

House of Common's Health Committee Brexit and Health and Social Care

Evidence Session 24 January 2017; Rt. Hon. Mr Hunt MP, Secretary of State for Health; & Paul MacNaught, Director of EU, International and Prevention Programmes, Department of Health

Summary

The Secretary of State for Health, Jeremy Hunt's, overall message was that Brexit is an opportunity for health: a catalyst to address issues that should have been addressed before, and he identified health and care workforce training as a particular example. He is confident that his department has capacity to make all contingency plans necessary for Brexit (though he would not disclose them). The Government's priority is to secure certainty for citizens (for EU citizens working in health and social care in the UK, and for Britons living and working in the EU); the Government would seek the closest possible cooperation with the EU on issues such as medicines licensing, but not be within the EU internal market.

Detail

On the place of health in negotiations of exit and of future UK-EU agreement(s): The Department of Health (DH) is involved in discussions 'whenever necessary'. The Secretary of State has not attended any meetings of the Brexit cabinet committee, though has attended meetings discussing particular issues such as immigration (for which he is a member of the relevant Cabinet committee) and social reform. Once specific negotiating processes have been decided, he will advise the Health Committee.

On departmental resources: DH around 25 staff for international work, which includes Brexit. Total DH staff are falling from 1800 to 1300 this year, of whom around two-thirds will have some involvement in Brexit issues; there is scope to recruit up to 200 more if needed. No other projects are being slowed down; Secretary of State was confident that the department can handle Brexit as well as its other work with these resources.

On resources: No commitment to increase funding for the NHS or to social care.

On the health and social care workforce: The Secretary of State saw the greatest risk of Brexit to the health and social care system as the morale and motivation of their EU staff, and a negotiating priority is to ensure their permanent right to remain. Reducing employment rights (and specifically, working time rules) is not the Government's intention – though they are likely to change professional qualification recognition rules to allow greater language testing by professional bodies. For now, immigration from the EU will continue, though issues such as salary thresholds for care workers remain to be resolved for immigration after the UK leaves the EU. In the longer term, the Secretary of State saw a need to invest in training more health and care professionals, as well as developing a career structure for social care workers including a path into nursing.

Continued European cooperation on health: The Secretary of State aimed to maintain UK participation in European cooperation on areas such as disease prevention, combating antimicrobial resistance, public health, and flagging issues of professional fitness to practice.

Reciprocal agreements on health services: DH is not currently pursuing plans to increase charging for NHS use by migrants, but will be arguing for a reciprocal right to remain for Britons living in EU countries.

Contingency planning: The Secretary of State was confident that DH is planning for all necessary contingencies, but refused to discuss or disclose those plans.

European Medicines Agency: the UK will not be part of the EMA or its system for licensing medicines, as the Government sees this as incompatible with national sovereignty, and the Secretary of State expected the EMA to leave the UK. The Government aims instead to have some form of compatibility or equivalence for medicines licensing, such as mutual recognition.

Life sciences industry: aim to secure and improve UK's strong position. The Secretary of State meeting with chief executives of the top ten global pharma companies, to discuss what UK can do better.

Involving stakeholders and devolved nations/administrations: Already engaging with 'all external stakeholders necessary', citing discussions with the Chief Executives of pharmaceutical companies. No consultation process with health stakeholders for the negotiations themselves; will only consult on new proposals for UK legislation (and no clarity on whether that means primary or delegated legislation); devolved nations and administrations will be 'involved', though no specific mechanisms were described.