Europe is still coming to terms with the UK’s decision to end its 43-year membership of the EU. The political shockwaves from the result of the referendum are still being felt far and wide, and we have no more clarity today on what will happen next than we had on 24th June.

The UK is yet to trigger the formal negotiations to leave the EU (the infamous Article 50), and we simply do not know what sort of future arrangements there might be. It is unclear whether Britain will try to remain a member of the single market or simply have access to it, or what will happen to other EU-led programmes to promote collaboration. It is also unclear how generous the other EU members might be in the negotiations. Within the UK, there is apparently conflicting evidence about the immediate impact of the vote on the economy.

As a consequence, we cannot accurately predict what the implications will be for hospice and palliative care. While UK hospices do not generally receive direct EU funding, several participate in research projects that are often EU-funded. There is a growing concern that British participation in EU-wide research programmes is being negatively affected by the decision to leave, with an apparent reluctance of European partners to launch new collaborations with British academic institutions. What this might mean for research in palliative care is not clear at this stage.

Most hospices in the UK are charities that depend on the generosity of their local communities to fund the care provided. In the immediate aftermath of the referendum, market instability had a negative – hopefully short-term – impact on the value of hospice investments and charitable reserves. Investments are, of course, always susceptible to fluctuations, but there were some real concerns that this instability could be the shape of things to come. Since then, while the financial markets appear to have recovered, there is continuing uncertainty about the long-term impact on Britain’s economic health, and indeed the economic health of the rest of the EU.

A downturn in the economy could be bad for hospice care because it would reduce people’s disposable income and, therefore, their ability to support hospices. An economic slowdown would have a negative impact on the capacity of charitable trusts and foundations, which rely on investment income, to offer grants to charities. It might also negatively impact public charities. It might also negatively impact public finances, with increased pressure on tax revenues and public spending, which could, in turn, have a knock-on effect on NHS funding. On top of this all, it is likely that the British government will need to replace EU structural funding programmes that will be lost.

The principle of free movement of people was a major theme in the referendum campaign, and hospices are concerned about the impact on recruitment if the UK leaves the single market. Hospices already compete with the NHS for staff, and a restriction on the ability of the NHS to recruit from other EU countries could have an adverse effect on the already challenging workforce context for hospice and palliative care services.

The outcome of the referendum has left the UK divided and angry, and hospices are not immune to that atmosphere. Hospice staff, volunteers and supporters have different views on the outcome of the vote, as well as on the issues involved. We need to ensure that everyone coming into contact with hospice care – whether as a patient, a family member, a supporter, a donor or a customer of a charity shop – continues to feel comfortable and welcome, regardless of who they are and what views they hold. Personal views expressed by staff and volunteers could easily alienate supporters and donors. Civil society organisations like hospices have a key role to play as a point of stability in their local communities during uncertain times. It is important that we continue to play this part.

In the meantime, it is business as usual. The publication of the government’s new commitment on end-of-life care in England,1 in the midst of the turmoil following the referendum, provides a clear vision for the improvements that the government wishes to see and for the actions to be taken.

The hospice and palliative care community has a long tradition of collaborating internationally, as well as sharing with, and learning from, other countries. I personally think that it is vital to maintain this tradition.

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Reference