

Brexit - The treatment of patients from the EU

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The fate of the reciprocal healthcare system now hangs in the balance as we edge closer to a no deal Brexit. The only agreement so far for access to treatment has been for UK pensioners currently living in the EU who will be able to continue to access the S1 and EHIC schemes, which allow for reduced or no-costs healthcare elsewhere in the EU.

This means that it could be necessary for other UK citizens living in the EU to return to the UK for treatment or to take out travel insurance to cover this treatment abroad. For EU citizens living in the UK, concerns have been raised that they may be required to pay for non-urgent healthcare. However, the Government has sought to reassure EU citizens by stating that, at least in the short term, EU citizens will maintain access to this healthcare providing they meet current standards to prove their residency i.e. by providing bank statements and other documents. The long term is less clear.

The challenge will be ensuring continuity of care and ease of travel for UK and EU residents both living and travelling between the EU or EEA. This will inevitably lead to increase in costs for insurance and difficulty for the NHS as we all try to navigate this turbulent period.

There are also the wider issues of EU research funding programmes, the continued participation of the Medicines and Healthcare products Regulatory Agency in pan-European clinical trials, an agreement with Euratom to ensure continued collaboration on radiation research, medical qualification recognition and the maintenance of communication of internal market information on doctors' fitness to practice.

In preparation for a change to the reciprocal healthcare arrangements in a no deal post-Brexit world, it is recommended that health and social care providers:

- check documentation of EU citizens to ensure continuity of healthcare for EU and EEA residents;
- tell patients and staff about the EU Settlement Scheme;
- take the business as usual approach to NHS prescriptions and reassure the public that they don't need to stockpile; and
- continue to try and influence debate in the interests of services and patients; and
- continue to develop your business continuity plan.

There is no doubt that leaving the EU creates challenges in the NHS. If you wish to discuss any of these issues, please do not hesitate to get in touch.



Lynette Wallace

Associate

lynette.wieland@brownejacobson.com

+44 (0)115 976 6520

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