

Member briefing: Brexit

Direct negotiations between the UK and the EU have started. The negotiators now meet for one week every month to work through a sequence of issues.

What is the Brexit Health Alliance?

National Voices has joined the [Brexit Health Alliance](#). This is a group of organisations convened by the NHS Confederation and including industry, professional bodies and patient organisations.

What will it do?

The Brexit Health Alliance will track this agenda and make representations to negotiators in both the UK and Brussels (through the European offices of the NHS Confederation and the industry associations).

The Alliance takes no view on the merits or otherwise of EU withdrawal. It works to secure high quality healthcare for both UK and EU citizens during and after withdrawal.

Five Key Issues... and one more

Leaving the EU has the potential significantly to affect people's access to, and the quality of, healthcare – both for UK patients and patients elsewhere in the EU.

Here are the five Key Issues on which the Alliance will be pressing UK ministers, and negotiators on *both* sides:

1. **Research & Innovation:** that UK patients, the public, researchers and organisations should not lose participation in pan-European research and innovation networks and clinical trials
2. **Aligned Regulation:** avoid patients experiencing any disruption to the supply of their medicines and medical technologies. Maximum cooperation so that in the future, UK citizens have early and rapid

access to new medicines and devices – and vice versa, for patients in the EU

3. **Reciprocal Healthcare:** ensure UK people who enter the EU, and vice versa, can have access to healthcare there
4. **Public Health:** make sure UK and EU citizens are protected from pandemics and other health threats through strong coordination; and benefit from health promotion and prevention programmes
5. **Funding:** minimise the possible impact on UK patients from EU withdrawal as a result of loss of EU funds or economic trends; for instance, by committing to a minimum percentage of GDP as health spending

We know there is one other big issue for patients...

6. **Workforce:** the potential loss of doctors, nurses and other key staff if EU workers do not have adequate rights of movement, work and residence so that they can work in the NHS. Work on this is being led by a separate group, the [Cavendish Coalition](#), which involves employers, trade unions and professional bodies from health and social care.

What's the timescale for influencing Brexit negotiations?

Although the process of negotiation and withdrawal may appear long drawn out, in fact there is considerable urgency to the issues above.

In particular, the research and production of medicines, medical devices and other technologies is a highly integrated set of industries, with a chain spread across the UK and EU. Industry needs a planning window of a year to make any adjustments to this chain, if we are not to have sudden shortages of medicines etc.

Likewise, work needs to start now on new arrangements for: the licensing and regulation of treatments; reciprocal healthcare; participation in pan-European research and clinical trials; and participation in other mechanism such as public health protection, rare disease programmes, and prevention.

Get involved: Your Brexit concerns?

The Brexit Health Alliance needs your help to make a strong case to the negotiators.

Have you thought about the potential impact of Brexit on patient care? Have you done any initial work on how patients might be affected? Can you provide case studies, or written examples, of how your patients might be affected by EU withdrawal?

If so, we would like to hear from you.

We are interested in your views, concerns, and position papers on any of the issues raised here. Please email those to Don:

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