After Brexit: nursing a divided UK

Whatever upheaval lies ahead, nurses can continue to work together across country lines

By Jennifer Trueland
ack in September 2014, the people of Scotland voted by 55% to 45% to stay part of the UK. Billed as a once in a generation event, the referendum appeared to put paid to the idea of an independent Scotland for the foreseeable future.

The results of that other momentous vote in June this year – on whether the UK should leave the EU – were barely in when Scotland’s first minister Nicola Sturgeon said that a second referendum on Scottish independence was ‘very much on the table’.

There have also been demands for constitutional change across the Irish Sea, with, for example, Northern Ireland’s deputy first minister Martin McGuinness calling for a border poll on whether there should be a united Ireland.

If the consequences of Brexit are as far-reaching as some hope, then the next few years could bring profound changes to UK health services, the population as a whole, and nurses.

Unlike England and Wales, where a clear majority voted to leave the EU in the referendum on 23 June, the people of Scotland and Northern Ireland voted to stay (as did the population of London). However, the UK overall voted to leave by 52% to 48%.

Why the vote matters
So does this mean the UK is hopelessly divided? It is worth remembering that not everyone in a particular country voted one way, says Dave Dawes, nurse entrepreneur and RCN north west England council member.

The self-confessed ‘stats geek’ emphasises that even in areas where the result was clear-cut, there were still plenty of people voting the other way. So in Scotland where a clear majority voted to remain (62%, 1.66 million), more than 1 million people voted to leave.

The situation in London – overwhelmingly pro-EU and out of step with other English regions – was also more ‘nuanced’ than the bald figures suggests, he adds.

Shortly before the referendum, Mr Dawes spoke during a debate on the issue at RCN congress in Glasgow, calling for nurses to help the nation heal, whatever the result. He believes this is strongly needed.

‘Something like Brexit will have an impact on nurses in lots of ways. Anything that affects the economy will make a difference to money available for public services, for example,’ he says.

‘But big political decisions can also cause natural emotional processes, almost like grieving. The referendum has been divisive, and as we move forward, I think we should all be moderating our language; let’s try and heal the splits in society.’

The vote pitched colleague against colleague, neighbour against neighbour, and family member against family member, regardless of geography.

Mr Dawes believes that the RCN congress shows nurses can be positive role models and a unifying influence.

‘If you look at congress, we have different views, but we debate politely and can still be warm and compassionate with each other,’ he says.

Implications at work
Janice Smyth is RCN Northern Ireland director, a country that has a long history of constitutional clashes and sectarian violence. But it is workforce implications that are at the forefront of her mind as the UK prepares for Brexit.

‘Northern Ireland voted to stay in Europe,’ she says simply. ‘We have experience of a hard border [between Northern Ireland and the Republic of Ireland].

‘But for nurses, what’s preoccupying us is the number of nurse vacancies – 1,000 in the health service and 500 in the independent sector. We have many nurses
from EU countries in Northern Ireland and losing them would have major implications.’

She points out that nurses currently (and freely) cross the border between the Republic of Ireland and Northern Ireland to live and work, and that, under new Sinn Féin health minister Michelle O’Neill, all-Ireland services are likely to become more common. For example, investment in a children’s cardiac service for all of Ireland has recently been announced, which would save patients having to travel to England or Scotland.

**Freedom of movement**

At the moment, freedom of movement means nurses can work in both the Republic and Northern Ireland, provided they register with the NMC and Irish equivalent, but it is not clear what will happen after Brexit.

‘Healthcare professionals should be able to move around,’ says Ms Smyth. ‘Working in different countries helps you develop skills and experience, and that’s good for patients.’

In her first visit to Northern Ireland as prime minister last month, Theresa May emphasised that ‘no one wants a return to the border of the past’ and pledged to work for a Brexit deal that is in the best interests of the whole of the UK.

She made it clear that she is committed to maintaining the union between the four UK countries.

The Scottish Government has said that a second independence referendum is possible, and that it would make sense to hold it before the UK exits the EU. However, some commentators believe Ms Sturgeon will not hold such a referendum unless she is sure of winning it.

Polls taken since the EU referendum in June have suggested that while support for independence has increased, it has not done so by a big enough margin to be worth the risk.

**Widening gap**

Arguably more likely than the break-up of the UK is a continuation of a gradually widening gap between the health systems of the four UK countries.

Although nursing regulation remains consistent across the UK, terms and conditions are diverging, as are the way health services are run. Each administration effectively makes its own decisions on how to implement pay body recommendations, and different countries are going their own way in key areas of policy.

The Scottish Government recently vowed to maintain nursing student bursaries, for example.

Nurse leaders are, however, aware of developments in the other countries, and are keen to learn from them.

RCN Wales director Tina Donnelly says that the college has benefited from being a four-country organisation because if something positive happens in one part of the UK, such as legislation passed this year to ensure safe staffing in the NHS in Wales, it provides impetus for change in other parts.

Ms Donnelly, who has trained or worked in three out of the four UK countries (apart from Scotland), says the ability to move freely enriches health services.

‘Northern Ireland has had integrated health and social care since 1974 and that is how we are looking to integrate services in Wales. It helps to have had that experience of another healthcare system.’

**Nursing family**

She is concerned that Brexit will have an impact on health services and public health in Wales, particularly in poorer areas that receive EU funding. Wales also relies on EU nurses, whose position is now uncertain.

But there are ‘some potential positives’, she adds. ‘For example, nurses might look beyond Europe to Canada and Australia, then bring that experience back to the UK. The world might...’
actually feel smaller, and will be a nurse’s oyster.’

Even if the UK does fracture in the wake of Brexit, the ‘nursing family’ with ties across country lines may prove resilient. Mr Dawes, who is director of Nurse First Community Interest Company, which delivers a programme for health and social care professionals who want to create positive change, says this is not entirely uncharted territory.

**Independence**

He cites the Isle of Man (part of his patch in north west England in terms of his RCN work), Jersey and Guernsey. These territories are crown dependencies and are independently administered jurisdictions with their own laws, and their own ‘partnership’ agreements with the UK.

‘We’re much better than we think we are at addressing these different issues,’ he says. ‘We have the Isle of Man in our region, and we work together on common issues as a nursing family.’

Mr Dawes adds that it is important to stand back and take a long view. ‘Nursing as a profession is 100 years old,’ he says. ‘We existed before the EU, and we’ll go on existing without it. Emotions are raw at the moment, but nursing is resilient, and we must remember that, whatever happens next.’

A Dutch nurse in Scotland: ‘I would consider voting for Scottish independence if it meant the country would remain part of the EU’

Silvia Boon von Ochsee moved from her native Holland to Scotland in 1992. The senior staff nurse in trauma and orthopaedics in Aberdeen does not see herself as ‘foreign’ in the country where she has worked for so many years, and where she gave birth to two of her three children.

However, she remains a Dutch citizen, which means the result of the EU referendum leaves her position uncertain. ‘The whole thing has been very divisive,’ she says.

The Brexit result surprised her and has made her reassess whether Scotland would be better off breaking from the UK. ‘I voted to remain part of the UK in the last referendum [on Scottish independence], but I would have to consider very carefully what I would vote if there was another one.

‘If Scotland could be independent and still be part of the EU, I’d have to consider it. When you look at how people voted in Scotland – with a large majority wanting to stay in the EU – and that people in England voted to leave, then you have to think about what that means.’

Having worked in several countries, she believes that nurses have a lot in common, regardless of geography. ‘There might be differences in resources, and in the way you do some things, but the very heart of nursing is caring, and that’s the same wherever you are.’