



What we think about:

Brexit

Rebuilding lives after stroke

Stroke
Association

Background

On 23 June 2016, the United Kingdom voted to leave the European Union (EU). We were originally scheduled to leave the EU on 29 March 2019.¹ However, despite intensive talks, the UK Government and EU have yet to agree on how the UK will withdraw from the EU. EU leaders have therefore agreed to delay Brexit until 31 October 2019 to allow the UK Government more time to agree on a withdrawal deal.

What we think

With no deal yet agreed, the continuing uncertainty around the UK's exit from the EU may be a source of worry and anxiety for many. A lack of clarity about our future relations with the EU makes it difficult for NHS trusts to produce post-Brexit plans for issues like medicine supply and the workforce². Brexit is also taking up a lot of senior civil servants' time which has slowed down progress on other health and care issues.

Stroke Association has four main areas of concern in relation to Brexit and its potential impact on patients:

1. The health and social care workforce

Many of the UK's health and social care staff are EU nationals. However, changes to our immigration system after we leave the EU could make it more difficult for them to live and work here. Brexit is already having an impact on the recruitment and retention of EU nationals in certain parts of the workforce. We want those negotiating our exit from the EU to

develop a fair immigration system that supports our current health and social care workforce to remain living and working here. A new system must also ensure that we can continue to attract, recruit and retain international talent.

2. Research

The UK is one of the largest recipients of research funding from the EU and the Stroke Association is currently involved in a number of EU-funded research projects. Our involvement helps us stay up-to-date with the latest research developments and also ensures that potential life-saving knowledge reaches patients and healthcare professionals all across Europe.

However, there is a risk that vital medical research funding will be lost or have to be found elsewhere after Brexit. We already know that, since the referendum, EU researchers have become increasingly reluctant to involve UK partners in their work. This could negatively affect patients, including stroke survivors, by reducing

their opportunities to take part in research studies and receive new and potentially effective treatments or drugs. We want the Government to prioritise UK participation in EU research in their ongoing negotiations with the EU. It is essential that we continue to work with EU research partners to drive forward progress for patients after Brexit.

3. Disability rights

Some of the most important human rights, including those that protect people with disabilities, are established in EU law. The future of these rights needs to be clarified and agreed to reassure disabled people and carers that they will not be disadvantaged by post-Brexit arrangements.

4. Access to medicines

Leaving the EU could have serious implications for patients' access to medicines. There are already increasing problems with medicines shortages³. Brexit could make it more difficult and costly for pharmaceutical companies to put new medicines on the market in the UK. This could delay

UK patients' access to new medicines, particularly in the event of a no-deal Brexit. We want any final withdrawal agreement to focus on securing new arrangements that protects access to life-saving medicines. Patients and the wider UK public should not be negatively impacted by disruptions in the supply of current and new medicines after Brexit.

The EU has an enormous influence over areas of policy which directly impact the lives of those affected by stroke. It is vital that the UK's exit from the EU does not disadvantage those affected by stroke or create barriers to research into the causes and treatment of stroke. We want the UK and EU to agree a future relationship that is focussed on getting the best deal for patients.

Why do we think this?

EU nationals are a major part of the UK's health and social care workforce

Currently EU citizens can move freely amongst EU member states and professional qualifications gained in one EU country are recognised in another.⁴ This means that many health and social care professionals working in the UK come from other EU countries. Around 200,000 EU nationals currently work in the UK health and social care sectors – this is about 5% of the total NHS workforce.⁵

However, according to the July 2018 White Paper, the free movement of people between the UK and the EU will end after 2020.⁶ The UK Government intends to develop a new immigration process which will set out how those from the EU and elsewhere can apply to live and work in the UK.⁷ However, the referendum result appears to already be impacting the workforce, as the number of EU nationals registering as nurses in the UK has fallen by 96% since June 2016.⁸

One particular issue to consider is the cross-border cooperation in healthcare that exists between Northern Ireland and the Republic of Ireland. Currently, patients in Northern Ireland can travel across the border to access treatments in the Republic of Ireland and vice versa. Some of the health and social care workforce around the border counties are also known as 'frontier' workers, which means that they live on one side of the border and work on the other.⁹ Any future deal needs to ensure that these cross border activities aren't affected.

Brexit takes up a lot of civil servants' time

Planning for Brexit has meant many civil servants have been taken away from working on other priorities in health and social care. In January 2019, it was reported that up to 4,000 civil servants from five departments could move to new roles to prepare for a no-deal Brexit.¹⁰ This could delay progress of other important



health and social care issues such as social care funding¹¹. The Department of Health and Social Care has also reported a reduction of about 400 staff since the 2016 referendum, which could have an impact on work to ensure the health and social care system is prepared for us leaving the EU.¹²

There is currently a high level of research collaboration between the UK and the EU

The UK is one of the largest recipients of EU research funding. While the UK pays out £5.4bn to support EU research activities, we get back an estimated £8.8bn in grants to UK universities.¹³ Some of the most important stroke-related medical research is funded by the EU and involves researchers who currently

have the freedom to live and work across all EU nations. For example, the Stroke Association is currently involved in a number of EU funded research projects exploring innovative treatments for stroke and how best to support stroke survivors with their recovery.¹⁴

Research collaboration between countries to date has improved health across Europe through the development of new medicines, therapies and technologies, facilitated the sharing of research staff and expertise and supported the development of world-class research facilities.¹⁵ However, leaving the EU could limit the ability of researchers and institutions to work together by reducing the appeal of UK research partners.¹⁶ Indeed since the referendum vote in June 2016, EU

researchers are becoming increasingly reluctant to involve UK partners in their research projects.¹⁷

The UK Government has promised to continue to fund any research projects that are agreed before the UK leaves the EU.¹⁸ They also want to establish a research agreement with the EU for after Brexit which will allow the UK to continue to participate in EU funded research programmes.¹⁹ However, this has still to be agreed by the EU.

Many disability rights are protected by EU law

Many protections for disabled people in the UK, including stroke survivors, are established in EU law.²⁰ The EU (Withdrawal) Act 2018 will end the authority of EU law in the UK and will convert it into UK law when we leave the EU.²¹ It also gives the UK Government the power to amend, repeal or replace these converted laws, including equality, human rights and disability laws.²² There are currently no plans to remove the Equality Act (which protects people from discrimination based on things like their gender, age, sexual orientation, race, religion or disability) after Brexit. However, some disabled people are concerned that the power to make changes to the laws will allow

for the 'watering down' of some rights and may mean that the UK falls behind other EU countries in the progression of disability rights.²³

Leaving the EU could delay patients' access to medicines

Many stroke survivors live with several medical conditions for which they may require medication.²⁴ Medication also plays an important role in preventing stroke (e.g. by lowering blood pressure).

Most medicines are currently tested for safety and approved for use by the European Medicines Agency (EMA). Patients in Europe, including the UK for now, are able to access new treatments and medicines roughly six months to a year sooner than patients in Australia and Canada.²⁵ In Switzerland, which is not part of the EU or a member of the EMA, it is estimated that patients get access to new medicines about five months later than countries in the EU.²⁶

The UK's future relationship with the EMA is still to be decided. However the UK Government want to agree a new arrangement with the EMA and for all current routes for medicine between the EU and the UK to remain available.

²⁷

What do we want to see happen?

We want the UK Government to reach a deal which safeguards the interests of patients and ensures that leaving the EU has no negative impact on those affected by and working in stroke. In particular we want:

- The UK Government to develop a fair immigration system that supports our current health and social care workforce and allows for the continued recruitment of international workers;
- A deal which ensures that current cross-border health arrangements between Northern Ireland and the Republic of Ireland are not disrupted;
- Patients in the UK to continue to benefit from participation in EU research;
- All EU-based disability rights to be maintained after Brexit and reflected in UK law; and
- No negative impact on patients due to disruptions in the supply of medicines.

What are we doing?

We will continue to work with other health charities and groups to campaign and lobby for the best Brexit deal for patients.

We are members of the Association of Medical Research Charities (AMRC) which supports charities to deliver high-quality research and champion impact for patient and public benefit. We are signed up to the AMRC's position on Brexit and agree that leaving the EU should have no negative impact on patients.

Through our membership of the Richmond Group of Charities, we are also part of the Brexit Health Alliance. The Alliance brings together the NHS, medical research, patients and public health organisations and works to ensure that issues such as medical research, access to technologies and the treatment of patients are given full attention and consideration during Brexit negotiations.

Q&A

Q. What is the European Union?

A. The European Union - often known as the EU - is an economic and political partnership involving 28 European countries (including the UK for now). It began after World War II as it was thought that countries that traded together were less likely to go to war with each other.

It has since grown to become a 'Single Market'. This means that goods and people can move around freely, as if the member states were all one country. It has its own currency, the euro, which is used by 19 of the member countries, its own parliament and sets rules in a wide range of areas - including on the environment, transport, consumer rights and even things such as mobile phone charges. You can find more information on how the EU works here.

Q. I'm an EU citizen living in the UK – will I have to leave after Brexit?

A. No, the EU Settlement Scheme will allow EU citizens and their families to continue to live and work in the UK after Brexit. EU citizens who have been in the UK for five years by the end of December 2020 will be able to apply for settled status which means they can continue working and living in the UK indefinitely. If an EU citizen does not have five years residence in the UK before the end of 2020, they can stay until they have and then apply for settled status.

Applications can be made online and some applications and the final deadline for applications is 31 June 2021. However, this will change to 31 December 2020 if the UK leaves without a deal.

You can find out more about applying for settled status by contacting your local Citizens Advice.

Q. What plans exist to ensure stroke units are staffed at appropriate levels post-Brexit?

A. We don't yet know what the impact of Brexit will be on the health and social care workforce, which makes it difficult for the NHS to put appropriate plans in place. There is some concern that a new immigration system might make it more difficult for people to live and work here, enhancing workforce pressures. However, some might also say that a new system could encourage more qualified doctors, nurses and therapists to come to the UK from non-EU countries. We will continue to monitor the situation as the Brexit negotiations continue.

Q. How will knowledge and best practice of stroke care be shared between the UK and EU post-Brexit?

A. Stroke Association will continue to be a member of the Stroke Alliance for Europe (SAFE). SAFE is a not-for-profit membership organisation that represents stroke survivor groups across Europe. Through SAFE, we participate in European research and so will still be able to share knowledge and best practice in stroke care with other EU countries, as well as learn from them post-Brexit.

Q. What is the Equality Act?

A. The Equality Act came into force on 1 October 2010. It brings together over 116 pieces of legislation covering issues like gender, race, and disability into one single Act. The Act promotes a fair and more equal society and provides a legal framework to protect the rights of individuals and protect them from unfair treatment based on things like their gender, age, disability status or race. The Equality Act was developed to ensure UK compliance with EU equality requirements for member states. When the UK leaves the EU, EU equality requirements will no longer automatically apply.

Q. What is the European Medicines Agency?

A. The European Medicines Agency (EMA) is an agency of the European Union and is responsible for the scientific evaluation, supervision and monitoring of medicines within the EU. The EMA monitors the market and ensures that medicines on sale in the EU are safe, effective and of high quality. This

means that any medication prescribed to you by a GP in the UK will have been evaluated by the EMA to ensure it is safe and effective before it can go on the market.

Because of Brexit, the EMA has decided to relocate from London to Amsterdam, the Netherlands, in March 2019. The UK's future relationship with the EMA is still to be decided. However the UK Government want to agree a new arrangement with the EMA and for all current routes for medicine between the EU and the UK to remain available.

You can find out more about the European Medicines Agency here. ²⁸

Q. Will the supply of medication be disrupted after Brexit?

A. The UK Government wants to agree a deal with the EU that will make sure there is no disruption to patients receiving their medication once the UK leaves the EU. However, as an agreement has yet to be reached, we advise speaking to your GP if you are concerned about your own supply of medication after we leave the EU or in the event of a no-deal Brexit.

Q. What will happen if the UK leaves the EU with no deal agreed?

A. We can't accurately predict what will happen in a 'no-deal' situation. However, the Association of Medical Research Charities (AMRC) has warned that it must be avoided as, even with the best preparation, a no-deal outcome could have a damaging impact on patients and research in both the UK and EU. ²⁹ According to the AMRC, leaving the EU without a deal could jeopardise the UK's participation in EU research and the supply of medicines and medical devices.

Q. What do governments in Wales, Scotland and Northern Ireland think about Brexit?

A. Wales – The Welsh Government wants the UK to remain in both the Single Market and the Customs Union (i.e. the trade agreement between all EU countries). They have previously voiced their concerns about the impact of leaving the EU on EU workers in Wales and have called for permanent residence status to be given to all EU workers and their families currently working in the UK. ³⁰

Scotland – Like Wales, the Scottish Government also want the UK and Scotland to remain in the Single Market and Customs Union.³¹ The Government's main concern is that a 'hard Brexit' – where we leave with no deal agreed with the EU – would severely damage Scotland's economic, social and cultural interests.

Northern Ireland is in a unique position as it is the only region of the UK that shares a land border with another EU country – the Republic of Ireland. There is currently a common travel area between the UK and the Republic. The UK Government and Northern Ireland political parties agree that they do not want a return to a 'hard border' – which would mean passport controls or customs checks on the border. However, there are still many questions to be answered about how this would work in practice and it remains a stumbling block in Brexit talks.³²

Some of the main concerns in Northern Ireland are about the negative impact leaving the EU could have on peace and stability, the economy, social and economic rights, citizens' health and the environment.

Q. Does this policy cover the whole of the UK?

A. Yes.

Q. When will this policy be reviewed?

A. This policy will be reviewed regularly as the Brexit process unfolds.

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When stroke strikes, part of your brain shuts down. And so does a part of you. Life changes instantly and recovery is tough. But the brain can adapt. Our specialist support, research and campaigning are only possible with the courage and determination of the stroke community. With more donations and support from you, we can rebuild even more lives.

Donate or find out more at stroke.org.uk

Contact us

We're here for you. Contact us for expert information and support by phone, email and online.

Stroke Helpline: **0303 3033 100**

From a textphone: **18001 0303 3033 100**

Email: helpline@stroke.org.uk

Website: stroke.org.uk

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