

BAD Essay Prize 2017 Synopsis: Is British Dermatology better in or out of Europe?

Rebecca Huang

On the 23rd June 2016, the United Kingdom held a referendum to determine its position in the European Union (EU). This resulted in a decision for Britain to exit the EU, colloquially known as ‘Brexit’; however, currently there has been no consensus as to how or when this will be done. Dermatology services in the UK are in high demand with 54% of the entire population each year suffering with skin disease. The NHS is already struggling to meet such clinical pressures and with the added uncertainty of the political climate, it is currently unknown how this decision will affect British dermatology.

Dermatology service provision may be affected in terms of commissioning and funding after leaving the EU. Leaving the European Economic Area (EEA) may potentially result in increased costs in importing drugs, supplies and equipment which would directly affect the NHS and dermatology, however the wider effects of leaving the EEA may result in further cuts to public funding, also negatively impacting on the NHS. The NHS is currently relying on a large migrant workforce; 4.95% of all NHS England employees are EU migrant workers⁵; a proportion similar to the population of EU migrants living in England⁶. By leaving the EU and the EEA, could result in workforce shortages; however this may also result in increased employment of British nationals within the NHS and dermatology.

The European Commission published a directive regarding patients’ rights in cross-border healthcare allowing EU citizens to access local healthcare services abroad at the same rate as nationals. Membership within the EU has allowed easier and increased access to healthcare abroad, both for UK residents and for Europeans. After leaving the EU, British citizens seeking healthcare may be required to buy private medical insurance or pay an upfront cost as the European Health Insurance Card (EHIC), which allows access to state healthcare across the European Economic Area and Switzerland, may no longer be available following withdrawal from the EU. On the other hand, it may discourage the growing trend for ‘medical tourism’ which presents many challenges to the NHS such as foreign patients seeking treatment which may also require an interpreter.

The UK has been the fourth biggest recipient of EU funded scientific research, obtaining €8.8 billion between 2007 – 2013 through the Seventh Framework Programmes (FP7) which was invested into over 120 collaborative research projects, including in dermatology. After leaving the European Union, such funding avenues will no longer be available to researchers in the UK. Plans have been made for the British Treasury to take over funding of EU funded projects once Britain has left the European Union, however this adds financial strain. The UK makes many valuable contributions to research across Europe. Collaboration with European research departments remains important and efforts should be made to continue this, regardless of changes to funding of research.

It is difficult to determine whether British dermatology is better 'in' or 'out' of Europe as this involves comparing the current situation to a hypothetical situation when Britain officially leaves the European Union. As Britain has already decided to leave, it is important that the best outcomes are achieved for the NHS during exit negotiations. The previous successes of the NHS and British dermatology have not been directly dependent on being a member state of the EU. Leaving the EU represents an opportunity to take more control in terms of funding, workforce commissioning and public health matters. Uncertainty might be difficult, particularly as the NHS encounters difficulties with staffing and commissioning, however opportunities to improve conditions within the NHS should be taken wherever they are available.

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