The implications of Brexit for the Irish health system

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While COVID-19 has rightly been the focus of attention in recent times, the previous issue of concern in Ireland—Brexit—has not gone away. Although the UK signed up to a transitional arrangement, if a trade deal is not concluded by the end of 2020, then it will essentially mean a hard Brexit by another name. This will have significant effects on the Irish health system, which will be manifested in several ways.

Issue	Effect
Medicines	Some measures have been put in place to avoid shortages, although it remains to be seen how effective these would be in practice [1].
Cross-border care	Assurances have been given regarding the continued right of Irish and UK citizens to receive treatment in the other jurisdiction and to cross-border healthcare services, which are covered by service level agreements [1].
Recognition of qualifications	There may be delays to the recognition of UK qualifications in Ireland (for those whose qualifications are not already recognised here), as these would have to be applied for as would any qualifications from outside the EU [1].
Economic impact	Brexit will further weaken the Irish economy, in addition to the COVID-related shock. This will impact both the Government, through lower tax revenue, and individuals, through higher unemployment and lower disposable income [2] as well as higher prices for some imported goods [3], which will have knock-on implications on a number of areas of the health system, as discussed below.
Health service funding	The additional negative shock to the Irish economy of Brexit will further reduce Government revenue, through lower taxes, and increase Government spending,

(continued)

Recruitment and retention of staff	<p>particularly on those sectors that are most adversely affected by Brexit, such as agri-food. This may have implications on the available funding for spending on areas such as health.</p> <p>The anticipated exit of some medical personnel from the UK due to Brexit [4] might help with the recruitment of additional staff envisaged under Sláintecare [5], which calls for an additional 593 public hospital consultants, and the Health Service Capacity Review [6], which calls for a 48% increase in the primary care workforce. However, Ireland is competing internationally for medical workforce, with anticipated shortages of doctors and nurses at an OECD level in 2030, including in a number of countries to which Irish medical and nursing graduates are attracted to work [7].</p>
Implementation of Sláintecare	<p>Sláintecare envisages an additional €2.9 bn per annum spending on health by the end of the plan, over and above the increases arising from demographic factors and medical inflation, for which the report allows three percent per annum of an increase in spending. It also envisages a €3 bn transition fund over the first 6 years of the plan's lifetime [5]. The economic impact of Brexit could jeopardise the availability of funding for health, in turn adversely affecting the roll-out of the Sláintecare reforms.</p>
Private health insurance	<p>The economic impacts are also likely to affect take-up of private health insurance, which is currently 46% of the population [8]. While Sláintecare envisages a reduction in take-up due to improvements in the public health system [5], such a reduction in the absence of this would lead to more people relying on the public system, putting pressure on already stretched resources.</p>
Access to care	<p>Worsening economic conditions could also affect the ability of some people to afford care, particularly if the roll-out of universal GP care, envisaged under Sláintecare, is delayed. Ireland is unusual in not having universal primary care entitlements and there is evidence that some people defer seeking care due to cost [9].</p>

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Therefore, while certain aspects of Irish-UK co-operation in the health arena would continue post-Brexit, given the Common Travel Area, much-needed and overdue investment in the Irish health system—which has historically been underfunded [10]—is likely to suffer. This could hamstring the current reform agenda, while a deterioration in macroeconomic conditions, particularly wages and unemployment, could have adverse consequences for some people's access to both public and private health services. This should be of concern to Irish health policy-makers and residents alike.

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