The Royal College of Physicians (RCP) would like to draw the committee’s attention to the needs of patients’ which span across the boundaries of Europe and the healthcare provision which currently occurs in a collaborative manner across the EU. In many instances patients need to access treatment in a country which they are not a citizen. Currently the EU works to facilitate this provision and ensure collaboration of care across the member states to meet the needs of patients. The RCP strongly urges that this collaboration of care and services is continued across Europe once the UK leaves the EU.

The RCP welcomes the positive initial agreements in the Brexit negotiations and the statements provided in the joint technical note on EU/UK positions on citizens’ rights relating to developments on reciprocal healthcare arrangements; however the ongoing Brexit negotiation period continues to create uncertainty for citizens and the NHS when planning the delivery of service post-Brexit.

Our evidence refers to the current regulatory regime, the proposals relating to citizens already living and working in the EU, the implications for the UK health and social care sectors, transitional arrangement and the options for future arrangements as set out in your call to evidence.

**European Health Insurance Card (EHIC)**

EHIC is part of the system of social security cooperation across the EU that provides access to emergency care for all EU citizens, travelling within the EU. The EHIC only covers emergency care and will not cover travelling specifically for healthcare. When treatment is provided in another country, it is reimbursed by the patient’s country of citizenship and the reciprocal arrangement allows for patients to access emergency care easily. The UK has issued 27 million cards to British citizens and therefore its removal would have significant impact on emergency treatment to British citizens travelling through EU states.

The RCP recommends that the UK and EU continue to facilitate the use of the EHIC to ensure access is provided for emergency treatment for patients as is currently the case.

**S1 and S2 Registration**

British citizens who currently live in Europe do not currently have adequate assurances that they will have access to medical care once the UK leaves the EU. S1 and S2 registration currently provides authorisation for access to different types of treatment. If a citizen is planning to stay in another EU country for an extended period of time, the individual has to register for an S1 certificate of entitlement to healthcare. If a citizen is planning to travel specifically to obtain medical treatment in another EU state then they have to apply for an S2 certificate of authorisation. This certificate entitles individuals to receive care on the same basis as their country of origin. Under both of these registrations, the UK provides reimbursement for the cost of care.

If the S1 scheme ended and there was no access to treatment, British citizens may be obliged to return to the UK for treatment and if this is the case, the UK

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1 ‘*Brexit means Brexit, but how will it impact the NHS?*’, NHS Confederation, 2016
will need to ensure that it has the capacity within the NHS to safely care for them. It is estimated that there are 1.2 million \(^2\) UK citizens living abroad, and with an already ‘underdoctored, underfunded, overstretched’ \(^3\) NHS – caring for an additional 1.2 million patients in the current system would lead to patient safety being put at risk \(^4\). If pensioners alone were obliged to return to the UK, the NHS would need an additional 900 beds to ensure it had the capacity to effectively provide care. \(^5\)

The RCP recommends that citizens should continue to have the choice of living abroad and accessing healthcare through an equivalent arrangement to the current S1 and S2 schemes whereby the respective governments have an arrangement to pay for healthcare, and citizens should not be obliged to return to the UK in order to access treatment.

**Accessing treatment in the Republic of Ireland and Northern Ireland**

At present healthcare systems in both Northern Ireland and the Republic of Ireland work particularly closely in the delivery of care. The frictionless border and reciprocal health care arrangements are essential to the delivery of many services, in particular specialised services on the island of Ireland. One example of this close partnership working is the network for children’s heart disease \(^6\) which relies on free movement between Dublin and Belfast. Access to treatment is considered in terms of a geographical region, not political boundary and ensures that patients living in Northern Ireland are able to access treatments which may not otherwise be available. Many clinician’s access professional development training and live in one state but work in another and clinicians cross the border every day to provide care services in both Northern Ireland and the Republic of Ireland.

The RCP recommends that for those living on the island of Ireland that the UK and EU should come to an agreement to ensure continued close collaboration between Northern Ireland and the Republic of Ireland’s healthcare system.

**Summary of RCP recommendations**

- It is vitally important that UK residents living in the EU will continue to have access to medical care from the day that the UK leaves the EU and vice versa for citizens living in the UK. Citizens should continue to have the choice of living abroad and accessing healthcare through an equivalent arrangement to the S1 and S2 schemes whereby the respective governments have an arrangement to pay for healthcare, and citizens are not be obliged to return to the UK in order to access treatment.
- For those travelling in the EU the RCP recommends that the UK and EU continue to allow the use of the European Health Insurance Card to ensure access is provided for emergency treatment for patients.
- For those living on the island of Ireland, the RCP recommends that the UK and EU should come to an agreement to ensure continued close collaboration between Northern Ireland and the Republic of Ireland’s healthcare system.

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\(^2\) ‘Brexit means Brexit, but how will it impact the NHS?’, NHS Confederation, 2016
\(^3\) ‘Underdoctored, underfunded, overstretched’, Royal College of Physicians, 2016
\(^4\) ‘NHS reality check: Delivering care under pressure’ Royal College of Physicians, 2016
\(^5\) Getting a Brexit deal that works for the NHS’, Nuffield Trust, 2017
\(^6\) ‘Childrens’ cross-border cardiac surgery programme’, Our Lady’s Children’s Hospital
Without continued close collaboration and planning patient safety and the sustainability of the NHS are at risk. It is vital that sufficient planning and transition time is given for any changes to the reciprocal arrangement and that patient safety and good quality outcomes continue to be at the centre of discussions.

13 December 2017