



Royal College of Nursing submission to the House of Commons International Trade Committee inquiry *UK's trade options beyond 2019*

Background

1.0 In advance of formal Brexit negotiations, we welcome the International Trade Committee's inquiry to explore the options for the United Kingdom's (UK) future trade arrangements beyond 2019 – both with the European Union (EU) and the wider world.

1.2 We believe any future trade in products and services with the EU and wider trading partners must consider not only the potential economic benefits to the UK of these arrangements, but also the wider impacts on the health and wellbeing of the UK population.

1.3 The negotiations to date in relation to the Transatlantic Trade and Investment Partnership (TTIP) between the EU and the United States and the Comprehensive Economic and Trade Agreement (CETA) between the EU and Canada, provide an opportunity to learn lessons both about the process and about how we maintain UK governments' abilities to shape health policy and service delivery for their populations.

1.4 Our submission draws on the TTIP and CETA negotiations, the views of our membership and the significant work undertaken by a number of our European alliances – in particular the European Federation of Public Service Unions (EPSU)¹ and the European Public Health Alliance (EPHA)².

Key considerations

2.1 We encourage the Committee to consider the following key considerations that we believe must underpin the UK future trade arrangements:

2.2 Negotiations on future trade deals need to be more open and transparent – including potential future trade relations with the European Union. Health groups and the wider public are extremely concerned about aspects of the TTIP negotiations because despite assurances from politicians and the European Commission about the impact of the draft trade deal on public services and the NHS in particular, the draft text and its legal implications were not shared.

¹ European Public Service Union, CETA and TTIP: Potential impacts on health and social care services, May 2016. Available here: <http://www.epsu.org/article/new-epsu-working-paper-ceta-and-ttip-potential-impacts-health-and-social-services>

² European Public Health Alliance, Transatlantic Trade and Investment Partnership: Trade Law, Health Systems, and Public Health. Additional information available here: <http://epha.org/transatlantic-trade-and-investment-partnership-international-trade-law-health-systems-and-public-health/>

- 2.3 We are opposed to the use of investor-state dispute settlement (ISDS) in trade deals, which establish special tribunals to pass judgement on legislation introduced by government and its compatibility with each trade deal. This would give special rights to investors over other groups in society to sue governments if they subsequently introduced policies that threaten their profits, even if measures are in the public interest e.g. on public health grounds. The protection of rights of investors, as with other groups, must be addressed within the established legal system in domestic courts rather than bypassing these arrangements.
- 2.4 In relation to future trade arrangements with the EU, we have consistently argued that EU single market considerations need to be balanced with the overriding considerations of health protection, decent work, quality services and patient safety – whether in relation to health professionals, products or services. We believe this should continue to be a guiding principle for any future settlement.
- 2.5 The sovereignty of national governments being able to organise and manage their health care systems must be preserved. National governments must have the ability to change existing legislation in relation to health services should they have the mandate to do so. The RCN, and our European partners, are concerned about the use of “standstill” and “ratchet” mechanisms in trade deals such as CETA, as they lock in existing levels of liberalisation in public services. This could undermine any future national democratic decisions for changes to health and care provision.
- 2.6 Similarly, we are concerned about the use of “negative lists”, as proposed in the CETA agreement. This is because services can be subject to market liberalisation unless they are explicitly excluded in sector specific reservations. This could lead to issues of interpretation of the breadth of these services covered, particularly in relation to health and social services. A better approach would be “positive lists” where signatories specifically define services which are to be included in trade arrangements. Moreover, we believe the experience from TTIP negotiations clearly shows that health services should not to be included in the trade agreements.
- 2.7 Finally, there is rising public concern about trade deals being negotiated by the EU. This is due to a lack of transparency in the way that deals are being negotiated as well as a significant lack of engagement with civil society throughout the process.

About the Royal College of Nursing

The RCN is the voice of nursing across the UK and the largest professional union of nursing staff in the world.

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