

Royal College of Nursing's response to the Health & Social Care's Select Committee's call for evidence on the impact of a no-deal Brexit on health and social care

With a membership of around 435,000 registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world. RCN members work in a variety of hospital and community settings in the NHS and the independent sector. The RCN promotes patient and nursing interests on a wide range of issues by working closely with the Government, the UK parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations.

Background to our response

We welcome this call for evidence from the Health and Social Care Select Committee and its critically important focus. In the time between the Brexit referendum and March 2018 there has been an 87% fall in new EU registrations to the Nursing & Midwifery Council (NMC). Even more alarming however is the growing number of established EU nurses leaving the profession altogether. In the two years since the referendum over 7,000 established EU nurses left the UK nursing profession compared to just under 5,000 who left in the three years preceding the referendum.¹

Our response draws on previous evidence which we submitted to the Home Affairs Select Committee's 2018 call for evidence on Brexit and the UK Government's objectives for a post-Brexit immigration system.² We also draw on published RCN positions about what we believe the key issues facing nursing in the UK are in light of Brexit.³

Introduction

The RCN has consistently argued that there needs to be a transition period following our withdrawal from the European Union (EU) particularly in relation to free movement of workers, from the current arrangements for EU nursing staff to enter

¹ The NMC, 'The Register – 2018', available at: <https://www.nmc.org.uk/globalassets/sitedocuments/other-publications/the-nmc-register-2018.pdf> (2018)

² RCN, 'Post-Brexit Migration Policy Inquiry', available at: <https://www.rcn.org.uk/about-us/policy-briefings/conr-3518> (2018)

³ RCN, 'International workforce in the UK after Brexit: Nursing Issues', available at: <https://www.rcn.org.uk/professional-development/publications/pub-007181> (2018)

and work in the UK to any future immigration system, which has not yet been agreed. In the case of a no-deal Brexit there would be no transition period which would likely cause significant challenges for the health and social care sector. In such a scenario we believe that the UK would need to immediately put in place its own emergency arrangements to protect key public services and areas of the economy – including health and social care.

The lack of clarity from the UK Government on what either a deal or no-deal Brexit would look like has already had an unsettling impact on health and social care. Given this lack of clarity, at their 2018 annual congress, the RCN's membership voted that the RCN should show its strength by lobbying the UK Government for a referendum on the final Brexit deal.⁴

Answers to the committee's questions

1. What is the impact of a no-deal Brexit likely to be on your sector of the health and social care system?

1.1 The critical concern for us in terms of a no-deal Brexit is the potential impact this could have on the stability of the UK's nursing workforce, both as we head towards Brexit, as well as beyond it. This is compounded by the uncertainty about what a no-deal Brexit would actually look like as there continue to be many different interpretations of its impact.

Impact on the current workforce

1.2 In terms of the stability of the current workforce, we are concerned that the UK Government – specifically the Home Office – has not done enough to reassure EU nationals that they will be able to remain in the UK in the event of a no-deal Brexit. For nursing, this potentially encompasses over 35,000 EU nationals, just over 5% of the regulated UK nursing profession.⁵

1.3 In June 2018 the Home Office announced its settled status scheme for EU nationals looking to remain in the UK after Brexit. We welcomed this announcement despite its lateness. However, this programme is predicated on there being a deal agreed between the UK and the EU with a transition period beginning in March 2019. This is when settled status will formally begin. We have repeatedly called on the Home Office to guarantee that this scheme will be

⁴ RCN, 'Congress 2018 – Resolutions', available at: <https://www.rcn.org.uk/congress/agenda/27-emergency-resolution>

⁵ The NMC, 'The Register – 2018', available at: <https://www.nmc.org.uk/globalassets/sitedocuments/other-publications/the-nmc-register-2018.pdf> (2018)

honoured even in the event of a no-deal Brexit. The Home Office has yet to offer this assurance and we believe that this could encourage more EU nurses (and EU nationals more broadly) already living in the UK to leave.

1.4 While we recognise that both the Prime Minister and the Head of the NHS in England have offered assurances that the position of EU staff will be secured whatever happens in terms of Brexit, neither have confirmed that settled status will be the pathway through which this will happen. We believe that EU nationals need and deserve absolute assurance that both their fundamental right to remain will be secured, and that the route through which this will be done will be settled status. We believe this is important because settled status has been designed to be a quick, easy-to-use and enabling route for EU nationals wishing to stay in the UK.

1.5 We believe that we are already seeing the impact of this uncertainty on our EU workforce. Since the Brexit referendum, far fewer EU nurses and midwives have been joining the UK's registered nursing workforce. In the time between the Brexit referendum and March 2018 there has been an 87% fall in new EU registrations to the Nursing & Midwifery Council (NMC). Even more alarming however is the growing number of established EU nurses leaving the profession altogether. In the two years since the referendum over 7,000 established EU nurses left the UK nursing profession compared to just under 5,000 who left in the three years preceding the referendum.⁶

Impact on the future workforce

1.6 In terms of securing the stability of the future nursing workforce, we highlighted in our evidence response to the Home Affairs Select Committee that the prime objective for any future UK immigration system should be to ensure that the UK can attract and retain the highly skilled nursing workforce needed to provide quality care to meet patient need, and to enhance the overall health and wellbeing of our population.⁷

1.7 Nursing staff from the EU already make a vital contribution to this. In 2010/11, less than 2% of the UK's Registered Nurse (RN) population were from the EU but by 2017/18, this had risen to nearly 6% of the total RN workforce.⁸ Were a no-deal Brexit to happen we are concerned that the EU supply would be immediately disrupted which would be highly damaging to our sector. This effect would be

⁶ Ibid.

⁷ RCN, 'International workforce in the UK after Brexit: Nursing Issues', available at: <https://www.rcn.org.uk/professional-development/publications/pub-007181> (2018)

⁸ NMC, 'Registration statistics', available at: <https://www.nmc.org.uk/about-us/reports-and-accounts/registration-statistics/> (2018)

made even worse if the UK Government was still in the process of reforming its wider immigration system by the time Brexit happens, which now seems highly likely due to its decision to delay its White Paper on Immigration to 2019.

- 1.8 As a result, if a no-deal scenario were to happen, the UK could be left with no new tailored immigration routes for EU staff. In such a scenario we would anticipate that skilled EU workers (such as nurses) looking to come to work in the UK would have to immediately shift into the Tier 2 visa route which is currently used by non-EU nationals. If this happened it would be hugely disruptive because of the significant costs and length of processing times required for such applications. For less skilled EU workers there would be considerably less certainty given the UK Government's commitment to reduce less skilled migration. For the health & social care sector this could mean a route to recruiting these critical staff would be closed.
- 1.9 Any disruption to the EU supply resulting from a no-deal Brexit would be amplified because the growth of the UK's domestic nursing workforce supply has not kept pace with rising patient need and changing population demographics. In the NHS in England alone, there are over 41,000 nursing vacancies (circa 11% of the entire registered nursing workforce) and in 2016, across the UK for the first time in a decade, more nurses left the profession than joined. Vacancy rates in Scotland are 4.1%⁹, there is an estimated NHS vacancy rate in Northern Ireland of 6.9%¹⁰ and overall numbers of employed NHS nurses in Wales are static.¹¹
- 1.10 We also learned in September that the number of students starting nursing courses in England for 2018-2019 is down from 20,820 in 2017 to 20,250 in 2018, while across the UK, student nursing numbers for the same period have fallen from 27,240 to 26,890.¹²
- 1.11 For the long-term we believe that the UK cannot continue to rely so heavily on recruiting nurses from outside the UK to meet workforce shortages. As a result, the RCN is pushing for a credible health and care workforce strategy in each country of the UK to address systemic workforce shortages, in terms of education, recruitment and retention to be underpinned by legislation. This must be based on a whole-system approach, that sets out what is required by way of workforce based on population needs, what levers will be used, and how

⁹ Information Services Division Scotland, NHS Scotland Workforce Information at December 2017, March 2018

¹⁰ Department of Health Northern Ireland, Northern Ireland health and social care workforce census March 2017, available at: <https://www.health-ni.gov.uk/news/ni-health-and-social-care-workforce-census-march-2017> (2017)

¹¹ RCN Wales, 'Nursing Numbers in Wales 2018' (2018)

¹² RCN, 'News', available at: <https://www.rcn.org.uk/news-and-events/news/rcn-worried-as-500-fewer-nursing-students-begin-training-this-month> (2018)

implementation of a strategy will be supported. To begin this process we are calling on the Department of Health and Social Care to invest £1.2bn back into nursing education in England with a preference for the three-year nursing degree entry route.

2. **Specifically, what are the risks to patients and to the health and social care system of leaving the European Union without a withdrawal agreement?**

AND

3. **What further planning, or reassurances, are required in order to ensure that the impact of a no-deal Brexit on health and social care would be minimised?**

3.1 **There is a risk to patient safety and outcomes resulting from a smaller nursing workforce needing to meet greater and more complex patient demand.** International recruitment from the EU has played a vital role in keeping UK nursing numbers steady for many years. A collapse of the existing EU workforce would present a huge challenge for the sustainability of the UK's health and social care sector.

3.2 **Our recommendation:** The UK and devolved governments must develop a credible health and care workforce strategy in each country of the UK to address systemic workforce shortages focusing on education, recruitment and retention underpinned by legislation. This must be based on a whole-system approach, that sets out what is required by way of workforce based on population needs, what levers will be used, and how implementation of a strategy will be supported.

3.3 To begin this process we are calling on the Department of Health and Social Care to invest £1.2bn back into nursing education in England with a preference for the three-year nursing degree entry route. We applaud the recent announcement by the Scottish Government to increase its bursary for nursing students entering undergraduate courses to £8,100 per in 2019. In England, the nursing bursary was scrapped in 2016, with students no longer able to receive the financial package from August 2017.¹³

3.4 **There is a risk that the UK may no longer be able to access important patient safety safeguarding systems.** In the event of a no-deal Brexit the UK would no longer be part of the EU's mutual recognition of qualifications regime (MRPQ). This would not only mean an end to the automatic recognition of nursing qualifications from other EU countries, it would also mean that the UK's

¹³ Nursing in Practice, 'Scottish Government increases NHS bursary for student nurses', available at: <https://www.nursinginpractice.com/article/scottish-government-increases-nhs-bursary-student-nurses> (2018)

nursing regulator would lose access to cross-EU alert mechanisms. These allow the NMC to identify nurses who have been disqualified from practising in EU countries over patient safety concerns.

- 3.5 Our recommendation:** We call on the UK Government to retain alignment with the MRPQ and to ensure that any future changes are evidence-based and considered carefully. A thorough review should also be undertaken to find an approach that places a greater emphasis on increasing our workforce in the UK whilst recognising nursing as a global profession. We also call on the UK Government and the NMC to urgently negotiate the continued exchange of information with EU nursing regulatory bodies relevant to patient care.
- 3.6 There is a risk that the UK will find it more difficult to access medicines and medical devices if it chooses to create new frameworks which are different from the EU.** This may cause delays in new drugs being made available for patients, for example, in the case of cancer drugs, we could see delays of 12 to 24 months for UK patients.¹⁴ Making any changes to the EU regulatory framework for clinical trials would also significantly increase the burden on UK researchers and pharmaceutical companies. They would need to seek separate permissions for trials in both the UK and the EU and would need to provide different datasets to both UK and EU regulators. This could make the UK a less attractive place to conduct clinical trials, with knock-on effects for access to new medicines and offers to participate in trials for patients.
- 3.7 Our recommendation:** The UK Government should ensure continued close collaboration between the UK and the EU on medicines regulation. Ensuring timely access to medicine is critical for all patients in the UK. To achieve this, the UK Government is likely to require a formal agreement with the EU to continue to support and participate in relevant assessments, with a commitment that the UK will maintain and enhance these standards in the future. There are non-EU countries like Switzerland, which have made arrangements to work closely with the European Medicines Agency on a bi-lateral basis.
- 3.8** The UK Government should also agree mutual recognition of the compliance (CE) mark between the UK and the EU. The CE mark indicates compliance with EU health and safety standards and allows for free movement of products. This is important for ensuring that patients have timely access to medical devices. A number of non-EU countries, for example Australia, New Zealand and Switzerland, already have bi-lateral arrangements with the EU on this issue. Similarly, the UK Government should also ensure close collaboration with EU partners on clinical trials. This should be done through replicating the EU Clinical

¹⁴ Ross Hawkins, 'Cancer drugs may be delayed after Brexit, say experts', available at: <http://www.bbc.co.uk/news/health-38922366> (February 2010)

Trials Regulation and agreeing that the UK takes part in pan-European clinical trials.

- 3.9 There is a risk that that the UK will struggle to address and tackle cross-border public health threats collaboratively.** The EU plays a vital role in maintaining public health across all its member states. The lack of a post-Brexit contributory relationship with the European Centre for Disease Prevention and Control (ECDC) would exclude the UK from reporting and comparing important surveillance data on communicable diseases and health threats. This could affect the preparedness of the UK's health and social care system if a communicable disease outbreak develops and we need to respond rapidly.
- 3.10 Our recommendation:** In the event of a no-deal Brexit, the UK Government should develop a memorandum of understanding with the ECDC. Models for this currently exist as demonstrated in China and the USA, which could provide a model for the UK to follow.¹⁵
- 3.11 There is a risk that health & safety regulations, and workers' rights could be undermined.** A substantial proportion of UK health and safety regulations and workers' rights originate from the EU, and provide important protections for health care workers and their patients. While the EU Withdrawal Bill has integrated these into UK law, this does not guarantee that in the long term these will be maintained or strengthened. Since a no-deal Brexit would probably represent a sharp break with EU frameworks, we believe this could increase the possibility of these standards being diluted either through domestic policy decisions or as part of negotiations for new trade deals with other countries.
- 3.12 Our recommendation:** Legal protections in the workplace must mirror the regulatory standards adopted by other developed countries. The UK Government must show its commitment to promoting employment policy and practice which is attractive to skilled health care workers in the UK, from Europe and around the world. So far, there has been no commitment from the UK Government to protect health and safety regulations and ensure that they are reviewed and updated as new evidence emerges or to meet international standards. UK Governments must not be granted powers to amend EU derived protections and legislation without sufficient parliamentary scrutiny. For example, the Management of Health and Safety at Work Regulations which introduce health and safety risk assessment and duties towards pregnant employees; the Transfer of Undertakings (TUPE), which protect workers if their employers change; and the

¹⁵ RCN, 'Addressing public health threats', available at: <https://www.rcn.org.uk/professional-development/publications/pdf-006984> (2018)

Working Time Regulations (WTR). It is essential that workers' rights remain as currently drafted, and are not amended.

- 3.13 There is a risk that collaboration for research and learning between the UK and the rest of Europe could be undermined.** The health and social care challenges that society is facing, such as antimicrobial resistance, infectious diseases and ageing populations, are global. They are not unique to the UK and know no borders. International collaboration and exchange increases the speed and likelihood of finding the solutions to these challenges, as well as adopting insight and innovation at faster rates. In the case of a no-deal Brexit, the UK would lose access to the EU's research funding programme, especially Horizon 2020 and the subsequent 9th EU Research and Development Framework Programme). While the UK Government has committed to guarantee funding for existing projects in the event of a no-deal Brexit, there is a question about future collaborations and how easy these will be to organise and feed into were a no-deal scenario to happen.
- 3.14 Our recommendation:** The UK Government must work to ensure that the cross-border nature of health and social care challenges are considered in the withdrawal negotiations, and access to funding and networks must be preserved wherever possible. In this context, domestic and international funding arrangements also need to be reviewed to ensure sustainability.
- 3.15 A no-deal Brexit could have significant implications for the Northern Ireland border and wider devolution agreement.** In relation to free movement of people across the Ireland/Northern Ireland border, there is an agreement between the UK and Ireland on a Common Travel Area, which predates EU membership and which both countries are committed to and the EU has said it will respect. However, the UK and Irish Governments would need to provide legal certainty in the case of a no-deal Brexit, and the agreement would not cover nationals from other EU member states.¹⁶ The exchange of nursing staff between this border is crucial to the respective health systems of both countries and the UK Government must do all it can to prevent any disruption to this flow.
- 3.16 Our recommendation:** The UK Government and the EU should work to ensure that no border is introduced between Northern Ireland and the Republic of Ireland which could undermine the Common Travel Area agreement. We also call on the UK Government to respect the UK's devolved governance arrangements which allows health policy to be shaped by what is best for each nation and encourages citizen participation.

¹⁶ House of Commons Library, 'The Common Travel Area and the special status of Irish nationals in UK law', available at: <https://researchbriefings.parliament.uk/ResearchBriefing/Summary/CBP-7661> (2017)

4. **How effectively are stakeholders planning for the possibility of a no-deal Brexit? How effectively do you consider the Government's planning for such an outcome to be?**

4.1 Beyond the technical guidance issued by the Department of Health & Social Care (DHSC) in August, we are unaware of any significant preparations being made for a no-deal Brexit with regards to our sector.

4.2 Of particular concern to us is that the DHSC's technical guidance only applies to six areas. These are: unilateral recognition of batch testing of medicines, life sciences IT systems, life sciences, tobacco-related products, organs/tissues/cells and blood safety and quality standards.¹⁷ While the content of these notices addresses some of the risks we've listed above, such as access to medicines, the guidance only covers short-term measures such as stock-piling. This risks we've raised are long-term and we believe that the technical notices do not address these.

4.3 The potential impacts of a no-deal Brexit are happening at a time when providers of health and social care services across the UK are already under intense financial pressure and are struggling to meet the care needs of our population. As far as we know, the UK Government has not offered any additional resources to health and social care providers to help them make contingency plans and scope the options available to them.

4.4 In terms of contingency planning being undertaken by the UK Government and health and social care systems, we have no intelligence beyond what has been published by the media, technical notices and shared with us by our stakeholders. The lack of transparency with which the UK Government is conducting its contingency planning makes it very difficult to establish what planning is taking place, or to assess their effectiveness.

About the Royal College of Nursing

The RCN is the voice of nursing across the UK and the largest professional union of nursing staff in the world.

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¹⁷ Department of Health & Social Care, 'DHSC publishes Brexit guidance for pharmaceutical industry and suppliers of medical devices', available at: <https://www.gov.uk/government/news/dhsc-publishes-brexit-guidance-for-pharmaceutical-industry-and-suppliers-of-medical-devices> (2018)

