Collective "asks" as the UK negotiates to exit the EU

Brexit Health Alliance

Supporting healthcare as the UK leaves the EU

The Brexit Health Alliance has been established so that those who use health services, healthcare commissioners and providers, educators, researchers, the healthcare industry and those working to improve population health and wellbeing and to reduce inequalities in health can have a strong, collective, evidence-based voice as the formal process of leaving the EU gets underway.

The Alliance complements, but does not duplicate, the work of the Cavendish Coalition which focuses on the implications of Brexit for the health and social care workforce.

The Alliance does not take any stance on the merits or otherwise of Brexit. Our aim is to make sure that we are in the strongest possible position once the UK leaves the EU, and to this effect we advocate a negotiated implementation period that adequately reflects the time needed to achieve the following desired outcomes:

1. Maximum levels of research and innovation collaboration

- UK patients, the public, researchers and organisations can take part in pan-European research and innovation networks and clinical trials and that these can be supported by UK involvement in EU funding programmes such as Horizon 2020 (and its successors) and the EU Health Programme.

- A target of combined public and private UK R&D investment at 3 per cent of GDP by 2025 is set.

- UK patients can benefit from the UK leading and participating in European Reference Networks for rare and complex diseases post Brexit.

- An immigration system that is straightforward and welcoming to researchers, innovators, and their families, at all career stages and from all over the world.

2. Regulatory alignment for the benefit of patients and population health

- Patients and the public do not suffer from possible disruptions in the supply and trade of medicines, other health technologies and goods, or a reduction of standards or patient safety.

- Patients have early access to new medicines and medical devices by securing maximum cooperation and alignment with the EU on the regulation of medicines and medical devices to deliver proportionate, robust and effective regulation of medicines and medical devices in the UK.

- Pragmatic solutions allowing patients and the public to benefit from the UK's participation in EU systems such as data sharing networks, pharmacovigilance and the clinical trials portal and databases post Brexit.

3. Preservation of reciprocal healthcare arrangements

- UK nationals in the EU and vice versa can benefit from access to healthcare abroad through a system of reciprocal arrangements.

- If this is not possible, provisions should be made domestically for the planning and funding of healthcare for UK nationals currently in the EU and vice versa.

- No increased burden for UK healthcare providers in the event they will be required to handle new, more complex administrative and funding processes when providing care to EU citizens.

4. Robust coordination mechanisms on public health and wellbeing

- Strong coordination between the UK and the EU in dealing with pandemics, as well as other health threats, and more broadly on health promotion and disease prevention programmes. This could happen, for example, through the creation of a new EU-UK joint coordination mechanism on public health issues.

5 A strong funding commitment to the health and public health sectors

- High standards of population health and wellbeing and patient care through a strong focus on prevention of ill health and secure that any possible shortfall resulting from the economic impact of leaving the EU is offset.

- An appropriate funding level for both healthcare and population health that is linked to Gross Domestic Product.