

ICU

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BREXIT'S BRUTAL BLOW TO THE NHS

“I’m sorry. I’m just so sorry.”
It’s 8am. Two junior doctors, one English, the other Italian, embrace in tears on the steps outside their hospital. We’ve saved lives together, lost patients together, run cardiac arrests, sought to comfort grieving families, seen patients make miraculous recoveries, witnessed death at its most unforgiving and ugly - all of it together. But as of June 23, 2016, while one of us remains fully entitled to be a doctor in England’s National Health Service (NHS), the other may be stripped of her right to live and work here.

Brexit is a brutal blow for one of the most cosmopolitan of UK workforces. The NHS is an extraordinary melting pot of nationalities, and all the richer for it. On my ward alone,

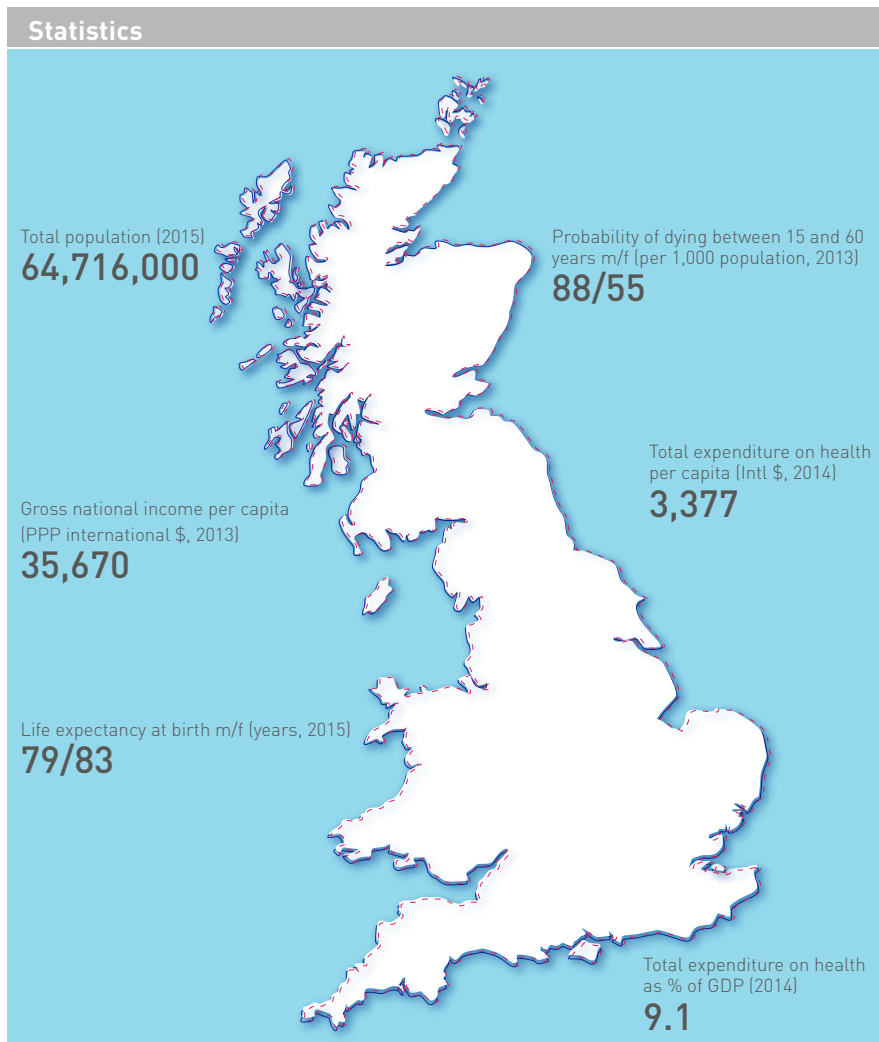
Stephen Nickell of the Office for Budget Responsibility, has stated that the NHS would be “in dire straits” without migrant workers

the doctors and nurses making up the team are British, Spanish, Nigerian, Portugese, Canadian, Kiwi, French and Filipino. Overall, up to 35 percent of health professionals come from outside the UK, with 55,000 of the NHS England’s 1.2 million staff being citizens of other EU countries. Small wonder one of the UK’s most senior economists, Stephen Nickell of the Office for Budget Responsibility, has stated that the NHS would be “in dire straits” without migrant workers.

Much was made of the ephemerality of the Leave campaign’s 350 million pounds a week

promise to the NHS in the event of Brexit - a pledge that lasted barely an hour beyond the referendum result before pro-Brexit UKIP leader Nigel Farage dismissed it as a ‘mistake’. Worse, our underfunded NHS now faces poten-

tially catastrophic financial consequences of Brexit. But the most immediate threat to the NHS is not financial but human: the risk that members of its most precious, most undervalued asset—its workforce—may now wonder



Source: World Health Organization. Global Health Observatory who.int/gho/countries/gbr/en/

what on earth they are doing here in the UK.

Already, nursing and medicine in the UK are perilously understaffed. Every day, in every hospital, doctor and nursing rotas are riddled with gaps—unfilled slots—leaving patients exposed to dangerously overstretched staff. If patient safety matters, we simply cannot afford to lose any more doctors and nurses. Yet now vast numbers of them have been made to feel unwelcome and unwanted: first by a campaign based on prejudice, propaganda and xenophobia, second, by the fact that the majority of voters actually embraced this narrative of fear.

We have a long and grubby history of politicians and newspaper editors exploiting Britons' love of the NHS to indulge in immigrant bashing. You know the drill. Why can't you get an appointment at your GP? Because hordes of migrants are clogging up the surgery. Why have you been denied your ground-breaking cancer drug? Because all those brazen 'health tourists' are screwing us out of scarce NHS resources.

The irony is, the NHS's job of caring makes

in one sense our most egalitarian institution. In death lies the ultimate equality and, when treating sick patients, you are only one step removed from that. Medicine transcends difference. Hearts still pump, blood still flows, whatever skin they're clothed in. My job is to help people, irrespective of race, religion, sexuality, nationality. When you lie before me in a hospital gown—vulnerable, frightened, disorientated, in pain—as your junior doctor I don't care if you are English, Spanish or Outer Mongolian. You could be a communist, a Scientologist, a Prime Minister, an axe murderer. You could even be UK Health Secretary Jeremy Hunt and still I would treat you the same.

Doctors, like nurses, treat one thing alone, the patient, the person in front of them. The values that infuse an NHS ward - kindness, tolerance, decency, humanity - should surely be writ large? I thought my country was inclusive, all-embracing. I've never felt more foreign. To my non-British colleagues, every one of you an asset to the NHS, I'm sorry, so sorry, please stay. ■

Brexit Fallout Continues

The Leave the EU campaigners claimed "We send the EU 350 million pounds a week. Let's fund our NHS instead." Peer360 surveyed acute hospital managers and health professionals, and the results represent 73% of NHS hospital trusts. Most believed that Brexit would impact on the whole negatively on UK healthcare, not only in terms of funding and staffing, but also potentially on healthcare IT upgrade projects.

Reference: Peer360 (2016) Brexit: where are my NHS funds? [Accessed: 20 October 2016] Available from peer60.com/report/brexit-impact-on-nhs-healthcare

"Currently a quarter of our doctors come from overseas. They do a fantastic job and the NHS would fall over without them. When it comes to those that are EU nationals, we've been clear we want them to be able to stay post-Brexit."

Jeremy Hunt, Secretary of State for Health, speaking to the Conservative Party conference in October 2016, where he announced 1500 more training places for doctors from September 2018. (gov.uk/government/news/up-to-1500-extra-medical-training-places-announced)

"Brexit means Brexit"

but for the NHS it means possible implications on:

Budget

The annual funding of the NHS depends on the performance of the economy, with leading economists concerned Brexit could lead to an economic downturn.

The Health Foundation has estimated that the NHS budget could be £2.8bn lower than currently planned by 2019/20.

Research

UK organisations are the largest beneficiary of EU health research funds, bringing well over €300m into the country since 2014.

EU collaborative research opportunities help the NHS speed up the translation of medical discoveries into healthcare provision.

Employment

Around 144,000 EU nationals work in health and social care in England.

In the NHS, around 10 per cent of doctors and 5 per cent of nurses are from the EU.

X-border healthcare

Over 27 million Britons have European Health Insurance Cards (EHIC), facilitating immediate access to healthcare when abroad. Over 1.2 million UK citizens living in the EU, including our pensioners who chose to retire to Europe, are entitled to healthcare abroad.

Innovation

Having a single EU medical regulation system has enabled new health technologies to be brought to market sooner for the benefit of patients.

The NHS leads 1/4 of the new European Reference Networks, which improve diagnosis and treatment for rare and complex diseases.

Trials

As clinical trials are regulated by EU rules, uncertainty has emerged on future NHS participation in multi-national trials.

Over 600,000 patients were recruited onto clinical studies by NHS organisations last year.

NHS European Office

-  With the NHS experiencing the longest funding squeeze in its history, how can we ensure the NHS budget is not negatively impacted in the event of an economic slowdown?
-  How can we ensure the NHS continues to take active part in EU collaborative research and that it remains an attractive place for globally renowned researchers?
-  How can we reduce uncertainty for EU staff currently employed by the NHS and ensure sustainable workforce supply and standards of care are maintained post Brexit?
-  How can we ensure NHS patients continue to receive safe and seamless healthcare when they travel across borders for holidays, studies or to live abroad?
-  How can we maintain the UK and NHS as world leaders in medical innovation, allowing patients to benefit from early access to new treatments?
-  How can we ensure NHS trusts and patients continue to participate in EU clinical trials, allowing them to develop and access innovative, life-saving treatments?



For more information: www.nhsconfed.org/nhsandbrexit, @NHSConfed_UK