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Brexit and health services

Authors: Tamara Hervey and Steve Peers

David Cameron has committed to a referendum on a British exit from the European Union – the so-called Brexit – before the end of 2017, irrespective of whether or not the EU is prepared to renegotiate aspects of UK membership. Here we reflect on what the Brexit would mean for health services.

The EU’s contributions to health services, health professionals and patients in the UK are wide-ranging. Some are well known as a result of media attention; some are more low-key, but nonetheless significant. There is barely an area of health services provision that is entirely untouched by the EU. In many instances, the UK was the driving force behind beneficial EU laws and policies. For example, the patients’ rights directive, which secures mobility for patients across the EU, was inspired by litigation brought by British patients such as Yvonne Watts, who had a hip replacement operation in France, paid for by the NHS. Using their free European Health Insurance Cards, UK citizens can access emergency healthcare across the EU.

Contrary to some claims, EU law actually protects the financial security of the NHS from unstructured patient movements around Europe, by allowing governments to defend NHS financial arrangements from unexpected costs of travelling patients trying to short-circuit waiting lists or access unproven treatments. Nothing in EU law affects the funding or structure of the NHS. Neither will EU membership mean that the Transatlantic Trade and Investment Partnership (if agreed) does so by the back door – as long as the UK government is willing to use its veto to defend the NHS.

Since the 1970s, the EU has regulated professional standards and training of doctors, nurses, midwives and other health professionals. This relationship would have highly damaging effects on our health services provision that is entirely untouched by the EU. In many instances, the UK was the driving force behind beneficial EU laws and policies. For example, the patients’ rights directive, which secures mobility for patients across the EU, was inspired by litigation brought by British patients such as Yvonne Watts, who had a hip replacement operation in France, paid for by the NHS. Using their free European Health Insurance Cards, UK citizens can access emergency healthcare across the EU.

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claims (such as ‘good for the heart’), which could mislead consumers into thinking foods are healthier than they are. Being in the EU allows the UK to share resources when scaling up brings clear benefits, such as the EU’s rare diseases network, or when the nature of health problems necessitates a cross-border response, such as communicable-disease control. Of course, exit from the EU would not preclude the UK from negotiating all these things separately with the different countries of the EU, or with the EU as a whole. But the outcome of those negotiations cannot be guaranteed, and the EU will not allow a non-member country to sit at the table when it develops standards in future. The UK will no longer be a participant in making policy, but will be ‘taking’ it instead. The costs of this approach would therefore greatly outweigh the benefits, and trying to negotiate from outside the EU would consequently leave our health services more vulnerable than they need to be.

Perhaps most importantly, however, health and the economy are intimately related. Economic decisions (such as a decision to follow austerity policies) have profound effects on population health, and healthcare systems. Resourcing is constrained; the gaps between rich and poor, healthy and unhealthy, the young and old and adults all increase; and above all the political and social debates about health become framed in narrower ways. The UK’s global economic position, with the EU as its most significant trading partner, will remain unchanged whether we remain in the EU or not. If we are not around the table, we will not be able to influence EU political and economic decisions, laws, and policies.

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