

The iSPER Brexit Series

PAPER III:

The potential impact of Brexit on health: education, research and the wider NHS

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ABOUT THE iSPER BREXIT SERIES

Since the British public voted to leave the European Union, there has been widespread conjecture as governments across Europe and beyond try to assess the political and social ramifications of the result. There is no question that Brexit has the potential to impact on all aspects of our day-to-day lives, from education to the economy, health and housing, trade and travel, and much more besides.

As such, policy makers face a number of challenges in light of the increased responsibility placed on them – as areas of legislation previously under EU competence may soon be decided nationally – at the same time as preserving our global position, links and security.

In a new project led by the Institute for Social, Policy and Enterprise Research (iSPER) at the University of Plymouth, leading academics across a range of fields will attempt to shed light on how the referendum result might affect their areas of expertise.

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iSPER has been established to promote interdisciplinary research and develop external collaboration in the areas of social research, policy development and business.

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1. Summary

Even prior to the conclusion of the European Union (EU) referendum (Brexit), the NHS was showing tremendous signs of strain. Immediately after the outcome was announced, promises of major re-investment of funds saved from payments to the EU were retracted. Since then, hospital closures, cuts and changes to health and social care have been revealed, with regular news broadcasts highlighting the crisis facing the NHS. The uncertainties about post-Brexit relationships, economy, politics and security are likely to further significantly impact the NHS and its sustainability. Higher Education Institutions (HEIs) and the NHS are inextricably linked through research and education of health and social care professionals – changes therefore having implications for both. In light of the need to address these uncertainties, this paper proposes a number of recommendations, including to:

- Provide a guarantee of as much free movement of health and social care clinicians, educationalists and researchers as possible;
- Urgently review the decision to remove the bursary for nurses, midwives and allied health professions;
- Ensure that changes to existing EU legislation affecting health professional education are minimised to only those which will be of greater benefit to the UK than currently;
- Ensure strong leadership at all levels, from Government to local educational and clinical providers - engaging with, genuinely listening to and advocating for those involved.

2. Purpose of Paper

This paper outlines some of the co-existing issues which threaten the future of the NHS, and identifies some of the new challenges that Brexit brings to the situation. It has been developed as a collaborative activity between academics from several health professions in order to begin to reflect the breadth of the situation, while specific examples demonstrate the domino effect of the challenges faced. Recommendations are made, which could contribute to policy development at local and national level. In view of the imminent invoking of Article 50 (pending the Parliamentary debate and vote), and the negotiations which will result from Theresa May's recent revelation of her Brexit plan (May, 2017), it is important that these interconnecting decisions are considered with urgency and caution.

3. Co-existing Issues

- **Workforce shortages** – Workforce planning and investment in pre-registration education of health and social care professionals has been 'too little, too late' to take account of demographics such as the ageing workforce, increased population and complexities of conditions. Major public inquiries in recent years, such as the Francis (DoH, 2013) and Kirkup (2015) reports, have emphasised the importance of safe staffing levels, but recent publications have highlighted that these recommendations are already proving unfeasible. A compensatory increase in recruitment of staff from outside the UK has been seen in many areas. The EU has been increasingly targeted in view of the harmonisation of educational requirements and professional checks in the Mutual Recognition of Professional Qualifications Directive (NHS Employers, 2016a), which supplements existing legislation of freedom of movement for professional groups.

- **Retention** – Retention of pre-registration health professional students as well as qualified staff is an ongoing issue. This has served to further pressurise the existing workforce, resulting in increased sickness levels and attrition.
- **Funding changes** – The decision to remove the bursary system for nurses, midwives and allied health professionals from September 2017 is creating great uncertainty about the consequences for an already depleted workforce. The Government does not appear to appreciate that this decision will not markedly increase the workforce – student numbers for most health professions being limited by capacity in clinical areas. The future funding of clinical psychology training remains precariously unclear, despite the Government's acceptance of the recent final report of the Mental Health Taskforce which emphasises the importance of mental health issues (2016).
- **Economy and privatisation** – Interest rates have been reduced in an effort to bolster the economic impact of austerity measures. The exchange rate has deteriorated and the implementation of Brexit is anticipated to further threaten markets. Resources available to health services, education and research are likely to reduce, negatively affecting quality of care provision to the public and the sustainability of the NHS. There is an increasing likelihood of private sector involvement to counteract this.
- **Delays in regulatory changes** – Uncertainties about changes to legislation regarding EU Directives may have an impact on the ability of the Nursing and Midwifery Council (NMC) to meet its current timeline for reviewing the standards for pre-registration nursing and midwifery education and mentorship; the same is likely to apply to other regulatory bodies. This will impede the ability of HEIs to develop contemporary curricula which prepare professionals to be fit for purpose and practice.
- **Government initiatives** – The Government has introduced key strategic targets which promote joined-up working between, and within, health and social care (NHS England, 2014 and Willis, 2015). Such inter-professional collaboration requires investment in both services and education.
- **Mental health** – Already identified by the Government as a key area of focus, recent world events have suggested that political and social upheaval and incidents may, in part, be due to or exacerbate existing mental health issues and potentially cause new problems. The media (in all its forms) plays a role in highlighting fear-provoking events. Social exclusion, economic difficulties and anxiety have major effects on mental health – and in turn on physical and social wellbeing. Increased mental health issues will therefore further deplete the resources of the health and social care services.

4. Potential Outcomes from Brexit for the UK

- **Staffing implications** – As stated above, registrants from Europe have typically held more equitable qualifications than some other countries due to EU Directives. Recruitment of healthcare registrants from this 'pool' is now under threat due to potential changes to free movement. This has implications for staffing, patient safety, quality of care and the sustainability of the NHS. Limitations to recruitment of high calibre health and social care academics from Europe will also have a detrimental effect on UK health education and research. No reassurance has yet been received that the status of existing EU employees will be protected, although Theresa May has recently stated that *"We want to guarantee the rights of EU citizens who are already living in Britain, and the rights of British nationals in other member states, as early as we can"* (May, 2017). Experienced staff who are already employed in the UK may choose, or have, to return to their native countries – further depleting both clinical service and education. Current workforce planning will not

have allowed for this, and any remedial modifications will take years to have an effect. The NHS will suffer in the meantime – potentially irrevocably. Private companies will be more likely to invest in skilled workers from other countries (permits allowing), increasing their ability to be providers of both healthcare and education.

- **Educational funding and quality implications** – Despite the Government's promise to honour current arrangements for EU students until 17/18 (DoE, 2016), future restrictions to the 'four freedoms' will mean that international rates will need to be paid by all non-UK citizens – a much higher rate than the current 'home fees'. This will make the UK a less attractive place to undertake professional health and social care programmes, decreasing the applicant 'pool', diversity and ultimately NHS staffing even further. Furthermore, student and staff Erasmus exchanges, which currently enable significant collaboration on education development and initiatives, are in jeopardy.
- **Health and social care research** – Universities in the UK have, until now, been major beneficiaries of EU funding for research. This has enabled production of nursing, medicine, health and social care evidence of international significance. Collaborative agreements and bid applications for UK researchers relating to EU-funded projects have already reduced as a direct result of Brexit. Not only does this compromise the income for HEIs, but it also reduces the scope of research available in the UK – with a direct impact on international reputation and high-quality outputs. Although the Autumn Statement revealed increased investment in research and development (Research Councils UK, 2016), allocation to health research has not been specified. May (2017) has recently indicated that the UK will continue to play "*a leading role in science and innovation*". It is to be hoped that Brexit negotiations will result in health receiving a strong focus, to mutual benefit of the UK and EU.
- **'Tourist' healthcare** – Current use of the NHS by non-UK citizens is likely to decrease if free movement is restricted, resulting in increased availability of its resources to the national population. Recent proposals for patient passport checks have, however, caused concern amongst professionals who do not see this as their role and are discomforted by what is perceived to be a discriminatory approach. The European Health Insurance Card (EHIC) currently ensures reciprocal arrangements for EU citizens, which is highly beneficial to UK expats and tourists. Any gains from not offering this facility to travellers to the UK are likely to be outweighed by the costs to its citizens abroad.

5. Potential Outcomes from Brexit for the EU:

- **Staffing implications** – If the UK healthcare and education workforce is depleted due to restrictions on free movement, this could have a positive outcome for the EU in that it may reduce the 'brain drain' from these countries – both from currently qualified staff and potential recruits.
- **Reduced access to UK healthcare education** – To date, UK professional healthcare qualifications have been sought by many countries, including those from the EU. Partnership arrangements are in place in several areas. Reduction to, or cessation of, this access could restrict opportunities for non-UK citizens to enhance their skills and professional development. This may have a negative impact on their expertise which could otherwise be transferred back to their home countries.
- **Health and social care research** – Reduced collaboration and investment in research will have negative effects on the EU as well as the UK.
- **'Tourist' healthcare** – Loss of reciprocal healthcare arrangements will affect expats and tourists in both the UK and EU – a negative for both groups.

6. Recommendations

- **Provide a guarantee of as much free movement of health and social care clinicians, educationalists and researchers as possible.** This will promote continuity of the diversity and richness of skills, experience and innovations to be shared to mutual benefit, as well as reducing the impact on staffing numbers. It is crucial that those staff from EU and other countries who remain in the UK or enter the clinical or educational workforce feel valued and respected as a basic human right as well as promoting the quality of their practice. Explicit messages of inclusion from institutions, professional bodies, trade unions, government and the media need to continue and become even more high profile. Residential and employment status for existing staff from the EU needs to be protected. International university students should be excluded from net migration figures.
- **The Government should urgently review the decision to remove the bursary** for healthcare students, as this was made prior to the outcome of the EU referendum being known. The consequences of Brexit are likely to lead to difficulties recruiting qualified nurses, midwives and allied health professionals from Europe to meet the demands of the NHS, even if 'Tier 2' visas are more readily available to this staffing group in any future immigration policy. Incentives are therefore needed to ensure ongoing recruitment and retention of UK students; some arrangement (as proposed by eminent figures in the health sector) to repay fees after a period of service within the NHS should be considered as a minimum.
- **Ensure that changes to existing EU legislation affecting health professional education are minimised to only those which will be of greater benefit to the UK than currently,** informing the setting of educational standards by the NMC, GMC (General Medical Council) and HCPC (Health Care Professions Council).
- **Invest in education of health professionals and social care workers for the long-term benefit of the population.** Investment should not be restricted to pre-registration education; specialist knowledge and post graduate development are essential to promote expertise and innovation. Inter-professional learning is of great importance.
- **Education providers need to consider alternative options to remain 'open for business'** e.g.: extend online/ distance learning and invest in technology to support this. Consider increasing global partnerships and access to UK facilities for mutual benefit. This will help surmount barriers imposed as a result of reducing freedom of movement to live or work, should this be an outcome of negotiations.
- **Investment in health and social care research is essential – the UK leads in many areas and this needs to continue.** Historical impact on the world has been major – we owe it to our fellow citizens to continue to contribute meaningfully to the promotion of health and wellbeing globally. Similarly, the UK has much to learn and benefit from international partners. Promotion of collaborative working between countries will enhance international relationships. This will have a positive benefit on the reputation of the country and its economy – and perhaps even contribute to world stability and security.
- **Invest in mental health – building on existing Department of Health proposals** and recognising the likely increase in mental health issues as a result of the current uncertainties, economic constraints and security fears nationally and internationally. Recognise the increased vulnerability of the disaffected, displaced, minority and marginal groups when developing policies.
- **Consider sustainability of staff and resources, seeking prevention rather than reaction.** Investment in staff and their wellbeing, such as compassionate care initiatives, will have positive repercussions for patients/ clients and the quality of care provided, resulting in long-term benefits, including economic savings.

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- **Promote a positive outlook as far as possible, while being realistic.** Negativity breeds dissatisfaction, fear and anxiety with consequent physical/ mental and social ill-health. 'Good news' (such as recent Olympic successes) promotes patriotism and a sense of community. We need to build, rather than destroy, individual aspirations and sense of value. Politicians and the media can play a major part in this.
 - **Ensure strong leadership at all levels, from Government to local educational and clinical providers - engaging with, genuinely listening to and advocating for those involved.** The newly formed 'Cavendish Coalition' is likely to be pivotal in this (NHS Employers, 2016b). Decision-making needs to be collaborative, with participation of service users and those who deliver education, health and social care and research. Clarity of communication and ownership of change is essential.

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Bridie Kent is a Professor in Leadership in Nursing, Head of the School of Nursing and Midwifery and Associate Dean in the Faculty of Health and Human Sciences. She has held a number of key clinical and academic appointments and for the last 15 years has played a lead role in evidence-based practice and implementation science in the UK, New Zealand and Australia. She has been an expert evaluator for the EU FP7, NHMRC, ARC and in 2012 was appointed to the national Excellence in Research for Australia Research Evaluation Committee. Her research interests focus primarily on knowledge translation and practice improvement within health care settings.

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The views expressed within this paper are those of the academics and are not necessarily representative of the University of Plymouth.