



Factsheet 8: Healthier in Europe

Summary

- Health threats, from SARS to Avian Flu to Bioterrorism, do not recognise national borders. Membership of the European Union enables the UK to pool resources with our neighbours so as to tackle important challenges from [public health](#) (air pollution, chemicals) to health innovation (medicines approvals, research networks) more effectively.
- British citizens can work, travel, study or go on holiday anywhere in the EU safe in the knowledge that they can access local healthcare if they fall ill or have an accident.
- Leave campaign pledges that if we left the EU £350 million a week more would be spent on the NHS ring hollow and are based on bogus figures. Leaving the EU would harm the economy and reduce the tax receipts needed to finance public services.
- The EU has a rigorous but timely approach to approving new medicines. The London-based European Medicines Agency would relocate in the event of Brexit, reducing Britain's ability to influence its work.

Freedom of movement within the EU brings together the best mix of highly specialised skills, boosts our capacity and helps in making our health service one of the most efficient in the world. It also brings new rights for our citizens to travel, work or study in other EU countries, safe in the knowledge that the E-Health Card provides immediate access to local health care. Now a Cross Border Healthcare initiative by a British Conservative MEP has given us the right to go abroad specifically to receive treatment and have the bill covered by our own health service, thus avoiding unacceptable delays at home.

Health professionals support EU membership

200 leading health professionals covering physical and mental health, professors, doctors, nurses, specialists and therapists signed a letter to The Times in April 2016, saying:

'As health professionals and researchers we write to highlight the valuable [benefits](#) of continued EU membership to the NHS, medical innovation and UK public health. We have made enormous [progress](#) over decades in international health research, health services innovation and public health. Much has been built around shared policies and capacity across the EU. The future for European citizens' health lies in international collaboration and teamwork.'

'EU [trade](#) deals will not privatise the NHS as the EU negotiating position now contains clear safeguards. Decisions on NHS privatisation are in UK government hands alone. EU immigration is a net benefit to our NHS in terms of [finances](#), staffing and exchanges. Finally, leaving the EU would not provide a financial windfall for the NHS. If we pulled out, adverse economic consequences far larger than any nominal savings are widely anticipated. This would jeopardise an already cash-strapped NHS. Our health services, health research collaborations and public health protection are more robust within the EU. Leaving would damage the progress we have made together. Brexit should carry a health warning.'

Europe and the regulation of medicines

Quick access to safe and effective new drugs and devices has been facilitated by the London-based European Medicines Agency. As Professor Sir Mike Rawlins, head of the UK medicines regulator, has said: 'Brexit would harm rapid alert warning of dangers in drugs and healthcare devices, it would harm medical research and the speed with which we can get new drugs to patients. If Britain left the EU, it would have to re-register 130 products. The EU has a great system for drug approval. It takes longer to get new drugs approved in Switzerland (157 days longer) and Canada (140 days longer). If we left the EU, the EMA would leave London and our influence would be remote.'

Another European agency, the European Centre for Disease Prevention and Control (ECDC) - set up by legislation taken through by a Conservative MEP - means EU countries are able to collaborate on early warnings of health threats and pandemics and on the actions needed to tackle them.

Health and the cost of EU membership

NHS chief executive [Simon Stevens has said he takes warnings of possible recession in the event of Brexit "very seriously", adding that would be "very dangerous" for the service.](#) "When the British economy sneezes, the NHS catches a cold".

This may not matter to some prominent Brexit supporters. Nigel Farage's right-hand man, UKIP general secretary Matthew Richardson, for example, has branded [the NHS](#) "the biggest waste of money in the UK" and called for it to be privatised. Leading pro-Brexit MEP Dan Hannan rubbished the NHS on American television and was rebuked by David Cameron. In other words slogans about money saved from our EU contribution being allocated to the NHS hardly ring true.

Leave campaigners have talked a lot about the supposed '£350million' a week cost of our EU membership. They take the annual gross contribution of £17.8 billion as their base. In fact the gross contribution is never paid over to Brussels and use of the figure has been denounced by the Chairman of the Office for National Statistics and Leave supporter Dr Sarah Wollaston. The British rebate, negotiated by Margaret Thatcher, is deducted before payments are made. This reduces our contribution to £14.4bn. Once money spent on British farmers, research and regional development is taken in to account our net contribution is about £7bn. British withdrawal from the EU would cause economic damage that far outweighs any budgetary savings.

Equally untrue is the assertion that the NHS is crumbling because of too many EU nationals in Britain. A&E attendances have gone up in recent years, but the main cause is not EU migration. An ageing population is putting the NHS under strain. But these are largely British natives. EU migrants tend to be [younger and relatively healthy](#). They [contribute much more in taxes](#) than they receive in benefits and tax credits - £20 billion more between 2001-2011 according to an independent study by University College, London. 130,000 of them improve Britain's healthcare capacity by working as doctors, nurses and care workers.

European Co-operation to promote health

The EU has no power to direct how Britain runs its health service but it does have a duty to improve health and prevent illness. Some of this is delivered through health cooperation and the dissemination of good practice. Some comes through ensuring high common standards in the regulation of medicines and medical devices. Some occurs through providing European citizens with a health safety net when they travel between member states. Much also comes from insisting on high standards in other policy areas that impact on health such as food safety and the environment. Like communicable diseases, pollution does not stop at national borders; our air, water and soil quality affect our own people but also our neighbours - as when acid rain emissions from our power station emissions were killing the forests of Scandinavia. Cleaner beaches, breathable city air and less harmful waste disposal are all the result of EU legislation that benefits the health of British people and which British Ministers and MEPs were centrally involved in negotiating.



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