Royal College of Physicians

Submission

Brexit and health and social care

Royal College of Physicians' submission

Introduction

1. The Royal College of Physicians (RCP) welcomes this opportunity to respond to the Health Select Committee's inquiry on the risks and opportunities for health and social care during negotiations for the withdrawal of the UK from the EU. This response is based on the experiences of our members and fellows (primarily hospital-based doctors) and will focus on the NHS in England, although there are likely to be similar implications for the health services in the devolved nations.

About the RCP

2. The RCP plays a leading role in the delivery of high quality patient care by setting standards of medical practice and promoting clinical excellence. We provide physicians in the United Kingdom and overseas with education, training and support throughout their careers. As an independent body representing almost 33,000 fellows and members worldwide, we advise and work with government, the public, patients and other professions to improve health and healthcare. Our primary interest is in building a health system that delivers high quality care for patients.

Summary

3. The government should consider the following issues during the Brexit negotiations:

- Patients should be the first priority. The government must guarantee that EU nationals working in the NHS will be able to stay in the UK and continue to deliver excellent care for patients.
- Ensure that the current workforce crisis facing the NHS is not exacerbated through restricting non-UK doctors from working in the NHS.
- The UK's withdrawal from the EU must not affect patients' ability to participate in high quality research and clinical trials. Patients must continue to have access to innovative new technologies.
- Ensure the UK's position as a world leader in research through accessing Framework 9 (FP9) funding[1], in addition to regional development funds and bursaries.
- Retain the UK's ability to influence legislation that affects research.
- It is crucial that the UK maintains its involvement in frameworks that underpin the protection of public health or that they are replaced by equivalent or even stronger safeguards.
- Engage with the Cavendish Coalition of health and social care employers, professional bodies and trade unions[2].

[1] The current (8th) EU Research, Technological and Development Framework Programme, Horizon 2020, will run until the end of 2020. Discussions and preparations for the next (9th) Framework Programme, most likely to cover the period 2021 – 2027 have already begun.

[2] http://www.nhsemployers.org/your-workforce/need-to-know/brexit-and-the-nhs-eu-workforce/the-cavendish-coalition [accessed 5 October 2016]

Evidence

Workforce and staffing

4. The RCP's members and fellows are working in an underfunded, underdoctored and overstretched health service, with rising demands of treating older comorbid patients and limited financial and workforce resources. Research conducted by the RCP between 2014-2015 shows that 40% of advertised consultant vacancies remain unfilled; the most common reason is due to a lack of suitable candidates[3]. This is significantly impacting on the ability of doctors to deliver high quality care for patients. 28% of consultants have reported 'significant gaps in the trainees' rotas such that patient care is compromised'. More consultants are now covering gaps in trainee rotas: 13% regularly do so, and almost a third of consultants cover gaps in trainee rotas as a one-off. Together with a shortage of nurses, this has left our hospitals chronically understaffed[4]. This increases pressure on NHS staff, impeding morale and putting patient care at risk.

5. Doctors from the EU and across the globe play an important role in the delivery of care and in filling the significant rota gaps outlined above. Around 10% of doctors working in the NHS come from EU countries[5]. The RCP has heard from members and fellows that doctors from EU countries and internationally are feeling increasingly uncertain about their future within the NHS which has exacerbated the current crisis in morale among the NHS workforce. Therefore, **the most important workforce priority, whatever form Brexit takes, is to ensure those EU nationals already working in the NHS do not leave voluntarily or as a result of changes to migration policy and legislation**. While the RCP strongly welcomes comments supporting the role of EU doctors, the government must provide assurances that doctors from the EU will be able to continue to work in the NHS and care for patients.

6. A number of leading care organisations have also highlighted the potential impact of Brexit on the wider health and social care workforce, as post-Brexit migration restrictions could cause a shortage of care workers[6]. This could exacerbate the current financial and workforce challenges facing the social care sector and the knock-on effects on hospitals. In 2015/16, patients spent more than 1.8 million extra days in hospital because of delays in their discharge – an 11% increase on the previous year[7]. Over three-quarters of NHS leaders believe that cuts to social care budgets have increased the length of time that older people spend in hospital[8]. The Local Government Association estimates that the social care sector faces a funding gap of £4.3 billion by 2020[9]. It is unrealistic for the NHS to absorb these pressures and **migration restrictions on care workers could worsen the crisis facing the wider health and social care systems**.

---

[3] Federation of the Royal College of Physicians of the UK. *Census of consultant physicians and higher specialty trainees in the UK 2014-15.* London: Royal College of Physicians, 2016

[4] Institute for Employment Studies. *One in three nurses to reach retirement age within ten years*. Brighton: IES, 2016. www.employment-studies.co.uk/news/one-three-nurses-reach-retirement-

[5] http://www.gmc-uk.org/doctors/register/search_stats.asp

[6] Brexit could trigger crisis in care for older and disabled people. *Guardian.* 21 September 2016. [accessed 5 October 2016]

[7] Appleby J, Thompson J, Jabbal J. Quarterly monitoring report – how is the NHS performing? QMR 19. London: The King's Fund, 2016. http://qmr.kingsfund.org.uk/2016/19/ [Accessed 7 September 2016].

[8] NHS Confederation. Key facts and trends in acute care. London: NHS Confederation, 2015. www.nhsconfed.org/resources/2015/11/key-facts-and-trends-in-acute-care [Accessed 7 September 2016].

[9] *Adult social care funding: 2014 state of the nation report*. Local Government Association. 2014

RCP key asks of government

- Guarantee that EU nationals working in the NHS will be able to stay in the UK and continue to deliver excellent care for patients.
- That the current workforce crisis facing the NHS is not exacerbated through restricting non-UK doctors from working in the NHS.
- Ensure that migration rules do not adversely impact on the supply of care workers

Medical research

7. Changes to the medical research landscape following Brexit could adversely affect the delivery of care. Patients in research active institutions have better outcomes than those in other institutions and are more likely to benefit from earlier access to new treatments, technologies and approaches[10]. Doctors are uniquely well placed to contribute to research, as they are in a position to discern patterns and disseminate research findings through regular clinical contact with patients and have an understanding of what is translatable into practice[11]. This is an incredible opportunity to drive forward the research capability within the NHS and improve care for patients; however this can only happen with a supportive culture of collaboration, adequate funding and resources and suitable safeguards.

8. Patients must have access to the latest treatments and clinical trials. The EU plays a significant role in terms of researching rare diseases as it is not always possible to conduct research within one population and conducting research across multiple countries ensures that there is a large enough sample size in addition to providing the opportunity for patients across several countries to be involved. **Retaining access to innovative treatments for patients should be an important element of negotiation, to ensure that they are not negatively affected**.

9. The RCP is concerned that mobility will be restricted and seeks to ensure that this does not adversely affect the NHS workforce and medical research taking place in the UK. Many physicians do not have research formally identified in their role, yet contribute in a variety of ways through patient recruitment, quality improvement and clinical trials. Freedom of movement in Europe is essential to collaborate, ensure a skilled and full workforce, in addition to sharing facilities and resources for the advancement of healthcare for patients.

10. Funding is also a significant concern for medical research. Continued involvement and access to Horizon 2020 is essential, but it is unclear how the sector would continue to fund research if the UK is not included in FP9[12], in addition to other opportunities such as regional development funds, shared facilities and fellowships[13]. In the short term the reassurance to those seeking to participate in Horizon 2020 through the commitment to underwrite the funding is welcome; however in the long term further

[10] Royal College of Physicians of London. *Research for All.* 2016 https://www.rcplondon.ac.uk/projects/outputs/research-all [accessed 5 October 2016.
[11] Royal College of Physicians of London. *Research for All.* 2016 https://www.rcplondon.ac.uk/projects/outputs/research-all [accessed 5 October 2016.
[12] The Research, Technological and Development Framework Programme (FP9) will take place 2021-2027
[13] AMRC response to the Science and Technology Committee inquiry on 'Leaving the EU'

reassurance is needed. The charities currently funding around a third of non-commercial research in the NHS, will be unable to fill the funding void[14]. The referendum vote also brings opportunities to diversify research funding through commercial and international partnerships which could be pursued.

11. There are concerns over the future of regulatory frameworks, many of which the UK has had the privilege to shape. This has enabled the UK faster access to new technologies, a cost effective approvals and distribution process and is attractive for the pharmaceutical industry, which invests heavily in the UK. The UK currently benefits from the ability to influence the direction of scientific pursuit and shape priorities for funding and regulation but it may need to harmonise with future EU legislation to ensure that it is an attractive place to do research. **It remains unclear how the UK would be able to harmonise legislation. Greater investigation is needed into the feasibility and impact this would have**.

12. There could be opportunities to revisit and refine regulation during Brexit negotiations, developing pragmatic and proportionate approaches that give the UK a competitive advantage. However, there are potential risks in divergence. For example, the UK is a world leader in research using health data. Information from patient records provides the foundation for health research, and offers significant potential to answer questions about the factors that influence health and disease. The Data Protection Regulation, awaiting implementation in the UK, should provide safeguards to ensure personal information is used appropriately and remains secure when shared across borders[15]. If the UK's data protection laws were to develop in a way that is incompatible with the EU regulation, it could undermine this research[16].

13. The UK should take this opportunity to maintain its position as a leader in global research and innovation and the potential impact on patients.

RCP key asks of government

- Patients should be the first priority. The UK's withdrawal from the EU must not affect patients' ability to participate in high quality research and clinical trials. Patients must continue to access innovative new technologies.
- Clinicians are a vital part of the research community. Workforce and mobility are key concerns for the UK role as a global leader in research. Increasing pressure on the workforce including unfilled positions can decrease the time available to physicians for research purposes. Restrictions on the mobility of researchers and clinicians may add further pressures.
- The UK is a significant recipient of funding from the EU for research purposes. It is unclear how the UK can maintain its position as a world leader in research if it was excluded from accessing FP9 funding, in addition to regional development funds, facilities and bursaries.
- Harmonised legislation across Europe is an important part of the UK research sector and it would be valuable to ensure this continues as much as possible. However, there is the risk that the UK will lose its ability to influence future legislation, which has been a considerable benefit in the past.

[14] AMRC response to the Science and Technology Committee inquiry on 'Leaving the EU'.
[15] http://ec.europa.eu/justice/data-protection/reform/index_en.htm [accessed 5 October 2016]
[16] Pritchard, Stuart. Brexit: What next for the NHS? *Commentary.* Royal College of Physicians of London. October 2016. Issue 5

Public health

14. Leaving the EU will also have important consequences for the public health framework that has been built over the years which helps to protect and improve the health of British citizens. The government must consider the following areas of public health in its approach to Brexit negotiations.

15. **Environment and consumer protection**: the EU has developed wide-ranging frameworks for controlling environmental pollutants, including water and air quality, as well as risks from chemical products, health and safety in the workplace and the safety of consumer products. No less important are the frameworks for control and marketing of pharmaceuticals (based on the European Medicines Agency, currently based in London), and medical devices. In all these areas EU systems and standards underpin health protection in the UK, and it is crucial that either the UK maintains its involvement in them, or that they are replaced by equivalent or stronger national ones.

16. The RCP has voiced particular concern to maintain strong EU air quality standards against pressure to weaken them[17]. The EU has played a significant role in driving measures to control air pollutants and has provided a vital enforcement regime, allowing the UK to be held to account on meeting air quality targets[18]. The National Emissions Ceiling (NEC) Directive sets binding emission ceilings to be achieved by each member state and covers four air pollutants: sulphur dioxide, nitrogen oxides, non-methane volatile organic compounds and ammonia[19]. Air pollution does not recognise national boundaries. Given the important role that trans-boundary sources play in local air pollution, it is essential that the UK continues to work with the EU in responding to the challenges posed by air pollution.

17. **Disease prevention and control**: There is a need to provide effective surveillance of health threats, including communicable disease outbreaks and natural disasters. The EU has established several important alert, coordination and response mechanisms, many of which are operated via the European Centre for Disease Prevention and Control. **The UK in isolation cannot effectively tackle what are inherently transnational threats and therefore needs to have continued access to these European structures and networks.**

RCP key asks of government

- Frameworks that underpin health protection must be replaced by equivalent or even stronger safeguards.
- The UK must have continued access to European structures and networks that provide effective surveillance of health threats

[17] https://www.rcplondon.ac.uk/news/rcp-and-health-groups-call-strong-eu-limits-air-pollution [accessed 4 October 2016]
[18] UK Health Alliance on Climate change. 2016. *A breath of fresh air: addressing climate change and air pollution together for health*
[19] http://ec.europa.eu/environment/air/pollutants/ceilings.htm [accessed 18 October 2016]

NHS finances

18. NHS finances are under unprecedented pressure as outlined in the recent RCP report: *Underfunded. Underdoctored. Overstretched. The NHS in 2016*[20]. In 2015, hospitals recorded a deficit of £2.45 billion. This is an all-time high, and three times higher than the previous year[21]. Once accounting adjustments and one-off savings are stripped away, the underlying deficit looks even worse, with some estimating it as high as £3.7 billion[22].

19. The financial challenge facing the NHS is having a real impact on the delivery of patient care. Although demand for services increases by 4% every year[23], NHS funding will increase in real terms by only 0.2% per year to 2020[24]. Cuts to the budgets of social care and public health services and recorded hospital deficits of £2.45 billion[25] are causing growing waiting lists, patients stuck in hospital because of discharge delays, emergency departments closing their doors, and the threat of 'rationing' treatment[26].

20. It is widely acknowledged that the amount of funding available for the NHS is highly dependent on the health of the national economy. We cannot know with certainty what the impact of Brexit will be on the national economy as much of this depends on the details of the deal negotiated with the remaining EU members and future trade arrangements with other countries. However, in the run up to the referendum, a number of leading economic organisations including HM Treasury[27] and the National Institute of Economic and Social Research (NIESR)[2829] published forecasts of the effect on the economy of the UK leaving the EU, based on a number of different scenarios. The overwhelming majority of these forecasts project a negative effect on the economy. The NIESR's analysis suggests that economic growth might slow to around 1.5% a year up to 2019/20. Lower economic growth will result in a bigger public deficit and the government would therefore need to borrow around £16 billion to fund current spending plans in 2019/20 if that were the case[30].

21. There is a substantial financial challenge facing the NHS in both the short and long term and a real possibility that the UK's withdrawal from the EU will exacerbate this challenge. The government must do all it can to safeguard the NHS from any adverse impact that Brexit could have on the national economy.

---

[20] Royal College of Physicians of London. Underfunded. Underdoctored. Overstretched. The NHS in 2016. https://www.rcplondon.ac.uk/guidelines-policy/underfunded-underdoctored-overstretched-nhs-2016 [Accessed 4 October 2016]
[21] Dunn P, McKenna H, Murray R. Deficits in the NHS 2016. London: The King's Fund, 2016. www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/Deficits_in_the_NHS_Kings_Fund_July_2016_1.pdf [Accessed 4 October 2016].
[22] Gainsbury S. Feeling the crunch: NHS finances to 2020. London: Nuffield Trust, 2016. www.nuffieldtrust.org.uk/publications/feeling-crunch-nhs-finances-2020 [Accessed 4 October 2016].
[23] NHS Confederation. *Key facts and trends in acute care*. London: NHS Confederation, 2015. www.nhsconfed.org/resources/2015/11/key-facts-and-trends-in-acute-care [Accessed 7 September 2016].
[24] Appleby J. New NHS inflation figures underline funding pressures facing the NHS. London: BMJ, 2016. http://blogs.bmj.com/bmj/2016/05/20/new-nhs-inflation-figures-underline-funding-pressures-facing-the-nhs/ [Accessed 7 September 2016].
[25] National Audit Office. Reports on Department of Health, NHS England and NHS Foundation Trusts' consolidated accounts 2015–16. London: National Audit Office, 2016. www.nao.org.uk/report/reports-on-department-of-health-nhs-england-and-nhs-foundation-trusts-consolidated-accounts-2015-16/ [Accessed 7 September 2016].
[26] Royal College of Physicians of London. Underfunded. Underdoctored. Overstretched. The NHS in 2016. https://www.rcplondon.ac.uk/guidelines-policy/underfunded-underdoctored-overstretched-nhs-2016 [Accessed 4 October 2016]
[27] HM Treasury. (2016). The immediate economic impact of leaving the EU. HM Treasury, 2016.
[28] Baker J, Carreras O, Kirby S, Meaning J, Piggott R. Modelling events: the short-term economic impact of leaving the EU. NIESR, 2016.
[29] Ebell M, Hurst I, Warren J. Modelling the long-run economic impact of leaving the European Union. NIESR, 2016.
[30] Charlesworth, A. Brexit: What next for the NHS? *Commentary.* Royal College of Physicians of London. October 2016. Issue 5

Conclusion

22. Although the provision and financing of healthcare are competencies for individual member states, many EU laws, regulations and programmes influence the delivery of healthcare and public health in the UK. For example, the free movement of doctors is regulated by the setting of minimum EU training standards as well as EU health and safety rules in areas such as working time. EU research programmes provide funding for medical research while also regulating pharmaceutical licensing, clinical trials and data protection. Control of air pollution and climate change are also underpinned by EU frameworks.

23. The government must ensure that safeguarding patient safety and public health remain the overriding priorities during the Brexit negotiations. Any changes to migration policies must consider the impact on the free movement of doctors, nurses, allied health professionals and care workers and should not exacerbate the workforce crises facing the NHS and social care system. Any future negotiations must not neglect key public health issues such as the control of air pollution and climate change. Finally, changes to the research landscape must not adversely affect patients.

24. The RCP is represented by the Academy of Medical Royal Colleges in the Cavendish Coalition of health and social care employers, professional bodies and trades unions[31]. The coalition provides a coherent voice on workforce issues and we hope the Government will engage with this important grouping during Brexit negotiations.

Contact

Methela Haque | public affairs adviser
Methela.haque@rcplondon.ac.uk
Tel: 020 3075 1447| Mobile: 07990 745 663
11 St Andrew's Place, Regents Park, London NW1 4LE

[31] http://www.nhsemployers.org/your-workforce/need-to-know/brexit-and-the-nhs-eu-workforce/the-cavendish-coalition [accessed 5 October 2016]