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A UK and Partisan view of Brexit and Dental Public Health

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I walked to work on 24th June 2016, reeling from the news that the UK referendum had shown a small but decisive majority in favour of leaving the European Union. I only knew of one person who had voted for Brexit! I had seen a few *Leave* posters up whilst out cycling and the opinion polls showed only a small difference, but none the less, I was hugely surprised. A neighbour reassured me that a deal would be struck so that we would find a nice arrangement amounting to a modest change, but the last two years have shown the value of his insights.

In fact, those two years have brought little new clarity. In large part that is because the UK government cannot reach an internal agreement on its own position, which should form the basis of its negotiation with the rest of Europe. Naturally, many of the matters of most direct relevance to our specialty will be secondary to fundamental decisions arising from those negotiations, so we must wait.

Of course, uncertainty is inevitable. Unfortunately, that uncertainty comes in the wake of a ten-year international financial crisis. Moreover, the attention that Brexit requires carries enormous opportunity costs; just think what we could all be doing if we weren't frozen by Brexit.

Even putting aside my personal views about the wisdom of the UK leaving the EU, there seems to be scant attention being given to the implications of Brexit to Dental Public Health. Some amateurish web searching and quick scans of the EADPH and BASCD websites produced no hits. I even looked back to Liz Treasure's Presidential BASCD conference in 2014, that had devolution as one of its major themes. But back then I doubt anybody thought we would do anything *that* radical.

The Kings Fund (2017) produced an article, recently updated, considering the implications for health and social care. It provides a reasonable starting framework of five themes, four of which (Staffing, Regulation, Cross-Border Co-operation and Finance) are relevant to Dental Public Health.

The first of those themes, staffing should be apparent to anybody working in UK dentistry, where about 17% of dentists are from Europe (Watson, 2017). We have received assurances that EU nationals already in the UK can remain, but the restriction of freedom of movement across borders is a consistent thread in government rhetoric. Anecdotally, this appears to be reducing the number of EU nurses, midwives and dentists in this country (Picken, 2018). In the case of dentistry, any shortage of supply is likely to hit the least popular regions the most and will disproportionately affect the bodies corporate. At the very least, this prospect should inform workforce planning, and it may be that dentistry could be added to the Migration Advisory Committee's Shortage Occupation List to facilitate acceptance of dental professionals from other countries.

The EU has been the source of a great deal of regulation, including that relating to procurement and competition, working time directives and professional standards. It is difficult to see a clear pattern of benefit or harm from this regulation. Any large organisation involving 28 countries is bound to be bureaucratic and slow. But it allows scope for agreements where an international position is important. For instance, the European Association for Public Health recently called for widespread adoption of sugar taxes. In one area of recent success, on 17th July votes on amendments to the Brexit Trade Bill forced the UK to remain in the European Medicines Agency (EMA). The EMA is concerned with the scientific evaluation of medicines, membership will ensure that scientific standards remain harmonised and that the UK will have a voice at the table. One area where Milne and Schrecker (2017) saw a potential benefit from a shake up of regulations was the relaxation of perverse incentives in the Common Agricultural Policy to encourage smaller businesses in a more financially and environmentally sustainable model for food production.

Cross-border co-operation is the raison d'etre of the EU, which in our context impacts on environmental protection, health protection and research. There are European policies on antimicrobial resistance, pollution and the regulation of alcohol and tobacco. It may be that if European legislation does not apply in the UK, then environmental protection policies may need enhancement. However, the UK already has more stringent policies to restrict tobacco use than many neighbouring countries.

One area of co-operation in which the UK is a net beneficiary is research. The reduced ability of UK scientists to apply for EU research funds is a considerable threat to an activity where we are world leaders. The UK Government has expressed a wish to establish an agreement so that scientific links can continue, but the threat persists. The UK Life Science Strategy (Office for Life Science, 2017) plans to increase research funding to 2.4% of GDP by 2027. Never the less, this will still need the flow of the best scientists into the country to carry out the research.

It won't surprise anyone to learn that the greatest implications are in relation to finance. These implications vary in the directness of their relevance to health. I have referred to the putative Brexit windfall before, where £350 million would become available to the NHS every week. Most of the current proponents of Brexit deny their involvement with this statement now, but a proportion of it could reduce the financial pressure on the NHS and public health.

As is always the case with public health, it is likely that the biggest implications will impact indirectly and upstream. Milne and Schrecker (2017) support the view that currency union damages weak economies, and so however unlikely, separation from the union gives greater scope for financial redistribution to reduce inequalities. More upstream still, a bigger issue will be the effect of Brexit on our overall financial situation, inflation and the value of Sterling. It is these things that will determine our long-term health and spending on health.

In summary then, it is not easy to predict the implications of Brexit for DPH. It is likely that the scenarios that you select from the list above will be selected on confirmation bias, depending on which way you voted in 2016.

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