

Scottish Women's Convention response to:

The Scottish Parliament Health and Sport Committee Call for Views:

“The Impact of Leaving the European Union on Health and Social Care in Scotland”

January 2018

The Consultation

The Scottish Parliament's Health and Sport Committee has launched an inquiry into the impact of leaving the EU on health and social care in Scotland.

The Committee will consider what the NHS and social care in Scotland could look like post-Brexit with a focus on how potential risks could be mitigated and potential opportunities could be realised.

The Scottish Women's Convention (SWC)

The Scottish Women's Convention (SWC) is funded to engage with women throughout Scotland in order that their views might influence public policy. The SWC uses the views of women to respond to a variety of Parliamentary, Governmental and organisational consultation papers at both a Scottish and UK level.

The Scottish Women's Convention engages with women using numerous communication channels including Roadshow events, Thematic Conferences and regional contact groups. This submission provides the views of women and reflects their opinions and experiences in a number of key areas relevant to the United Kingdom's withdrawal from the European Union and the significant impact this will have on health and social care services within Scotland.

Question One: How could the potential risks of Brexit for health and social care in Scotland be mitigated?

In consultation with women throughout the country, the SWC has identified a number of areas in which women have voiced concerns over the impact that Brexit will have. These include:

- The changing nature of the NHS workforce, including the impact of an ageing population.
- Increasingly complex demands within health and social care, such as surges in mental health issues across the country.
- Centralisation of services and the loss of EU funding post-Brexit.
- Little focus on retention of staff, including EU nationals, with emphasis often targeted at recruitment alone with no incentives on preserving current quality staff.

Almost two years since the EU referendum, there is still a strong feeling of uncertainty surrounding the process and how the result will ultimately affect people and communities. Some of the effects are already hitting at a local level for services. The overwhelmingly female nature of the health and social care workforce, as well as the quality of service that many EU nationals bring, illustrates the pressing need for clarity in the realms of equality over the Brexit issue.

Women have spoken about both positive and negative experiences they have had when using Scotland's NHS services. Many have commented on the advice, guidance and assistance provided by GPs, midwives, health visitors and other healthcare professionals.

Many have voiced concerns about NHS services which are being centralized. This is more often than not a financial decision, which ultimately has a negative impact on service users, particularly in rural locations. Access to local midwives, healthcare workers and dentists are paramount in ensuring the health and wellbeing of Scotland's women and children. These should remain local where possible.

Women have spoken of their gratitude towards NHS staff, particularly with regards to nurses and carers. These professions, which are overwhelmingly female, are faced with significant workloads, however they always act in a professional manner.

“One of the most important aspects of the NHS in Scotland is the amazing workforce. We need to look after the workers, the majority of whom are women, ensuring that they are valued and recognised for the jobs they do. I understand that cuts need to be made in order to save money but this should never be at the expense of the health service, which is something we as a country overall should be so proud of.”

It is vital that frontline staff, who provide the services on a day to day basis and who are most valued by patients, are invested in and listened to. Important decisions must always be made by consulting staff and making sure their voices are heard. At present, much is made about recruitment of staff for the health and social care sector, however many believe this fails to take into account how best to retain these quality employees who are valued by patients. Focus on favourable retention solutions is essential not only to keep current EU nationals, but also attract more who risk lack of clarity in the aftermath of Brexit with regards to freedom of movement.

Within Scotland, the pursuance of a preventative agenda within the realm of health and social care is seen as a priority undertaken by NHS staff and women have applauded this approach. However, there is real risk to undercutting this idea of preventative strategies during the Brexit process due to staff shortages and gaps in regulations.

There is significant fear that this will lead to much privatisation within public health services. As more and more patients are identified as having complex care needs, the strain on the NHS will become more and more dramatic.

It is important to address these issues in the wider context of health and social care. For instance, reductions in support staff in schools for children with additional support needs can lead to further increases in demand on health and social care in the long term. It is therefore vital that a permanent strategic approach which takes account of the importance of EU nationals to other aspects of the Scottish system is addressed in the context of health and social care.

Retention in addition to recruitment remains a major issue even without Brexit, which is acting as a catalyst for these pressing problems. More must be done at a national level in order to analyse and tackle this. As well as issues such as an aging NHS workforce going into retirement, problems with many EU migrants leaving Scotland as a result of Brexit must be tackled appropriately. Many of these individual women have reported surges in racism in what they view as a direct result of the Referendum result. It must be communicated to the migrant workers

within our health and social care services that they will be appreciated, regardless of the Brexit outcome.

Other factors which have the potential to impact on health is the “*Brexit effect*” on Scottish citizens, particularly younger generations who overwhelmingly voted to remain in Europe. For instance, many young women who would actively work in the medical field have voiced their fear and alarm over the damage that Brexit may have for their future, and are applying further afield in Europe due to lower costs of living and the likes for job opportunities before the withdrawal process is complete.

“Brexit means uncertainty. I have a real lack of trust that the UK will be able to exit and maintain economic stability. One of the main worries I have is the potential for laws which protect fundamental rights being diminished. I genuinely fear that we are seen as the laughing stock of Europe, that the exit will be acrimonious and this will spill over to treatment of individuals in Europe.”

EU Law

There has been much discussion on the “*huge impact*” that Brexit will have on equality and employment issues. With much of the UK’s human rights and equality legislation coming directly from Europe, many spoke of the “*mammoth effect*” that withdrawal will have on future generations.

European law has been embedded into domestic law at a UK level. Despite this, women continue to be discriminated against in the workplace. The added protection of European courts on these matters is seen by many women as a “*safety net*”, the removal of which would be very damaging. There are real concerns that without the support of Europe behind the domestic legislation, the situation will become even worse.

The EU currently stands in the way of any major changes to worker’s rights that could impact negatively on employees within the United Kingdom and Scotland. This has been voiced as a crucial point of the NHS, for example, in relation to the number of agency staff who are currently employed, this is a particular problem during times of increasing patient numbers, such as winter flu outbreaks.

“If it wasn’t for Europe we wouldn’t have some of the most basic employment rights. Many are at real danger of exploitation if these are reduced or removed. This could force women out of the workplace and into the benefits system. That would be disastrous, both from an economic perspective and also for women in general.”

Geographical Immigration

“I am worried about my future and whether I can keep my job and stay.”

Increased focus on the geographical make up of Scotland and consultation with women in local areas is essential when pursuing the health agenda post-Brexit. Further scrutiny of the current support available and how this can be improved, as well as cohesive plans in place for the potential negative impacts of withdrawal from the EU is critical. This will provide the most effective mode of prevention of impacts to services in the best interests of patients and staff on the front line.

The geography of rural Scotland can cause significant inconsistencies in health and social care provision. Hospitals and other services, including mental health care as well as GP and dental provision have all been reduced at a local level. Services are being centralised to main towns and too many community services have been withdrawn. This is of particular concern to women, who are often the main users of healthcare amenities. Often it is noted that the problems and inconsistencies between rural and urban Scotland must be addressed in order to ensure fairness in the quality of care.

“We’ve already seen more nurses leaving than coming as a result of the vote.”

Recognition of staff from out with the UK must also take into account the important role they undertake for the likes of BME women living within Scotland. Help and advice can be complicated by language barriers and a genuine fear that cultural sensitivities can be misunderstood or misinterpreted. Women who do not speak English as a first language are at a *“double disadvantage”*.

For example, the use of hand gestures or varying voice pitches to explain a point can be viewed by male translators, GPs etc. as hysteria or instability. These methods of expression are often common within certain cultures. Loss of migrant NHS workers with skills that can alleviate these barriers puts these women at severe risk, leading to a lack of recognition of the likes of gendered abuse which they will not feel comfortable speaking out about.

“More female translators or women who understand cultural sensitivities on hand to help in these circumstances are vital.”

This creates internal problems with NHS staffing from the UK itself. Targeted influencers to encourage individuals to take up positions within the NHS medical field is not enough. More clarity is needed in order to reassure that there will not be a closed outlook after Brexit.

In order to ensure equal access to services, there needs to be a more unified approach taken. It is unfair that some patients are able to access an appointment quickly, receive a high standard of care and if necessary be referred on to further care in a timely fashion, whereas some do not have access to this level of service. This approach to services in such a way can be extremely frustrating for those who are experiencing both physical and mental health issues.

“I am devastated at the prospect of people across the world looking to our country and seeing it as closed and unwelcoming, not a good place to visit or work in or make a new life in. I fear that there will be a reduction in educational links, cross-learning and expertise being shared. All this will become difficult or impossible.”

This undercutting of staff will potentially lead to a significant number of problems for our health and social care workforce. A major issue in this area may impact on hours worked by current NHS staff in an effort to keep up and abide by targets and ensure patient’s health is not threatened.

In circumstances such as this, more must be done in order to ensure that workers do not face any unnecessary burdens which put both their own physical and mental health at risk. Women make up the vast majority of NHS staff and it must always be emphasised that any changes which could have an impact post-Brexit will also impact on those who provide care. This is more often than not at the detriment to their own mental and physical health with no respite, leading to more complications for these women personally with health problems.

A huge area around which this will create significant problems is the ageing nature of the workforce. With many NHS employees due to retire within the next few years, recruitment will become a major issue, even without Brexit. Additionally, the majority of elderly in need of the healthcare system are female. Mitigation of staff shortages due to European Union withdrawal must consider these problems in perspective alongside mitigation of health and social care implementations.

Mental Health

Brexit implementation will see the UK being outside many initiatives within the EU, such as the European Framework on Action for Mental Health and Wellbeing. Without an approach that seeks to implement these important initiatives as well as share best practices, many women who suffer from such within Scotland may be put at risk.

Access to services for anxiety and depression, such as talking therapies, Cognitive Behavioural Therapy (CBT) and peer support, is considered “*invaluable*”. The increase of those suffering from mental health problems with little or no support at the early stages is a concern, with a severe shortage already present. Exit from the EU with no strategy in place to tackle these problems is a stark fear for many women throughout Scotland.

Cuts to specialist medical services for women that are directly funded by the EU must also remain sufficiently resourced post-Brexit. This will ensure continued implementation of strategies to tackle gender inequality within Scotland. Domestic abuse, commercial sexual exploitation and other forms of violence against women have a huge effect on mental and physical disorders which tends to be underestimated in the wider societal context. Issues such as this which will emerge in the post-Brexit landscape as a severe hindrance to many women across the country must not be overlooked.

Question Two: How could the potential benefits of Brexit for health and social care in Scotland be realised?

Women discussed many worries they have after withdrawal from the EU including funding and farm subsidies, as well as the impact Brexit will have on funding for research and education. However, some pointed to the fact that this meant we had currently become “*dependent on European money*”.

“We need to be more self-sufficient in our own country. We need more skills and trades here.”

One argument put forth by women is that Brexit should be seen as giving a glimpse into potential problems that would have arisen in a number of years for the healthcare system and that Brexit has the prospect to seek to remedy these. However, it was also noted that whilst this could be seen as a “*golden opportunity*”, lack of clarity over legislation, both in a reserved and devolved sense, as well as clear cut exit plans means that planning is tenuous at best and impossible at worst.

“We have to get on with it. The will of the people of the UK overall was to leave the EU, therefore the UK Government should act as soon as possible and invoke Article 50, irrespective of other issues. I believe in nation state terms that small is beautiful and Scotland should look to Switzerland or similar small nation states as a model for future success.”

Question Three: In what ways could future trade agreements impact on health and social care in Scotland?

Given that NHS funding comes ostensibly from taxation, protection of the economy in the post-Brexit climate is essential. This includes negotiation of trade deals in order to protect workers and ensure the best form of economic solidity. Women have spoken out at a number of SWC events over their fears that the UK is heading for a “no deal” situation, seen as an extremely damaging prospect for the economy and health and social care in general.

However, those who support the decision to leave the EU believe it will be a positive thing, as it will give the UK more control over its own laws and finance. There is seen by some women to be real potential when the UK leaves the EU. For example, it can give the country a ‘fresh start’ with regards to trade agreements, as well as the removal of ‘red tape’ and bureaucracy.

“We will surely be better off not having to give significant amounts of funding to Europe, but instead be able to spend it on important things here?”

“Whatever happens, we need to continue to be consulted. Decisions shouldn’t be made without the voices of real people influencing them.”

It is vital that the UK takes NHS employees, both from the UK and outwith, into consideration when negotiating new trade deals, ensuring that the protections which already exist are not diminished. There is a real risk of exploitation if this is not accounted for going forward. This is particularly acute for health and social care with implementation of private contracts and what this could potentially mean for worker’s rights.

Question Four: The Joint Ministerial Committee (EU Negotiations) has agreed a definition and principles to shape discussions within the UK on common frameworks including enabling the functioning of the UK internal market. What implications might this have for health and social care in Scotland and what are your views on how these common frameworks are agreed and governed?

Functioning of the UK internal market in a consistent and applicable manner is crucial in order to ensure successful continuance and improvement of Scotland’s health and social care system. Frameworks which can be adapted in order to support threats to health and social care from the negative impact of loss of EU workers and the effect of Brexit on the economy as a whole is needed.

Women have spoken of their frustration over the lack of forthcoming information dependent on Brexit, notably in relation to reserved versus devolved matters in light of the EU Withdrawal Bill currently going through Westminster. In terms of health and social care, implementation of frameworks which secondarily affect healthcare within Scotland can be seen to be a “political headache”.

“It’s all behind closed doors.”

A huge issue that many women have voiced concerns over is how legislation will be implemented after withdrawal from the EU and the potentially negative impact this will have on gender discrimination. There are concerns that legislation will be “cherry picked” and fears over what will

actually be kept in place. The Trade Union Act, 2016, for instance, made it harder for collective bargaining to take place, giving what some women have noted as a “blueprint” of what the current government would do post-Brexit, such as restrictions and costs detrimental to worker’s rights to bargaining.

“Our rights are not fought for by Westminster – they came through Europe.”

There can often be feelings of disorder due to the distribution of powers between both the UK and Scottish Parliament. This has led to some confusion around who does what and how new legislation affects Scotland when considering Brexit within the political context. Political news tends to be reported as UK-wide by Scottish media, even if it has no impact due to devolved powers, such as in the realm of NHS Scotland.

“If there is no obligation for these important measures to be adhered to, there’s a real possibility that the UK Government won’t see fit to do anything to ensure they’re being carried out domestically. If this happens, it will be a step back in time for women’s rights.”

Additionally, women stated strongly that they felt very distant from the process. The way it is being presented is to some degree undermining their intellect. There were also worries that the government have no back up plan, and the focus and chaos of coming out of Europe means that other issues have been neglected.

“Brexit is happening to us, not with us.”

Our rights are not fought for by Westminster – it was through Europe, even the likes of maternity leave and union rights.”

Women feel that there is still little clarity over the process. Some noted that there was a “blinkered mentality” concerning EU withdrawal and that people were not paying attention as they believed it didn’t really affect them that much. Additionally, there has been concerns raised over the lack of gender balance within both the Brexit negotiations team and the Joint Ministerial Committee.

There is a perceived lack of engagement between individuals within communities and those who are leading on negotiations. While there is recognition that the Scottish Government appear keen to listen to women’s voices, there is uncertainty as to whether this is being heard at a UK level.

“A lot of people are losing faith in politicians because they don’t seem to be talking about the important issues. We don’t know how this is going to impact on us because there’s no indication or guidance from those in charge.”

There is a feeling that the electorate were not fully informed of the impact of leaving before the vote was taken. It appears to be the case that women are still not being informed. The UK Government must, therefore, engage in meaningful consultation with individuals and communities the length and breadth of the country.

“It can’t be a case of a report once the process has been concluded. We need to get the best deal for our country, in the most open and respectful way possible.”

It is extremely important that, going forward, the public are kept up to date with all information regarding Brexit. This must be presented in a concise, non-jargoned way and should be accessible

to everyone. Continuous insistence around the implications of further reservation or devolution of current EU legislation is seen as having no clear approach in relation to the women that are meant to be represented at a political level.

Conclusion

The SWC welcomes the opportunity to comment and have women's voices heard in relation to the impact of EU withdrawal on health and social care within Scotland. Issues which have been highlighted by women as being placed under severe risk in the realm of health for themselves and their families due to Brexit must be looked upon in terms of equality, with properly-resourced funds and sustainable frameworks in place that adapt to the threat of Brexit on healthcare.

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