Scottish Partnership for Palliative Care

Position on the Potential Impact of Brexit on Palliative and End of Life Care

(July 2019, updated from December 2018)

Purpose of this Paper

This paper presents the Scottish Partnership for Palliative Care's (SPPC) analysis of the potential impact of Brexit on palliative and end of life care in Scotland.

Part of SPPC's role is to inform and influence public policy relevant to palliative and end of life care. This paper will underpin SPPC's continuing public policy work relating to Brexit.

Evidence

Brexit is hotly contested by individuals and through competing media outlets, resulting in a morass of assertion and counter-assertion which can be difficult to navigate. Throughout this paper every effort has been made to draw upon and clearly reference credible primary sources.

Structure of this Paper

This paper starts by acknowledging the uncertainties currently surrounding Brexit and describes its approach to conducting analysis in spite of this uncertainty. After providing some background on SPPC and palliative care in Scotland the paper describes current "non-Brexit" in challenges in palliative care. The impact of Brexit on the key domains of workforce, scientific research, medicine supply and funding are then considered. **Overall conclusions are reached (page 11)**. Appendix 1 contains the findings of a recent SPPC survey designed to capture the views of people who are involved in a professional capacity in providing care for people approaching the end of life in Scotland.

Uncertainty

In writing this paper it is necessary to deal with uncertainty and complexity.

At the time of publication there remains enormous uncertainty as to what form Brexit may take. A Withdrawal Agreement has been published and endorsed by leaders at a meeting of the European Council[1]. A Political Declaration Setting Out the Framework for the Future Relationship between the EU and the UK has also been signed off by the European Council[2]. The Withdrawal Agreement and Political Declaration have repeatedly failed by a large margin to achieve majority support at Westminster. It is unclear whether these agreements will ever secure parliamentary support in the UK.

A new leader of the Conservative Party will be in place before the end of July. Both candidates for the leadership have stated that they will re-negotiate the Withdrawal Agreement. Both candidates have said that they are prepared to leave the EU without a deal at the end of October (or shortly thereafter). The EU has consistently said it will not re-negotiate the Withdrawal Agreement but that it is open to changing the Political Declaration. Most MPs are not in favour of leaving the EU without a deal but it is unclear whether a majority will actually vote to block such an outcome. Even if there is a majority, the actual mechanism for blocking such an outcome is not clear. A general election and a referendum

remain possibilities. The cancellation of Brexit, in various scenarios, through the unilateral revocation of Article 50, is a possible.

Whilst the Withdrawal Agreement is legally binding it is also limited in scope. Issues such as future trading arrangements and the UK's future relationship with EU Agencies are covered in the Framework for the Future Relationship. This Framework document is not binding and is worded in a way which allows a wide range of potential outcomes the details of which will only emerge and become legally binding following lengthy negotiations after the UK has left the EU.

In December 2018 the Westminster Government published its white paper *The UK's Future Skills-Based Immigration System*[3]. However, since the proposals are subject to a year-long consultation it is unclear what future immigration arrangements will apply. The eventual form of Brexit may impact on what proposals are implemented. In the meantime an immigration bill[4] is journeying through Westminster, which will grant minsters the power to end free movement of people from the EU and bring EU citizens within the scope of UK immigration rules. While the White Paper proposes the new visa routes which will be opened in autumn 2020, the Department for Exiting the European Union (DExEU) stated in its no-deal policy paper[5] that under a no-deal scenario, the new visa routes would not be implemented until January 2021.

In order to be able to conduct analysis in spite of these uncertainties this paper makes two broad assumptions about the nature of Brexit. These assumptions are very likely to be true regardless of the particular form which Brexit eventually takes. Because these assumptions are broad and non-quantitative they allow this paper to consider impacts of Brexit without needing to know the precise form which it may eventually take. The assumptions are that:

1. After Brexit there will be more restrictions on the movement of people between the UK and EU than is the case now;
2. After Brexit there will be more friction in trade between the UK and EU. This, together with 1), will have a negative effect on economic growth such that per capita GDP will be smaller than would have otherwise been the case.

These assumptions are supported by the Westminster government's analyses, statements of policy intent and proposals[6] [7] [8] [9], and are consistent with analysis by the majority of other credible sources[10]. These assumptions are also consistent with the broad-brush assumptions regarding the effects of Brexit being used by the Office for Budgetary Responsibility, reaffirmed recently in October 2018[11]. These assumptions are also consistent with the negotiating positions of the Westminster Government and the EU.

If the UK were to remain in the single market and to continue free movement of people then these two assumptions would less clearly apply. However, these options have consistently and strongly been ruled out by the Westminster Government, and do not appear to be envisaged in the Framework for the Future Relationship.

About SPPC

The Scottish Partnership for Palliative Care (SPPC) is a charity which brings together health and social care professionals from hospitals, social care services, primary care, hospices and other charities, to find ways of improving people's experiences of declining health, death, dying and bereavement. SPPC also works to enable communities and individuals to support each other through the hard times which can come with death, dying and bereavement.

Sometimes SPPC's field is described as "palliative care" but depending on what people understand by this term, this language can cause confusion. One way of thinking about "palliative care" is to talk in terms of providing "good care" to people whose health is in irreversible decline or whose lives are coming to an inevitable close. However, the work of the SPPC is not synonymous with death – it is about life, about the care of someone who is alive, someone who still has hours, days, months, or years remaining in their life, and about optimising wellbeing in those circumstances.

SPPC was founded 26 years ago and has grown to be a collaboration of over 100 organisations involved in providing care towards the end of life. SPPC's membership includes all the territorial NHS Boards, Integration Authorities, all the hospices, a range of professional associations, many national charities, local authorities, social care providers and universities. More information about SPPC is available at www.palliativecarescotland.org.uk .

Context – Palliative and End of Life Care in Scotland

58, 503 people died in in Scotland in 2018[12]. Of these it is estimated that as many as 46,000 people will have needs arising from living with deteriorating health for years, months or weeks before they die. Caring for people reaching the end of life is a major core activity for Scotland's health and care system:

Death in hospitals: on any given day 29% of all patients in acute hospitals are in their last year of life[13]. Nearly 1 in 10 of patients in hospital will die during their current admission and 54% of deaths take place in hospital.

Death in care homes: 33 000 older people live in a care home, their median length of stay is less than 18 months, over 60% have dementia and over 11 000 die each year.

Death in homes: In 2013 63 000 people aged over 65 received care at home services.

Babies, children and young people: There are growing numbers of babies, children and young people living with life limiting conditions.

Health and care expenditure rises sharply towards the end of life. High quality care towards the end of life – delivered in a range of settings - can reduce unscheduled hospital bed days; reduce overtreatment; support patients and families in the community; promote person-centred care, shared decision-making and the achievement of personal outcomes; and support wellbeing during whatever time remains to an individual and their family.

Palliative and End of Life Care - Existing and Anticipated "non-Brexit" Challenges

Scotland's health and social care system is currently experiencing pressures relating to tight budgets, difficulties in the recruitment of key personnel and growing demands as a result of demographic change. Current projections suggest that Scotland's population will rise to 5.78 million by 2037, and that the number of people aged 65 and over will increase by 59%, from 0.93 million to 1.47 million[14]. A likely corollary of this shift is a growth in the proportion of people with multiple long-term conditions and increasingly complex care needs. The growing prevalence of dementia alone presents a significant challenge in terms of the volume and type of health and social care that is required for the future. The Accounts Commission has recently projected that the number of people in Scotland needing home care will increase by 33% by 2030 and the number of long stay care home residents will increase by 35%[15]. The demand for palliative and end of life care is projected to change and grow in the coming years. Extrapolating from a recent study of English and Welsh populations it is reasonable to conclude that in

Scotland the annual number of deaths will rise by 25% by 2040. Further, the number of those requiring palliative care will increase by between 25 - 40 % by 2040[16] (the demand for palliative care is likely to grow faster than the number of annual deaths because people may have palliative care needs for longer than a year).

The context for Brexit is therefore a system which is already "running on red" and a system which already faces enormous challenges born of demographic change. In this context even small negative effects of Brexit on finance, workforce or other factors are likely to have significant impacts on the care which people receive. If it takes place, Brexit will impact on a system which has low resilience to additional shocks.

Potential Impacts of Brexit on Palliative and End of Life Care

Brexit may affect health and social care in many different ways. A recent report by the Health and Sport Committee of the Scottish Parliament lists the following areas which may be affected: blood safety; data protection; food compositional standards/labelling; funding; good laboratory standards; mutual recognition of professional qualifications; new medicines and clinical trials; organs; procurement; public health; reciprocal healthcare; research and life sciences; tissue; tobacco; workforce[17].

This SPPC position paper chooses to focus on four key areas: workforce; scientific research; supply of medicines; funding.

1. Workforce

People who are dying require the support of a varied workforce across different care settings. Relevant sections of the workforce include:-

- relatively small numbers of highly qualified and specialist palliative medicine doctors
- large numbers of general nursing and medical staff working in hospitals
- large numbers of general nurses and GPs working in the community. On average in Scotland people spend 87% of their last 6 months of life at home or in a community setting[18]
- very large numbers of care workers in care homes and domiciliary care services. Whilst often perceived as being "unskilled and unqualified", the care and compassion provided by this poorly paid group can make a big difference to people and their families.

Currently this workforce includes significant numbers of people from non-UK EU countries who have chosen to work in Scotland, and who are able to do so largely without barriers and with the benefit of a range of rights and entitlements. Whilst good data is not available, Scottish Government estimates that 4% of nurses and midwives in NHS Scotland are non-British EU nationals, as are 1400 doctors[19]. Of all doctors registered and practicing in Scotland 5.9% are non-British EU nationals. 9.3% of specialist doctors are non-British EU nationals[20].

Between March 2014 and March 2018 the number of EU registrants on the Nursing & Midwifery Council (NMC) register across the UK grew by nearly 79% from 20,916 to over 35,115[21]. The vacancy rate for nurses in Scotland is 4.5%[22]. For the last two years across the UK, more nurses have left the profession than joined[23].

Scottish Care, which represents independent sector care providers, estimates that 6% of their members' care home workforce (and 8% of nurses working in care homes) are non-British EU nationals[24]. Recent Scottish Government data suggests that 5.5% of the adult social care workforce are non-UK EU nationals[25]. This equates to over 7500 people.

Clearly non-UK EU nationals are a critical component of an already stretched workforce. Amongst developed countries the UK is unusually dependent on overseas staff, and hence particularly vulnerable to negative changes in migration.[26] [27]

Although the evidence is mixed there is some indication that the prospect of the UK leaving the EU and the associated uncertainty about the future status of EU nationals in the UK post-Brexit has had a detrimental impact on recruitment and retention. Between 2017 and 2018 there was an 87% fall in new nursing registrations by non-UK EU nationals[28]. A recent survey[29] in Scotland of employers in the social care sector found that *"over half (51.7%) of those who had tried to recruit NMC registered nurses and over two in five (44.2%) of those who had tried to recruit care staff or practitioners said the process had become more difficult in the last year"* although Brexit is not the only factor in play here. Another survey of the social care workforce, conducted in England[30], suggests a limited impact to date, but highlights again the importance of non-UK EU recruitment in the future: *"The result of the EU referendum appears, so far, to have had little effect on the nationality trends in the workforce with the number of EU nationals continuing to increase and the number of non-EU nationals decreasing."*

A recent survey of non-UK EU doctors[31] by the British Medical Association found that 35% of EU doctors are considering leaving the UK. The top 4 reasons given for leaving the UK are all Brexit-related: the UK's decision to leave the EU; the current negative attitude toward EU workers in the UK; uncertainty over personal immigration status in the future; the way the UK government treats EU workers.

Looking beyond the present and examining emergent Westminster Government policy on migration post-Brexit gives further grounds for concern. The Westminster Government has now published its white paper on post-Brexit immigration arrangements, which draws heavily on a Migration Advisory Committee (MAC) report[32] commissioned by the UK government and published in September 2018. The white paper proposes to end free movement for non-UK EU citizens and to adopt a single skills-based immigration system. The following key points of the white paper are concerning:

- The white paper proposes that inward migration of low-skilled workers should be reduced (social care workers are included in this category).
- The white paper proposes that aside from agricultural seasonal workers there should not be differential arrangements for different sectors (i.e. no specific arrangements for the public sector or social care).
- Although the white paper talks about having a system which works for the whole UK it essentially dismisses the migration needs of Scotland articulated by the Scottish Government[33]. The white paper itself acknowledges that over 80% of long term European Economic Area worker inflows to Scotland would be affected by the proposed £30,000 salary threshold.
- The white paper allows for a separate Scottish Shortage Occupation List in addition to the UK list. However, the recent review[34] of these lists by the government's Migration Advisory Committee dismisses most major Scottish concerns (e.g. around social care) as being no different from other parts of the UK. The proposed Scottish list of shortage occupations contains only Gaelic Teachers and Chemical Scientists in the nuclear industry.
- The white paper proposes new arrangements to manage immigration whilst trying to avoid specific labour market shortages will clearly impose additional bureaucratic burdens on employers of all sorts. (A recent study by the Royal College of Physicians estimates potential costs to the NHS of up to £490 million to cover visas and associated bureaucracy[35]).
- The white paper has no permanent sector-specific measures to address shortages of "low skilled" workers apart from possibly seasonal agricultural workers. In this the white paper, as expected, follows the direction of the MAC report. That report recognised the specific

workforce difficulties in the social care sector but its recommendations made no attempt to design a future migration system which took this into account, simply stating *"We are seriously concerned about social care but this sector needs a policy wider than just migration policy to fix its many problems."* The recent review of Shortage Occupation Lists by MAC looks more extensively at shortages of social care staff. It acknowledges the shortages but says that a solution can not be found through the immigration system, but must come about through a reform of social care funding. It points to the Westminster Government's announcement of a Green Paper on Social Care Funding. However, although this paper was announced in March 2017 it has yet to be published. An unpublished Green Paper is not a mechanism which will address the current and anticipated acute difficulties in staffing vital social care services which support people towards the end of life.

- The white paper proposes only a temporary transitional measure for low skilled workers to enter and work in the UK. Such workers could come for a maximum of 12 months and would then have to leave for at least 12 months before being eligible to come back again. Under this temporary visa scheme workers would have no entitlements to public funds, rights to extend their stay, to switch to other routes of entry or to bring dependents. The visa would command a fee (which would rise over time), and would only be open to restricted countries. The transition period would end in 2025.

Leaving future migration aside the precise future status of non-British EU nationals currently in the UK remains unclear so long as a no-deal scenario is a possibility. Consequently non-British EU nationals providing palliative and end of life care continue to live with uncertainty which exacerbates the possibility that they will decide to leave.

2. Scientific Research

Scientific research is fundamental to improving palliative and end of life care. 27% of Scottish University research staff are non-UK EU nationals and so the concerns described in the preceding section about future immigration arrangements and the future status of non-UK EU nationals already in the UK are again relevant. The best researchers will be attracted to and remain in countries with access to funding and opportunities for international collaboration. Between 2004 and 2016, the UK collaborated with other EU countries on almost 5,000 clinical trials (63% of all trials which took place).[36] Clinical medicine and biosciences research are the two areas which currently receive the biggest amounts of EU research funding, well over £200 million in 2014/15[37].

The Westminster Government has published a high-level document setting out its aspirations for a Science and Innovation Pact with the EU[38] which will inform its future negotiations. The details of the UK's participation in and access to EU scientific programmes will only become clear as the details of the Framework for the Future Relationship are fleshed out and agreed, in the period after the UK leaves the EU. The uncertainty regarding the future of UK-based scientific research is increased because the EU is currently revising its rules on the participation of non-EU countries in some of its biggest research funding streams. Such countries, have to pay for participation in EU programmes and have less influence on the way the budget is spent than EU member countries.

Participation in the major Horizon 2020 Science and Innovation EU funding stream is part of the financial settlement included in the Withdrawal Agreement and should enable continued participation for the duration of that programme (i.e. until 2020). However, in a recently published technical[39] notice the Westminster Government advises that if no deal is reached "the UK's departure from the EU would mean UK organisations may be unable to access funding for Horizon 2020 projects after exit day". The Westminster Government has committed to underwrite funding for UK institutions in such

circumstances, but not institutions of other countries who may be collaborators. The outcome in such circumstances is unclear.

The health of the UK economy is another determinant of the level of funding which is likely to be available for scientific research after Brexit. Wider funding issues are considered in Section 4, below.

There is a link also between medicines regulation and research. In October 2018 a clinical trial of a heart drug taking place in Glasgow was suspended, with the Californian based company citing “"uncertainty due to EU withdrawal" and "completely unresolved" issues with the European Medicines Agency that "represent a significant risk" to its business.[40] Medicines regulation is considered in the next section.

3. Supply of Medicines[41]

Medicines are vital to the management of distressing symptoms which can often afflict people towards the end of their lives. Drugs to treat pain, breathlessness, nausea and anxiety/distress are very commonly required.

Medicines shortages have always occurred periodically and there have been a number of shortages recently affecting drugs routinely used in palliative care. The drugs most vulnerable are those manufactured and supplied from a single site. There are many market factors which influence this and there can be competing priorities of profit versus service delivery and the supply chains can be complex.

Some medicines go “out of date” within just a few days of manufacture, and therefore need to be transported without delay and in appropriate storage conditions (e.g. refrigeration). Some medicines which are designed to be administered via an injection into the spine are manufactured without preservatives. An important example in this category are medicines for spinal analgesia to treat severe pain where other routes of administration are inadequate. Because they lack preservatives these medicines have a short shelf life and so could be particularly vulnerable to disruption of supply chains.

Medicines Supply and No Deal Brexit

All short life medicines (and the people relying on them) are particularly vulnerable should a no-deal scenario lead to delays due to border and customs controls or other disruptive factors. Arrangements for medicines supplies are a retained responsibility of the UK Government.

In preparation for the possibility of a no-deal Brexit manufacturers and wholesalers have been instructed by the Westminster Government to hold/manufacture a minimum of 6 weeks additional supply of medicines over and above the existing contingency arrangements[42]. As most wholesalers work using ‘just in time’ supply arrangements, their secure warehouse capacity is limited and so accommodating this increased volume may be a logistical problem for them. Hospitals, GPs and community pharmacies were instructed[36] not to hold any greater stocks than they currently already do, although it is possible that some stockpiling may be occurring.

The Healthcare Distribution Association has warned that a no-deal Brexit could lead to medicines shortages and price rises[43]. The Association of the British Pharmaceutical Industry has acknowledged that maintaining the supply of medicines in the event of a no deal scenario “would be challenging”[44]. At a minimum it is likely that existing challenges in the supply chain will be magnified in the event of a no deal Brexit.

It seems possible that this contingency preparation in itself may have some unpredictable, distorting and destabilising effects on existing supply chains. Given media coverage of the potential disruption to

supplies in the event of a no-deal Brexit it would be reasonable to expect that some patients too may seek to secure and hold a larger personal stock.

The Westminster Government is planning emergency measures to circumvent blockages at Dover and other bottlenecks. In June 2019 the Government made a statement[45] on no deal preparedness, including its intention to commission bespoke transport arrangements for certain products including medicines:

> *"This express freight contingency arrangement forms part of the Department's multi-layered approach, which includes rerouting medical supplies from the short strait crossings, extra warehouse space, stockpiling, buffer stocks, clarifying regulatory requirements, supporting traders to have all necessary paperwork in place at the border, and strengthening the processes used to deal with shortages to ensure that patients have uninterrupted access to medicines and medical products if the UK leaves the EU without a deal".*

The tender for the contingency freight service was notified on 26th June[46]. The notification says that key elements of the contract *"may include: guaranteed access to services; reliability of service; mitigation of risks to disruption; responsiveness and flexibility".* The detail of the service has yet to be worked up and will be done in consultation with industry (interested parties had until 1st July to register an interest, with the full contract notice being published on 22nd July). Parts of the service are required to be ready to go live on 1st September (but with a 10-day testing period beforehand). The go live date for refrigerated and other special conditions medicines and other products is not until later (1st November) and so testing will not start until later. These would appear to be tight timetables for the specification, tendering, procurement and commissioning of a service of this sort, where any teething problems could create a significant risk to the well-being of patients. It seems improbable that such briefly tested and ad hoc arrangements will achieve the levels of responsiveness and reliability required to prevent any patients being left without access to vital medicines. Less importantly, but still worthy of note, is that price rises are likely to happen if there has to be a shift from road haulage/ferry to air freight.

Industry representatives (UK BioIndustry Association [BIA], Healthcare Distribution Association [HDA], Chemical Industries Association [CIA]) gave evidence to the House of Commons Exiting the EU Committee in June 2019[47]. The HDA representative provided reassurance that for "everyday", common, high volume medicines NHS preparedness planning and industry stockpiling arrangements appeared to be adequate (although the need to rotate stock, competing demands of other international markets for products, and increased pressure on warehouse capacity in the autumn continue to make this complex and expensive). He stated that *"We would expect some critical shortages in the lower volume medicines…….In medicines, you have to get it 100% right. It is not like supermarket shelves or car parks. You can delay that. You can't delay it for some critical medicines, so that is our concern".*

Concerns were also raised at the Committee hearing about a potential lack of ongoing access to EU medicines databases in the event of no deal Brexit. An EU pharmacovigilance database supports the identification of medicines safety issues, alerts and the withdrawal of potentially harmful products. Another EU database and barcoding system counters the risk of counterfeit and stolen medicines being dispensed to patients. A third system supports clinical trials of new medicines.

At the conclusion of the hearing all representatives stated unequivocally that they advised the UK government not to proceed with a no deal Brexit.

A no deal Brexit would mean that practitioners on the frontline will need to identify those medicines which are unique and shortages of which may cause particular problems. They will also need to

consider whether alternative medicines can be used and to be prepared for flexibility in practice. This will take significant resource and detract from other priorities.

During any transition period[a] medicines which have been quality assured and tested within the EU will continue to be considered acceptable for the UK market so that no additional testing will be required when products reach UK soil. This would enable continuity and longer-term planning to improve the supply chain for the future. It would appear that the majority of UK medicines manufacturing companies have taken steps to ensure the relevant EU regulatory requirements are in place in time for Brexit to enable their medicines to continue to be marketed within the EU according to surveys by the European Medicines Agency (EMA)[48].

After Brexit, applications to the EMA to license new medicines will not be valid in the UK and firms bringing new products to market will need to do a separate UK application. Since the UK market is relatively small firms are likely to prioritise securing an EU license, with consequent delays for UK patients in accessing new drugs. The Medicines and Healthcare Regulatory Agency will take account of EU decisions for products which were in process at the time of Brexit. There will be a need for an increased number of 'Qualified Persons' (QP) for UK companies with batch release sites in the EU, because companies wishing to continue marketing products within the UK post 2020 will require a QP based in the UK.

4. Funding

The bulk of health services in Scotland are funded from the public purse, including hospitals and primary care services which provide the majority of palliative and end of life care. The voluntary sector is a significant provider of specialist palliative care services through the hospice movement. In 2016 Scottish independent hospices, including two run by Marie Curie, provided 253 inpatient beds – the bulk of inpatient specialist palliative care beds in Scotland[49]. The independent hospices, Marie Curie and Macmillan Cancer Support provide nursing support in the community as well as other support services and research funding. The provision of care home and care at home services is a mixed economy of statutory, voluntary and independent sector providers, of which the latter plays by far the biggest part.

All other things being equal the strength of the UK economy is an important determinant of the funds available to provide good care for people towards the ends of their lives. The strength of the economy impacts on tax receipts and hence the capacity of government to fund services. The strength of the economy impacts on the inclination and capacity of individual and corporate donors to fund hospice and other voluntary sector providers. In 2016 hospices in Scotland raised over £50 million in public donations to fund services[50]. Care homes and care at home services depend on a mix of individual private funding and means tested local government funding, so the wealth of individuals and the state are key factors in what can be provided. Finally, personal wealth can be a factor in the resilience of individuals and their families facing the end of life – determining for example whether a partner can give up work (and earnings) to provide informal care.

It seems highly probable that Brexit will have a negative effect on economic growth such that per capita GDP will be smaller that would have otherwise been the case. Westminster government analyses have shown negative impacts on the UK economy under a full range of different types of Brexit[51]. The

[a] A transition period is the time between the UK formally exiting the EU and the completion of the negotiation of the details of the Future Relationship. A transition period has been agreed as part of the Withdrawal Agreement, which would largely equate to continuation of the status quo. The transition period may be extended under the terms of the Withdrawal Agreement. If there is no Withdrawal Agreement (a "no-deal Brexit") then there is no transition period.

Chancellor of the Exchequer writing to the Treasury Select Committee in August 2018 and referring to Treasury analyses stated that:

> *"The January analysis estimated that borrowing would be around £80 billion a year higher under a no deal/WTO scenario by 2033-34, in the absence of mitigating adjustments to spending and/or taxation, relative to a status quo baseline. This is because any direct financial savings are outweighed by the indirect fiscal consequences of a smaller economy. The initial, January cross-Whitehall analysis is now undergoing a process of refinement in the run up to a parliamentary vote on the deal. However, we expect the analysis to show that for scenarios in which we have higher barriers to trade with the EU there will be a more damaging effect on the economy and public finances. These are conclusions that many other credible external organisations have come to independently, including the IMF, the OECD, the LSE and NIESR."*[52]

On 28th November 2018 the Westminster government published *EU Exit: Long Term Economic Analysis*[53] which modelled the impacts of different types of Brexit on long term economic growth. The analysis shows that all types of Brexit are worse for economic growth than remaining in the EU.

Also in November 2018 the Bank of England published *EU withdrawal scenarios and monetary and financial stability*[54]. This analysis of scenarios (strictly speaking these are not forecasts) which model different future economic relationships with the EU suggests that the UK would be 1.25% worse off than would otherwise have been the case if a close future relationship is agreed. In the scenario of a no deal Brexit the economy would be 10.5% smaller than would otherwise have been the case. These scenarios relate to a 5 year period.

In February 2019 the Westminster government published *Implications for Business and Trade of a No Deal Exit on 29 March 2019*[55]. This analysis projects that the Scottish economy will be 8.0% smaller (after 15 years) than would otherwise have been the case, going on to state *"This analysis does not account for any short term disruptions, which would be likely to have additional short and long run economic impacts in an immediate no deal scenario".*

Similarly the Office for Budgetary Responsibility, which has a duty to model the anticipated future performance of the UK economy, uses broad brush assumptions which include a negative assessment of the likely impact of Brexit on the UK economy, and it reaffirmed this view in October 2018[56] and in its *Economic and Fiscal Outlook*[57] published in March 2019. Elsewhere the non-partisan Institute for Government recently published a review of studies which sought to draw conclusions about the economic impact of Brexit[58]. This review examined 14 studies on the long-term impacts of Brexit carried out by a range of organisations, from the UK and Dutch governments to the London School of Economics and city banks. Only one study, by the Economists for Free Trade group,[59] predicted any significant economic benefit from Brexit. Their study uses very different and radical assumptions (removal of all tariff and many non-tariff barriers to trade), which they conclude would also "effectively eliminate manufacturing"[60] and large parts of the agricultural sector[61]. The review of all 14 studies concludes:

> *"The vast majority of these studies predict that the UK economy will be smaller following Brexit than it would have been, had the UK remained a member of the EU. This is because most studies predict that Brexit will increase trade barriers between the UK and other countries on average – and there is an extensive body of economic evidence which demonstrates that stronger trade, investment and migratory links in the past between countries have been associated with faster economic growth."*

Conclusions

In preparing this paper no strong evidence was identified which indicated a likelihood that Brexit would have positive impacts on the provision of palliative and end of life care in Scotland.

This paper has identified substantial evidence to indicate that Brexit is likely to have negative effects across a range of domains relevant to palliative and end of life care (workforce, scientific research, medicines supply and funding).

It is difficult to be precise about the scale of these negative impacts. This is because the form of Brexit is unknown, the consequences of Brexit may be both short term and long term and the impacts may interact in unpredictable ways.

However, though the extent of potential damage might be uncertain, the available evidence and information assessed by this paper indicates that Brexit will have a negative impact on palliative and end of life care. In all likelihood Brexit will significantly damage the care which people receive towards the end of life.

SPPC exists to improve palliative and end of life care in Scotland. It is not a role of SPPC to assess or to comment on the wider merits and demerits of Brexit. **However, in terms of what is best for the care of people approaching the end of their lives in Scotland, SPPC concludes that it would be better to avoid Brexit.**

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10th July 2019

Appendix 1 – SPPC Survey of people involved in palliative and end of life care in any professional capacity regarding their beliefs about the effects of Brexit on that care.

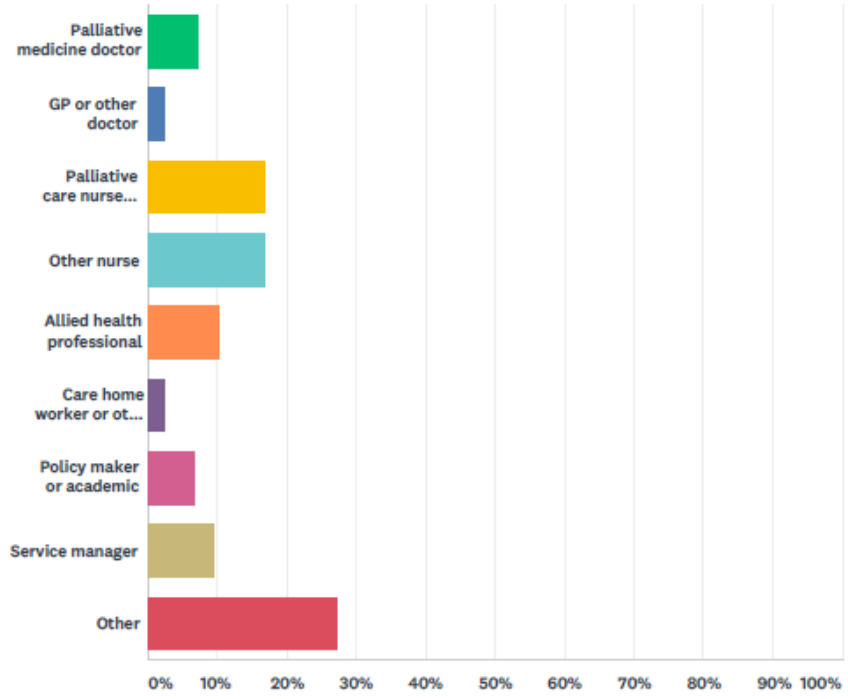
Methods

The survey was conducted via a brief online questionnaire. A link to the survey was sent to recipients of the SPPC's monthly newsletter, which reaches 1700 people involved in palliative and end of life care. The survey was open from 10th until 26th October 2018. There were a total of 165 responses (a response rate of just under 10%). Not all questions were answered by all respondents.

Findings

Q1 What best describes your role in palliative care? (choose one option)

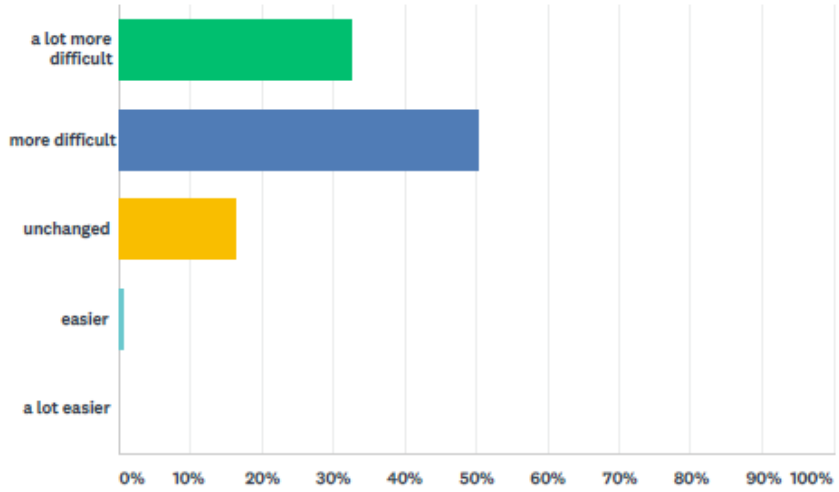
Answered: 165 Skipped: 0



ANSWER CHOICES	RESPONSES	
Palliative medicine doctor	7.27%	12
GP or other doctor	2.42%	4
Palliative care nurse (Specialist)	16.97%	28
Other nurse	16.97%	28
Allied health professional	10.30%	17
Care home worker or other social care role	2.42%	4
Policy maker or academic	6.67%	11
Service manager	9.70%	16
Other	27.27%	45
TOTAL		165

Q2 As a result of Brexit, ensuring an adequate number of doctors will be ...

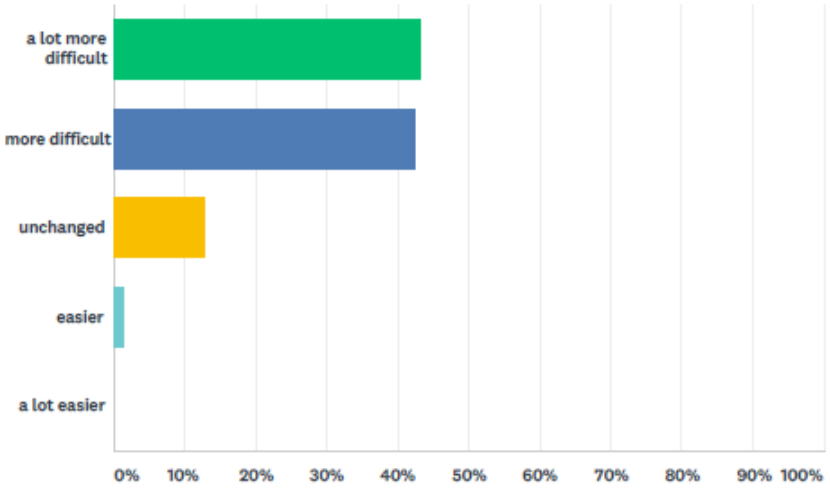
Answered: 141 Skipped: 24



ANSWER CHOICES	RESPONSES	
a lot more difficult	32.62%	46
more difficult	50.35%	71
unchanged	16.31%	23

Q3 As a result of Brexit, ensuring an adequate number of nurses will be ...

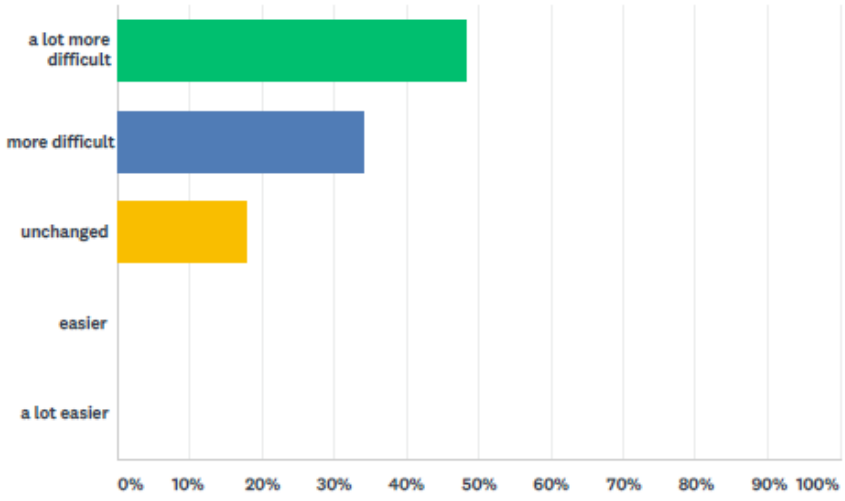
Answered: 141 Skipped: 24



ANSWER CHOICES	RESPONSES	
a lot more difficult	43.26%	61
more difficult	42.55%	60
unchanged	12.77%	18
easier	1.42%	2
a lot easier	0.00%	0
TOTAL		141

Q4 As a result of Brexit, ensuring an adequate number of care workers and health care assistants will be ...

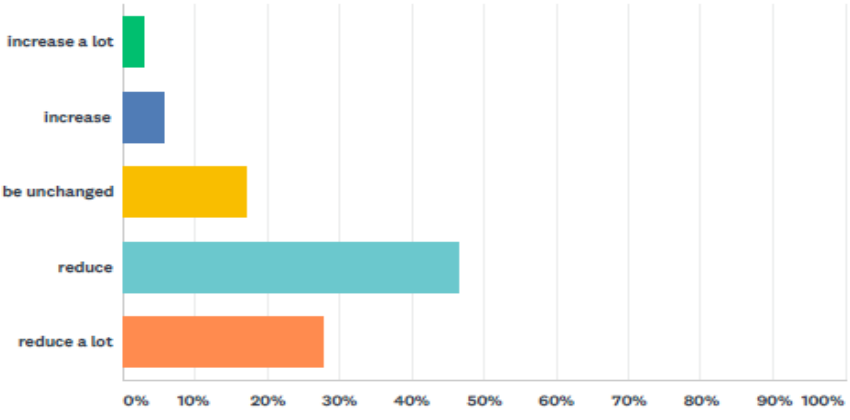
Answered: 141 Skipped: 24



ANSWER CHOICES	RESPONSES	
a lot more difficult	48.23%	68
more difficult	34.04%	48
unchanged	17.73%	25
easier	0.00%	0
a lot easier	0.00%	0
TOTAL		141

Q5 As a result of Brexit, funding and opportunities for international collaboration in research into better palliative and end of life care will ...

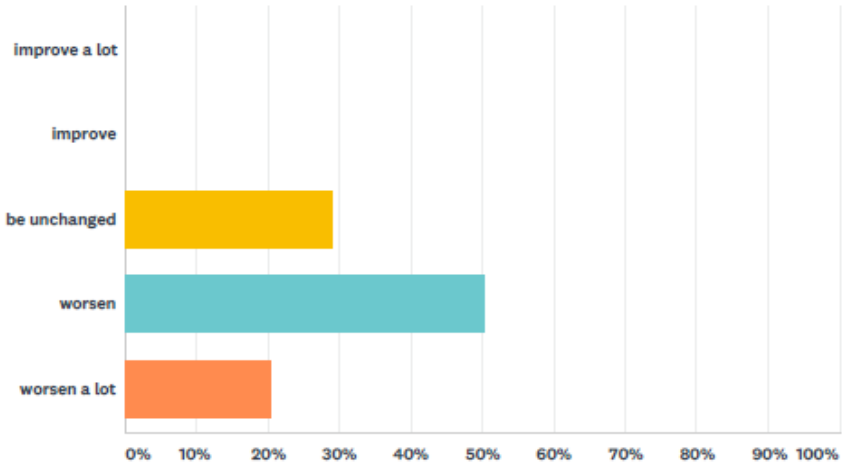
Answered: 140 Skipped: 25



ANSWER CHOICES	RESPONSES	
increase a lot	2.86%	4
increase	5.71%	8
be unchanged	17.14%	24
reduce	46.43%	65
reduce a lot	27.86%	39
TOTAL		140

Q6 As a result of Brexit, the supply of medicines will ...

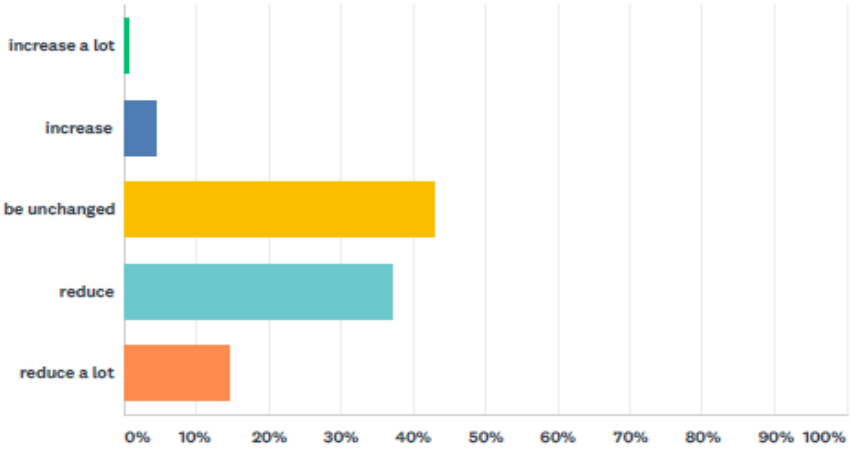
Answered: 141 Skipped: 24



ANSWER CHOICES	RESPONSES	
improve a lot	0.00%	0
improve	0.00%	0
be unchanged	29.08%	41
worsen	50.35%	71
worsen a lot	20.57%	29
TOTAL		141

Q7 As a result of Brexit, funding for palliative and end of life care services will ...

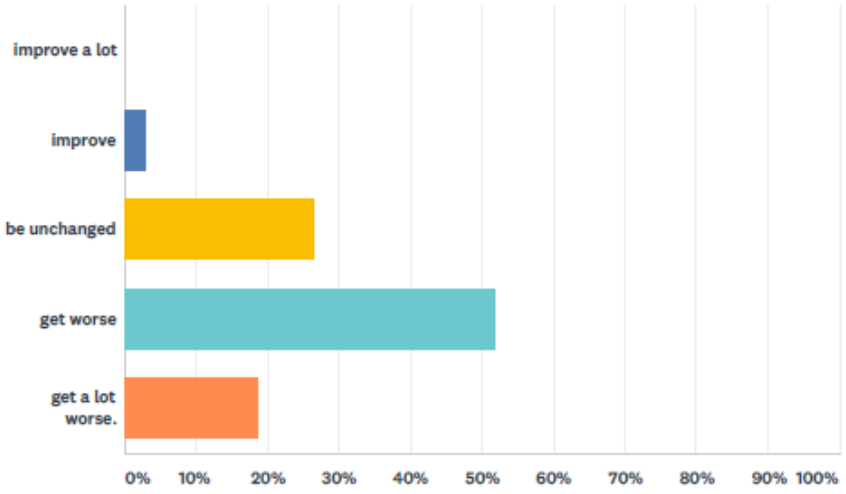
Answered: 137 Skipped: 28



ANSWER CHOICES	RESPONSES	
increase a lot	0.73%	1
increase	4.38%	6
be unchanged	43.07%	59
reduce	37.23%	51
reduce a lot	14.60%	20
TOTAL		137

Q8 Overall, as a result of Brexit, care for people reaching the end of life lives will ...

Answered: 139 Skipped: 26



ANSWER CHOICES	RESPONSES	
improve a lot	0.00%	0
improve	2.88%	4
be unchanged	26.62%	37
get worse	51.80%	72
get a lot worse.	18.71%	26
TOTAL		139

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