IMPACT OF LEAVING THE EUROPEAN UNION ON HEALTH AND SOCIAL CARE IN SCOTLAND

BDA Scotland received a call for views from the Health and Sport Committee in December 2017 with regard to their inquiry into the impact of leaving the EU on health and social care in Scotland.

1) How could the potential risks of Brexit for health and social care in Scotland be mitigated?

BDA Scotland would note initially that the first risk relates to the lack of valid and contemporaneous data and information about Brexit and subsequently how it will affect the dental profession.

In terms of the dental workforce and manpower, should the UK became a less attractive country for EU citizens to work, or should dental professionals leave their jobs in the UK to return home, there is a potential that as a result of Brexit, there may be a shortage of qualified staff within health and social care. This ranges from dentists to support staff such as translation staff and dental nursing. Training and an increase in domestic supply could address part of this issue. However, for professions such as dentistry where training and qualification take a considerable length of time, increasing supply in the short term is not easy.

Working conditions including pay are important considerations for the future workforce. These issues should be reviewed to ensure they compare favourably with other forms of employment that compete for similarly qualified/educated individuals.

BDA Scotland questions whether the recognition of dental qualifications will continue after Brexit, both for EU nationals to work in the UK and for UK nationals working elsewhere in the EU.

Whilst BDA Scotland is unaware of definitive figures of how many dentists and dental care professionals (DCPs) working in Scotland are from the EU, we believe it is higher in some NHS Board areas than others, for example NHS Dumfries and Galloway where 40% of GDPs are from the EU. If dentists leave, a significant shortage will arise especially in remote and rural areas. BDA Scotland suggests it is important that data gathering and careful workforce planning is carried out now for the transitional period and beyond. In terms of mitigating this effect, the use of ‘golden hello’ incentives to retain Scottish graduates north of the border and would generate more DCP training places.
There is clearly uncertainty about the economic impact of the UK leaving the EU. However, it is highly likely that if there is any economic downturn, this will impact on spending on oral healthcare, whether government or privately funded.

2) How could the potential benefits of Brexit for health and social care in Scotland be realised?

Brexit offers the opportunity to consider approaches to workforce needs and the recognition of professional qualifications from across the EU and beyond.

As indicated above, the economic impact of Brexit is uncertain. Brexit campaigners have suggested that additional funding would be made available for health services, but any economic contraction will impact on healthcare.

A reduction in the number of EU workers in the UK could arguably free up opportunities for the domestic workforce, again assuming that the workforce is available and can be trained to meet requirements. Full employment would clearly bring a range of financial and individual benefits.

One factor to consider will be the continuing extent of overseas treatment, in Europe and beyond following Brexit. There has been a growth in the amount of dental treatment outside the UK in recent times, with some patients subsequently seeking NHS treatment and expensive repairs for unconventional appliances and treatments which were originally carried out in the EU and elsewhere. There may be a returning ageing population of UK "expats" who have had varying standards of dental healthcare in Europe returning to the UK.

3) In what ways could future trade agreements impact on health and social care in Scotland?

It is unclear what trade agreements will be made and what impact this might have, but the potential is for a significant rise in the cost of running dental practices. Supplies and goods coming from Europe have already risen in cost, a lot of dental equipment is designed and manufactured in Europe, especially Germany with many dental material companies based in mainland Europe. The levels of stock held may need to be increased with orders having to be placed earlier before stock becomes depleted, which applies to drugs, instruments, disinfectant and dressings etc.

While prices might go up if tariffs of some sort are introduced, the exchange rate also affects the buying power of dental practices-a weakening pound sterling will lead to increasing costs for materials and equipment.

Some suppliers have expressed concern that border controls may substantially increase delivery/supply times.

There are also concerns regarding certification marks regarding standards e.g. CE marking. BDA Scotland questions how these would be affected:

- would they still be accepted in the UK
- would the UK equivalent be accepted in Europe
- what would the UK equivalent be
- where would tests be done
The development and testing of new products before being allowed on the market may require both European and UK approval, this has the potential to increase costs to the manufacturers and suppliers, which would be passed down to customers/dentists. This also includes equipment such as autoclaves and washer disinfectors which mostly come from Europe, as do the spare parts. There is the potential for equipment repairs to take much longer.

BDA Scotland is concerned that dental research budgets could be under renewed pressure as EU sponsored medical research is no longer funded, resulting in higher demand for UK funds with dental research establishments losing out. This could also have an effect on recruitment of dental academics. There is a potential too, that future negotiations will impact on the number of European postgraduates applying for clinical and academic degrees in the UK, who might find the fees prohibitive.

The UK decision to leave the EU has also of course again raised the question of a second Scottish independence referendum. Scottish independence would raise a separate series of questions about trading relationships.

4) The Joint Ministerial Committee (EU Negotiations) has agreed a definition and principles to shape discussions within the UK on common frameworks including enabling the functioning of the UK internal market. What implications might this have for health and social care in Scotland and what are your views on how these common frameworks are agreed and governed?

Health is a devolved matter in Scotland, and BDA Scotland questions whether the Cabinet Secretary for Health and Sport would have a say in how common frameworks are agreed and governed? BDA Scotland would suggest that there needs to be a consensus between the administrations of the UK when it comes to internal market frameworks, and that systems need to enable ongoing free movement of individuals and services within the UK.

How to submit your evidence

Please send your submission no later than Thursday 25 January 2018.

Responses should be sent, wherever possible, electronically and in MS Word format to: healthandsport@parliament.scot