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Bealtaine 2017

JOINT COMMITTEE ON HEALTH

Report on the implications of the withdrawal of the United Kingdom from the European Union for the health sector in Ireland

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Chair's Foreword

Michael Harty TD
(Rural Independent Technical Group)

The United Kingdom's decision to leave the European Union in June of 2016 was an event of such consequence that many of its implications, almost a year later, are still not understood or agreed. The exact nature of the country's withdrawal, and its future relationship with the EU, remain opaque.

This lack of certainty is in part a function of the all-encompassing nature of the situation. The influence of EU regulation and co-operation can be felt in every area of activity within its Member States, whether directly or indirectly, and thus the forthcoming separation is expected to produce manifold effects. That widespread influence of the

EU is evidenced by the health sector – an area which is not an exclusive or shared EU legislative competence, yet could be sharply affected in Ireland by the UK's withdrawal.

As outlined in the body of this report, health care issues as wide-ranging as the ability to avail of health services across jurisdictions, the supply of medicines, recognition of health workers' qualifications, and cohesive all-island public health policy and health promotion, all register as items of concern in this initial period of uncertainty.

Whether or not the concern around these issues will be substantiated will not be known for some time. We don't know what the terms of the withdrawal will be, or what kind of relationship the UK will have with the EU after it ceases to be a Member State and becomes a third country. Therefore, it is impossible to predict principal impacts. However, acknowledging the uncertainty of the situation, the Committee's position is that Ireland should attempt to anticipate and plan for the worst, so that we can manage the outcome effectively.

This is an interim report, setting out the Committee's initial consideration of the topic. As the exit negotiations between the UK and the EU begin and proceed, and as the terms of withdrawal are finalised, the areas of high concern may shift. Accordingly, the Committee will continue to monitor these circumstances, and may find at a future date that further engagement, including more thorough exploration of specific affected areas, is warranted.



Michael Harty, T.D.

Chair

Joint Committee on Health.

25 May 2017

Membership of the Joint Committee on Health

Deputies:

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Approach adopted by the Committee

This report was compiled by the Joint Committee on Health of the 32nd Dáil and the 25th Seanad subsequent to a meeting with officials from the Department of Health. The meeting related to the forthcoming withdrawal of the United Kingdom from the European Union and the potential effects of that withdrawal on the health sector in Ireland.

This document accordingly sets out the Committee's initial position on the potential public health impacts for Ireland of the withdrawal of the UK from the EU, and its recommendations to the Department in the context of its preparatory work. The Committee will continue to monitor this topic and, as the terms of withdrawal and their implications become clearer, may revisit it with further hearings and consideration.

Transcript

The transcript of the meeting of [8 March](#) is available online.¹

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<http://oireachtasdebates.oireachtas.ie/Debates%20Authoring/DebatesWebPack.nsf/committeetakes/HEJ2017030800002?opendocument#D00050>

Implications for the health sector – the broad context

The Committee is mindful of the fact that the implications of the withdrawal are largely unclear and that Ireland will be one of 27 member states of the European Union which will be negotiating collectively with the United Kingdom regarding the terms of withdrawal.

The Committee also notes the Department position, as stated in their evidence to the Committee, that in advance of negotiations, it is inappropriate to reveal all details of their work in this area.

Furthermore, the Committee is conscious that, as explained by Department officials, the Department is operating as part of a broader Government framework in its response to, and planning for, the withdrawal of the United Kingdom from the European Union.

However, the Committee is also keenly aware of the urgent concern which potential negative effects on healthcare provision are raising for many people in Ireland, particularly in border areas. In this context, the Committee strongly believes that worst case scenario contingency planning is a prudent practice for the Department to engage in, so that areas of healthcare provision affected by a so called “hard Brexit” (including the curtailment of freedom of movement, the reinstatement of a full border, and divergence of previously coherent regulatory processes) may be immediately addressed.

In their evidence to the Committee, officials from the Department identified that the principal impacts largely relate to the following three areas:

- (i) Free movement
- (ii) Rights to health services
- (iii) Regulatory issues

While the Committee agrees that these concepts are important and accurately describe the principal impact areas, the Committee also wishes to draw attention to more specific items of concern, and suggests that detailed contingency planning be pursued around these issues as a matter of urgency, to minimise disruption in the event of the “worst case scenario” materialising.

Specific Issues of Concern**1. Usage by residents of Ireland of health services in the United Kingdom within specific schemes (Treatment Abroad Scheme and Cross Border Directive on Healthcare)**

“The HSE operates a Treatment Abroad Scheme for people entitled to treatment in another EU/EEA member state. The TAS provides the cost of approved treatments in another EU/EEA member state or Switzerland. The scheme allows a Consultant based in Ireland to refer a patient that is normally resident in Ireland for treatment in another EU member state or Switzerland.”²

“The Cross Border Directive allows for EU residents to access health services in EU member states other than their own.

The Cross Border Directive allows for Irish residents to avail of healthcare in other EU member states that they would be entitled to within the public health system in Ireland, which is not contrary to Irish legislation. The costs must be borne by the individual and he/she then seeks reimbursement for the cost of the healthcare upon return to Ireland.

Similarly under the Cross Border Directive persons resident in other EU member states may access healthcare in Ireland.”³

Generally, the Treatment Abroad Scheme covers health services which are not available in Ireland, whereas the Cross Border Directive allows for treatment which can be received at home to be reimbursed, should a patient opt to receive it in another EU member state.

The Committee urges a full accounting for the numbers of people using these schemes each year, including:

- The number obtaining healthcare in the United Kingdom

² From the HSE website: <http://www.hse.ie/eng/services/list/1/schemes/treatmentabroad/>

³ From the HSE website:

http://www.hse.ie/eng/services/list/1/schemes/cbd/acchealthcareabroad/Accessing_Healthcare_Abroad_and_er_CBD.html

- Analysis of the geography of this usage (both locations of scheme users in Ireland and locations of treatment in the United Kingdom)
- Analysis of the forms of healthcare people are availing of under these schemes

This full capture and reporting should be undertaken with a view to putting alternatives in place to minimise disruption of care if these schemes cease to have application to the United Kingdom (i.e. if residents of Ireland cease to be able to access healthcare in the UK in accordance with the provisions of the schemes).

The Committee wishes to express its concern that, at the time of its hearing with the Department, full capture and reporting of such data had not been undertaken.

2. Usage by residents of Ireland of health services in the United Kingdom more generally.

It is understood that, in addition to usage under the above schemes, residents of Ireland make use of healthcare in the United Kingdom in other circumstances. For instance, privately funded healthcare provision would not be availed of under the schemes outlined above, yet may also be negatively affected by withdrawal implications.

Consequently, the Committee suggests that the Department establish, in so far as possible, the total number of residents of Ireland who receive healthcare in the United Kingdom annually and, based on that figure, formulate a contingency plan which would accommodate these healthcare needs in the event of full border reinstatement and significantly curtailed freedom of movement between the two jurisdictions.

3. Time sensitive healthcare travel which would be affected by border checks.

The Committee welcomes commitments aimed at ensuring that the border between Ireland and Northern Ireland is not re-instated. However, after the terms of the withdrawal of the UK from the EU are decided, there may be a border with checks in place between Ireland and Northern Ireland. This does not necessarily preclude people on both sides of the border

accessing health services in the other jurisdiction, and the co-existence of those two scenarios is possible.

In this case, the Committee recommends that a robust system be guaranteed to fast track ambulance and other time-sensitive travel for healthcare purposes through the border, so that border checks do not cause delays which impact negatively on health outcomes.

4. Specific cross border healthcare agreements.

The Committee is aware that specific agreements for healthcare services have been made between service providers in Ireland and Northern Ireland, for example in the case of patients from Donegal receiving radiotherapy treatment at Altnagelvin Hospital.

The Committee recommends that Memoranda of Understanding and Service Level Agreements include arrangements for the continuation of such service provision, even in the case of significantly curtailed freedom of movement.

Case study: the all-island paediatric cardiac surgery programme

The term Congenital Heart Disease describes heart defects which are present from birth. Previously, paediatric surgery for such conditions was performed in both Dublin and Belfast. However, an International Working Group Report of 2014 stated that neither centre was delivering a service which met international standards of both case volume and consultant staffing, and proposed an all-island congenital care service, which would cater to a population capable of meeting international service volume standards.⁴

Based on the recommendations in the IWG Report, Health Ministers from both Ireland and Northern Ireland agreed to implement the recommendations and an all-island Congenital Heart Disease Network Board was established to implement the IWG recommendations, delivering an integrated programme of care for paediatric cardiac surgery across the island of Ireland.⁵

The all-island paediatric cardiac surgery programme is an example of a framework for healthcare which works on a coordinated basis across the island of Ireland to improve outcomes for children born with heart conditions requiring complex care. It “works largely out

⁴ Briefing Paper for the sixth meeting of the North-South Inter-Parliamentary Association on Paediatric Congenital Cardiac Surgery, Oireachtas Library and Research Service

⁵ Ibid.

of Our Lady's Children's Hospital, Crumlin in partnership with Royal Hospital, Belfast in Northern Ireland, alongside the Mater Hospital in Dublin."⁶ It is overseen by senior health managers and Chief Medical officers from both jurisdictions.

The Royal College of Physicians of Ireland has raised concern that this important service, and other cross border healthcare agreements, could be negatively impacted by the withdrawal of the UK from the EU⁷.

The Committee is of the view that healthcare agreements with positive outcomes should be safeguarded against negative impact.

5. Public health advantages of all island cohesion.

Many contributory factors to good public health are enhanced by cohesion across jurisdictions, especially given the relatively small populations of both Ireland and Northern Ireland. This includes factors such as public health policy, health promotion and vaccine community immunity. A certain level of patient critical mass is also necessary for optimal performance in speciality clinical care and centres of excellence, such as the proposed National Children's Hospital. Cooperation across jurisdictions is also beneficial to medical research. These issues should drive further cooperation with Northern Ireland, despite the United Kingdom's impending withdrawal from the European Union.

6. Registration of medical practitioners.

The Committee is aware that continued mutual recognition of standards and qualifications of medical practitioners across jurisdictions could be significantly complicated by the terms of withdrawal, especially if there is divergence over time in the regulatory standards of the United Kingdom and the European Union.

⁶ Impact of BREXIT on healthcare in Ireland, <https://www.rcpi.ie/news/publication/impact-of-brexit-on-health-in-ireland/>

⁷ Ibid.

The Committee notes that registration of professionals with qualifications from third countries can be more complicated than from within the European Union. For example, pharmacists seeking recognition for non-EU qualifications in Ireland must complete a four stage process, including two exams.⁸

By contrast, harmonised minimum training conditions within the EU allow for automatic recognition of qualifications for some professions in the health sector.⁹

Many medical practitioners who trained and received qualifications in the United Kingdom work in Ireland, and the Committee considers it a matter of priority that mutual recognition of qualifications be retained, thus minimising any possible disruption to health services.

7. Regulation of medicines and medical equipment

Similarly to Point 6, over time different regulatory standards may begin to apply to medicines and medical equipment in the United Kingdom as apply in the European Union. The UK based Institution of Mechanical Engineers has warned of “a growing concern that the UK’s medical device manufacturers will be unable to gain CE certification and trade their products competitively in the €100bn EU medical technology (Med Tech) market.”¹⁰

This could impact our ability to access medicines and medical devices, especially during shortages, due to our current supply chain connection to the United Kingdom.¹¹

It is therefore important to ensure sufficient access to medicines and medical devices, either by ensuring regulatory cohesion between jurisdictions, or by diversifying our supply from current models.

Furthermore, if this results in packaging changes (including the primary language of information and instruction) for the end-consumers of medicines, it may be necessary to

⁸ Stages of the recognition process for non-EU pharmacists:

http://www.thepsi.ie/gns/Registration/Pharmacists_and_Pharmaceutical_Assistants/First_Time_Registration/Non_EU_Trained_Pharmacists/_Stages_of_the_TCQR_Process.aspx

⁹ http://ec.europa.eu/growth/single-market/services/free-movement-professionals/qualifications-recognition/automatic_en

¹⁰ <https://www.imeche.org/docs/default-source/1-oscar/reports-policy-statements-and-documents/imeche-ps-medical-devices-v3.pdf?sfvrsn=0>

¹¹ As referenced by officials from the Department of Health during the Committee’s hearing
<http://oireachtasdebates.oireachtas.ie/Debates%20Authoring/DebatesWebPack.nsf/committeetakes/HEJ2017030800002?opendocument#D00050>

ensure that patients understand such changes and reassure them through the use of public information campaigns, staying cognisant of the age profiles of consumers of medicines.

Summary of Recommendations

Recommendation 1: That the Department of Health conduct full capture and reporting of the number of people resident in Ireland using the Treatment Abroad Scheme or Cross Border Directive to avail of healthcare in the UK in recent years, and consideration be given to creating alternatives to these schemes for such cases.

Recommendation 2: That the Department of Health make an informed estimate of the total number of residents of Ireland who receive healthcare in the United Kingdom each year, and plan for alternative provision of that care, in case availing of healthcare in the United Kingdom becomes significantly more difficult.

Recommendation 3: In the case of the introduction of border checks between Ireland and Northern Ireland, devise a system to ensure that border checks do not cause delays to travel for healthcare purposes, as such delays could impact negatively on health outcomes.

Recommendation 4: Ensure the continuation of cross border healthcare agreements which are working well and saving lives, even in the case of significantly curtailed freedom of movement.

Recommendation 5: Pursue further cooperation with Northern Ireland in terms of public health policy, health promotion and health research, despite the UK's impending withdrawal from the EU.

Recommendation 6: Minimise disruption which could be caused by divergence in registration and recognition of health workers across jurisdictions.

Recommendation 7: Minimise disruption which could be caused by divergence in regulation of medical products across jurisdictions.