

Brexit, the NHS and mental health

NHS European Office

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16 March 2017



NHS European Office – what we do

- Represent the English NHS in EU affairs
- Part of the NHS Confederation

Core activities:

- Influence EU policy and legislation in interests of the NHS
- Help NHS organisations access EU funding
- Facilitate cross-European collaboration/exchange of good practice

...but since 24 June also Brexit work...

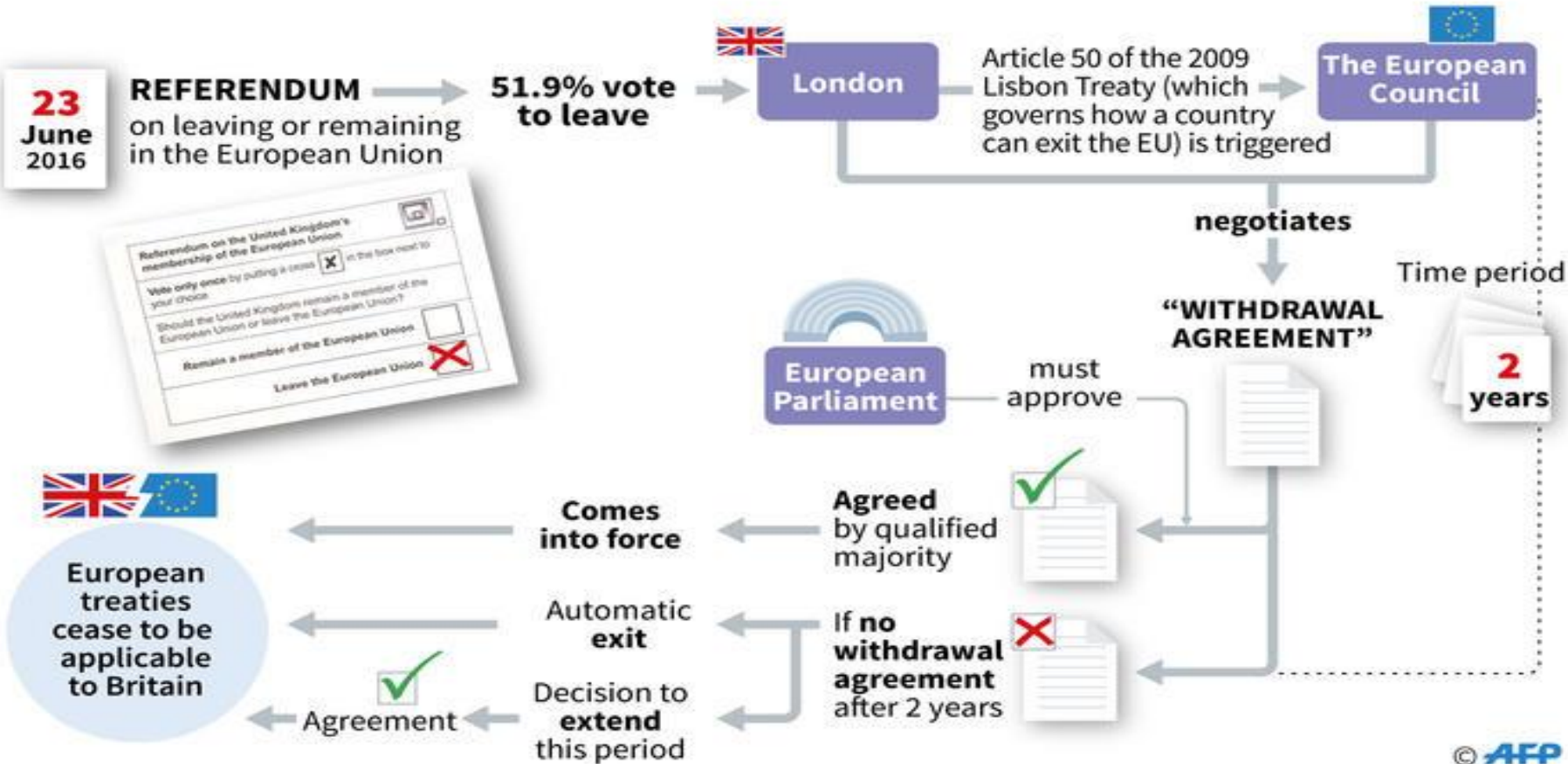
Government's Brexit position

- Control migration top priority, but continue to attract the best and brightest
- Cease membership of the EU single market (as incompatible with control of migration from the EU)
- Leave the European Medicines Agency system
- Seek comprehensive FTA with the EU (removing as many trade barriers as possible), and with other world economies
- Possibly stay in (and contribute to) specific EU programmes (e.g. R&D)
- No deal better than a bad deal!



Britain to leave the EU: what happens next?

The official British divorce from Europe would take at least two years



The NHS context

- Massive financial and service pressures
- Bed occupancy level and A&E crisis
- Five Year Forward View
- New models of care
- Integrated health & social care
- Service re-design: STPs
- Seven-day services

Add Brexit to the pot.....



For the NHS BREXIT means impact on...



Budget - effect of economic slowdown on NHS funding?

Research - NHS participation in EU collaborative research?

Employment – NHS ability to retain and recruit EU workers?

X-border healthcare - patients receiving healthcare abroad?

Innovation – early adoption of innovation in NHS?

Trials – participation of NHS patients in EU clinical trials?

Increased service pressure?

- Impact on personal life & rights of many people
- Increase in referrals for anxiety or depression?
- Continuation of reciprocal healthcare arrangements? – 190,000 UK pensioners in EU
- Parity of esteem – impact of economic slowdown?



Access to innovative treatments?

- Just around 6% of the total UK health research spend goes into mental health – the EU fills the gap!
- EU: the largest single funder of mental health research in Europe and one of the 10 largest funders globally
- FP7 invested €1.92bl in brain research in 2007-12
- Benefits for NHS trusts & patients
- No EMA system: delay in access to new medicines in future



Shortage of staff?

- 58,000 EU staff in NHS
- About 10% of medical workforce
- Higher % in London/SE & in some specialties
- Psychiatry around 13%
- Over a third (41%) of doctors in psychiatry training are non-UK graduates
- Significant overseas nursing recruitment in some MH trusts
- 7% of adult social care workforce



Brexit milestones

- Brexit notification to Brussels by end March, starting process
- EU rules apply for another two years (at least)
- Transitional arrangements / phased-in approach (including in immigration controls) to avoid cliff edge?
- UK-EU Free Trade Agreement – how much regulatory convergence will be maintained to facilitate trade?



NHS voice to be heard throughout negotiations process!

To be kept informed: www.nhsconfed.org/nhsandbrexit
[@nhsconfed_EU](https://twitter.com/nhsconfed_EU)

Register for our BREXIT Bulletin
<http://www.nhsconfed.org/register>

NHS European Office

NHS Brexit bulletin

2 March 2017
Issue 1

Brexit bulletin

News from the heart of the EU

As the UK prepares to leave the EU, read the latest blog from NHS European Office director Elisabetta Zanon as she outlines the top priorities for the NHS and how they plan to keep you up to date with the key issues.



Brexit and rare disease patients

UK patients with rare diseases could face delays in treatment if the NHS can no longer collaborate in EU rare disease networks post-Brexit. Read the NHS European Office's press release for detail on the implications.

