

# Brexit: implications and next steps

NHS European Office

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## NHS Confederation European Office – what do we do?

- Influence EU policy and legislation in interests of the NHS
    - Employment law, e.g. WTD, health and safety, professional regulation
    - Non-workforce issues e.g. procurement, data protection, patient mobility....
    - 2-way process – seek feedback from NHS organisations to assess impact and inform our approach to influencing most effectively in Brussels
    - Support NHS organisations in understanding/managing effects of EU legislation
  - Help NHS organisations access EU funding
    - Research, innovation, apprenticeships, collaboration
  - Facilitate cross-European collaboration/exchange of good practice
- Shared challenges:
- Staff shortages/skills deficits
  - Ageing population, rising demand, financial pressures (austerity...)
  - Pandemics (ebola, zika....), anti-microbial resistance
  - Rare diseases, centres of excellence

## Life after Brexit!

- “Soft” or “hard” Brexit? (or something inbetween?)
- Tension between advantages of staying in the Single Market vs lack of control over intra-EU migration and adherence to EU-wide legislation
- Difficult political trade-offs internally between UK Govt Depts/Ministers, and externally between UK and EU Member States
- **“Soft” Brexit** e.g. Norwegian model – UK retains access to single market and freedom of movement for EU citizens (in both directions)
- Employment and other legislation will still apply (unless specific exemptions negotiated in certain areas) – so we will need to keep influencing Brussels via remaining channels, e.g. social partners (employers’ associations/unions)
- **“Hard” Brexit** – UK leaves Single Market and negotiates own deals on various policy areas; EU attitude will be crucial
- Can decide own legislation/policies If UK leaves the Single Market: EU legislation/policies won’t affect the NHS directly (unless negotiated otherwise).

## Workforce –related issues and concerns

### Overall economic impact of Brexit on NHS finances

If recession sets in, it will adversely impact NHS finances (staffing, service delivery)

Exchange rate could make UK less attractive destination for EU health professionals

However, UK economy relatively robust.....

### Heavy/increasing dependence of NHS employers in England on EU staff:

HSCIC figures (exclude GPs): 33,000 EU staff in Feb 2012, now 57,000+

5% of overall NHS workforce (10% in London)

9% of medical workforce

Higher % in specialist Trusts, London/SE/Eastern England

At least 6% of social care workforce

### Fears that EU staff may be deterred from coming and/or staying in UK

“Soft Brexit” – EU employers & staff would see little or no change to status quo

“Hard Brexit”- UK Govt immigration policy would favour shortage occupations

Transferability of pensions, employment rights, benefits? Family members?

## Post-Brexit opportunities (or threats to workers' rights?....)

Imperative to focus on domestic workforce - more training places/"growing our own"

Improve retention by being an employer of choice

Depending on nature of Brexit deal, possibility of greater flexibility for UK to set own rules on (e.g):

- Employment legislation e.g. Working Time Directive (but limited by domestic employment contracts/terms and conditions.....)
- Registration requirements for health professionals (English language testing, CPD requirements in interests of patient safety, etc)
- Manufacture and use of medical devices (current EU rules unhelpful)
- Falsified medicines legislation (EU rules costly and burdensome)
- Public procurement and competition
- Public health measures e.g. alcohol, tobacco, sugar legislation.

## .....and risks

- Staffing shortages in health and care services?
- Financial squeeze?
- Cross-border healthcare/patient mobility? (e.g. EHIC card; Brits in Spain?)
- Loss of EU research/innovation funding, and research partners
- Possible loss of access to collaborative networks e.g on rare diseases
- Divergence of medicines/pharma standards across EU?

## What are the NHS Confederation and NHS Employers doing?

- NHS Employers “#LoveOurEUStaff campaign – valuing all staff
- NHS Confederation’s European Office working closely with the NHS EU Transition Team (see next slide!)
- Launch of health & care sector Coalition early September – alliance of health & social care organisations (NHS employer/provider networks, trade unions, professional bodies etc) to support NHS workforce post-Brexit by
  - **Creating training places and jobs locally**
  - **Promoting good employment policy & practice to attract & retain global talent**
  - **Advocating (to Govt) right to remain for EU healthcare workers, and a migration policy which will support world class services and research**
- Longer term – reduce reliance on EU workforce by
  - **Increasing domestic training places**
  - **Good employment practice to retain existing staff**
  - **Ethical international recruitment**

## **The NHS EU Transition Team**

- Purpose: to achieve best possible deal for the NHS from the EU withdrawal negotiations
- Currently being set up – not yet fully staffed, work programme not yet agreed
- Hosted by NHS England but will work closely across NHS organisations and with ALBs, DH/Cabinet Office/OGDs, and EU/EFTA stakeholders
- Strong input from NHS Confed's European Office team in Brussels
- Ensure NHS speaks with a collective voice on Brexit



## What can UK social partners do at EU level?

- **Continue to engage via EU social partners**, e.g. CEEP/ETUC, HOSPEEM/EPSU, to influence/shape social partner positions (e.g. responses to European Commission consultations on work/life balance, Pillar of Social Rights, employment/health and safety legislation)
- Important if (after Brexit) UK continues to apply EU social/employment legislation but can no longer participate in European Council or Parliament decision-making (Norwegian-type model)
- **Exercise leverage via all other available channels** e.g. membership of Europe-wide professional associations, networks and lobbying groups such as HOPE (European Hospital and Healthcare Federation), European Public Health Association, WHO Europe, etc
- Do not have to be an EU Member State to belong to social partner organisations or lobbying groups such as the above – Europe is bigger than the EU!

## What can social partners do at UK level?

- Constructive input to NHS England, DfExEU, DH and OGDs during Brexit process
- Realistic and evidence-based input to help shape decision-makers' positions – facts, figures, local case studies/examples helpful
- Build evidence base to advise Government of likely impact on NHS of range of post-Brexit scenarios
- Joint lobbying/campaigning e.g. via health & care Coalition
- Tailored initiatives by individual organisations e.g. UNISON - EU member networks, guidance, roadshows; RCM “Caring for You”; RCN EU members' guidance.....
- Advice, information and support for staff locally (employers & TU's)
- Media/comms activity to support Coalition launch and ongoing activities
- Discussion!