

What would you want the UK government to achieve through a free trade agreement (or related trade talks), and why?

In order to safeguard and promote the interests of patients across the UK, we would want the FTA to

- Boost the economy of the UK overall, creating wealth and jobs
- Create an improved economic climate to support the health of the population (by improving standards of living, housing, employment, nutrition, mental/physical wellbeing)
- Take into account and respect the differences between the health and social care systems of all four UK nations, especially when considering which services to commit in FTA schedules
- Consider excluding health services from the scope of the agreement or excluding these services from certain commitments. Commissioners could still decide to invite bids from overseas companies to provide services, but would not be automatically obliged to do so. Maintaining the status quo by excluding state-funded public services from the UK's trade offer at this moment will provide an element of stability and will allow for review once the UK's trading relationships globally are known.
- Favour greater integration of local health and social care services, especially clinical services, by excluding them as far as possible from requirements for competitive tendering. This principle is already acknowledged to a degree in WTO GPA and EU procurement regimes.
- Seize the opportunity to free health and social care organisations from onerous and bureaucratic procurement requirements whilst adhering to WTO standards of fairness and transparency.
- Avoid commitments that could limit the future ability of UK and devolved governments to promote the public's health, including through regulation.
- Resist inclusion of investor protection provisions as unnecessary in an FTA between developed nations with robust legal systems. If however investor protection provisions are included in an FTA, agree a system which is transparent, equitable and is composed in such a way that it gives due regard to the balance between the right of governments to regulate in the public interest and of investors to protect their investments
- Facilitate trade in medicines, medical devices and non-medical consumables and avoid wasteful duplication, by agreeing systems of equivalence in regulatory standards, e.g. mutual recognition of manufacturing standards, inspection etc (regulatory non-tariff barriers)
- In so doing, maintain current high standards for these products
- Safeguard and promote patient access to generic/low cost medicines by resisting an extension of intellectual property rights favouring rights holders
- Support public health and reduce health inequalities by grasping the opportunity to maintain or improve current high EU standards in relation to food safety, food labelling (nutritional information), advertising and pricing of unhealthy commodities (tobacco, alcohol, sugary food and drinks), animal welfare, etc.
- Provide for a mechanism of mutual recognition of professional qualifications for regulated healthcare professionals, to facilitate inward and outward exchange of expertise, alleviate skills shortages and speed up recruitment to unfilled posts.
- Consider making provision for cross-border services where patients move across borders for treatment, or where services such as e-health are delivered remotely.

What concerns, if any, does your public sector body have about a free trade agreement (or related trade talks), and why?

- The impact of trade policies on the health of citizens is not routinely assessed when negotiating trade agreements, and health interests are not represented at the negotiating table
- The extent to which trade negotiations/talks will be subject to Parliamentary and public scrutiny and challenge
- Eagerness to secure agreements could tempt negotiators to “trade away” the longer term prize of a healthy and more productive population, in return for short-term economic advantages
- For example, regulatory standards relating to food, the environment etc could be lowered if they are seen merely as non-tariff barriers to free trade. Any detrimental impact on public health would, as a result, increase pressure on health and social care services
- Possible pressure from the pharmaceutical industry to restrict the use of generic medicines in favour of branded drugs for which they hold the patent, leading to supply and cost pressures for health and social care services
- The importance of UK and devolved governments retaining control of the market in health and social care services, by deciding which services they wish to open to competition in the domestic and/or international market.
- Where services are open to competition from international providers, investor protection provisions in an FTA could restrict the ability of future governments to regulate in the public interest (precedents exist in the field of public health measures that could impact on company profits by, for example, discouraging consumption of unhealthy products).
- Shortages or delays in importing goods such as medicines and medical devices could result from failure to agree robust mutual recognition/equivalence of manufacturing, transport/storage and inspection regimes.
- We are concerned that this could result in additional costs that would be passed on to buyers in the healthcare sector and ultimately to taxpayers and patients.

Is there anything else that you would want to say about the UK's future trade relationships?

- Overall, we would not want concessions made in trade agreements to impact adversely on public health, or otherwise place an additional burden on services and budgets within health and social care services which already face severe challenges. We would welcome the opportunity to engage in further discussion with DIT to elaborate our views and concerns.