
Key Threats to Public Health

By choosing to employ a workforce from outside the EU to heighten staffing levels then healthcare delivered to patient across the UK could be compromised. Critical reflection on the potential consequences and solutions to the public health threat, including in the case of no agreement 500 *Theresa may has said workers who are here will be protected ?- explore Both a soft and hard Brexit have impacts on health professionals and their freedom of movement however, none as detrimental as a no deal outcome. The absence of any structured legal framework will lead to severe sanctions on current EU nationals living and working within the UK as well as having an effect on migration into the country. It is likely the border and visa restrictions currently in place for non-EU countries will be applied to all non-UK citizens entering the country. No deal would eradicate the possibility of keeping employment rights for workers as the legislation is derived solely from EU law. *Regulation of medicines and clinical trials. * Access to pharmaceuticals, technology, blood and organs for transplant is jeopardised. Financing Identification of threat to public health in the UK because of Brexit 250 Alongside a strong commitment to the UKs health workforce the UK people tasked with negotiating the deal of Brexit must ensure at the forefront of discussions is a funding commitment to the health improvement of the UK population and all sectors associated with it.

High levels of patient care and population health can only be maintained and improved if a strong forward view on the prevention of disease, health promotion and health threat identifications are funded appropriately. It is hoped that the UK can secure a deal with the positive health interests of the public at the forefront. The UK has a financially sound infrastructure and is currently one of the wealthiest member states (REF) and so does not need as much investment as other poorer states however, the UK has still received over €3.5 billion in capital investment into the NHS since 2001 (European Investment Bank, 2017). This capital investment has allowed multiple organisations both UK-based and EU based to collaborate with the ultimate goal of the health protection of all UK citizens. Economic fluctuations within the UK before and after Brexit are no doubt going to have substantial ramifications an NHS financing. An effect of Brexit and the financial aspect of the UK leaving the EU will directly affect individuals. When individuals travel abroad are covered by arrangements to receive healthcare which would be equivalent to what they would receive in the UK (REF). Brexit will mean that benefit is likely to end without a robust financial structure to support it.

Negotiations must continue in order to get the support from within the EU to maintain the protection of UK nationals travelling abroad to EU countries. Even though the European health insurance card excludes all pre-existing medical conditions it Will still be a major setback to those travelling to EU countries as they Real more than likely incur higher private insurance costs than they would do so now (REF). This is not the only setback for UK citizens as there is you are already living in any of the European countries would more than likely heavily rely on this provision also (REF2,15). How is it reduced by means of an appropriate UK/EU agreement to mitigate the impact? 500 The best outcome that the UK can hope for post Brexit would be, as previously mentioned, a soft Brexit as this would enable agreements that are already in place now to likely continue. Pre-existing health care arrangements, Financial agreements in place regarding NHS funding, funding with regards to pharmaceuticals and the import of all the necessary healthcare items such as radioactive isotopes (REF) are likely to continue. A flaw in

the soft Brexit plan would be any implications with the wider economy as this would have an indirect impact on financing given through the European investment bank (REF). The UK government needs to ensure that they secure the best possible financial outcome for the UK that enables us to work with the EU, like we do so now, rather than isolating from all beneficial financial outcomes (REF).

If a soft Brexit is not possible to achieve then the next best option would be hard Brexit with regards to the financing of the UK health care system. Health care benefits for UK nationals abroad in the EU countries would not likely provide the same health protection however, a hard Brexit still leaves room for negotiation although these negotiations must take into consideration that investment from the European investment bank would like to yourself therefore funding for a robust system of health care benefits abroad, that UK nationals have become accustomed to receiving, must be sourced elsewhere. Critical reflection on the potential consequences and solutions to the public health threat, including in the case of no agreement. If the UK were to leave the EU without reaching a deal, whether soft or hard, then it is not unreasonable to suggest that the citizens of the UK would experience disruption to not only healthcare services as a result of the indirect impact that Brexit would have on the wider economy (Pollard, 2018). There's been plenty of academic discussions analysing the effects of the no-deal Brexit will have on the UK and the negative projections for the economy and wide terms (Pollard, 2018). Dhingra and Van Reenan (Dhingra, et al., 2016) they suggest that household costs could rise by as much as £1700 per annum, however, figures are determinant of whether a soft or hard Brexit is secured. In the case of no-deal this will obviously be considerably higher.

Without an agreement in place it is hard to actually quantify the incursion of costs to UK nationals in a post-Brexit time. Dhingra and Van Reenan (Dhingra, et al., 2016) argue that the key financial districts of the UK, such as the South East, would be the hardest hit with the population of these areas being most at risk of financial hardship. However, Los disagrees in what could be seen as a controversial disagreement: he states the most likely to be disadvantaged are the economically weaker areas, that ironically the majority of voted to leave. The scenario of a no-deal would not be beneficial to any area and is highly likely to increase health inequalities across the population of the UK. A dovetail to this argument would be the consideration of the indirect impacts on the UK if no Brexit deal is secured before the UK leave the EU. Potential indirect implications would be the economic medium and long-term effects of Brexit as Begg and Bachtler (2016) outline, which could be deemed as public health threats with consequences both on a national and regional scale (Begg & Bachtler, 2016). The UK has seen a relative economic downturn since the 1970s when compared to the USA and other European countries. The UK economy is relatively weak when financially compared to earlier centuries (McCann, 2016) and disparate proportions and be seen in the growth of different geographic areas (Gardiner, et al., 2013). Albeit, the unevenness in growth throughout the UK has not been directly caused by the UK being a member of the EU (McCann, 2016) therefore the solution would not be Brexit. The UK must now seek to secure a deal with its EU counterparts that allows for a rebalancing of the UK economy to help resolve the health inequalities due to financial pressures, both on an individual basis and a wider national economic level (Martin, et al., 2015)

In conclusion, the cost implications of Brexit are still unknown and leaving the EU is likely to leave the UK poorer than it would otherwise have been if we had stayed within the EU duty barriers on trade, uncertainty around investment within healthcare and whether or not the UK would remain in the European single market. Sampson (2017) agrees with this as he states

there is considerable uncertainty over how large the cost implications will be with plausible estimates ranging between one and ten percent of UK per capita income (Sampson, 2017). (American Public Health Association, 2017) *The dynamics of the Brexit negotiations *Overview of the papers – first three papers Armstrong asks to what extent the UK regulatory policy will align with, or diverge from EU policy after Brexit, especially in the medium and long term. He teases out three modes of governance - hierarchy, markets, networks/ Community and argues that the dynamics of regular regulatory divergence/ alignment between the UK and the EU Will be a function of these modes. The paper also considers the mediating influence of the global regulatory context in which both the UK and EU are situated.

This baby speaks to the literature of Europeanisation, In general, and the ease external governance, in particular. Howarth and Quaglia (REF 2018) analyse the policy developments concerning the single market on finance in the context of Brexit. Theoretically, they engaged to bodies of political economy work that make Contrasting predictions concerning the Brexit negotiations on finance: the battle amongst member state systems and the transnational financial networks literatures. Empirically they find limited evidence of formation of cross national alliances in favour of the UK retaining good access to the single market in financial services. By contrast, the main financial centres in the EU and international authorities completed to lure financial businesses away from the UK. These reasons the chances of special deal are slim. Dennison and Geddes (REF) Address the questions of how the debate and immigration influence practice and what are the likely parameters for the poster to Beijing covering EU citizens migrants from non-EU member states. They provide a post functionalist account of migration governance in the context of blacks, discussing three main components, first, the politicisation of immigration marked by increased issue salience; second, the importance of public opinion preferences rather than those a concentrated interest, such as the business community; and, say, identity related concerns.

That referendum expose debate about immigration to wider public scrutiny and, by doing so, 'raised more profound questions about the future shape of this economy and the political model necessary to sustain'. The UK must ensure they secure a deal which does not allow leaving the EU to compromise the high standards of disease control and prevention that the UK currently maintains. They must also allow for health improvement and protection to be at the forefront of discussions when trying to secure a deal. The government is yet to release the details regarding the specifics of Brexit therefore, it is yet unknown the extent to which the withdrawal of EU funding will negatively impact the UKs population health. Health threats and disease have no borders and the facilitation of EU member state communications on health threats and disease across borders puts the UK at risk. With a no deal Brexit, the UK would no longer be bound under the EU treaties but this is not a positive as there would be nothing in place then post-Brexit to replace or quantify the thousands of international agreements not just including public health issues. Some 'brexiteers' see this issue as a positive however and have hailed this as a new UK and a way to start over again by striking deals on our own terms however the distribution of losing all the agreements would be on such a large scale it would not only affect every business in the country but also take years to rectify and legally put new measures in place. and leaving the EU will also mean no access to the European Court of Justice