



Irish Nurses and Midwives Organisation
Working Together

Opening Statement
to
Seanad Special Select Committee
on the
UK's Withdrawal from the
European Union

Liam Doran
INMO General Secretary

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The Irish Nurses and Midwives Organisation (INMO) would like to begin this opening statement by thanking, most sincerely, the Chair, and members of the Special Seanad Committee on the Withdrawal of the United Kingdom from the European Union, for the opportunity to meet with you today on this very important issue.

The INMO is the largest representative organisation, for nurses and midwives in this country, representing over 40,000 members working in all areas (both public and private) of health services here in the Republic of Ireland.

The INMO has very strong, professional and binding relationships with the Royal College of Nursing and the Royal College of Midwives, in the UK, and we have worked closely with them, on many issues of common concern, over many years. Indeed the INMO and the Royal College of Midwives have held, for the past 20 years, an all-Ireland Midwifery Conference, in October each year, for the specific purpose of co-ordinating, and enhancing, midwifery services right across the island of Ireland.

It is against this background of strong, vibrant links with our colleagues in the UK health system, that the INMO has very serious, and growing, concerns about the impact the UK's withdrawal from the EU will have on all areas of our health services at cross border, national, regional and local level. Indeed the difficulty of the UK's exit, from the European Union, will not only impact upon health services, north and south of the border, but also east / west between Ireland and the rest of the United Kingdom.

In the context of the withdrawal, of the United Kingdom from the European Union, we would bring a number of specific issues, to the attention of the committee as follows:

1. The island of Ireland currently has a total population of 6.5 million people (approx.). In this context it is imperative, and this has grown in recent years, that we increasingly provide health services, on an all island basis, so that we maximise efficient and effective use of resources and, in particular, develop, and deliver, specialist and tertiary level, services in the most quality assured manner.

We must move to minimise duplication of services, not only in the interests of cost containment but also to enhance the outcome for patients, and this should be done, in any sensible way, by providing such specialist/tertiary level services on an all island basis.

2. We already have a number of cross border initiatives, in relation to health care, well established and these include:
 - the Co-Operation and Working Together (CAWT) partnership between health and social care services in Ireland and Northern Ireland.
 - this has facilitated a number of collaborative projects, particularly in border regions, which has brought great benefit, and can yield further benefit, in the broad area of health and social care to the populations in this region;

- this has also involved other cross border services, including GP out of hours services, and shared expertise i.e. in dermatological clinics;
- specifically we have radiation/oncology services and emergency cardiology services, at Altnagelvin Hospital, which services the population regardless of what side of the border they live; and
 - regarding specialist children's services i.e. paediatric cardiac surgery and congenital heart disease, Our Lady's Children's Hospital, Crumlin, in Dublin, has provided all island services.
3. The committee is also asked to note that the largest capital development, in the history of the health service i.e. the planned National Children's Hospital, is also being built in a manner designed to provide all island services to children. Nothing should be done which will, in any way, harm, restrict or impede the access of children, in all 32 counties, from accessing this world-class service in the years ahead.
 4. It should also be noted that the recently published Maternity Strategy proposes the development of services to the mutual benefit of all mothers and children. This cannot be impeded by bureaucracy or imposed avoidable barriers to care and services.
 5. The committee should also note that there are a number of other examples, of cross border, and east / west, co-operation, within the health system, in such areas as:
 - the HSE purchasing care, from Northern Ireland and Great Britain, to address our waiting list difficulties and improve speed of access to services for patients;
 - cross border healthcare, for workers who cross the border, daily, to and from work; and
 - the guaranteed access to public health care, for all EU citizens, travelling through member states, which, by definition, have provided access to health care, for Irish people travelling to the UK and UK citizens coming to Ireland over many years.
 6. The committee is also asked to note that, from a more specific nursing/midwifery perspective, the following critical issues arise:
 - currently we have mutual recognition and reciprocal arrangements, with regard to nurse/midwife registration, for nurses/midwives who successfully complete programmes in Ireland and the UK;
 - the removal of free movement of people, arising from a UK withdrawal from the EU will see them depart from adhering to relevant EU Directives,

pertaining to professional registration - this will have significant implications for healthcare manpower planning in both jurisdictions.

7. The committee is asked to note that the number of applications for registration, to the UK Nursing and Midwifery Council (professional regulatory body) has dropped by over 90% in recent months. However all this will do, in the context of the Irish Registered Nurse/Midwife, is to increase still further the attempts, by UK health authorities, to fill their nursing/midwifery shortage by aggressively recruiting here in Ireland.

A simple example of this is the recurring practice of such great hospitals, like Great Ormond Street Children's Hospital in London, of coming to our graduates, particularly those who have done the joint General/Children's Nursing degree programme, here, and, literally, recruiting them before they ever work here after registration. The pace and intensity of this recruitment drive, by the UK, will only increase, as a result of BREXIT, as the numbers applying, from within and outside the EU, to work in the United Kingdom, will fall due to concerns in a number of areas.

8. In addition the committee is asked to note, particularly in recent years, the Offices of the Chief Nurse in Ireland, Northern Ireland, Wales, Scotland and England, have worked, increasingly, together to collectively strengthen the nursing/midwifery input into healthcare in all five countries. This has the potential to yield greater benefits, in the years ahead, but this may all be minimised by the UK departure, from the EU, and the introduction of hard borders and all of its implications.

There is a determined effort by nursing and midwifery, to develop our infrastructure on an all island basis i.e. by our all island joint midwifery conference each year, and this will inevitably, in some way, be compromised arising from a departure from the EU and the issues that automatically arise.

Possible Responses/Strategies

In response to all of the foregoing, which is universally negative for health services, the INMO believes there is an absolute requirement for pro-active engagement, on this issue, and that is why we welcome the work of this committee. In that context we believe it is imperative that the Irish government, as part of the multi-faceted discussions which we know are taking place with regard to BREXIT, must focus on such issues as:

- regulatory bodies, in both jurisdictions, must work closely together to find a way to provide to the political system methods by which the movement of nursing/midwifery, and other health professionals, can continue, unimpeded, following any departure;
- standards of regulation and practice must be maintained, at the highest standards, in relation to all healthcare qualifications and, indeed, other areas such as medicines, medical devices, food safety and public health;

- whatever final shape the departure takes arrangements must be put in place that healthcare, in the island of Ireland and indeed from Ireland to the UK, has no borders and every patient can access, without delay or bureaucracy, the highest quality of specialist services their condition warrants;
- in that context we must continue to develop the Centres of Excellence, servicing all people on this island, in the critical areas of oncology, cardiac care, children's services, public health and primary care including care of the elderly.

The challenges to ensuring access to quality healthcare, in the most efficient and effective manner possible, are very significant as we face BREXIT. We must recognise and plan to meet all of these critical issues over the next two years in the interests of all citizens.

Finally, again on behalf of the INMO, I wish to conclude this statement by thanking the committee for taking the time to invite us and for allowing us to present our views to you.

Thank you.