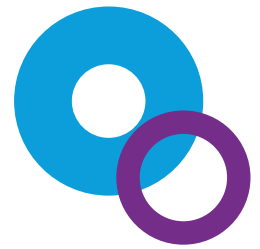




Briefing 295 March 2017

Northern Ireland and the EU exit

A unique set of challenges



Introduction

With the UK's only land border with an EU country, Northern Ireland's health and social care sector is facing specific and significant challenges from the vote to leave the European Union.

Both Ireland's and the United Kingdom's membership of the European Union was a foundation of the 1998 Good Friday Agreement, which established cross-border institutions to enable political and trade interactions and help facilitate a more peaceful future. Questions are yet to be answered about whether border controls would return if the UK adopts a 'hard Brexit', and if shared services will be maintained.

While the nature and impact of the EU exit are still being debated, senior representatives from Northern Ireland and the Republic of Ireland came together on 21 February in Craigavon to discuss the key issues and identify any potential early actions that could be helpful.

The emerging issues outlined below will be presented to the Cavendish Coalition for consideration, as part of their ongoing work to ensure that health and social care services, and the workforce who deliver them, are supported and sustained as the UK prepares to exit the EU.

This briefing summarises the contributions made by the participants at the roundtable event.

The Cavendish Coalition

The Cavendish Coalition comprises 33 health and social care organisations and was created to ensure workforce supply and standards of care are maintained as the UK withdraws from the EU.

The coalition provides those leading the EU exit negotiations with the expertise, evidence and knowledge required on issues affecting the health and social care sectors.

www.nhsconfed.org/CavendishCoalition



Key issues

While colleagues from both Northern Ireland and the Republic of Ireland voiced the perspective from their respective jurisdictions, it soon became clear that the challenges ahead are significant and shared.

All colleagues agreed that maintaining shared services; ensuring adequate supply of safe and qualified healthcare staff; mutual recognition of professional qualifications and consistency in professional regulation are essential to the delivery of sustainable health and care.

1. Shared services and cooperation

There is a general feeling that shared services across the island of Ireland have led to improved outcomes and any loss around this progress would be counter strategic.

Shared services, shared staff, joint appointments and common standards make clinical as well as financial sense, so it would be logical to continue this approach where possible.

A number of successful initiatives are currently in place that ensure the safe delivery of healthcare services across the island. In particular, the network for children's heart disease that links level 2 specialist cardiology services in Belfast, level 1 specialist surgery in Dublin and level 3 diagnostic services across the island, to ensure that all children in Ireland have access to the highest standard of cardiac care. The all-island network management arrangements for this are currently working, so there is every reason, and great potential, for this model to be replicated across other services where there is a clinical need and mutual benefit to sharing service delivery, such as a paired live kidney donor programme.

There is potential to support this, subject to negotiations, through the EU-funded elements of shared services, which have realised value in investment for both Northern Ireland and the Republic of Ireland.

2. Existing staff

Health and social care staff regularly cross the border between the Republic of Ireland and Northern Ireland, enabled by the legal framework that EU membership provides.

For service users, UK citizens living in the Republic of Ireland have equal access to healthcare and social services with Irish citizens, and Irish citizens living in Northern Ireland have equal access to the NHS.

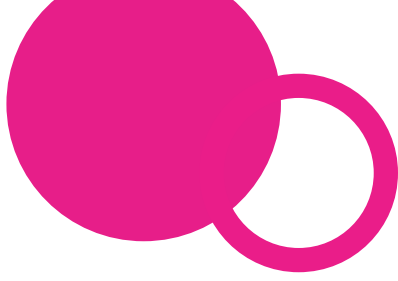
A hard border could have a profound impact on workforce supply across Ireland, with the border between the Republic of Ireland and Northern Ireland becoming an external border of the European Union.

There is firm agreement that existing staff from both sides of the border should be enabled to continue working across the border as necessary. The psychological impact on staff of uncertainty while the EU exit and its subsequent policies are negotiated, must not be underestimated.

Participants shared experiences of potential new staff being reluctant to apply for roles because of uncertainty around recruitment criteria, implications on residency, and the ability to stay in the country. Colleagues expressed some uncertainty as to whether they are able to offer permanent contracts before the EU exit, or if these contracts will be void after it. The detail of what currently is and isn't possible in relation to recruitment must be clearly communicated to providers, to mitigate uncertainty and gain clarity.

Key issues:

- maintaining shared services
- adequate supply of safe and qualified healthcare staff
- mutual recognition of professional qualifications
- consistency in application of professional regulation in both jurisdictions.



3. Professional regulation and qualifications

In discussions there was strong agreement that continuing the current consistency of professional regulation, mutual recognition of qualifications and equivalence of training standards is essential.

Concerns about indemnity for staff working in separately regulated jurisdictions after the EU exit, and the implications for the flexible workforce, highlighted the need to engage as early as possible with professional regulators to raise the importance of maintaining existing frameworks.

Although healthcare policy is devolved in Northern Ireland, professional regulation remains primarily in London. Standards need to be consistent and questions were raised about how consistency will be maintained after the EU exit.

It will be vital to have healthcare practitioners who are able to practise in both jurisdictions. All parties recognised that conversations needed to happen urgently with professional regulators in the first instance, to develop a preferred approach to present to both governments.

Alignment between the General Medical Council, the Irish Medical Council and other relevant regulators is essential. There was agreement that discussions with Royal Colleges were necessary to consider issues such as accreditation of training and experience that might take place either side of the border. Reciprocal arrangements are needed to ensure that staff who have been trained elsewhere aren't lost to the system.

There was a call for professional regulators to have a mandate from both Northern Ireland and the Republic of Ireland, to offer joined-up solutions to regulation and to staff recruitment, such as linking trusts in the Republic of Ireland and the UK.

Sharing alerts across borders for health professionals who cause concern was also highlighted as something that must continue.

Further issues for consideration

Data

Work is ongoing to gather data on the number and disciplines of EU staff working in health and social care in Northern Ireland. The current available data does not provide for an accurate baseline figure to work from, which makes action planning difficult when assessing the potential impact of, and changes to, the employment status of EU nationals after the EU exit.

Evidence

Influencing needs to be supported by examples of the potential impact of policy decisions on staff and services.

Innovation

Collective and innovative approaches to recruitment and retention are needed. Northern Ireland and the Republic of Ireland have the same problems, so a shared approach to addressing workforce supply issues could be mutually beneficial. Good practice in innovation in both areas could be shared more effectively.

Relationships

Positive and open relationships should be prioritised and maintained between key players on both sides of the border during political negotiations. Colleagues from the Republic of Ireland were appreciative of the invitation to attend the roundtable and keen to stay involved in discussions.

Communications

Cross-border conversations need to be kept going between governments, between the professional regulators and between provider organisations.

There is a general agreement that when clarity emerges on relevant policy, it needs to be communicated promptly to those affected.

For the public, the potential issues and concerns posed by the EU exit on health and care aren't widely known. For these messages to be effectively communicated, there should be a communication strategy supported with data and information on how the risks will be mitigated.

Next steps

The key issues outlined in this briefing will be submitted to the Cavendish Coalition, to ensure that the implications of the EU exit for health and care services in the UK and the island of Ireland, are presented with a unity of voice and of purpose.

All parties who took part in the event have expressed their willingness to participate in further discussions on how these issues can be addressed.

To find out more, email: CavendishCoalition@nhsconfed.org

The NHS Confederation

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- to be an influential system leader
- to represent our members with politicians, national bodies, the unions and in Europe
- to support our members to continually improve care for patients and the public.

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