

## CHEST HEART & STROKE SCOTLAND'S RESPONSE TO HEALTH AND SPORT COMMITTEE:

### Impact of leaving the European Union on health and social care in Scotland

#### Background

Our conditions affect people all across Scotland, with chest illnesses being the biggest single reason people use the health service, coronary heart disease one of Scotland's biggest killers, and stroke the main cause of disability among adults. CHSS represents the 500,000 people in Scotland living with lung and heart disease or the effects of a stroke, and offers support, advice and information.

We provide services across many Integration Joint Board areas, including stroke nurses, professional and community training, rehabilitation support, and a national 'Voices' programme which trains and supports service users to engage with health services at a strategic level. There are over 150 CHSS volunteer-led peer support groups in communities across Scotland, and we have a volunteer movement of 1,500 people who work across our support services, head office, and retail operations.

The impact of leaving the European Union (EU) on health and social care is of direct importance to the people we work with and support, and we welcome the opportunity to raise concerns with the Committee. The level of analysis carried out on the impact of Brexit in general by the UK government has been scant and in some cases suspected, or indeed confirmed, to be non-existent. The health conditions CHSS represent are significant and serious and we are dismayed at the lack of priority and focus given to the health ramifications of Brexit – from research, to experienced healthcare staff and the impact more broadly on human rights.

*Jane-Claire Judson*  
Chief Executive, CHSS

#### *1) How could the potential risks of Brexit for health and social care in Scotland be mitigated?*

As the Committee has highlighted, the potential impact on health and social care is wide-ranging, including workforce, research, and access to medicines, in addition to concerns about the potential impact on human rights. Whilst negotiations are ongoing a detailed assessment is of course challenging; however, CHSS is one of 57 organisations across the United Kingdom (UK) which have supported the **proposed amendment NC44 to the European Union (Withdrawal) legislation.**

Amendment NC44 would require the UK Government to make arrangements for an independent evaluation of the impact of the Act and Brexit upon the health and social care sector across the four nations to be made, after consulting Scottish and Welsh Ministers and the relevant Northern Irish department, service providers, those requiring health and social care services, organisations working for and on behalf of individuals requiring health and social care services, and others.

The proposed independent evaluation could play a key role in safeguarding the interests of vulnerable people who rely on the contribution of EU citizens to the provision of health and social care across the UK. It could provide an accurate assessment of the number of nationals from other EU countries currently employed in the sector, the level of future vacancies linked to Brexit, and any variations in these areas across the UK. Future planning and decision making in relation to recruitment and staffing would be informed by that assessment, highlighting any key variations across the four nations.

The independent evaluation should also consider the impact of Brexit on the funding of the health and social care sector. It could take a holistic and strategic approach to the future of commissioning, research, regulation, and collaborative working with the EU and with individual countries.

We believe this amendment is necessary to determine the full impact of legislation and Brexit upon the health and social care sector. This in turn will help to ensure that governments/assemblies, local authorities, the third sector, the health and social care sector and other key agencies across the UK's strategic planning and decision making, in relation to the impact of Brexit on the health and social care sector, are fully informed and shaped by robust evidence.

The amendment was called for debate at Westminster and achieved a high level of cross-party support, but was defeated by 318 votes to 294. There is scope for the amendment to be tabled again when the debate moves to the House of Lords. **We would encourage the Committee to support the call for wide-ranging impact assessment of Brexit on the sector.**

More broadly, there needs to be a plan in place – and an analysis of – what would happen under three scenarios: soft Brexit, hard Brexit and failed Brexit. The Lancet published a strong article<sup>1</sup> on this and we would urge decision makers in Scotland to develop plans around these three possible outcomes.

In respect of specific issues, an early confirmation of the **right to remain for EU-nationals** who live and work in Scotland would mitigate the impact of retention and recruitment problems to the health and social care workforces. LAs and Health and Social Care Partnerships should also be encouraged by Parliament to incorporate impact assessment of Brexit on their workforce planning.

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<sup>1</sup> <http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2817%2931926-8/fulltext>

Innovation in medical science is crucial in the continued improvement of treatment and care for people living with heart and lung disease, or after a stroke. Risks to future **funding and research** of which the EU has been a significant contributor in the past need addressing, potentially through pooled national research funds with existing European programmes.

But it isn't just about the money, important though that is. There also needs to be an ongoing **exchange of expertise among professionals** to ensure continued international collaboration. The sharing of knowledge and expertise is crucial to the development of good care – we do not want to miss out on contributing to or learning from vital health developments. New networks should be created or endorsed by the Scottish Government to allow for cross-border collaboration between people who access support and services, health and social care staff, researchers and experts across public, independent and third sectors to continue learning from health and social care systems operating across the EU.

Brexit also poses risks to the **development and supply of medicines**; the Life Science Industry Coalition highlights the 'significant challenge to the way that medicines are developed, trialed, regulated and supplied to patients, which may have a direct impact on patient health<sup>2</sup>'. There needs therefore to be an early agreement securing a maximum level of co-operation on pharmaceutical regulation and co-operation between UK and EU. Future trade agreements should ensure that medicines are able to continue to move between both regions. Similarly, there needs to be continued co-operation and exchange of information and best practice on drug safety.

The UK's membership of the EU has been important in tackling discrimination and improving individual rights and social justice, particularly of women, part-time workers, and people with disabilities. We are concerned that leaving the EU could lead to a **retraction in people's rights**. The Scottish Government has stated its support for human rights frameworks and implementation of the UN Convention on the Rights of Persons with Disabilities (UNCRPD) - in the Fairer Scotland for Disabled People Delivery Plan. We endorse the Alliance's call for the Scottish Government to fully incorporate the UNCRPD into Scottish law alongside the International Covenant on Economic, Social and Cultural Rights, which establishes a range of rights including the highest attainable standard of physical and mental health.

There are of course numerous social determinants which impact on health, ranging from economic circumstances and employment through to access to healthy food, and so **mitigating risks to health will require action across a complex landscape of Brexit negotiations**.

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<sup>2</sup> [http://www.medicinesforeurope.com/wp-content/uploads/2017/12/UK-Exiting-from-EU\\_LIFE-Science-industry-coalition\\_POSITION-PAPER-FINAL.pdf](http://www.medicinesforeurope.com/wp-content/uploads/2017/12/UK-Exiting-from-EU_LIFE-Science-industry-coalition_POSITION-PAPER-FINAL.pdf)

*2) How could the potential benefits of Brexit for health and social care in Scotland be realised?*

CHSS notes the Alliance's view that Brexit may provide an opportunity to test and ensure the competence of European doctors, which is currently restricted by European law. This could allow for improved standards if they are required and greater reassurance to the public. In its evidence<sup>3</sup> to the House of Commons' Health Select Committee inquiry into priorities for health and social care in the Brexit negotiations, the General Medical Council highlighted that:

"Brexit strengthens the case for reforming professional regulation, as it provides an opportunity to make progress in ... improving the checks we can put in place to ensure all doctors practicing in the UK meet the same standards – whether they qualified in the UK, Europe or elsewhere."

Post-Brexit, the development of new and progressive approaches to the realisation of challenging targets related to air and water quality, as well as in relation to agriculture, food and environmental standards, could have benefits for Scotland's public health if there was the political will to drive improvements forward.

The European Public Health Alliance<sup>4</sup> identifies some potential opportunities presented by Brexit: the UK (and Scotland) may be able to capitalise on our position as world leaders in public health; we could accelerate the delivery of public health policies such as banning trans fats, carcinogenic herbicides and hormone-disrupting chemical.

*3) In what ways could future trade agreements impact on health and social care in Scotland?*

As described above, the movement of medicines and other products between regions is dependent on the terms of future trade agreements. A recent publication by The Health Foundation also demonstrates the wider range of relevant policies, from food and farming, consumer safety, the impact of EU Structural Funds, and the impact on public health of the many trade agreements and other international treaties. The report highlights some key examples we wish to bring to the Committee's attention:

- As a lone negotiating country, the UK may be more vulnerable to the power of industry lobbies such as tobacco. Tobacco, alcohol and chemical companies are likely to lobby for the use of ISDS clauses (investor-state dispute settlement clauses) which are being used around the world by large corporations to sue governments intending to introduce legislation they claim will harm their investments.

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<sup>3</sup> <https://www.gmc-uk.org/news/29766.asp>

<sup>4</sup> <http://www.health.org.uk/publication/policies-healthy-lives-look-beyond-brexit>

- The Euratom Treaty (which the UK is to leave) regulates the trade and transport of radioisotopes used in radiotherapy and materials used in diagnosis. New agreements will need to be negotiated to ensure their continued import into the UK.

**To mitigate the consequences of negotiated treaties, they will need to be closely scrutinised by the Scottish Parliament and Scottish Government.**

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