

Healthcare (International Arrangements) Bill

Sarah Wollaston Chair, Health and Social Care Committee, Chair, Liaison Committee (Commons)

Does my hon. Friend accept, though, that the majority of the difference is due to the disproportionate number of British pensioners living abroad compared to the number of EEA foreign nationals living here as pensioners?

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I will be supporting the Bill today. I am only sorry it is necessary. There is no version of Brexit that will benefit people who rely on the NHS, social care, scientific research or public health; there are only varying degrees of harm. The Bill seeks to address one of those harms, and that is around our reciprocal healthcare arrangements, which have made such a difference to people's lives both here and across the EU. As Martyn Day pointed out, 190,000 UK expats live in the EU and 27 million people hold an active European health insurance card, which covers about a quarter of a million treatments every year, but we are also talking about British citizens who travel or live in the EU to work and the 1,300 people who benefit from planned medical treatments in the EU under the S2 route.

I will turn first to the 190,000 British expatriates, mostly pensioners, living in the EU. Incidentally, 90% of them live in Ireland, Spain, France and Cyprus. They face a desperately worrying future. In the event of a deal, they will be covered by transitional arrangements until 2020, but in the event of a chaotic exit, with no deal and no transition, in just 135 days, they could be left stranded, many of them with access only to very basic medical care. Some of them will be uninsurable and many will have no easy path to return to the UK.

The Minister will know that, as I mentioned to my hon. Friend Sir Robert Syms, 75%—£468 million of the total £630 million in 2016-17—of the cost of our reciprocal healthcare arrangement relates to pensioners. When he sums up, will the Minister please respond to the updated estimated cost of those pensioners having to return to the UK and the net effect on the NHS? The Health and Social Care Select Committee heard that the current average cost of treating a UK pensioner in Spain was £3,500, but the average cost of treating pensioners in the UK was £4,500, and again the discrepancy between the pounds and euros makes that even greater.

In the future, the costs associated with EHIC—£156 million—and the S2 route for planned medical treatments will be borne directly by the 50 million UK nationals who visit the EU every year, but those costs will not be distributed evenly. The costs will fall disproportionately on those with pre-existing medical conditions. They will be exceptionally hard hit. As we heard from Justin Madders, many individuals will be effectively uninsurable and unable to travel. Will the Minister tell us what clear advice the Government are giving to

people with pre-existing medical conditions who are thinking of making travel arrangements after 29 March? Is he being explicit with them, and telling them that they need to check now whether they may find themselves left stranded without medical insurance in the event of our crashing out in a chaotic exit with no deal whatsoever?

I recognise and welcome the fact that the Bill gives the Minister power to put in place an equivalent scheme, but that scheme will have to involve a dispute resolution process. In the deal that is about to be published, has the Minister seen what that process would be? Another thing that he needs to be very clear about when he sums up the debate is that if we crash out with no deal and no transition, we will not be making these reciprocal arrangements with a single body; we will be making them with 27 different European states, three European economic area states, and Switzerland. Is it even conceivable that we could complete negotiations on that scale with 135 days to go? We need to be really clear with Members throughout the House, and to the public, about what that means, so that people can make plans accordingly. May I also ask whether the Minister is setting aside, within the contingency fund, a sum of money that we could use to assist British nationals who find themselves in difficulties on the wrong side of the channel in the event of no deal and no transition? Those are all important points about which we must be very clear with people.

Does the Minister agree that during the referendum campaign there were very many different versions of Brexit? The Brexit reality with which we are about to be presented is very different from the fantasy version that was presented during the campaign. People will remember the "easiest deal in history" and the "financial bonanza" for the NHS, but the Brexit reality is that there will be a significant Brexit penalty, from the most damaging form of Brexit in particular. We are looking at effects across the entire health, care and research system. Yesterday I met representatives of the Royal College of Nursing to discuss their grave concern about the future workforce. While the overall number of registrants has increased, there has been a very worrying decrease in the number of joiners in the past year. The number of joiners from EEA countries has dropped by nearly 20%.

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That is, indeed, a question that I have been addressing. What will happen to expats in Europe? What we absolutely must focus on, however, is what will happen 135 days from now if we do not have a deal and people are left high and dry. It is a very worrying situation.

The issue of the workforce does not just affect nursing staff. We should bear in mind that 5% of members of the regulated nursing profession, 16% of dentists, 5% of allied health professionals and 9% of doctors are EEA nationals. We cannot afford to lose any more of that workforce, or to demoralise them further. I think it shames us all that the Health and Social Care Committee heard from nursing staff from across the European Union some of whom were in tears when reporting that they no longer felt welcome here. That is a terrible Brexit penalty, and no one voted for it when they went to the polls.

This does not just affect the workforce either. The Brexit penalty applies to the entire supply chain of medicines and medical devices, from research and development to clinical trials, to the safety testing of batches of medicines, and right through to the pharmacy shelf and the hospital. There are many unanswered questions about the issue of stockpiling, and about contingency plans for products that may require refrigeration, or products with very short shelf lives that cannot be stockpiled. There may also be brand-switching issues: for people

who suffer from conditions such as epilepsy, switching brands is not easy.

I am sorry, Madam Deputy Speaker. I will bring my remarks to a close shortly. [Interruption.] I understand that you were merely coughing, Madam Deputy Speaker, so I will continue.

Refrigerated warehousing and special air freight do not come cheap. The companies whom we met, represented by the Association of the British Pharmaceutical Industry, made it clear that they were already having to spend hundreds of millions of pounds on contingency planning. The Government have said that they intend to reimburse companies, but the smaller companies need to know how quickly they will be reimbursed, because they may have cash-flow issues. They need to know the details of how the scheme will work, but they simply do not have the information that would enable them to make plans for the future. I hope that the Minister will be very mindful of that.

As I said earlier, the simple truth is that the many versions of Brexit have very different implications for the NHS, for social care, for public health and for research. Once this deal is published, we will have an opportunity to set out what this means, but, most important, to set all the risks and benefits of the deal that is on offer for the NHS and social care. The Minister will be aware of the important principle of informed consent in healthcare. No one would dream of going into an operating theatre and having an operation without someone telling them what is involved and setting out the risks and benefits so that they could weigh them up for themselves. That is called informed consent, and without informed consent, there is no valid consent.

Let me say to the Minister that we are all being wheeled into the operating theatre for major constitutional, economic and social surgery without informed consent, and let me ask him please to consider how things will be 136 days from now, after we crash out with no deal and when the serious consequences of that start to unfold and unravel and hit real people's lives. What will he be saying to his constituents and the House if we have proceeded without informed consent?

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