

Open letter - *Brexit for kidney patients - August 2018.*

We are deeply concerned about two Brexit issues directly affecting kidney patients.

Medications and consumables for kidney patients.

The first is the supply of drugs and consumables for dialysis, the procedure which takes at least 4 hours at least 3 times a week in order to maintain life if the kidneys have failed. A striking analysis by a lady on home dialysis is that 61% of the products she uses for the dialysis are from EU countries, with a similar proportion figuring in her 14 medications. For those with transplants, who depend on immunosuppressant drugs to prevent rejection, the situation is similar. On behalf of the 60,000 people in the UK dependent on these treatments we are asking for some assurance on continuity of supply as lives literally depend on it.

Image: Dialysis products in daily use¹.



Reciprocal Healthcare

The second issue is one that we fear will disappear in the bigger picture, and that is the UK's continued membership of the European Health Insurance Card (EHIC) system after Brexit. We welcome the Government's stated position to retain membership, but we recognise that this position is still subject to negotiation with the EU. We are working hard to ensure widespread

¹ With thanks to Amanda Kirwan, UK

support and recognition of the need to retain membership and to ensure that the UK's negotiating team understand the importance of not compromising on EHIC membership.

The right to receive state-funded health care in European countries is important for people who travel to Europe. Indeed, many travel insurance companies actively encourage people taking out policies to also ensure they have a valid EHIC.

For some groups of people, EHIC is even more important. People whose kidneys have failed must receive dialysis treatment three times per week wherever they are. At present if they travel to Europe, they are able to book state-funded dialysis sessions in advance at a suitable hospital. This is the only way they are able to receive their treatment whilst in Europe. Travel policies do not cover dialysis at all. The only alternative to EHIC would be for the patients to pay for their own treatment, which is likely to cost around £750 per week and possibly more than this as costs vary in different countries.

So, without EHIC, most of the 29,000 people with kidney failure who are on dialysis will not be able to travel to Europe. This affects their freedom to take holidays in Europe or to attend family occasions or, in some cases, to work. This is the reason we are so concerned that EHIC membership must be protected as a priority.

We have received a letter from Sabine Weyand, the Deputy Chief Negotiator at the EU, who has told us that UK nationals would be treated as third country nationals after Brexit. However, she also said: 'Depending on the level of ambition of the UK, rights under the EHIC system may therefore figure amongst the issues to discuss under the framework of the future EU-UK relations'.

Kidney Care UK will continue to seek support from all parties for the continuity of EHIC and for continuation of vital supplies in the interest of all kidney patients.

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