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FEATURE

DATA BRIEFING

Healthcare and the EU: Brexit, Bremain … or Brundecided?

John Appleby looks at some of the numbers relating to health

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The United Kingdom's involvement in the European Union is both deep and broad, and, let's be frank, for many people, both deeply boring and highly confusing. Yet the referendum result on 23 June will be important. A vote to leave will affect many aspects of UK life and business—including healthcare.

A recent "poll of polls" suggests the public remains almost evenly split between exiting and remaining—but with a sizeable minority of around 20% undecided.[1] Over the longer term, and with more than just the in-out binary option, the public's views are more nuanced. As fig 1⇓ shows, crucially, the poll indicates that a much greater percentage (43%) would want to remain in the EU if its powers were reduced.[2] And in particular, it seems there is popular support to restrict access to NHS treatment for people from other EU countries, curtail the ability of the EU to set maximum working hours, and to end the right of people from other EU countries to work in the UK.[2]

This free movement of labour is an important aspect of membership of the EU. Recent figures for the third quarter of 2015 suggest that out of a UK working population of around 30 million, about 7%just over 2 million—were born elsewhere in the EU (fig 2⇓).[3] For the (broadly defined) health and social care sector, the figure is 228 000—around 6% of 3.8 million.[3] For the NHS in particular, employment of non-UK qualified clinical staff has been a feature of the workforce for decades. However, while 34% of doctors working in the NHS qualified in non-UK countries, only 8% were from the European Economic Area (28 EU countries plus Norway, Iceland, and Liechtenstein) and 26% from other countries (fig 3⇓).[4-6] How Brexit would affect staff employed by the NHS from EEA countries will depend on many factors, including the nature of any renegotiated immigration rules.

Trends in registrations with the Nursing and Midwifery Council have been different. The last peak in overseas registrations, just after the turn of the century, consisted mainly of nurses from non-EEA countries. Since then, people from EEA countries have made up an increasing proportion of initial registrations (fig 4⇓).[7]

Are any of these facts and statistics helpful? Does the fact that the UK will pay around £10bn (€13bn; $15bn) this year to belong to the EU (including a substantial rebate (fig 5⇓)[8]) move opinion one way or the other? What about the fact that the European Health Insurance Card (EHIC) scheme simplifies EU citizens' travel arrangements?[9] Is this countered by news that the Spanish government is currently claiming £222m from the UK for UK nationals' use of Spanish healthcare versus the UK's claim against Spain of £3.4m?[10] And what about the recent introduction of the European professional card for nurses, physiotherapists, and pharmacists (and, er, estate agents and mountain guides) to ease communication of professional qualifications between EU migrants and their new resident country?[11]

What about the fact that the effect of EU membership on healthcare is also felt indirectly? Limits on working hours through the working time directive have been, according to a Department of Health taskforce on the matter, both good and bad for the NHS.[12] EU rulings on competitive tendering in procurement of goods and services by the public sector were an important underlying context for the 2012 NHS reforms in England. But the effects of such directives (the latest incarnation is to be implemented this year[13]) on NHS commissioning in practice is always open to broad interpretation based, ultimately, on what is good for patients.[14]

Many other facts on this matter are of course available.

After 43 years of membership of the EU, unwinding agreements, obligations, and laws, and then renegotiating trade, security, legal, and other relationships with the EU is unlikely to be a snappy or straightforward process. The problem for referendum voters keen on evidence is that there is no comprehensive and reliable cost-benefit analysis that weighs up the facts, the positives and negatives, over the short, medium, and long term and across different groups in society of exiting or remaining in the EU. And like many decision problems there is a good deal of uncertainty, such that it is hard to impossible to predict

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future outcomes and consequences with sufficient accuracy to be helpful.

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Figures

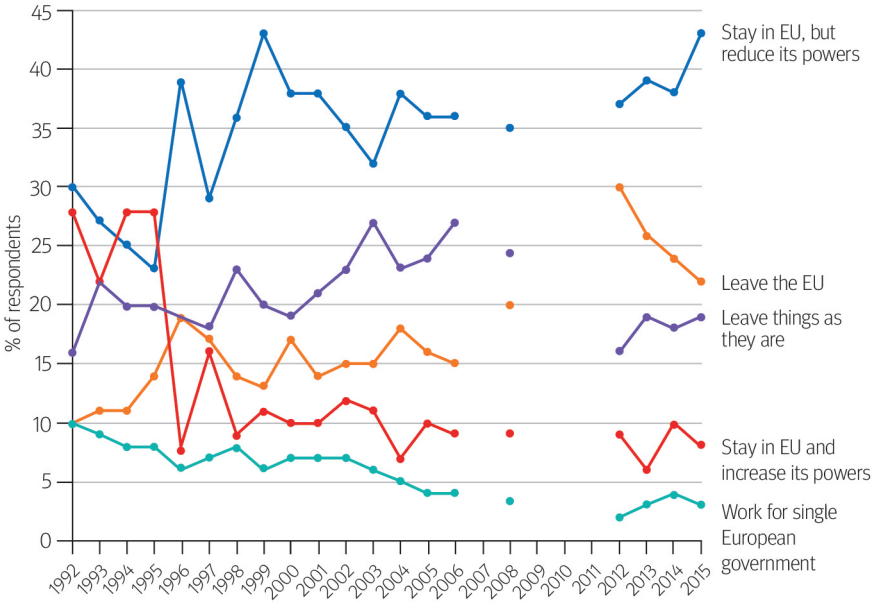

Fig 1 Attitudes towards Britain's relationship with the European Union, 1992-2015[2]

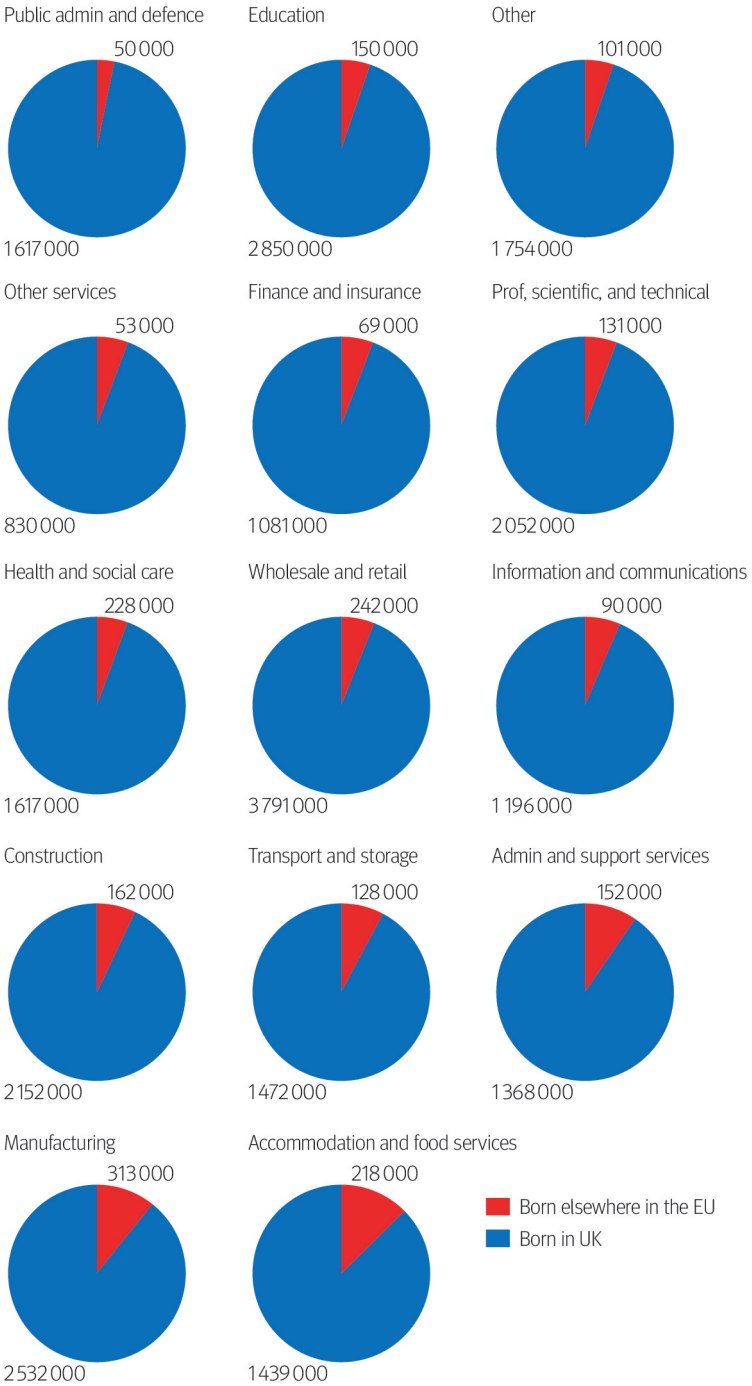

Fig 2 Employment of people born elsewhere in EU working in the UK, by industry, Q3 2015[3]

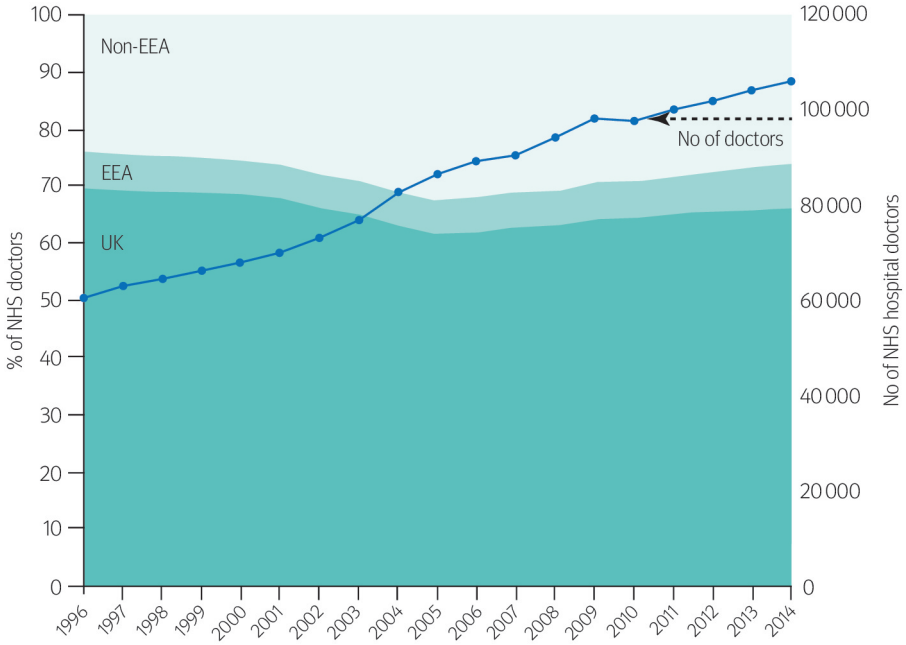

Fig 3 Country of origin of qualification for NHS doctors, 1996-2014[4-6]

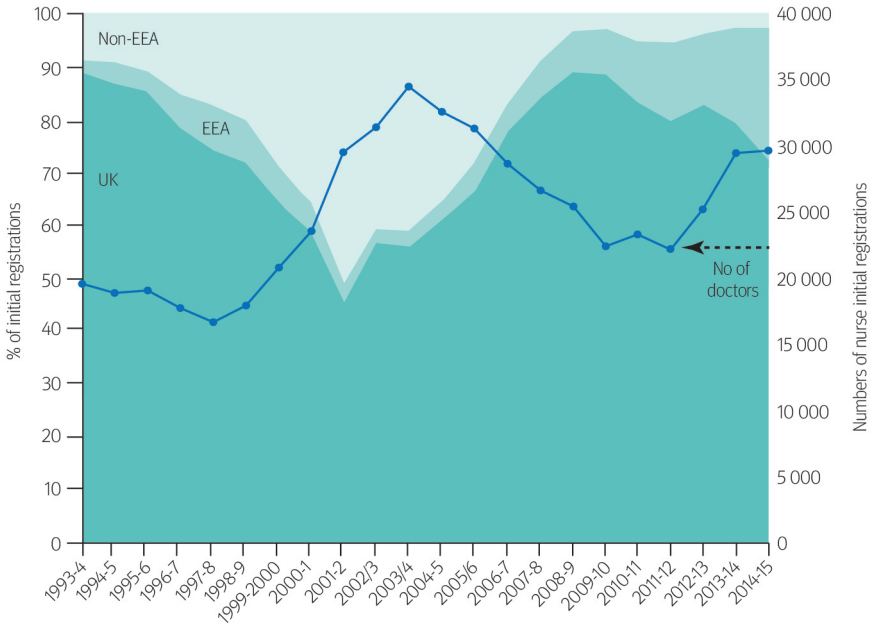

Fig 4 Initial registrations of qualified nurses by country of birth, 1993-94 to 2014-15[7]

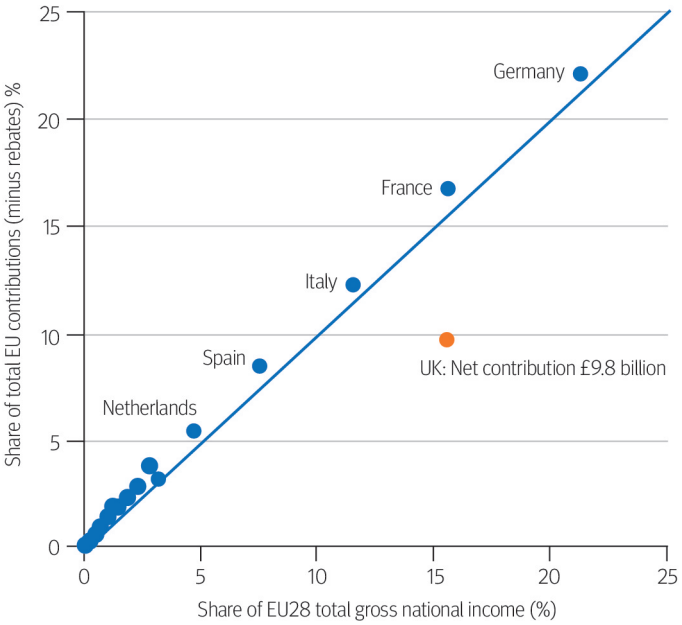

Fig 5 Relation between EU member countries' gross national income and financial contribution to the EU (2014)[8]