Health Committee

House of Commons London SW1A 0AA
Tel 020 7219 6182 Fax 020 7219 5171 Email healthcom@parliament.uk www.parliament.uk/healthcom

From Dr Sarah Wollaston MP, Chair

Rt Hon Jeremy Hunt MP

14 December 2016

Dear Secretary of State,

Brexit and health and social care inquiry

Further to the Health Committee's inquiry into Brexit and health and social care, I am writing to ask you to provide more information about the process and resources that you are putting in place to identify and secure health objectives within the Brexit negotiations

Two elements have already emerged from the evidence submitted to the Committee, including your own, in relation to this inquiry. First, that leaving the European Union will have major consequences for a wide range of health and social care issues, from our future licensing and access to medicines to the health and social care workforce. Second, that health faces an exceptional challenge, in that many of the important issues for health in the UK do not fall neatly into the definition of 'health' within the framework of EU law and policy, such as the chapters of EU law used for negotiating accession and likely to provide the structure of the exit negotiations.

The Committee is concerned that this creates a specific risk for health, and for ensuring successful outcomes for health from the coming Brexit negotiations. I am therefore writing to seek clarification from you regarding the processes and resources that you are putting in place to identify and secure health objectives.

On the basis of the evidence and advice that we have received so far, there are six areas in particular which the Committee feels will be vital for health and social care:

1. The UK's health and social care workforce – both those that are here now, and those that we will need in the future;
2. Reciprocal health care coverage and cross-border healthcare;
3. Medicines, medical devices, clinical trials and wider health research;
4. Public health, including environmental protections and communicable diseases;
5. Resources, including EU agencies, funding programmes, networks and health in overseas aid; and,
6. Market functioning and trade agreements.

These six areas are described in more detail in the appendix attached.

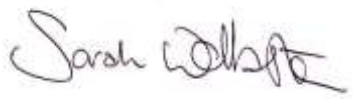
For each of these areas, we would be grateful for your clarification on processes and resources within the Department, across Government, and engaging with stakeholders across the health sector, and preparing for the 'morning after Brexit':

- **within the Department**: what resources are there within the Department to develop and implement our negotiating objectives for each of these areas, and at what level? How many of these staff are new in comparison to the people working on these topics before the referendum on leaving the European Union?
- **across Government**: will you and the Department of Health take the lead in negotiations on these topics? If not, who will be, and what arrangements are there in place to ensure that health objectives are agreed and coordinated with you and the Department?
- **engaging with stakeholders**: what processes does the Department have to engage with health stakeholders as part of the negotiations, and to provide additional information and feedback as negotiations proceed?
- **preparing for the 'morning after Brexit'**: what arrangements does the Department have in place to ensure continuity of essential functions under each of these areas immediately following the end of the Article 50 negotiations?

To be clear, this request is not asking the Government to disclose the content of its objectives for the Brexit negotiations. The focus of this request is about the process of negotiations, and ensuring that the process that you plan will ensure successful outcomes for health.

I would be grateful to receive a written response addressing these issues by Thursday 12th January 2017. The Committee would then like to invite you to give evidence in person on Tuesday 24th January 2017.

Yours sincerely,



Dr Sarah Wollaston MP
Chair of the Committee

Enclosed: Inventory of areas for consideration by the Department of Health in Brexit negotiations

Inventory of areas for consideration by the Department of Health in Brexit negotiations

Topic Area	Key considerations	Further detail
1. The UK's health and social care workforce	Staff from European Economic Area (EEA) in NHS and adult social care (right to remain for existing staff, future flows of staff into UK, rights of workers and their families as EU citizens while working/living in UK)	• Current entitlements, which extend to both health and social care staff and their families (if EU citizens) include non-discrimination on nationality for entry, residence, access to employment, housing, accumulation and transfer of pensions, social security, right to health care coverage in R-EU on retirement, right to access to health care when visiting in home country (e.g. childbirth), welfare; recognition of qualifications (subject to linguistic competencies); access of children to education; access of spouses and dependents to residence, employment and housing; • Professional competencies currently recognised through mutual recognition of qualifications and exchange of information through cross-border alert mechanisms
	Employment rights affecting health and social care staff (the whole of the EU *acqui*s on employment law)	• Current entitlements are EU equality law (sex, race, disability, other grounds); EU health and safety at work law (including maternity leave rights); EU employment law on restructuring e.g. transfer of undertakings

2. Reciprocal healthcare and cross-border healthcare	European Health Insurance Card (EHIC) / E112 on 'Brexit day' (or, more likely, on various different transition days)	• Entitlements of patients currently referred • Entitlements of posted workers, temporary travellers; of UK nationals permanently settled in remaining EU (R-EU) Member States (both those who have transferred their social security insurance and those still 'insured' in the UK); of cross-border workers, especially over Northern Ireland/Republic of Ireland land border, including measures under initiatives such as the Cooperation and Working Together programme; patients receiving dialysis who travel on holiday to R-EU • UK obligations to R-EU nationals here (both those who have transferred their social security insurance and those still 'insured' in a R-EU Member State) • Specific arrangements for Gibraltar
	Access to cross-border healthcare under patient's rights directive	

3. Medicines, medical devices and equipment, human blood, cells and organs, clinical trials and health research	Continued availability of safe and effective medicines, devices and equipment, and substances of human origin	• Marketing authorisation of medicines and future relationship with relocated European Medicines Agency (EMA) • Packaging, labelling and advertising • Arrangements for orphan medicines, medicines for paediatric use; status of homeopathic medicines, food/medicine interface, cosmetics/medicine interface • Recognition of certification system for medical devices and equipment, status of notified bodies which certify safety in R-EU • Pharmacovigilance reporting mechanisms • Liability for defective medicines, devices and equipment • Securing safe supply chains, counteracting falsified and counterfeit medicines • Securing safe import of human tissue, safety alert mechanisms, non-commodification rules • Securing inward investment in new health technology development, including access to funding, intellectual property protection, adherence to EU clinical trials and good laboratory practice law, EU data protection law • Implications for UK economy (including income of MHRA and other UK-based contractors and suppliers) of relocation of EMA
	Continued participation of UK-based (public and private) organisations in Europe-wide clinical trials and other health research	• Ability of R-EU researchers to work in the UK (see workforce above)

4. Public health	Environmental public health rules: air, water, waste	
	Tobacco, food, alcohol: taxation, advertising, labelling, product requirements, food safety and security (loss of access to European Food Safety Agency)	
	Cross-border threats to health: relationship with ECDC for emergency responses to epidemics, bioterrorism, cross border arrangements in Ireland	
5. Resources: agencies, networks, funding	Relations with EU agencies with health competencies or relevance: • European Medicines Agency • European Centre for Disease Prevention & Control • European Food Safety Authority, European Monitoring Centre for Drugs & Drug Addiction • European Environment Agency • European Agency for Safety and Health at Work • Eurostat	
	Access to or replacement of funding: Horizon 2020; EU public health programmes; European Investment Bank, European Social Fund and Regional Development Fund	

	Relations with EU networks on health matters; participation in health data gathering, analysis and development of best practice; capacity-building arrangements; policy-formation discussions (eg platform on nutrition, obesity)	
	Relations with World Health Organisation (exclusion from input into EU's common position on agenda items at WHA/ Regional committees etc); future of health in UK's post-Brexit development policy (relations with DG DEVCO)	
6. Terms of access to NHS and private health markets post-Brexit	Application of public procurement, anti-cartel, monopolies, mergers & acquisitions law within NHS structures and to private health markets	
	Access through future trade agreements (with R-EU and other states) of health actors established in other states to UK public and private health markets; application of anti-cartel law, procurement law, mergers & acquisitions law to those actors	

FROM THE RT HON JEREMY HUNT MP
Secretary of State for Health

Department of Health

IMC: 000602

Department of Health
Richmond House
79 Whitehall
London SW1A 2NS

Tel 020 7210 3000
healthsofs@dh.gsi.gov.uk

Dr Sarah Wollaston MP
Member of Parliament for Totnes
Houses of Commons
Westminster
London, SW1A 0AA

13 January 2017

Dear Sarah,

Thank you for your letter of 14 December 2016.

As you would expect, we are doing the comprehensive preparatory work necessary ahead of triggering Article 50 and the impending negotiations.

We will play our part in securing the best possible outcome from exiting the EU, dealing positively with its consequences, while continuing to focus attention on improving the health and care system and the challenges it faces.

In terms of how our work is organised, at official level our work is coordinated by a small team within the Global and Public Health Directorate. A number of relevant policy teams in other directorates then lead on considering the implications and opportunities of exiting the EU for their respective areas (for example the workforce policy team lead on the health and social care workforce elements you raised). It is not possible to establish a full-time equivalent figure because many of these staff are undertaking the work as part of their wider responsibilities.

A wide network of our stakeholders are also involved in the work by various means, including regular meetings with Ministers, officials and special advisers.

The most focused preparations are naturally in those areas where leaving the EU will have the greatest effect, including those identified in your letter and those included in the Department's written evidence to this inquiry. As you rightly point out in your letter, many of the issues your committee has identified are not bound by departmental responsibilities.

We are working closely with the Department for Exiting the European Union (DExEU) and other departments to coordinate the multiple complex strands of work involved in preparing to leave the EU. We will also be closely involved as the negotiations progress.

I hope this goes some way to answering your questions and I look forward to a fuller discussion with you and your Committee in person later this month.

JEREMY HUNT