Breaking the Northern Ireland protocol would create problems for health and care

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Last week, former UK health secretary Matt Hancock wrote for the Times that the Northern Ireland Protocol Bill, which overwrites the 2020 agreement with the EU to avoid a hard border, was “absolutely necessary.” As his main example, he used the effect the protocol would have on medicines supply in Northern Ireland.

But the case that this step is needed to protect health in Northern Ireland is not as clear cut as this implies. Taking this path carries considerable risks for the services, staff, and patients of the health and care system.

The protocol did create real problems for medicines supply. In its initial form, it would have meant that medicine testing in England, Scotland, and Wales was not valid for Northern Ireland, and that security features needed to be deactivated and reactivated at considerable cost. A type of medicine approved for the UK would not necessarily be available in Northern Ireland.

Because Northern Ireland is deeply reliant on supply from Great Britain, these dividing lines risked real damage. In a recent roundtable in Belfast for our project looking at Brexit’s legacy for health, funded by the Health Foundation, we heard that medicine types would likely have become genuinely unavailable when temporary allowances ran out at the end of 2021.

The reality is, however, that in this area, the EU has done the kind of pragmatic work towards solutions that Mr Hancock says they are refusing. A directive and regulation passed this spring allows testing in Great Britain, approval at least temporarily from the UK regulator, and another three years free from security feature deactivation. The people we heard from described this as making a dramatic difference, largely heading off the immediate risk of a mass withdrawal of products.

By pushing forward the Northern Ireland Protocol Bill, the UK government appears to be trying to further its preferred solution of removing medicines from the protocol entirely. In theory this would solve a remaining problem—that Northern Ireland still cannot permanently access any medicine authorised by the UK. But pursuing it by seeking this enormous concession, and through breaching an existing agreement, could do real damage to health in Northern Ireland and across the UK.

Firstly, unlike a more specific fix, this would fundamentally breach the protocol’s approach of aligning regulation across the two parts of Ireland to avoid a hard border. If it means the re-emergence of checks, this will be a major problem for staff who cross the border to commute, or patients who cross it for care under the multiple arrangements that exist between health services in the north and south. In a bleak irony, even as it makes Northern Irish access to the medicines it gets largely from Great Britain slightly easier, it could degrade access to medical devices like scalpels, syringes, and scanners that come largely from the EU.

Meanwhile, we heard that cross border relations are being strained by the contentious unilateral action. These are urgently needed to support action across north and south. Long standing problems, like the lack of large enough units for safe and efficient care for some procedures in Northern Ireland, need cooperation. So do some of the side effects of Brexit, like the difficulty of registering staff twice where they work across the border.

Some of these problems affect the whole UK. Researchers had expected still to be able to access Horizon Europe, the EU’s flagship science funding programme, and work with the leading science it creates. Associate membership had been agreed, but the EU is refusing to ratify it over the tensions in Northern Ireland. A deadline has now passed for British researchers to move to the EU or lose their funding and positions: more than 130 were stripped of their funding.

Perhaps the most all pervading effect of the stand-off over the protocol is that the polarising process has led to a failure to form a government at Stormont. This could not come at a worse time for the Northern Irish health and care service. Successive unionist and nationalist health ministers since 2016 have broadly agreed on a programme of reform, but repeated periods without a government have bogged down progress. Meanwhile, waiting times, already appalling before covid, are reaching the point where planned care simply is not available in practice, even for critical illnesses.

Northern Ireland’s care services desperately need a period of stability from which to tackle their many deep rooted problems. The risk is that a nuclear approach to resolving the problems the protocol creates for health will bring yet more disruption.

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Nuffield Trust. Seven points of action to help address Northern Ireland's waiting list woes.
www.nuffieldtrust.org.uk/news-item/seven-points-of-action-which-would-help-address-northern-
ireland-s-waiting-list-mess-once-and-for-all.