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Dear Dr Dai Lloyd AM

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16 August 2018

Dai Lloyd AM
Chair of Health, Social Care & Sport Committee

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Brexit Symposium: Implications for Health & Social Care in Wales

As you know, on 10 July 2018, the Royal College of Nursing Wales held a Brexit Symposium with a wide range of stakeholders from across the health and social care sectors in attendance, including other Royal Colleges, trade unions and professional bodies. The event provided an opportunity to have a valuable discussion around some of the key areas of concerns regarding the implications that Brexit has for health and social care in Wales, and we were very grateful for your contributions on the day and for chairing a session.

The event itself was prompted by a resolution which Royal College of Nursing members debated at the annual Congress meeting in May. The resolution, which passed, was to lobby the government of the UK for a referendum on the final Brexit deal. Brexit is becoming an increasingly central issue for our members, and it seemed right therefore that we took this opportunity to discuss the issues in detail. It was agreed at the event that a report would be published which captured the discussion and, importantly, made a number of recommendations for the Welsh and UK Governments to take forward. I am delighted to be sharing this report with you today which I hope will be of interest to you. It is hoped that this report will also help building the case for holding a Plenary debate on this important issue after the summer recess.



If you would like further information, or to discuss any of the issues raised in the report, then please do not hesitate to contact my office.

Kind regards

Yours sincerely

A handwritten signature in black ink, appearing to read 'Tina Donnelly', written in a cursive style.

**TINA DONNELLY, CBE, TD, DL, FRCN, CCMi DIRECTOR,
RCN WALES**



Coleg Nyrsio Brenhinol
Cymru
Royal College of Nursing
Wales

Brexit Symposium: Implications for Health & Social Care in Wales

Recommendations from the Health & Social Care Professions
10th July 2018

Participating Organisations:

British Medical Association
Royal College of GPs
Royal College of Midwives
Royal College of Nursing
Royal College of Physicians
Royal Pharmaceutical Society
Welsh Local Government Association

Executive Summary

Wales' relationship with the EU has a direct and indirect impact on delivery of health and social care. Both the UK Government and the Welsh Government have a responsibility to ensure that the health and social care needs of the population of Wales are not negatively impacted by the UK's departure from the EU. It is critical that both Government's consider the potential impact of departure on the health and social care sector with the same level of priority and concern as the manufacturing or agricultural sectors.

Until the full implications of Britain leaving the European Union are fully understood, there will be an uncertainty around many issues, including the workforce supply chain, workers' rights terms and conditions, research funding and collaboration and reciprocal healthcare arrangements. However commissioning research, engaging experts in the process of risk assessment and engaging stakeholders in the planning process will mitigate this uncertainty.

Throughout this period of uncertainty it is vital that quality of care is maintained and that nurses and health care workers from the EU who are working across the UK continue to feel valued.

On 10th July 2018 the Royal College of Nursing Wales held a Symposium for fellow Royal Colleges and professional bodies in Wales to discuss the implications that Brexit has for the delivery of health and social care services. The programme and full list of attendees is included as an annex to this report. The intention was to discuss issues of common concern.

The discussion was lively and informed and the opportunity to discuss the issues in detail welcomed by all present. Indeed, there was a consensus that the implications of Brexit in the context of health and care is not yet fully understood, and deserves greater focus and attention at UK and Welsh Government level.

Common Themes of Concern:

- The regulation of medicines (i.e. public protection and issues of supply)
- Access to international collaboration in higher education and research (and the impact of this on patient care and workforce recruitment, retention)
- Access to largescale funding to tackle health inequalities (e.g. infrastructure projects)
- The need to safeguard international recruitment as part of ensuring a sustainable workforce
- The need to safeguard working conditions and employment rights as part of ensuring a sustainable workforce.
- A desire to protect the current constitutional ability of Wales to set health policy and legislation as part of the devolution settlement
- Reciprocal healthcare arrangements
- Threats to public health (cross-border disease control etc.)

8 Recommendations for Government

1. The Welsh Government needs to prepare a strategy for international and EU recruitment. The needs of the health and social care sector in Wales need to be a factor in any future UK immigration framework.
2. Health and Social Care professions in Wales value highly the ability of the Welsh Government to make and implement policy and legislation for Wales to be responsive to the country's needs. Our hope is that the Welsh Government and the UK Government will work together over the repatriation of legal powers from the EU in a manner that robustly protects the devolution settlement for Wales.
3. The Welsh Government must engage as widely as possible with relevant experts and agencies within the health sectors in order to inform future policies or legislative changes.
4. The Welsh and UK Government should work closely to ensure that statutory employee protections continue.
5. The Welsh Government needs to prepare a strategy around continued access and promotion of participation in international and EU research collaboration specifically considering its impact on improving patient care and workforce retention. The UK Government also need to consider this matter at UK level.
6. The Welsh and UK Governments should ensure a regulatory system is in place, without break of continuity, to ensure the continued mutual recognition of professional qualifications
7. The Welsh and UK Government should ensure that clear arrangements are in place protect the healthcare rights of Welsh citizens living in Europe and EU citizens living in Wales. Furthermore these arrangements need to be clearly communicated to the communities concerned and to health and social care service providers.
8. The Welsh and UK Government should ensure that arrangements for the continued surveillance of infectious diseases, sharing of relevant data and cross-border health control are in place. Moreover these arrangements need to be communicated clearly to the relevant health and social care organisations and other public bodies both accountable and responsible for action

5 Key Questions for Government

1. What plans does the UK Government have to update the EU/EEA agreement to ensure that nurses from the EEA looking to revalidate post-Brexit are able to do so?
2. Is the Welsh Government planning new guidance for the NHS on data sharing and access to the relevant international electronic systems in relation to public health protection?
3. Has the Welsh Government completed an assessment of risk to the continued and uninterrupted supply of medicines, medical radioisotopes, vaccines, equipment, devices and other supplies?
4. What are the arrangements for implementing the Falsified Medicines Directive and what will happen after March 2019?
5. What scenario-planning is the Welsh Government doing in case of a 'no deal'?

Discussion Summary - Impact on the workforce

The potential for Brexit to have a negative impact on Wales' ability to recruit and retain staff from Europe is a significant concern across health and care professions. Wales must be able to continue to attract high calibre professionals, students and trainees, whether in the NHS, social care or independent sector, in order to be able to maintain a stable workforce that can deliver high quality services. The UK Government's approach to immigration has yet to be made clear, with a White Paper expected in the autumn. Participants in the discussion were clear any new rules should allow for the health and social care sector to be prioritised in terms of recruitment, both from within and outside the EU.

While there have been estimates of the number of healthcare professionals from the EU working in the NHS in Wales (e.g. around 300 nurses) the number working in the independent sector is not known, nor the number of health and social care workers. The Welsh Government has recently commissioned research in this area which was strongly welcomed by the participants¹.

The Wales Migration Service has analysed the Labour Force Survey data. Their figures show that there are around 69,000 EU citizens working in Wales: around 4 per cent of the work-force. The Wales Migratory Service analysis shows that around a third of all migrant workers (EU and non-EU) work in public services. If the pattern is the same for both EU and non-EU migrants, that would mean around 23,000 EU citizens working in Wales' public services.² This demonstrates that the social care sector is particularly reliant on migrant workers from the EU.

The RCN estimates that there is a shortfall of about 3000 nurses in Wales, and in England the number of vacancies is approximately 44,000. In the context of Brexit and recruitment from Europe, it is also important to note that figures from the World Health Organisation suggest that by 2030, we will need an additional 9 million nurses and midwives in order to be able to meet demand³. Nurse recruitment is therefore a global issue, and Wales and the UK are competing in a global market to attract nurses from Europe and around the world.

Another area of concern was the mutual recognition of professional qualifications across European countries. For example the education and training of registered nurses in the UK must conform to standards set out by the EU. This is contained in a law called the Mutual Recognition of Professional Qualifications (MRPQ) Directive.⁴ As well as raising the standards of nursing education, the MRPQ Directive has enabled the UK to recruit nurses and doctors from Europe to help fill our own workforce shortages. If the UK decides to move away from these jointly developed standards, the UK may lose important safeguards, lose access to alert mechanisms, and miss out on

¹ <http://record.assembly.wales/Plenary/4994#C103879>, Vaughan Gething AM, Section 380

² *'Implications of Brexit on public services in Wales'*, Nuria Zolle, Wales Public Services 2025, May 2016

³ <http://www.who.int/mediacentre/factsheets/nursing-midwifery/en/>

⁴ EU Directive 2005/36/EC Annex V.2 (5.2.1)

crucial exchanges between professional regulators. This may have implications for the UK's ability to recruit and retain nursing staff who are EU/EEA nationals.

Also discussed was the issue of revalidation. Currently all nurses who are on the Nursing and Midwifery Council register have to re-register every three years through a process known as revalidation. Post Brexit if there is no clear EU/EEA agreement in place then potentially those nurses who are currently on the register and looking to revalidate may not be able to do so under the Nursing and Midwifery Order 2001.

- How is the Welsh Government going to recruit and retain the European workforce, both within the NHS and the independent and care sectors?
- What more can be done to ensure Wales remains an attractive and welcoming place to live and work?
- What processes are being put in place to ensure the continued recognition of professional qualifications after Brexit?
- What discussions have Welsh Government had with UK Government regarding an EU/EEA agreement to ensure that nurses from the EEA looking to revalidate post-Brexit are able to do so?

Discussion Summary - Reciprocal healthcare arrangements

The current arrangements on reciprocal healthcare are mutually beneficial for UK citizens and citizens from the EU. As such, it is welcomed that the UK Government is currently proposing to continue with these arrangements post-Brexit for UK citizens living in the EU (and vice versa). However, there remains considerable uncertainty and anxiety regarding the details, particularly around the requirements for UK citizens who currently benefit from 'S1' arrangements, to apply for residency within the EU country they are living and the associated costs of local taxes. The future of the EHIC card is also uncertain and it is not clear whether UK citizens will be required to take out private health insurance to travel to Europe.

- What joint working is the Welsh Government undertaking with the UK Government to protect the healthcare rights of Welsh citizens living in Europe (and EU citizens living in Wales)?

Discussion Summary - Threats to public health

The EU plays a vital role in maintaining public health across all its member states, and there are sector-wide concerns that Brexit and the withdrawal of EU funding for public health measures will negatively impact the health of our population.

The EU facilitates collaboration on cross-border health threats, such as communicable diseases which can spread easily and anti-microbial resistance through the European Centre for Disease Control (ECDC). The ECDC identifies and assesses risks posed to European citizens' health from infectious diseases. Their work monitors potential outbreaks and recommends early warning response systems to protect our health. It is unclear currently what the ongoing relationship with ECDC will be both in terms of submission and comparison of UK data on infections/antibiotic resistance, and the management of outbreaks in Europe that could impact on the UK.

The lack of a contributory relationship to ECDC activities would exclude the UK from reporting and comparing important surveillance data on communicable diseases and health threats. This could affect the preparedness of the UK's health and social care system if a communicable disease outbreak develops and we need to respond rapidly.

Central to the control of infectious diseases is data protection and data sharing. Without rules underpinning the EU system of data sharing, it is unclear how necessary data will be shared and accessed. It is thought that this could even lead to reintroducing a system of quarantine in order to control the spread of disease. The centre for disease control is based in Stockholm but, under data protection legislation, they would not be able to share their data legally with the UK once it is outside of the EU. The UK must retain the ability to contribute to, and compare, surveillance data to ensure health systems can deal with cross-border health threats e.g. infectious diseases and the threat of antimicrobial resistance and have robust protection arrangements.

- What are the arrangements for surveillance of infectious diseases and cross-border health control? How will we receive and respond to international health alerts?
- What risk assessments have the Welsh Government conducted into our continued ability to protect the population against cross-border health threats?
- What is the Welsh Government's assessment in relation to data sharing and access to the relevant IT systems in order to enable public health protection?

Discussion Summary - Regulations on medicines

EU regulations contribute a wide range of areas including: the standards of training for nursing staff; the development and approval of medicines; clinical trials participation and regulation; licensing of medical devices (e.g. contact lenses, x-ray machines, pacemakers and hip replacements); licensing of in-vitro medical devices (e.g. pregnancy tests and blood sugar monitoring systems for diabetes).

There is a possibility that the UK will find it more difficult to access medicines and medical devices if we choose to create new frameworks which are different from EU regulations. This may cause delays in new drugs being made available for patients, with the potential to cause significant harm. For instance, we could see delays of 12 to 24 months for UK patients receiving cancer drugs⁵. Ensuring timely access to medicine is critical for all patients in the UK. To achieve this, the UK Government is likely to require a formal agreement with the EU to continue to support and participate in relevant assessments, with a commitment that the UK will maintain and enhance these standards in the future.

The UK Government should also agree mutual recognition of the CE mark between the UK and the EU. The CE mark indicates compliance with EU health and safety standards and allows for free movement of products.

Similarly, there are serious concerns within the health arena in relation to radioisotopes and their movement (currently governed by Euratom). Radioisotopes are highly valuable in medicine, and are widely used in the diagnosis and treatment of disease. Not surprisingly, there are tight regulations surrounding the transportation and importation of radioactive materials. Radioisotopes also have a very short half-life and rapid decay meaning there cannot be any delays in the products reaching patients if they are to be effective. The departure from the Euratom treaty, which governs EU trade in nuclear materials, will potentially create obstacles to these products being imported. Plans need to be put in place now to ensure that the supply of these resources is not interrupted.

Related to this are the concerns around the Falsified Medicines Directive which is due to be rolled out across EU member states from 9 February 2019. The Directive aims to address the significant problems and threats caused by fake medicines. Under the Directive, all new packs of prescription medicines put on the market from February 2019 will need to be booked onto a European Medicines Verification System (EMVS) and will have to have two safety features: a unique identifier and an anti-tampering device. Health professionals will be required to scan medicines prior to administering them and that would then record them as decommissioned from EMVS. IT systems will have to register with SecureMed which is setting up 13 national hubs, and the equipment to scan medicines will need to be available in all GP practices, pharmacies and hospitals.

⁵ Ross Hawkins, *Cancer drugs may be delayed after Brexit, say experts*. Available at: <http://www.bbc.co.uk/news/health-38922366> February 2010.

There are clearly significant logistical and financial implications for complying with this Directive, and there is a complete lack of clarity over what work is currently underway to prepare for being compliant, or what alternative measures will be put in place after Brexit to ensure the UK is still safeguarded against false medicines.

- What is Welsh Government doing to ensure continuing and uninterrupted medicines, medical radioisotopes, vaccines, equipment, devices and supplies?
- What are the arrangements for implementing the Falsified Medicines Directive and what will happen after March 2019?

Discussion Summary - Working conditions and employment rights

Much of existing UK employment law is derived from the EU and it is vital that the protections that this provides for health and social care staff in Wales are continued, and existing terms and conditions preserved. Participants urged the Welsh Government to work closely with the UK Government on this matter. For instance, the existing legislation covers areas such improvements in the safety and health of workers in the UK, and promotes workers' rights around health and safety. There is also the European Working Time Directive which sets out the number of hours an employee can work without taking a break, and the maximum number of hours that can be worked in a week.

Any weakening in the protections which health and care workers in Wales currently benefit from, could result in staff having to work longer hours or in less favourable conditions. This in turn could risk patient safety by increasing the pressure which the workforce is under and reducing morale. The Welsh Government should conduct a risk assessment into the likely impact of Brexit in these areas and work with the UK Government on making sure that they continue.

- The Welsh Government should assess the impact of Brexit on the areas of employment law and employee protections and work closely with the UK Government to ensure they continue

Higher Education and research

Clinical research is undertaken as a partnership between universities and the NHS often across many EU countries. Participants were concerned that Wales will lose opportunities to engage in and lead this type of research. It is well evidenced that international research collaboration increases research excellence, and mobility increases researcher productivity⁶. Opportunities for collaborative research and academic exchange must therefore continue. For instance, £33m was recently announced for health innovation, funded jointly by European Regional Development Fund and Welsh Government. Access to these kinds of funds that must continue.

Furthermore, the impact of withdrawing EU funding from Higher Education could have a serious impact on Welsh Universities' ability to recruit and retain high calibre staff. This is also true for senior medical, nursing and other staff working in higher education. If Wales and the UK become less attractive in terms of academic and research credentials and opportunities, it is likely that some individuals will look to work elsewhere. Similarly, the uncertainty around Brexit and the significant unknowns which surround a number of areas, could see the Higher Education and research sectors losing a number of high calibre and irreplaceable staff members.

There is a risk of loss of access to the EU's research funding programme (Horizon 2020 and the subsequent 9th EU Research and Development Framework Programme) and student exchange programmes (Erasmus+). The UK is currently not expected to be able to participate in the wider policy exchange mechanisms that European Commission initiates and funds, in particular the Health Programme, an initiative which mandates the EU to protect public health.

However participants also noted that the UK is a global player in the fields of research, education and health – collaborating both within Europe and beyond – and Brexit may give Welsh Government an opportunity to re-focus on Wales' strengths in this regard.

- What assurances can Welsh Government provide those working within the fields of research and Higher Education that Wales will remain a place of excellence and opportunity?
- What scoping of opportunities is Welsh Government carrying out for future collaboration and research projects in the EU and beyond?

⁶ Department for Business, Innovation & Skills, International Comparative Performance of the UK Research Base – 2013. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/263729/bis-13-1297-internationalcomparative-performance-of-the-UK-research-base-2013.pdf

Discussion Summary - Impact on health inequalities

Wales has some of the poorest regions in the European Union and has been a major beneficiary of EU funds aimed at tackling poverty and reducing health inequalities. Withdrawal of this funding without adequate replacement risks increasing levels of deprivation and exacerbating health inequalities. It is likely that this will be felt most acutely in Wales' rural communities. The UK Government is looking to replace EU Structural Funds, but it is unclear whether Wales would receive the same proportion of funding as it currently does; indeed the alternative currently being discussed at UK Government level is that Welsh local authorities should compete with English local authorities for funding from a new UK fund. The fund will not be distributed on the basis of need but on who can compete effectively. Participants believed the Welsh Government must work hard to advocate for Wales and do everything in its power to ensure that the money that Wales deserves comes to Wales.

Welsh Government must also be mindful of the wider determinants of health, and work hard to ensure that living standards and public services do not decline post-Brexit, as this will have an inevitable impact on the health and well-being of the population as a whole. To quote Dr Julian Tudor Hart FRCGP FRCP – *“Medical services are not the main determinant of mortality or morbidity; these depend most upon standards of nutrition, housing, working environment, and education, and the presence or absence of war.”*

- What work is being undertaken by the Welsh Government on the wider determinants of health to ensure that Brexit does not negatively impact on the health and well-being of the population?

Discussion Summary – Devolution and health policy/legislation

The symposium also discussion the devolution and the potential threat which Brexit poses to powers currently held by the National Assembly for Wales. Participants were unanimous in asserting the final deal on leaving the European Union must respect the devolution settlement and should not undermine it in any way. There were concerns that not all EU laws that currently fall with the Assembly's competency will be transposed into Welsh law, and will rather be held by the UK Government before being redistributed. The current devolution settlement which allows health policy to be shaped for Welsh need and encourages citizen participation should be protected.

- What assurance can Welsh Government give that it is firmly and robustly protecting the devolution settlement for Wales and working with the other devolved nations to do the same?

Conclusion & Future Actions

The opportunity to discuss the issues relevant to the health and social care sectors was welcomed and valued by attendees to the event, and it was agreed that it had been a fruitful and worthwhile discussion.

A number of actions and next steps were agreed:

A report outlining the discussion, identifying common themes and proposed recommendations would be drafted and once agreed by participants would be submitted to:

- Alun Cairns MP, Secretary of State for Wales
- Professor Mark Drakeford AM, Cabinet Secretary for Finance
- Vaughan Gething AM, Cabinet Secretary for Health & Social Services
- Dr Dai Lloyd AM, Chair of Health, Social Care & Sport Committee
- Angela Burns AM, Welsh Conservatives Health Spokesperson
- Rhun ap Iorwerth AM, Plaid Cymru Health Spokesperson
- Caroline Jones AM, UKIP Wales Health Spokesperson

In addition the RCN and other participating organisations would continue to collaborate and look to create other opportunities to raise the profile of these issues, and enhance political and public awareness.

Annex A – Copy of Symposium Programme

Brexit Symposium: Health & Social Care Concerns

Tuesday 10 July 2018 Future Inns Hotel, Cardiff Bay

- 09.45 Registration and refreshments
- 10.00 **Welcome and overview of RCN concerns**
Tina Donnelly CBE, TD, DL, FRCN
Director, RCN Wales
- 10.15 **Opening Discussion - General Concerns**
- Dr Stephen Monaghan, Chair – BMA Welsh Council's legislation subcommittee, BMA Cymru Wales
 - Julie Richards, Chair - Royal College of Midwives Wales
 - Cheryl Way, Member Welsh Pharmacy Board, Royal Pharmaceutical Society Wales
- Chair: Dr Dai Lloyd AM,
Chair of the Health, Social Care & Sport Committee
- 10.45 **The Political Response**
- David Rees AM, Labour, Chair, External Affairs and Additional Legislation Committee, & Chair of Cross Party Group on Nursing & Midwifery
Chair - Cross Party Group on Nursing & Midwifery
 - Rhun ap Iorwerth AM, Plaid Cymru
Shadow Cabinet Secretary for Health, Well-being and Sport
- Chair: Dr Dai Lloyd AM,
Chair of the Health, Social Care & Sport Committee
- [Please note the Conservative Party and UKIP both gave apologies for this session]*
- 11.15 *Break for tea and coffee*
- 11.30 **A Message to the Welsh Government: Break out Session**
Opening remarks from Rosie Raison,
Policy & Public Affairs Officer, RCN Wales
In groups attendees will be asked to decide on key questions for Welsh Government. These will be published as a report.
- 12.00 **Brexit: Higher Education and Research**
- Professor Daniel Kelly FRCN RN PhD,
Royal College of Nursing Chair of Nursing Research
 - Diane Powles RGN,
Education and Lifelong Learning Advisor RCN Wales
- Chair: Nigel Downes,
Associate Director, Professional Practice, RCN Wales
- 12.30 Break for LUNCH

- 13.30 **Brexit and Health Inequalities**
- Dr Rebecca Payne,
Chair - Royal College of General Practitioners Wales
 - Lowri Gwilym , Team Manager, Europe and Regeneration,
Welsh Local Government Association
 - Dr James Coulson,
Fellow - Royal College of Physicians
- Chair: Nigel Downes
Associate Director, Professional Practice, RCN Wales
- 14.00 **A Message to the Welsh Government: Break out Session**
Opening remarks from Lisa Turnbull,
Policy & Public Affairs Advisor, RCN Wales
In groups attendees will be asked to decide on key questions for Welsh Government. These will be published as a report.
- 14.30 **Overview of Discussion**
Tina Donnelly CBE, TD, DL, FRCN
Director, RCN Wales
- 14.45 **Closing Remarks and Vote of Thanks**
Billy Nichols, Vice Chair, Royal College of Nursing Wales.
- 15.00 Close of event

Annex B – Attendee List

Name	Job Title	Organisation
Dr Stephen Monaghan	Chair, BMA Welsh Council's legislation subcommittee	Public Health Wales. BMA Cymru Wales
Julie Richards	Chair, Royal College of Midwives UK & Wales	Royal College of Midwives
Cheryl Way	Pharmacy Lead, NHS Wales Informatics Service and Member Welsh Pharmacy Board	Royal Pharmaceutical Society Wales
Lowri Gwilym	Team Manager, Europe & Regeneration	Welsh Local Government Association
Dr Rebecca Payne	Chair, RCGP Wales	Royal College of General Practitioners
Dr James Coulson	Clinical senior lecturer at Cardiff University, Fellow of Royal College of Physicians	Royal College of Physicians
Professor Danny Kelly	RCN Fellow, Royal College of Nursing Chair of Nursing Research	School of Nursing & Midwifery, Cardiff University
Diane Powles	Education & Lifelong Learning Adviser	Royal College of Nursing Wales
David Rees AM	Chair of External Affairs Committee & Chair of Cross Party Group on Nursing & Midwifery	Welsh Labour/National Assembly for Wales
Dr Dai Lloyd AM	Chair of Health & Social Care Committee	Plaid Cymru/National Assembly for Wales
Rhun ap Iorwerth AM	Plaid Cymru Health Spokesperson	Plaid Cymru/National Assembly for Wales
Joshua Bell	Research for David Rees AM	National Assembly for Wales
Gillian Knight	Nursing Officer	Welsh Government
Liam Anstey	Public Affairs Officer	BMA Cymru Wales
Ross Gregory	Head of External Relations	Royal Pharmaceutical Society Wales
Catherine Evans O'Brien	Health, Housing & Social Care Lead	Older Peoples Commissioner for Wales
Louis Urruty	Policy & Public Affairs Officer	Royal College of General Practitioners Wales
Oliver John	Policy Officer	Royal College of Psychiatrists
Louise Walby	Primary Care Nursing Nurse of the Year Award 2018 winner, Respiratory Nurse Facilitator	Cwm Taf University Health Board
Billy Nichols	Vice Chair, RCN Welsh Board	Royal College of Nursing Wales
Tina Donnelly CBE, TD, DL, FRCN	Director	Royal College of Nursing Wales

Nigel Downes	Associate Director, Professional Practice	Royal College of Nursing Wales
Dr Sue Thomas	Primary Care & Independent Sector Adviser	Royal College of Nursing Wales
Jean Christensen	Education & Lifelong Learning Adviser	Royal College of Nursing Wales
Lisa Turnbull	Policy & Public Affairs Adviser	Royal College of Nursing Wales
Rosie Raison	Policy & Public Affairs Officer	Royal College of Nursing Wales
Liz Newton	Policy & Public Affairs Assistant	Royal College of Nursing Wales

Annex C – RCN Wales Policy Briefing

Brexit Briefing: Implications for Health & Social Care in Wales

Wales' relationship with the EU has had a substantial direct and indirect impact on delivery of health and social care within the UK. Both the UK Government and the Welsh Government must ensure that the health and social care needs of the population of Wales are not negatively impacted by the UK's departure from the EU.

Until the full implications of Britain leaving the European Union are fully understood, there will be an uncertainty around many issues, including the workforce supply chain, workers' rights terms and conditions, research funding and collaboration and reciprocal healthcare arrangements.

Throughout this period of uncertainty it is vital that quality of care is maintained and that nurses and health care workers from the EU who are working across the UK continue to feel valued.

The key concerns for the RCN in relation to Brexit and its implications are:

- The sustainability of the nursing workforce
 - The potential impacts on the recruitment and retention of the EU nursing workforce should be assessed now and monitored closely over the next decade.
 - The exact figures for the number of EU nurses and the healthcare workers in Wales is not known to the RCN – although we would estimate around 1000 EU nurses in the NHS in Wales
 - The RCN would welcome clarification on this figure as well an assessment of how many EU workers (both registered nurses and healthcare support workers) there are in the independent health and care sectors.
- Safeguarding employment and social law provision, and preserve existing terms and conditions
 - This includes health and safety regulations, working time, consultation on collective redundancies, and safeguarding employment rights in the event of transfers of undertakings (TUPE)
 - The Welsh Government should conduct a risk assessment into the likely impact of Brexit in these areas
- Reciprocal healthcare arrangements
 - Reciprocal healthcare schemes must be retained or suitably replaced, and the rights of EEA and UK citizens living abroad protected.
 - Nurses working in the NHS need to understand and be trained in any new guidance.

- Public health
 - The UK must retain the ability to contribute to, and compare, surveillance data to ensure health systems can deal with cross-border health threats e.g. infectious diseases and the threat of antimicrobial resistance and have robust protection arrangements.
 - The Welsh Government should conduct a risk assessment into the likely impact of Brexit in these areas
- Research collaboration & funding
 - The impact of withdrawing EU funding from Higher Education could have a serious impact on Welsh Universities ability to recruit and retain high calibre staff. This is also true for nursing higher education.
 - Clinical research is undertaken as a partnership between universities and the NHS often across many EU countries. We are concerned that Wales will lose opportunities to participate and lead this type of research.
 - Opportunities for collaborative research and academic exchange must continue e.g. £33m recently announced for health innovation funded jointly by European Regional Development Fund and Welsh Government – access to these kinds of funds must continue.
- Stability of trade arrangements
 - A new regulatory system for medical devices and drug safety must be put in place.
 - The Welsh Government should conduct a risk assessment into the possibility of disruption to supply of medicines and devices
 - New trade deals must not have a detrimental impact on patient care and health workers' employment conditions (e.g. a new TTIP). RCN members were strongly and vocally opposed to TTIP.
- Potential impact on the devolution settlement
 - While issues such as regulation are best dealt with at a UK level, any EU laws that that currently fall within the Assembly's competency, should be transposed into Welsh law
 - The RCN is a supporter of the current devolution settlement which allows health policy to be shaped for Welsh need and encourages citizen participation.
- Tackling social and health inequalities
 - EU Structural Funds have seen significant amounts of money used to support projects which helped to reduce social and thus health inequality
 - Congress resolutions and Welsh Board discussion shows that our members recognise the causes of ill health and often in social inequalities (e.g. homelessness/housing, education and prosperity).
 - The UK alternative currently being discussed is that Welsh local authorities should compete with English local authorities for funding from a new UK fund that will not be distributed on the basis of need. We would argue that need should be the critical factor and funds for Wales given to Wales.

Key asks/recommendations:

- Welsh Government should engage widely with relevant experts and agencies within the health sectors in order to inform any future policies or legislative changes.
- Welsh Government conduct the necessary risk assessments relating to the potential impacts of Brexit on health and social care so that steps can be taken to mitigate those risks.
- Following a debate at the RCN's Congress event in Belfast, RCN Wales will be consulting with members about supporting a referendum on the final Brexit deal.

Annex D –Relevant Recent Publications

Written Statement: Brexit – the risks for the future of health and social care in Wales, Vaughan Gething, Cabinet Secretary for Health and Social Services, 26 June 2018

<https://gov.wales/about/cabinet/cabinetstatements/2018/brexithealthandsocialcare/?lang=en>

External Affairs and Additional Legislation Committee Reports - Wales' future relationship with Europe – Part one: a view from Wales

<http://www.assembly.wales/laid%20documents/cr-ld11491/cr-ld11491-e.pdf>

Royal College of Nursing – Brexit: EU nurses in the UK -

<https://www.rcn.org.uk/professional-development/publications/pdf-006982>

Royal College of Nursing – Brexit: Protecting workers' rights after Brexit -

<https://www.rcn.org.uk/professional-development/publications/pdf-006985>

Royal College of Nursing – Brexit: Collaboration for research and learning -

<https://www.rcn.org.uk/professional-development/publications/pdf-006986>

Royal College of Nursing – Brexit: EU regulations on professionals and medicine -

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