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FEATURE

Brexit and health in Ireland: Doctors' concerns about crossborder care

As the Irish border problem continues to hamper EU negotiations, GPs, hospitals, and medical educators are trying to work out what will happen to patients and doctors where Northern Ireland meets the neighbouring Republic. **Niamh Griffin** reports

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A GP in Northern Ireland (NI) turns to a map in his surgery to explain how Brexit could impact on his patients. To reach his practice they travel in and out of the neighbouring Republic of Ireland (ROI)—easily done now, but no one is sure what next year holds.

On 29 March the UK leaves the European Union and, with just six months to go, doctors working in Northern Ireland and along the border say they are not sure what this means for their work or their patients. Endless discussions about hard versus soft Brexit have an increased urgency when a land border with the EU is, sometimes literally, on your doorstep.

The border runs, in a looping movement, from east to west across the island of Ireland, dividing towns, streets, and even diving into the River Foyle.

A drive along the border is soundtracked by the ping of mobile phones as the connection moves between two systems. The satellite navigation system gives directions in kilometres while driving past signs marked in miles. Locals carry both euros and sterling, and some petrol stations offer currency exchange. In Strabane town, Ulster Bank offers two ATMs—one for euros and one for sterling.

In the midst of this, cardiologists in Belfast send children to Dublin through the All-Island network, and oncologists in Donegal (ROI) send patients to Altnagelvin (NI) for radiology imaging. Patients on public waiting lists on both sides of the border benefit from EU rules allowing them to receive their treatment in a foreign, private hospital that may be minutes from home.

Along the border itself, doctors want to know what to tell their patients; people worry about the practicalities of navigating this porous border. In April, a study by the Department for Infrastructure (NI) and the Department of Transport (ROI) found 208 border crossings. To put that in perspective, there are just 137 crossings along the whole eastern flank of the EU.

GPs on the edge

Kevin Allen is a GP at the Rathkeeland House Surgery in Crossmaglen, County Armagh. This border town is the most southerly in Northern Ireland. He draws a line along the border on a map, showing how a trip to neighbouring Forkhill—just 1.5 miles away—means crossing the border three times.

He says: "Some crossborder patients who have the right to use NHS services if they work and pay taxes in Northern Ireland may lose this after Brexit. We have one ROI patient who injured his hand; he's had plastic surgery at Daisy Hill Hospital, in nearby Newry in NI, and now we're treating him. We don't know what the future holds for him—we don't know if we will be able to continue treating him."

Allen and other doctors point to the lack of a Northern Ireland health minister as adding to the problems, after the devolved Northern Ireland government collapsed in January 2017.

Another of Allen's worries is the out of hours arrangement between the Rathkeeland House Surgery and doctors just seven miles away across the border in Castleblaney, County Monaghan. He says: "Patients who ring here after 6 pm can be sent to Castleblaney for emergency treatment. It can be an hour's wait compared with seven here, it is used regularly by the patients, they're used to it."

These are NHS patients and they get their prescriptions filled on that basis back in Northern Ireland, but Allen says it's unclear if the service can continue.

Following the border north west on the ROI side reveals GPs working in County Donegal facing similar concerns. On a typical day, 15 of Rory Stewart's 40 patients in Dunfanaghy town are residents of Northern Ireland.

He says: "Dunfanaghy is a tourist town, so maybe 50% of the residents are from Northern Ireland and here on holidays. There is an equivalency agreement between the ROI's Health Service Executive (HSE) and the NHS—they can use their European Health Insurance Card (EHIC) and see a GP here." The EHIC

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gives EU citizens reduced cost or sometimes free care abroad for emergencies. “Will that remain in place?” wonders Stewart. “I can’t see this being discussed. So far, no one really knows. I foresee that being the biggest change.”

Lifesaving cardiac care

Stewart says the crossborder cardiac initiative that allows patients from Donegal, ROI, to be treated 50 miles away in Altnagelvin Hospital in Derry (Londonderry), NI, is a literal lifesaver. The alternative is Galway, more than 120 miles away.

“Donegal is geographically isolated, stuck in the corner of Ireland,” he explains. “If you have a heart attack here, they transfer you straight to Derry by ambulance. Previously, they put you in a helicopter and got you to Galway. It’s infinitely superior to go to Derry because when you have a heart attack time equals muscle. If you’re waiting to go to Galway, you seldom meet the time targets.”

Derry consultant cardiologist Albert McNeill explains that this agreement allows Altnagelvin to offer primary percutaneous coronary intervention (pPCI) treatment to heart attack patients from Donegal, which is too far from ROI hospitals for patients to receive it within the golden time of two hours.

“We do approximately 70 patients every year for Donegal,” says McNeill. “It took a bit of time to set this up, we had to appoint a consultant—he was appointed to Letterkenny University Hospital in Donegal and works between there and us.

“It means our team is bigger; it has increased our numbers. Primary pPCI needs to be done at a high volume. But the main advantage is for people in Donegal. It’s been a success; it works well for the patients and the staff.”

Stewart warns that the initiative “relies heavily on crossborder funding and local agreements from both hospitals.”

Cancer collaboration

He also sends patients across the border to Northern Ireland for dialysis in the County Fermanagh town of Enniskillen, and says his practice relies heavily on Altnagelvin for radiology imaging.

The radiotherapy unit provides treatment, including combination radiotherapy and chemotherapy for curative and palliative purposes. Thanks to joint funding, the treatment is available to anyone on the island.

Breda Friel had the early part of her breast cancer treatment in Galway. Then she was able to swap that four hour commute from her Donegal home for a 15 minute drive across the border to Altnagelvin for the final part of her treatment last year.

Friel says: “I live on the border, so it was massive to have that choice. I’ve two small kids so if I had to have it in Galway it was going to be six weeks down there. In Altnagelvin it was only three weeks, different protocols. It doesn’t feel like a border; we live so close we go shopping in Derry. If they close it, it would be a massive change.”

All-Island programmes

Another crossborder success that it is hoped will survive Brexit is the All-Island Congenital Heart Disease Network, an agreement to send children for cardiac treatment from Belfast to Dublin.

Sharon Morrow was appointed by the Children’s Hospital Group in Dublin as the director of this network. Asked about possible threats to the arrangement from Brexit, she says: “Contingency planning for a range of eventualities is under way. We want to ensure there is minimum disruption to health services and that essential services are maintained on a crossborder, all island, and Ireland-UK basis.

“Priorities include ensuring continuity in the supply of drugs and medical devices, ensuring access to services, staffing in our health services, and continuation of existing crossborder health cooperation and public health arrangements.”

The Europe-wide Cross Border Health Directive is perhaps the most well known of these arrangements. This allows patients on long waiting lists to pay for treatment privately in another EU jurisdiction and apply for a refund from their local health organisation—in this case the HSE for ROI or the NHS for NI. Public waiting lists on both sides of the border for orthopaedic surgery in particular can be months long.

Alison Rogers, a GP in Armagh town, NI, says continuation of this programme is a concern of hers. She says: “It appears like a programme for well off patients but people scrabble together the money. I’ve come across it regularly—they would go to Dublin and then reclaim the cost.

“In our practice, some of the patients have had hips, knees, and other procedures done. I imagine that will go.”

In spite of the uncertainty, new funding continues to be announced, including €88m (£78m; $103m) for crossborder programmes in dermatology, urology, and vascular interventions.

Information vacuum

While doctors struggle to work out the impact on their individual patients, the broader outlook for health in Northern Ireland after Brexit is no clearer, according to observers.

Mark Dayan, policy analyst at the Nuffield Trust, says a key concern is uncertainty around drug supplies. He warns: “There is a risk of prices going up. The supply side could be affected by problems with manufacturing and extra checks at the border. We don’t know yet where the checks will be for drugs coming into Northern Ireland—there is a lot of debate about the placement of the border.”

In common with other NHS trusts, he says, hospitals and administrators in Northern Ireland are working in a vacuum of financial information. “Estimates vary between about £14bn for a soft Brexit up to £60bn to £80bn for a hard Brexit. For Northern Ireland that would mean tens or even hundreds of millions less in funding.

Dayan also notes that Northern Ireland has the highest number of GPs who qualified in the EU out of any country in the UK, making that sector particularly vulnerable to changes to labour laws. “One in 10 doctors in Northern Ireland qualified in the EU, and that is even higher for GPs. What happens if they decide to relocate? They could be in an insecure position. If there is a weak pound then it’s not attractive for them.” Earlier this month, the Royal College of Physicians said that the government’s lack of clarity over how the UK’s immigration system will work after Brexit could leave the NHS spending up to half a billion pounds per year on international recruitment.[1]

“It’s a bad situation,” concludes Dayan, “but it’s not necessarily all bad. There are potentially areas where Brexit could free people up to do things that might be better than the status quo.” One is the Working Time Directive, he says, unpopular with some of the medical royal colleges who would like to see some exceptions made after Brexit.

"But," adds Dayan, "You don't need a hard Brexit to get that sort of freedom, and I would say it is probably outweighed by the other areas of concern."

Medical training pitfalls

The only medical training centre in Northern Ireland is also acutely aware of possible Brexit pitfalls, according to Mark Lawler, dean of education at the Faculty of Medicine at Queens University Belfast. He says, "We have a mix of international and local students; we want to nurture our doctors here but nowhere in the UK is self sufficient for doctors. There are big problems ahead in terms of human capital—that is a fundamental matter."

At the moment, EU students can study at Queens for the same cost as local students. "The fee structure could change," Lawler says, "that would change how we recruit students. We want to recruit the best and be competitive."

Lawler also raises concerns about the future for research grants and fellowships. "The university's ability to attract the best is linked to funding. Current EU Council grants are guaranteed, but what happens after that? A clinical researcher would have a five year grant, but what happens then?"

This uncertainty is echoed across the board, with doctors and other clinicians saying they are unable to plan, unable to say how changes will impact on them and their patients.

Perhaps Margaret Chambers best sums up the medical community's resigned attitude. A GP for more than 30 years in the border town of Keady in County Armagh, NI, she says: "We have no information—we've been left on our own. We don't even have a health minister.

"But we will adapt; whatever Brexit brings we will adapt for the patients' sake. People will still get sick, they will still need treatment. We can live with a border if necessary; we've done so in the past."

How likely is a hard border?

In July, Prime Minister Theresa May put out the "Chequers Plan" for Brexit. This included a plan for "continued harmonisation" of EU and UK borders, by creating a "combined customs territory."

It is understood that this would give the UK control of the borders without creating a hard border in Ireland. But Brexiteers have dismissed it as an unwieldy compromise. The minister for foreign affairs in Ireland, Simon Coveney, has said there must be certainty a hard border will not happen.

Observers in Northern Ireland have not been reassured by the appointment of Karen Bradley as secretary of state. She has openly stated her lack of understanding of the political landscape, so the shape of the border post-Brexit remains unclear with just over six months to go.

Chequers Plan updatewww.bbc.com/news/uk-politics-45396475

Simon Coveney's *Brexit and beyond*www.dfa.ie/news-and-media/speeches/speeches-archive/2018/september/brexit-and-beyond-remarks-by-tanaiste

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