is the opportunity to loosen the restrictions on the hours doctors work under the Working Time Directive, which could free up time for training. However, a return to the long hours of the past would risk driving staff away. Another is in removing elements of competition law currently restricting collaboration between NHS organisations. But the report concludes that the scope for more flexibility here after Brexit may in fact be limited.

Commenting on the report, author Mark Dayan said:

"Many different parts of EU law and EU institutions play an important role in enabling healthcare to be delivered to the standards we see today. Suddenly ending them with no replacement would do serious damage to an already strained NHS.

"For many things – from medicine regulation to the rights of NHS staff – there is a way through if deals can be secured. But if negotiations collapse entirely or if political red lines get in the way of future co-operation, patient care will suffer."

With the implications of Brexit on the NHS unclear, nowhere is it felt more than in Northern Ireland, which shares a border with an EU member state. Mark Dayan explores what harder forms of Brexit might mean for staff, patients and funding in the Northern Irish health service, while also looking at what might help.

Royal College of Physicians (RCP)

EU officials join RCP warning on Brexit and medical isotopes

20 July 2017

EU officials have warned the British government not to dismiss the impact of Brexit on Britain's access to radioactive isotopes used to diagnose and treat cancer. This reflects concerns raised by the British Nuclear Medicine Society (BNMS) with the support of the Royal College of Radiologists (RCR) and Royal College of Physicians (RCP).

In its statement, the BNMS said:

We share the view of the RCR [and RCP] that leaving Euratom will impact on the supply and cost of medical radioisotopes and would like to see greater clarity regarding the future arrangements. We are working with NHS England on the security of the future supply chain for medical radioisotopes to UK hospitals.

In the Financial Times' report, the UK government rejected the claims that withdrawing from the European nuclear regulator Euratom could interrupt trade in medical isotopes as 'scaremongering'.

RCP expresses concern over future of health in EU policies

19 June 2017

In an open letter addressed to European Commission president Jean-Claude Juncker, the Royal College of Physicians (RCP) and 40 European health organisations have expressed their 'grave concern' about the future of health in European policies and programmes.

The concern follows publication of the European Commission's White Paper on the Future of Europe, which suggests potential future reduction in European action, cooperation and legislation in the health field.

The open letter states:

Our determined view, shared by the vast majority of EU citizens, is that health is absolutely and unequivocally a core business of the EU. European integration and collaboration has brought great benefits for

our health and provides vital resources for our health services: free movement of health professionals, health technologies and patients.

[Download open letter via title link]

RCP comment on the Health Committee's report on Brexit and health and social care—people and process

27 April 2017

Professor Jane Dacre, president of the Royal College of Physicians (RCP), responds to the Health Committee's latest report - Brexit and health and social care - people & process.

Following today's release of the UK government select committee report on the consequences of Brexit for health and social care, Professor Dacre said:

The RCP completely agrees with the Health Committee's recommendations that the government should put patients at the heart of Brexit negotiations. The report suggests that the government put 'fundamental health concerns front and centre of the British negotiating priorities', and that 'whenever health issues are being discussed, it is vital that ministers or officials from the Department of Health should form part of the UK representation in negotiations with the EU'.

Much of the Health Committee's report reflects the RCP's submitted evidence:

• We share the committee's concern that research and innovation in the NHS could be compromised by further restrictions to freedom of movement arising from Brexit

• We welcome the committee's focus on workforce - particularly 'our post-Brexit future should both ensure that health and social care providers can retain and recruit the brightest and best from all parts of the globe and that the value of the contribution of lower paid health and social workers is recognised.'

• We also welcome the Committee's recognition of the RCP in raising the public health issues that we believe will be a priority for the Government during Brexit negotiations.

The Committee's inquiry acknowledged that over 60,000 people from EU countries outside the UK work in the English NHS and around 90,000 in adult social care, and recognised that we will continue to need, and benefit from the presence of EU staff in health and social care.

The RCP's full evidence is available at Brexit and health and social care – RCP response.

10. Parliamentary material

10.1 PQs

- NHS: Staff

Asked by: Gaffney, Hugh | **Party:** Labour Party

To ask the Secretary of State for Health and Social Care, what assessment his Department has made of the effect of the UK leaving the EU on staffing levels in the NHS.

Answering member: Stephen Barclay | **Party:** Conservative Party | **Department:** Department of Health and Social Care

NHS Digital publishes data on the nationality of staff working in the National Health Service in England and the latest figures show that there were over 3,200 more European Union nationals working in the NHS in September 2017 than before the referendum result.

The Government is committed to ensuring that the NHS and social care system have the nurses, midwives, doctors, carers and other health professionals that it needs**.**

We continue to monitor and analyse overall staffing levels across the NHS and adult social care, and we are working across Government to ensure there will continue to be sufficient staff to deliver the high quality services on which patients rely following the United Kingdom's exit from the EU.

On 8 December, the UK and EU Commission reached an agreement which delivered on the Prime Minister's number one priority, to safeguard the rights of people who have built their lives in the UK and EU, following the UK's exit from the EU.

The agreement will guarantee the rights of the 150,000 EU nationals working in our health and care system. It means that EU citizens living lawfully in the UK and UK nationals living lawfully in the EU by 29 March 2019 will be able to stay and enjoy broadly the same rights and benefits as they do now.

07 Mar 2018 | Written questions | Answered | House of Commons | 130055

- NHS: Drugs

Asked by: Edwards, Jonathan | **Party:** Plaid Cymru

To ask the Secretary of State for Health and Social Care, what preparations his Department is making for the availability of medicines in the NHS in (a) the event of a no deal Brexit and (b) during a transitionary period.

Answering member: Jackie Doyle-Price | **Party:** Conservative Party | **Department:** Department of Health and Social Care

The United Kingdom is fully committed to continuing the close working relationship with our European partners, and as part of the negotiations

the Government will discuss with the European Union and Member States how best to continue cooperation in the field of medicines regulation (including with the European Medicines Agency).

Our aim is to ensure that patients in the UK and across the EU continue to be able to access the best and most innovative medicines, and be assured that their safety is protected through the strongest regulatory framework and sharing of data. Whatever the outcome of Brexit negotiations, we are clear that our regulatory system that protects the best interests of patients and supports the UK life science industry to go from strength to strength.

We are in regular contact with the pharmaceutical industry through the Ministerial and industry co-chaired UK-European Union Life Sciences Steering Group. Outside of this group we have consistent contact with industry and research charities.

As a member of the Cabinet, the Secretary of State has regular discussions with all Cabinet colleagues, including on Brexit.

07 Feb 2018 | Written questions | Answered | House of Commons | 125587

- NHS: Migrant Workers

Asked by: Jarvis, Dan | **Party:** Labour Party

To ask the Secretary of State for Health and Social Care, what steps his Department is taking to retain EU nationals working in the NHS.

Answering member: Stephen Barclay | **Party:** Conservative Party | **Department:** Department of Health and Social Care

The Government hugely values the contribution of all the EU27 nationals working in the National Health Service. The Prime Minister has publicly reassured all European Union citizens who have chosen to make their homes and livelihoods in the United Kingdom, that she wants them to stay. Furthermore, the agreement announced on 8 December 2017 between the UK and the EU Commission safeguarded the rights of people who have built their lives in the UK and EU, following the UK's exit from the EU. NHS Improvement is leading a programme of work to improve staff retention in trusts across England.

The latest figures from NHS Digital show that there were almost 3,300 more EU nationals - including almost 500 more doctors - working in the NHS in September 2017 than before the referendum result.

18 Jan 2018 | Written questions | Answered | House of Commons | 122817

- NHS: Finance

Asked by: Brake, Tom | **Party:** Liberal Democrats

To ask the Secretary of State for Health, with reference to the oral contribution of the Foreign Secretary of 27 November 2017, Official Report, column 55, how much additional funding will be provided to the NHS each week after the UK leaves the EU.

Answering member: Stephen Barclay | **Party:** Conservative Party | **Department:** Department of Health and Social Care

The Department and the Government as a whole are determined to make a success of leaving the European Union and we are always keen to seek opportunities to continue to sustain and improve the National Health Service.

The Government is assessing the implications of the United Kingdom's withdrawal from the EU on the health sector and is undertaking detailed implementation planning for all scenarios.

The Government has already committed to backing the NHS with an additional £10 billion, in real terms, by 2020/21. We recognised that demand on the NHS has been higher than projected, which is why we have now committed to backing the NHS in England further so that by 2019/20 it will have received an additional £2.8 billion of revenue funding for frontline services than previously planned over the period. This includes £337 million this winter to help trusts to increase capacity. We have also committed £3.5 billion of new capital investment by 2022/23 to transform its estate and drive further efficiency savings.

15 Jan 2018 | Written questions | Answered | House of Commons | 121094

- NHS: EEA Doctors

12 Dec 2017 | Oral questions - Lead | Answered | House of Lords | House of Lords chamber | 787 cc1490-2

Baroness Walmsley

To ask Her Majesty's Government what assessment they have made of the number of doctors from European Economic Area states working in the United Kingdom who may be planning to leave the NHS after the United Kingdom's withdrawal from the European Union.

The Parliamentary Under-Secretary of State, Department of Health (Lord O'Shaughnessy) (Con)

My Lords, the Government value the contribution of all European Union staff working across the NHS and social care systems immensely. We have set out a clear pathway to permanent residency for these EU citizens. According to the latest NHS digital data, there are now more non-UK EU doctors working in the NHS than ever before, with almost 500 more since 30 June 2016.

Baroness Walmsley (LD)

My Lords, according to the BMA, almost half of EEA doctors are considering leaving the UK and one in five has already made plans to do so. Given that it takes 13 years to train a consultant, what is the Minister doing to fill these gaps in the short term? Is he aware that there are numerous doctors from around the world already resident in the UK but whose qualifications fall short of what is required by the NHS? They would dearly love to be able to upgrade their qualifications and help us to fill the gap that is going to be left by the Tory Brexit, but

there is no organisation that will advise and support them to improve their qualifications. What will the Minister do about that?

Lord O'Shaughnessy

I recognise that, as the noble Baroness pointed out, there has been uncertainty. That is why I am sure that the entire House will welcome the agreement reached last Friday to provide that certainty, and I encourage all noble Lords to look at and circulate the letter written by the Prime Minister to EU citizens explaining how much we value them, how much we want them to stay and how we have now agreed with the EU a process for doing that. The noble Baroness will be interested to know, as I am sure will other noble Lords, that there were 470 more EU doctors working in the NHS in June 2017 compared to June the year before—so, happily, we have not seen the exodus that so many people have warned about. We need to grow more of our own in the future, of course, and there are 1,500 training places for doctors coming on stream in September 2019, but I shall certainly look at the issue that she raises about providing opportunities for doctors—not least refugees; that issue has been raised with me—to upgrade their qualifications so that they can serve in the NHS.

Baroness Thornton (Lab)

My Lords, can the Minister guarantee, if the Government sort out the immigration status of EU medical staff in a timely fashion, that this will be with the retention of existing workers' legal rights such as the working time regulations and related employment directives in UK law for the current and future workforce?

Lord O'Shaughnessy

I think I may have detected a qualified welcome from the noble Baroness for the achievements of last year in providing that reassurance. Clearly, we want to make sure that there is the best possible working environment for our medical staff, wherever they come from, and that involves, as the Prime Minister has set out, having world-leading employment rights.

Lord Naseby (Con)

My Lords, is the Minister as concerned as I am that this Question refers to the EEA as well as the EU? I am mystified about why any Norwegian or Icelandic doctor should be concerned about Brexit. In addition to that, is my noble friend not absolutely correct? I went to Bedford Hospital a week ago on a Sunday with an EU doctor. That doctor made it quite clear to me that the reassurance that had been given by Her Majesty's Government was sufficient for her—and, I believe, her husband—to continue to work in the NHS.

Lord O'Shaughnessy

I thank my noble friend for pointing that out. It is extremely reassuring to know that the message is getting through. We as a department and as a Government have a job to do in making sure that everybody hears

that message of reassurance, because we want those EU workers to stay and contribute to our NHS.

Lord Falconer of Thoroton (Lab)

My Lords, what work has been done by the Department of Health to identify what impact leaving the European Union is going to have on the health service, and what is it doing about it?

Lord O'Shaughnessy

The noble and learned Lord will know that a variety of reports have been published. I am sure that he has taken the opportunity to sign in and read them, which is very welcome, and I encourage all noble Lords to do that. One of the greatest things that we have to do is look at workforce issues. I come back to the point about being able to provide reassurance to people who are thinking of leaving but have not yet done so. I stress that we have more EU and EEA people working in the NHS, which is a very welcome thing and I hope they take comfort from that.

Lord Wallace of Saltaire (LD)

My Lords, over the weekend a number of Ministers, including the Secretary of State for DExEU, said that these agreements are fine but that nothing is settled until everything is settled. That seems to be not quite the reassurance that everyone would want. Is it possible for the Government to go further and say that they will offer a guarantee to all EU citizens working in the National Health Service that, whatever else happens, they will continue to be welcome? I am conscious that the figures on nurses and midwives are not as good as those for doctors at present and that we are in severe danger of having a short-term gap in the number of nurses and midwives, which would be very serious.

Lord O'Shaughnessy

I point the noble Lord to the Prime Minister's letter, in which she talks about the fact that the rights will be written into law as we leave the EU. He is right to point out the position of nurses and midwives; that is the only category where fewer EU staff are working in the National Health Service year on year. However, as we have talked about many times in the House, new language tests may have had a critical role in that and that is something we are reviewing it to make sure that we can continue to welcome nurses from abroad.

Baroness Finlay of Llandaff (CB)

Given the current vacancy factor, and the fact that we have some refugees who are doctors and some who are nurses with an enormous amount of clinical experience but whose English language skills need to be improved, what are the Government doing to provide targeted English language training and apprenticeship attachments so that these refugees can enter the workforce and become economic contributors?

Lord O'Shaughnessy

This is an excellent idea that the noble Baroness has shared it with me before. We are looking at it and we have a workforce strategy coming out, so I will do my best to ensure that it includes something on this.

- NHS: European Medicines Agency

Asked by: Onwurah, Chi | **Party:** Labour Party

To ask the Secretary of State for Health, what assessment the Government has made of the potential effect on the NHS budget of the UK withdrawing from the European Medicines Agency.

Answering member: Steve Brine | **Party:** Conservative Party | **Department:** Department of Health

As part of the exit negotiations the Government will discuss with the European Union and Member States how best to continue cooperation in the field of medicines regulation in the best interests of both the United Kingdom and the EU. While it would not be appropriate to pre-judge the outcome of the negotiations, the Government's position was clarified in an open letter to The Financial Times, dated 5 July 2017. In that letter we made clear that our aim is to ensure that patients in the UK and across the EU continue to be able to access the best and most innovative medicines and be assured that their safety is protected through the strongest regulatory framework and sharing of data.

21 Jul 2017 | Written questions | Answered | House of Commons | 5306

- NHS: Euratom

Asked by: Onwurah, Chi | **Party:** Labour Party

To ask the Secretary of State for Health, what assessment the Government has made of the potential effect of the UK withdrawing from Euratom on (a) the NHS budget and (b) the provision of NHS cancer treatments.

Answering member: Steve Brine | **Party:** Conservative Party | **Department:** Department of Health

The United Kingdom's ability to import medical isotopes from Europe and the rest of the world will not be affected by withdrawing from Euratom. Medical radio-isotopes, used in the treatment of some cancers, are not subject to Euratom Supply Agency contracts or to Euratom safeguards. The Government remains committed to improving outcomes for all cancer patients and has confirmed funding of over £600 million between 2017/18 and 2020/21 to deliver on the independent Cancer Taskforce's Strategy for England and invested £142 million on cancer research in 2015/16.

20 Jul 2017 | Written questions | Answered | House of Commons | 5305

- Leaving the EU: NHS Workforce

04 Jul 2017 | Oral questions - Lead | Answered | House of Commons | House of Commons chamber | 900174 | 626 cc1001-3

Asked by: Mr Alistair Carmichael (Orkney and Shetland) (LD) | **Party:** Liberal Democrats

What recent discussions he has had with the Home Secretary on ensuring that the NHS has the workforce it needs after the UK leaves the EU.

1. What recent discussions he has had with the Home Secretary on ensuring that the NHS has the workforce it needs after the UK leaves the EU. [900174]

The Secretary of State for Health (Mr Jeremy Hunt)

The 150,000 EU nationals working in our health and care services do a brilliant job and we want them to continue doing it. I am in regular talks with Cabinet colleagues to inform both domestic workforce plans and the Government's negotiations with the EU.

Mr Carmichael

The Secretary of State will be aware that that figure represents in excess of 5% of the total workforce in the NHS. This matter will have to be addressed, engaging with the recruitment sector, the employment sector and, indeed, the devolved Administrations. Is that how he will handle it?

Mr Hunt

We absolutely will be taking a UK-wide approach. The numbers for England are actually slightly higher than those the right hon. Gentleman talks about—about 9% of doctors and about 19% of nurses are EU nationals. However, we are still seeing doctors and nurses coming to the UK, and we need to do everything in all parts of this House to reassure them that we see them as having a bright and vital future in the NHS.

Sir Desmond Swayne (New Forest West) (Con)

If students with four As at A-level continue to find it very difficult to get into a medical degree in this country, is it any wonder that we have to import them from Europe?

Mr Hunt

My right hon. Friend makes a very important point. That is precisely why last year we increased the number of medical school places with, I think, the second biggest hike in the history of the NHS—a 25% increase. We absolutely do believe that this country should be training all the doctors and nurses that we need.

Heidi Alexander (Lewisham East) (Lab)

The truth is that EU staff no longer want to come here. Doctors and nurses are leaving in their droves, and thanks to the abolition of the NHS bursary, our nurses of tomorrow are going to have to pay to train. When will the Secretary of State understand that this staffing crisis has not materialised out of thin air but is directly attributable to his actions and the actions of his Government over the past seven years?

Mr Hunt

The hon. Lady may have noticed a little thing called Brexit that happened last year, which is the cause of understandable concern. If she looks at the facts about how many doctors came from the EU to the NHS in the year ending this March, in other words, post-Brexit, she will see that 2,200—*[Interruption.]* Someone asked about nurses. I happen to have that information here: 4,000 nurses joined the NHS from the EU in the year ending in March.

Dr Andrew Murrison (South West Wiltshire) (Con)

One of the consequences of free movement in the European Union is that proportionately we take in rather fewer doctors, in particular, and fewer nurses from the Indian subcontinent and other places. What assessment has the Secretary of State made of the capacity to revisit the strong relationship we had with those workforces in the immediate post-war years?

Mr Hunt

My hon. Friend makes an important point. We want to attract the brightest and best into the NHS from all over the world, wherever they come from, if there is a need. The only caveat I would make is that we have imported a number of doctors from very, very poor countries that actually need those skills back home. We have to recognise that we have international responsibilities to make sure that we train the number of doctors and nurses we need ourselves.

Mr Chris Leslie (Nottingham East) (Lab/Co-op)

The Secretary of State should know that staff shortages are not just bad for patients—they are also costing a lot more, in Nottingham and elsewhere, because of locum and agency costs. Is it not clear that if we start restricting access from the EU for staffing purposes, it will cost the NHS an absolute fortune more?

Mr Hunt

Let me reassure the hon. Gentleman that there is no intention to restrict access to vital professions such as the clinical professions in the NHS post-Brexit. We have said many times that we will have a pragmatic immigration policy. The long-term solution is not to depend on being able to import doctors and nurses from anywhere, because the World Health Organisation says that there is a worldwide shortage of about 2 million clinical professionals; we are not the only people facing the challenge of an ageing population.

Mrs Maria Miller (Basingstoke) (Con)

I welcome the Secretary of State's words and his deeds in terms of recruiting more doctors and nurses domestically, but as he said, hospitals such as mine in Basingstoke rely on the best and the brightest from around the world. What can he do to make sure that when we need to recruit nurses, in particular, we have the travel permits and work permits available to enable them to move in swiftly rather than having to wait for long periods of time?

Mr Hunt

My right hon. Friend is absolutely right to make that point. Nurses are, in fact, on the Home Office's tier 2 shortage occupation list, and they will remain so for as long as we need them to do so. The bigger issue is that for a long time we have relied on being able to import as many doctors and nurses from the EU as we need to, and that has meant that we have not trained enough people ourselves. That is bad for EU countries and for our own young people.

- Leaving the EU: NHS Workforce

20 Dec 2016 | Oral questions - Lead | Answered | House of Commons | 907975 | 618 cc1296-8

- NHS Services for EU Nationals and UK Citizens Abroad

05 Jul 2016 | Oral questions - Lead | Answered | House of Commons | 905655 | 612 cc728-730

10.2 Debates

- NHS: Staff

Motion to Take Note

To move that this House takes note of the impact of Her Majesty's Government's fiscal policies on the recruitment, retention and conditions of NHS staff.

30 Nov 2017 | HL Deb | 787 cc754-783

- Euratom

Lords question for short debate on, in the light of their intention to leave Euratom, how they intend to ensure the continued uninterrupted cross-border supply of nuclear materials, including for medical use, post-Brexit.

20 Jul 2017 | Questions for short debate | House of Lords | House of Lords chamber | 783 cc1784-1797

- Brexit: Risks to NHS Sustainability

Lords question for short debate on what assessment have they made of the risks to NHS sustainability arising from the United Kingdom's departure from the European Union.

12 Jul 2017 | Questions for short debate | House of Lords | House of Lords chamber | 783 cc1272-1289

- Leaving the EU: NHS Funding

15 Nov 2016 | Adjournment debates | House of Commons | 617 cc209-218

- NHS and Social Care: Impact of Brexit

Motion to Take Note

That this House takes note of the implications of the European Union referendum result for government policies on ensuring safe staffing levels in the National Health Service and social care services.

21 Jul 2016 | HL Deb | 774 cc796-833

11. Further reading

Select Committee reports

Health and Social Care Committee

4th Report - Brexit: medicines, medical devices and substances of human origin

Health Committee

Government response to House of Commons Health Committee report on Brexit and health and social care

1 December 2017

Scottish Parliament Health and Sport Committee inquiry

Impact of leaving the European Union on health and social care in Scotland

Scottish Parliament Research Briefing

Leaving the EU – Implications for Health and Social Care in Scotland

30 January 2018

The British Medical Association (BMA)

Healthcare first - a Brexit blueprint for Europe

Last updated: 26 February 2018

BMA Brexit briefings

European Medicines Agency (EMA)

United Kingdom's withdrawal from the European Union ('Brexit')

Faculty of Public Health (FPH)

What impact will Brexit have on public health and health services in the United Kingdom?

6 March 2017

Faculty of Public Health campaigns progress – Brexit and funding

5 February 2018

General Medical Council

Briefing: GMC survey of EEA doctors

Date: 28 February 2017

Between Thursday 9 February and Thursday 23 February 2017, the General Medical Council ran a survey to understand the impact of Brexit on the UK medical profession.

The survey was not an independently-commissioned study and the doctors who took part were self-selecting. The survey was promoted to all GMC registrants.

A total of 3,363 doctors took part in the survey – of which 2,702 identified themselves as EEA nationals, 383 said they were UK nationals, and 209 had dual nationality.

We particularly wanted to understand the impact of Brexit on doctors who are EEA nationals actively practising in the UK.

Independent Age

September 2016

Brexit and the future of migrants in the social care workforce

This report reviews future workforce shortages in adult social care in England to take account of the EU referendum result.

The King's Fund

Brexit: the implications for health and social care

13 December 2017

Nuffield Trust

Preparing for Brexit

The Nuffield Trust has invited leaders from across health and social care in the UK to share what they are doing to prepare for Brexit.

Preparing for Brexit: social care

Preparing for Brexit: pharmaceutical industry

Preparing for Brexit: the legal view

Preparing for the unpredictable

How will our future relationship with the EU shape the NHS?

7 November 2017

What effect will the Brexit negotiations have on the way the NHS operates in future? This briefing looks at five key areas where the agreements that are made with the European Union will shape health and social care over the coming decades.

How Brexit could affect the health service in Northern Ireland

6 February 2018

Royal College of Physicians (RCP)

RCP policy: Brexit

The UK in a Changing Europe

March 2018

Brexit and the NHS

This report, written by academics from the team at the UK in a Changing Europe, attempts to respond to the question of how Brexit might affect the NHS and public health more generally.

DEBATE PACK
Number CDP 2018-0078
21 March 2018

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