

UNCHARTED WATERS

When you read this, the details will have changed but the question of the impact of Brexit on health and social care in the UK, and on general practice in particular, will still be unanswered. The political landscape doubtless will have shifted again, and the markets will have been more or less twitchy. The steady hand of Mark Carney, recently described as the last grown-up politician left in the room, will rest lightly on the tiller, as the ship of state navigates uncertain waters.

The King's Fund has just published a useful framework within which to think about the post-Brexit health service, under the five headings of staffing, access to treatments both here and abroad, regulation, cross-border cooperation, and funding and finance.¹

The workforce problem is a potentially serious one: although over 130 000 healthcare professionals from the EU currently work in the UK, there is still a staffing shortfall of around 50 000 whole-time equivalents, according to the National Audit Office.² Continued and expanded recruitment of EU staff is probably desirable, and could be achieved by adjusting the Home Office's list of 'shortage occupations'. Access to care and the reciprocal arrangements for accessing medical care across Europe is a cause for concern, particularly the potential impact on the 1.3 million UK pensioners living in the EU, who may see the UK as a better place to receive medical care in the future.

It will remain to be seen whether EU regulations, such as the working-time directive and the regulation of medicines and medical devices, and of professional standards and medical education will be repealed and replaced by UK-drafted alternatives. The implications for the NHS workforce and the licensing of medicines, as well as the conduct of clinical trials, are particularly significant. The present benefits of cross-border cooperation include not only the free movement of research staff and access to very substantial amounts of EU research funding, but also the ability to mount a coherent European response to emerging threats such as epidemics and pandemics involving new infectious agents. Finally, funding, and that rash promise of recycling £350 million of EU subventions weekly into the NHS. Certainly, in a stable or improving economic climate, there

could have been a chance of expanding NHS funding but in the new context of a potentially contracting economy and further economic pressures, the government may find it difficult to meet its pledges and commitments, still less be able to find the new money that the NHS needs. The additional funding for general practice promised in the *Five Year Forward View*, as well as additional resources desperately needed to sustain social care, must be seen as absolutely top priorities for protection and investment if the NHS is to survive intact in this new world.

Ironically, in a way, this month's *BJGP* has chronic diseases as its focus, and it is the relentlessly increasing burden of chronic disease, in the context of the changing demography of our population, that drives the inexorable demand for resources and healthcare workers. Before Brexit, general practice needed some quick wins in terms of workforce expansion, recruitment, and retention, so that it could begin to rehabilitate its image as a desirable career choice. This is now more important than ever, but solutions to these problems must go beyond arguing for more of the same and, at this time of crisis, involve taking some daring, imaginative decisions about how best, among many priorities, to care for an older population with escalating levels of multimorbidity and polypharmacy, how best to turn the tide of non-communicable disease that now affects the nation's children as well as its adults, how to provide appropriate and effective care for mental health problems, and how to use new technologies to equip and future proof general practice for the years ahead.

Roger Jones,
Editor

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EDITORIAL OFFICE

30 Euston Square, London, NW1 2FB.
[Tel: 020 3188 7400, Fax: 020 3188 7401].
E-mail: journal@rcgp.org.uk / bjgp.org / @BJGPjournal

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