

Context

In EU member states, health care systems are a matter of national responsibility.

Consequently, unlike agriculture or the environment, health is not a key area of EU competence. The main function of the EU in this area is to support member states to effectively deliver policy and services.

In the UK, health and social care is a devolved matter, with the Northern Ireland Executive, through the Department of Health, responsible for the design and delivery of health and social care.

It should be noted given the current political context, that Direct Rule would see these powers returned to Westminster, with incoming UK Government ministers assuming these responsibilities.

However, this support role played by the EU is substantial and manifested in a range of ways. As a result, the decision to leave the EU will have an impact on the area of healthcare.

This discussion paper sets out a number of the key areas that will need to be considered:

- Reciprocal access to unplanned (emergency) care and certain areas of planned care.
- Employment matters
- Cross-border services and projects
- Development and licensing of medicines
- Medical and life sciences research
- General food law.

Each of these issues require a resolution as part of the Brexit negotiations.

Reciprocal access to healthcare

Currently, EU citizens who are ordinarily resident in the UK are entitled to free healthcare in the UK. Restrictions to free movement rights could impact on the ability of EU citizens to access free healthcare on the basis of residency. Additionally, the rights of UK nationals living in the EU to access healthcare will depend on the terms of any agreement.

Will there be a requirement for new systems and processes in the post-Brexit context and what implications could this have for the HSC system?

Unplanned Care, EHIC Card.

The European Health Insurance Card (EHIC) is a free card that entitles an individual access to medically necessary, state provided healthcare during a temporary stay (usually holidays) in countries of the EU.

Northern Ireland residents apply to the HSC Business Services Organisation for an EHIC.

There are currently 660,329 valid EHIC cards issued in NI.

Planned and Unplanned Care

In 2011/12, the EU introduced scope for citizens to apply for reimbursement of cross-border healthcare treatment, for both planned and unplanned care.

Under this Directive, once a patient has been assessed as needing treatment and eligible to have treatment in NI, they have the right to obtain the treatment in another EU member state, privately or through the State.

Patients pay the costs to the provider and the Health and Social Care Board will reimburse the patient the actual cost, or the cost it would have incurred locally, whichever is lower. (No travel costs are paid).

Since December 2013, the Department of Health has approved 99 applications for reimbursement under the Directive.

Relevant Employment Legislation

There are a number of EU employment laws that impact on the delivery of health and social care services. This includes legislation on;

- Mutual recognition of professional qualifications; and
- Working Time Directive.

Development of and Licensing of Medicines

EU legislation provides a harmonized approach to medicines regulation across member states. EU legislation also provides common rules for the conduct of clinical trials.

Cross-border Services and Projects

A number of cross border projects are EU funded. Co-operation and Working Together (CAWT), established in 1992, has developed, designed and delivered an extensive variety of cross-border projects which have made a positive impact on service provision.

In the most recent round of projects, CAWT managed a range of health and social care projects funded by £24 million from the EU INTERREG IVA programme until 2014/2015. Under this programme, 12 strategic programmes were delivered including;

- Cross border acute services
- Alcohol Abuse
- Eating Disorders
- Diabetes
- Health Inequalities
- Support for Older People

A significant proportion of these projects have been mainstreamed after funding was discontinued. Many regard this as demonstrating the important role CAWT has played in HSC innovation.

Implications of Brexit for CAWT and access to INTERREG Programme for 2014-2020

THE CAWT partnership is committed to dealing pragmatically with issues that will arise. Their INTERREG planning process is continuing as originally envisaged. They have already made a number of submissions to the new INTERREG programme (2014-2020). If successful, these applications will be underpinned by cross-border partnerships.

North-South Ministerial Programmes

It is important to note that there are many cross border health projects that are managed through the North South Ministerial Council and are not subject to EU funding.

These have focused on five key areas:

- Emergency Planning
- Accident and Emergency
- Co-operation on high end technology
- Cancer research
- Health Promotion

Recent examples of such projects include:

- The Radiotherapy Unit at Altnagelvin Hospital offers cross border provision, funded by the Health Departments in NI and ROI.
- The all-island congenital heart disease clinical network. The new all-island children's heart surgery network attracted an investment of £42million.

Medical and Life Sciences Research and Innovation

Research and Innovation funded by the EU is particularly significant in the area of health and social care. This includes participation by universities in Horizon 2020, the biggest EU R&D programme ever, involving £80billion of funding over 7 years (2014-2020).

Key areas that attract funding are;

- Food
- Healthy diet
- Social sciences
- Biotechnology
- Wellbeing

A major concern is that Brexit will mean academic researchers in UK will find it more difficult to collaborate with experts in EU and whether national funding will be put in place to replace EU funding.