Brexit triggers uncertainty over future of research in UK

ROBERTA ELLISON

The vote in June to leave the EU could have serious implications for the NHS, clinical trials and the research and development of new pharmaceuticals in the UK.

Britain’s decision to leave the European Union on 23 June has sparked widespread fear for the future of clinical trials in the UK.

The result of the referendum means Britain will fall out of the EU regulatory system for clinical trials. This means fewer UK patients will be able to access the latest clinical innovations and research.

Scientific development and the health service were two key areas of interest to both the leave and remain campaigns. A recent survey published in Nature revealed 83 per cent of UK researchers surveyed backed a vote to remain in the EU, claiming a vote to leave would be very harmful to UK science. Leading scientists Sir Paul Nurse, Sir John Gurdon and Professor Peter Higgs signed a letter published in the Daily Telegraph supporting the remain campaign, arguing EU funding was invaluable to British science.

But what is the potential impact of Brexit on clinical innovation and pharmaceutical development? And what are the likely outcomes for the NHS?

Elisabetta Zanon, director of the NHS European Office, NHS Confederation, said there were many aspects to consider. “The long-term implications will very much depend on which new relationship the UK will have with the EU in the future. This will have huge implications in terms of potential impact on the NHS and health sector, not only because of the economic implications for the UK,

It is not just bad for the UK, but it’s bad for the rest of Europe
but also those related to EU regulation and whether it will continue to apply. EU regulation is very important in terms of the development of clinical trials, clinical research, new drugs, mobility of patients across Europe and whether you are entitled to receive treatment in another country.”

Clinical trials
Ms Zanon said the UK’s decision to leave the European Union could potentially affect the number of clinical trials conducted in the UK, and the country’s ability to take part in multinational trials. “It may impact clinical trials, because they are regulated by European legislation,” she explained.

Ms Zanon added that the reformed EU clinical trial regulations will create a centralised gateway for clinical trial applications and ensure the process is streamlined. Britain’s place in these new regulations is now unclear. The decision to leave the EU and the single market could cause Britain to fall out of this structure, with fewer UK patients able to access clinical trials and a higher number given to European patients.

The Association of the British Pharmaceutical Industry (ABPI), which backed a vote to remain, is in favour of the new regulations and said they will harmonise clinical trial applications and enhance collaboration. It added that not only will Britain’s exit negatively impact patient access to clinical research, but will also damage the NHS, which benefits through existing investment in research by the life sciences industry.

In the run up to the referendum, ABPI chief executive Mike Thompson had said that being part of the EU is vital in order to deliver positive patient outcomes. He warned trials in the UK would be at risk of delay and de-prioritisation by companies looking for a more collaborative and harmonised approach inside the EU.

As a member of the EU, the main body of regulation and approval of medicines for human and animal use across Europe is the European Medicines Agency (EMA). If Britain leaves the single market a new process for all drugs will have to be set up. But Helen McKenna of the King’s Fund believes there may be a solution and points out that other countries in the European Economic Area and the European Free Trade Association still have a relationship with the EMA despite leaving the EU.

The UK’s national body for the approval and regulation of medicines, the Medicines and Healthcare products Regulatory Agency (MHRA) will inevitably play a part in the new process.

Dr Rebecca Lumsden, head of science policy at the ABPI said the British exit has already had an immediate effect on research and development and clinical trials. She pointed out that the impact of a standalone process and removal from the EU’s new process for clinical trials would mean companies may be likely to defer placing trials in the UK – which could have a profound effect on trials for rare diseases and British patients.

“We could see a fall in collaboration between UK scientists, academics and doctors and their European counterparts. It’s also clear that this vote could have an impact on medicines and pharmacovigilance in the UK. While we know that the UK operating outside the existing EU regulatory system would cause significant disruption, our goal should be for any UK system or process to align or integrate with established international regimes.”

Dr Lumsden said the biggest mistake of all would be to go it alone: “A standalone UK process would be the worst possible outcome and has the potential to cause delays for UK patients accessing the right medicines at the right time.”

Impact on the NHS
Experts predict the decision to leave the EU will also affect recruitment, staffing and the budget in the NHS.

Ms Zanon noted that an estimated 130,000 professionals from the health and social care sector are recruited from the EU, with around 10 per cent of European doctors and 5 per cent of nurses working in the NHS. The King’s Fund highlighted the staff shortage and said in 2014 there was a shortfall equivalent to 50,000 full-time staff. At a time when the health service is under unprecedented pressure, Britain’s exit from the EU may cause further problems as recruitment strategies are likely to change.

“If we stay in the EU internal market, these rules continue to apply; not much would change in the long term. “If we decide to leave the EU internal market then it will be a question of developing a different type of system so that we can quite easily recruit workers from abroad.”

But she added that if the UK leaves the internal market and stops freedom of movement, it may be hard to recruit in the future: “Some workers may see the UK as less attractive as a destination for the moment because they don’t know what may happen if they move to the UK, how long they could stay, their pension rights and if they would be recognised, and these jobs may become less attractive from an economic point of view for workers across the EU.

“So it’s really important we look into these issues to try to mitigate some of the possible impacts that the current situation could have on our ability to recruit new staff. One of the immediate results is the launch of a campaign to reassure EU staff of their invaluable contribution to the NHS.”

Many are wondering what repercussions there will be on the NHS budget. In the run up to the referendum, the leave campaign argued that fewer migrants from the EU would help to lower demand on the NHS and the money saved from our contribution to the EU budget could be spent on the service. But the decision on the NHS budget will be taken once the new Prime Minister and cabinet is in office. In the long term, the budget is likely to be affected by the impact on the economy overall.