

Brexit: the impact on health and social care and the role of community and practice nurses

Abstract

Brexit poses seismic challenges for health and social care provision in the United Kingdom concerning the on-going financial support available to fund health and social care within a post Brexit economy. Alongside funding issues there are potential concerns linked to the continued access to medical supplies and equipment which are linked to trading relationships within the European Union. Changes to the context of legal frameworks and funding for research which result from Brexit are also serious concerns. Although many of these areas may have potential detrimental impacts on patient care there is a particular concern about the loss of migrant health and social care workers which may exacerbate the recruitment issues currently facing the UK health and social care workforce.

Reflections from those who work within health and social care can create insider perspectives about what Brexit means to individuals and their families. This can help organisations consider the challenges that their current EU migrant workers experience and explore ways of mitigating these impacts on both the individual and wider organisation to ensure patient care is not diluted but instead enhanced. Community and practice-based nurses and staff have a central role in providing integrated person-centred care and have an important role in advocating for their frail patients whose care may be compromised as a result of challenges created by Brexit.

Key Words

Brexit, workforce development, migrant workers, implications for practice

This paper explores the impact of Brexit on the health and social care sectors and what this might mean for primary care and community health care provision in the UK. The challenges posed by Brexit are potentially seismic in nature and at a basic level link to the overall level of funding available for health services resulting from economic performance post Brexit and the trade agreements that follow (McKee, 2016; Simpkin and Mossialos, 2017). Alongside the wider economic implications of Brexit there are specific concerns regarding the on-going recruitment of EU staff, access to pharmaceuticals and the ways in which medical products are licensed (Fahy et al., 2017), and issues related to patient safety and quality of care post-Brexit (Royal College of Nursing, 2017a).

Even before the UK voted to leave the European Union in 2016 there were concerns about the UK's ability to adequately staff its essential health and social care services and the workforce development challenges facing the health and social care sectors (Howat et al., 2015). These challenges are long-standing and complex and include the projected retirement of existing staff (Tamkin and Behling, 2012), and the complexity of an ageing population experiencing co-morbidities related to complex long-term conditions (Care Quality Commission, 2017; Department of Health and Social Care, 2015; Foresight, Future of an Aging Population, 2016).

In 2016 the UK voted to leave the European Union triggering what has now become known as Brexit. Brexit compounds existing workforce deficits (Marangozov et al., 2016a), posing challenges for the health and social care sectors which have become increasingly reliant on EU staff to fill existing workforce vacancies (Bungeroth and Fennell, 2018). There are currently significant numbers of EU health workers in the UK with suggestions that nine per cent of doctors and five per cent of nurses working in the NHS in England are EU migrants (NHS Confederation, 2016). At the time of writing the final Brexit agreement has yet to be published, however, it is likely that there will be tighter immigration controls leading to employment restrictions on EU/EEA nationals within the UK.

Many in the health and social care sectors already struggle to recruit staff whilst encountering increased immigration regulations when trying to employ migrant workers (Manthorpe et al. 2018), despite nursing being on the Shortage Occupation List (SOL, 2018). Brexit and the uncertainties surrounding rights to work and live in the UK make the UK appear a less attractive option to health workers from the EU (Fahy et al. 2017). Since the UK voted to leave the European Union we have already witnessed a reduction in EU national's applying to join the nursing register (NMC, 2017), with latest figures suggesting an 87% reduction in EU nationals joining the NMC register between 2017-18 (NMC, 2018). This is likely to exacerbate the existing nursing shortage which includes approximately 40,000 vacancies across a variety of health care settings including 24,000 nursing vacancies (RCN, 2017b). At the same time employment in other regions of the EU is becoming increasingly attractive due to the economic upturn in European economies (Office for National Statistics, 2018a), resulting in potential EU health workers considering employment options across Europe as a more beneficial option.

It is important that community and practice-based nurses are aware of the wider impacts of Brexit on an already stretched sector, and the potential risks this poses to the provision of integrated person-centred care. Whatever the final outcome of the Brexit agreement, it is likely that there will be negative consequences on the overall resources available within the NHS, and in turn this will be felt by patients and those that care for them. Community health services may be presently less reliant on a migrant workforce compared with the acute health and wider social care sectors, but community services may be indirectly affected by these challenges, for example, by pressures on service provision resulting from delayed discharges due to inadequate home care provision (Age UK, 2016 and NHS England, 2016). The Royal College of Nursing (2017) has stressed the need for the government to respond to staffing problems across the health care sector by developing a coherent workforce strategy focused on growing a domestic workforce whilst preserving the rights of European Economic Area (EEA) nationals currently working in the sector.

Demographic changes are already causing challenges to health and social care provision. This includes an ageing workforce and the retirement of key staff (Marangozov et al., 2016b), with one NHS trust in the North East of England projecting 11 per cent of nurses due to retirement in the next five years, whilst up to 25 per cent are eligible to retire (Marangozov et al., 2016b). Alongside the retirement of key staff, stressful working conditions has resulted in significant numbers of nurses leaving the profession early due to

stress and poor working conditions (Jones-Barry, 2018, Nursing and Midwifery Council, 2017). The loss of bursaries for nurse education (UCAS, 2017), and a reduction in the population of 18-19 years available for higher education entry (Office for National Statistics, 2018b) is also creating problems in recruiting young people into the workforce.

These challenges are mirrored in the social care sector resulting from issues related to low pay and low status which act as disincentives for care sector employment (Skills for Care, 2011). Low wage levels (usually around the National Minimum Wage or just above) and uncertain pay linked to zero hours contracts make low skilled social care roles unattractive for those moving off benefits (Green et al., 2014).

The current landscape is therefore rife with uncertainties and Brexit is exacerbating existing strains within the health and social care system. Despite all the current rhetoric about the impact of Brexit on the UK, the voices of those who may be affected by immigration and employment changes are seldom heard within these debates. It is important to engage with the perspectives of migrant workers about their future working status and opportunities within the UK post-Brexit, and to consider what this means for those managing services and workforce development strategies post-Brexit. It is equally important to consider how the wider workforce may experience the fall-out from Brexit, whether this is related to staffing issues, resource availability, or changes to the legal frameworks which help to structure health and social care practice. It is therefore timely to engage the health and social care workforce more widely and to think creatively about how we can respond to a worsening workforce development crisis.

Workforce Reflections

The authors have had informal discussions with health and social care workers about the impact of Brexit. The following reflections demonstrate insights into the range of concerns raised.

Numbers of EU/EEA nationals employed in the health care sector have voiced concerns about remaining in the UK post Brexit. These concerns link to employment status and access to benefits for their families, and their feedback suggests that rather than looking to return to their own home countries they are exploring options to settle and work in other European countries, particularly Germany.

The lack of employment security and fall out from the Brexit vote has led some EU/EEA migrant health care workers to rent property rather than consider buying a home in the UK pending the outcome of Brexit.

Individuals have voiced a reticence to undertake further training or apply for promotion as they feel unsettled post-Brexit. Rather than considering career development within UK health and social care services they are re-focusing their energies on health and social care job opportunities and re-location outside of the UK.

EU/EEA nationals who have undertaken nurse training in the UK are now looking for

employment opportunities outside of the UK once qualified instead of staying in the UK as originally planned.

What might be the implications of Brexit on community and practice-based nurses?

The experience of community and practice-based nurses will vary depending on their geographic locations and demographic spread. Already community services are taking centre stage in the support of an ageing population (Bone et al., 2018), and in areas of high numbers of 65+ there may be specific care requirements linked to an ageing population and long-term conditions. This may exert specific demands on community services to support 'ageing in place' (Proctor et al., 2014). The following section highlights key actions and learning points related to current community health care trends and the impact of Brexit.

- Although the impact of Brexit may not be experienced uniformly, and for some there may be presently no obvious impact in their own practice setting, it is likely that the wider impact of Brexit on NHS funding will be felt across all sectors. Alongside ongoing challenges surrounding the recruitment and retention of staff across health and social care, Brexit will create tensions which affect outcomes for patients in both acute and community settings.
- As we move towards the integration of health and social care provision, recruitment issues within the social care workforce may prove particularly challenging for community and practice-based staff whose patients rely on packages of care. Staff shortages may result in inadequate social care packages being provided in the community.
- Patient's wellbeing may be undermined by inadequate social care provision in the community, which may increase demand on community health care provision. Community and practice-based staff will be at the forefront of monitoring and supporting those patients whose care needs may be compromised by insufficient social care support.
- It will be important for community and practice-based staff to be vigilant to tensions in service provision which occur as a result of changes in funding and care provision post Brexit.
- Staff will need to be vocal in raising legitimate concerns about patient safety, quality of care and staffing levels in line with professional codes of conduct.
- Staff across the sector will need to engage creatively to explore new partnerships to support high standards of care within community settings.

Conclusion

Community and practice-based nurses are ideally placed to observe the potential consequences of Brexit on health and social care provision. Their position at the intersection

of acute and community-based provision allows unique insights into the patient journey, and how Brexit in its broader effects may contribute to negative outcomes for patients. They need to be aware that the challenges posed by Brexit reach further than just exacerbating staffing issues through the loss of EU migrant works. The overall funding for health care, alongside changes to access to medicines, research, and legal frameworks may all contribute to challenges to the way that health care is delivered in future. They are important advocates for frail and vulnerable individuals who are unable to voice their own concerns about their health and social care provision in a post Brexit world, and will have an increasingly important role to play in observing and reporting concerns which affect patient care.

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