HOUSE OF LORDS

Select Committee on the European Union

Home Affairs Sub-Committee

Corrected oral evidence: Brexit: Reciprocal Healthcare

Wednesday 18 October 2017

10.30 am

Watch the meeting

Members present: Lord Jay of Ewelme (The Chairman); Lord Condon; Lord Kirkhope of Harrogate; Baroness Massey of Darwen; Lord O'Neill of Clackmannan; Baroness Pinnock; Lord Ribeiro; Lord Soley.

Evidence Session No. 5 Heard in Public Questions 36 - 43

Witnesses

I: Mr Roger Boaden MBE, Member, Expat Citizen Rights in EU; Mr Christopher Chantrey OBE, Member of the Steering Committee, British in Europe.

Examination of witnesses

Mr Roger Boaden MBE and Mr Christopher Chantrey OBE.

Q36 **The Chairman:** I warmly welcome you both. We have been looking forward to this hearing, as we have heard a great deal from British citizens in the rest of the European Union in the months since the referendum. It is very good to have you here to give evidence to our inquiry. Thank you very much for coming.

This is a public session, and we are online. After the session, we will send you copies of the transcript.

Will you please briefly introduce yourselves and the organisations that you represent and for which you speak? It is up to you whether you make an opening statement. We have about 45 minutes and we have quite a bit of ground to cover, but we regard this as an extremely important session.

Mr Christopher Chantrey: Thank you, my Lord Chairman. I am Christopher Chantrey. I have lived in France for more than 40 years. I went there to work. I am chairman of the British Community Committee of France, which represents the interests of the British in France. I am also on the steering committee of British in Europe, which has recently been formed to represent the interests of the British all over the EU member states where we are affected by Brexit.

Mr Roger Boaden: My name is Roger Boaden. I am one of the three co-founders of a body we call ECREU—Expat Citizen Rights in EU. We have 9,570 signed-up members from all 28 member states. Some 61% of our members are retired, so there is an imbalance in relation to the total British population. However, 82% of our members place healthcare at the top of their list of priorities.

I am also a member of the steering committee and the strategy committee of British in Europe.

The Chairman: Thank you very much. We will come to some of those points. We have 45 minutes, and we then have the other side of the equation, as it were—representatives of EU citizens in Britain. We regard it as very important that we cover both sides in our report on reciprocal healthcare.

Will you give us your assessment of which groups of UK citizens resident in the EU benefit most from the existing reciprocal healthcare arrangements? I am thinking of people with disabilities or long-term conditions, or those who feel that they may need healthcare in the future. Are there any case studies that you could share with us or point us towards? That would be helpful.

Mr Christopher Chantrey: That is a rather detailed question, my Lord Chairman. I would like to say a few general things about the reciprocal healthcare arrangements; having looked at last week's session of this Committee, I am not convinced that it was entirely well understood.

The general scheme has 32 participating countries. It is not only the EU member states; it is the 31 EEA member states, plus Switzerland. An agreement between the EEA and the EU covers the 31, and a bilateral agreement—one of Switzerland's many bilateral agreements with the EU—covers Switzerland, which participates in the same way as the 31 states. Therefore, we are talking about 32 states.

I must draw a distinction. There are UK nationals, such as me, who have been working in one of the participating states and are therefore covered in the same way as nationals and other residents of that state. Healthcare is organised on a residency basis, not a nationality basis. Therefore, I am what the French call an assuré social français. I am not French, but they would lump me in with the people who pay into the system over there and receive healthcare, paid for on the basis of that insurance-based system.

One important community is made up of those who contributed in the home state and elected to retire to one of the other states—the retired people to whom Roger has just referred. Under the agreement, the home state—the competent state—or the state of origin is responsible for paying the cost of treatment in the state of residence. That can be done either on an itemised billing basis or, as the paying country chooses, on an annual flat-fee, per-patient, per-year basis—the basis on which the United Kingdom contributes to the system.

Last week the Committee was talking about recovery of fees by NHS trusts and hospitals, but for the reciprocal 32-country system it should be done on an annual basis.

There are two basic things: the EHIC, which you talked about a lot last week, and the S1. The EHIC is for short stays. It can be for posted workers, for up to two years. The S1 is for people who have elected to move from the United Kingdom or from their state of origin and to go to live in another member state. My understanding is that, in both cases, for the UK, it is the annual fee per patient, per year that is recoverable.

We have to bear all those things in mind. It is 32 countries.

The Chairman: That is very helpful.

Mr Christopher Chantrey: I am glad you say that—thank you, Lord Chairman.

On the question of which categories benefit, I would say that every UK citizen living in another of the 31 participating states stands to benefit equally. People's health situations are different. You may want to talk about your situation, as an example, Roger. However, you do not go there to get more out than you put in. You get out what is needed to treat the conditions that you suffer from. I do not see that there is a difference among the categories that the question suggests.

The Chairman: Thank you. That is very helpful. Shall we hear from Mr Roger Boaden?

Mr Roger Boaden: Thank you, my Lord Chairman. I guess you could describe me as a typical case study, as I have two long-term conditions, from which I began to suffer before I left the UK. I did not leave for that reason, but they were there.

I have degenerative arthritis of the lower spine; hence I have to keep myself upright with a pair of sticks. I was told that I would be in a wheelchair by the time I was 70. I am 77 and I am still going. I am having difficulty, and it is slowing me down, but I am still there.

I also had two deep-vein thromboses in my right leg, followed by cellulitis. Consequently, I get ulcerations on my right foot periodically. I have medication night and morning. I have regular blood tests. There are periods when a nurse must come in to do the dressings.

My long-term conditions mean that I must have healthcare all the time. I have to see my GP on a regular basis, I have to go to the pharmacy every month and I have to go for blood tests every month. I am a good case study in that sense, I guess.

It is not all free. Top-up insurance is €3,392 a year, or £2,758 at today's exchange rate. That is about half of what the French Government claim back from the UK. The local health organisation, the CPAN, which I have to work with, sets a tariff for medications, blood tests, physiotherapy and so on. All those things are relative.

Last year my wife and I had healthcare costs of an average of €200 a month. That is quite low—it was a low year. We had nothing major in the course of the year. However, my wife has had surgery, and I have had two sessions of surgery. When I had keyhole surgery on my right shoulder, the bill for that and nothing else was €2,200. I will have to have new glasses quite soon. My costs this year will go up again.

The Chairman: It is very useful to have a particular case study. We have been keen to have such evidence, so thank you very much for that.

Baroness Massey of Darwen: Will you say something about the position of children in particular, and about pregnancy and birth? Are there issues that we could look at?

Mr Christopher Chantrey: I think they are in the same situation as everybody else.

I want to add to what I said earlier, and I think that my colleague has made this clear. The reciprocal healthcare arrangements cover the basic insurance cost. He mentioned top-up insurance. If you wish to insure to a higher level of cost, you may do so. Otherwise, you pay part of the cost yourself. If you have the basic scheme, you pay for part of the cost yourself. For anybody who is legally in France—we are talking about France, but I am sure it is the case in the other states—and if you are covered by the S1 because you are British and you are a retired person living in another state, or if you are covered by the EHIC, you will be treated, and the UK will be charged, albeit on an annual basis in the case

of the UK, for the work done. For pregnant women, childbirth and childcare, or medical services provided in the case of a child's illness, I do not see that there would be any difference.

Baroness Massey of Darwen: So, pregnancy is a top-up thing, is it?

Mr Christopher Chantrey: The top-up means that, for a given medical act, as they call it, there is a state-wide fixed price. There are thousands and thousands of items—there is a huge price list. That is the price that you pay to the practitioner, except that, under the French state insurance scheme, you get reimbursed 70% for the most common items—for example, a visit to the GP. That is currently €25. The GP gets €25; the French national health insurance scheme pays 70% of €23. There are similar things like that for the thousands and thousands of procedures that exist.

Mr Roger Boaden: The chances are that, where healthcare is required for children, it will be for a family who have moved to France, Spain or anywhere else to work. They will not have retired, so they are working. It is important to look at that.

I had a conversation with an 18 year-old the other day. His parents are friends. He came to see me in particular because he wanted to know where he stood on registering with a doctor. He wanted advice—"How do I go about it? What happens when I go? What do I pay? How do I pay?" He was poorly, and his parents could not give him the answers, so he came to me. I saw an example straightaway. Okay, he is 18, but he is still at school or has just finished school and is on his way to university.

Baroness Massey of Darwen: He is a child, up to 18.

Mr Roger Boaden: Yes. He has a younger sister. She broke her arm not so very long ago and was dealt with by the local hospital. Her parents are both registered in France, running a business. All those areas are important. If the raft of reciprocal healthcare is taken away, they could run into problems. However, many of them will be paying social security contributions in France or in Spain, in which case the whole situation changes.

Q37 **Lord Soley:** Which aspects of European Union reciprocal healthcare do your members use most? Is it the European health insurance card, or is it the S1 and S2, to which you have referred?

Mr Christopher Chantrey: We can eliminate the S2, which is for UK residents who have programmed health procedures—who elect to have those performed in another state. We are talking about UK nationals and others who have worked in the UK but who do not live in the UK. Let us eliminate the S2.

The S1 is for pensioners—about 490,000 over the 32 countries of the EEA. If their pensions are paid mainly by the UK, they qualify for the S1 procedure, and before they left they should have applied for the S1 procedure. That should be the way they receive their healthcare. It is

billed back on a per-person, per-year basis to the UK. That is used by nearly half a million people.

The number of British people living in other European states is disputed. In February 2014, Baroness Warsi gave this House a figure of in excess of 2 million. More recently, the Government have tried to say that we are only 900,000. We think that the truth is probably between the two. It is certainly more than 900,000—it is over 1 million. I cannot give you precise figures.

The third device you mentioned is the EHIC. An S1 user—a UK retired person in another member state—would be entitled to an EHIC from the UK, and would use that for travel back to the UK for treatment or to another of the 31 states. That is a small number compared with the EHICs issued to UK-resident holidaymakers. That is the big number.

Mr Roger Boaden: I think the Secretary of State needs some education on the EHIC. When he was interviewed by Andrew Marr a few weeks ago, he waved his hand airily and said, "We want to extend it to everybody". He was talking about the EHIC scheme—the card scheme. He said, "We have agreed it for the people in Europe—British citizens in Spain, for example".

I have done quite a bit of research into EHIC. The freedom of information request that I made tells me quite clearly that less than 5% of the total UK-issued cards are to UK citizens living in the EU. Two-thirds of those living in the EU are working. If they are working, they are paying into the local system. If they are paying into the local system, they claim their EHIC from there.

It seems that the UK is almost unique in forcing people to make an application. Luxembourg and Germany include the EHIC in their health card. In France, I have a carte vitale. I had my first EHIC from the local health authority without asking for it—it just turned up. After five years, the authority said that the regulations had changed, and that I now had to claim my EHIC from the NHS, which I did. I have used it once in seven years.

Lord Soley: That is very interesting. We have looked at some of the statistics for the EHIC. They are interesting and challenging in certain areas.

You, Mr Roger Boaden, have talked about your own situation. Do you use private insurance?

The Chairman: We will soon be quite pressed for time, so shorter answers would be hugely helpful.

Mr Roger Boaden: I have to have top-up insurance—a mutuelle—so, yes, I have private insurance in that sense.

Lord Soley: As a top-up.

Mr Roger Boaden: As a top-up.

Lord Soley: Presumably, that is quite common throughout the Community.

Mr Roger Boaden: In France, it is. In Spain, for example, it is quite different, because the whole healthcare system is free. However, many people take out private insurance on top of that to cover themselves for emergencies.

Q38 **Baroness Massey of Darwen:** In its position paper "Safeguarding the position of EU citizens in the UK and UK nationals in the EU", the Government have said that they "will seek to protect the healthcare arrangements currently set out in EU … Regulations". The EU and UK negotiating positions are aligned on the question of people temporarily in another EU country on the day of the UK's withdrawal from the EU, but, if no agreement was reached on future arrangements, what would be the impact on UK citizens resident in an EU member state after Brexit day?

Mr Roger Boaden: Horrendous.

Mr Christopher Chantrey: The issue is not for us. We are very pleased every time there is alignment between the British negotiating team and the EU negotiating team, but it is not a question of what happens on Brexit day. That is not the most important factor. That is important in itself. There is a transition arrangement, and that has to be clear, but the problem for us and the people we represent is how they continue to be able to live if there is no reciprocal healthcare.

If there is no agreement between the UK and the EU and the UK crashes out of Europe in a chaotic Brexit on 30 March 2019, we are talking about a very large number of people who can no longer live in the country in which they have chosen to live in good faith. In many cases, they will be forced to try to sell their properties, which may be very difficult in rural France, Spain or Italy, where there is no market for property, they will come back and they will be a burden on the state here in the United Kingdom.

Baroness Massey of Darwen: You said this will be "horrendous". Could you give us some written evidence on this? Would that be helpful, Lord Chairman? It is quite a complicated issue.

The Chairman: Yes, that would be very welcome.

Mr Christopher Chantrey: By all means, my Lord Chairman.

The Chairman: That would be very helpful. Thank you.

Q39 **Lord O'Neill of Clackmannan:** Mr Christopher Chantrey, in response to the negotiations on citizens' rights, the chair of your organisation, Jane Golding, has written, "it is not clear … if it" will be "necessary to already be in receipt of a pension and healthcare from the UK before exit" to benefit from the proposed reciprocal healthcare arrangements post

Brexit. Could you outline her concerns?

Mr Christopher Chantrey: We do not know fully what the proposed arrangements are post Brexit. We know that, at the moment, in order to benefit from the S1 route, you have to be in receipt of the majority of your pension income from the UK. Will that be in any future agreement? To a large extent, our problem is that we do not see the agreement taking any sort of form at all. Therefore, we fear the worst. There is only a year's negotiating time left.

The easiest thing—the thing that would give us satisfaction—would be to transpose the entirety of Regulations 883 and 987 into a new agreement. There is a very small number of ways in which that can be done. You can do it by ensuring that the United Kingdom remains a member of the European Economic Area. If that is not acceptable—I think that that is debatable; I do not think that it is true that the referendum ruled it out—the other way is to have a bilateral agreement. Although the EU is not very keen on them, we know that it has bilateral agreements with Switzerland. You could go to the Swiss agreement and say to the EU, "Let us make between the United Kingdom and the EU an arrangement that will be similar—almost word for word—to the Swiss arrangements". You can get it on the internet. By this afternoon, you would have a draft that was ready to be discussed with the EU. I might exaggerate on the timescale, but you get my point.

The Chairman: Mr Roger Boaden, do you want to comment further on that?

Mr Roger Boaden: Because of the time, Lord Chairman, I will not.

The Chairman: That is very helpful.

Q40 **Lord Kirkhope of Harrogate:** Good morning, gentlemen. It is nice to see you again. We have met on many occasions over the years. I note a certain frustration and irritation—even anger—from some of the correspondence with government in which you have been involved. The Government have made it very clear that they want to maintain arrangements "as close as possible to the status quo". You have already outlined possibilities here. In your view, is it possible, within the context of what the Government have said so far, to have that position maintained?

Mr Christopher Chantrey: I think it is possible, as I said before, but we need to see progress being made in that direction. Some concessions have been made. They are still in an agreement that is not ring-fenced, which is a worry to us. If reciprocal healthcare and the other citizens' rights questions could be ring-fenced and separated from the other vexed questions, such as the financial settlement and a hypothetical trade deal, we would be less worried, anxious and angry.

Mr Roger Boaden: You are absolutely right to say that there is anger. I feel very angry that David Davis, in particular, is treating us like ping-pong balls. He has started the whole position from a different starting

point. Right at the beginning, Michel Barnier said, "Let us agree that we will cover everybody's acquired rights. Then we will work out how we do it". He published details at the end of April. Two months later, David Davis published details that took him over here.

The right of residence for EU citizens living in the UK ceases—comes to an end—at midnight on 29 March 2019. The government website says so. I did it again this morning. If you google the words "applying for permanent residence in the UK", the first website on the Google ratings is www.gov.uk. If you scroll down the page to a grey bar on the left, it says, "Your residence card won't be valid after the UK leaves the EU". A few days ago, I had correspondence with a lady from Sweden who has lived and worked in the UK for 20 years. She is desperate. She got her permanent residence documents in February. Now, she reads that on the government website. She said, "Where do I go from here? I wanted that as a step towards citizenship, and it is going to be taken away from me".

Mr Christopher Chantrey: That is true of me, too. It is true of a very large number—hundreds of thousands—of Brits who have obtained the residence permit in their state of residence, as I have. I got mine about three weeks ago. It says on it that it is valid for 10 years. Well, it is not valid for 10 years. It is valid only for 10 years or for the United Kingdom's membership of the European Union—whichever is the shorter. That means that on Brexit day plus one I will be an undocumented alien. I will not have the right to live in France any more, until and unless France grants me one. Therefore, if I am not a legal resident, I cannot continue to have healthcare cover.

The Chairman: What happens the day after, assuming there is not an agreement?

Mr Christopher Chantrey: If there is no agreement, we will look to our respective host country to grant us some sort of status. Of course, they have other things to do. They are already going to have to invest in customs facilities and other things, in case there is no agreement. They will have to recruit customs officers, build new storage areas for lorries in Calais, and so on. I do not know how far up the list of priorities we will be.

The Chairman: Do you have any sense that the Governments of other member states—in France or Spain, for example—see this as something they may have to deal with?

Mr Christopher Chantrey: I am sure that they do. I am sure that they are discussing it.

Mr Roger Boaden: Unquestionably. I know quite a bit about what is happening in Spain. In Spain, you cannot have dual citizenship—in France, you can. The French could offer me dual citizenship. However, if I lived in Spain, I could not have it. There is a dichotomy, because it will vary from country to country.

The Chairman: That is an important point.

Baroness Massey of Darwen: Why are people not seeking dual citizenship?

Mr Christopher Chantrey: More and more are. However, you have had the answer about Spain. You cannot do it in Spain—or they make you renounce British nationality. Brits in Spain will not do that.

The Chairman: Is Spain unique in that respect in the European Union?

Mr Christopher Chantrey: I believe that the Netherlands also requires you to renounce.

Mr Roger Boaden: Yes. Even in France, going for citizenship is quite complex. A lot of documents, which you may not have, have to be produced. I am not sure that I could meet the documentary evidence test. I could only just do it when applying for permanent residence. We have gone through stages. When I first arrived in France, I had to have a carte de séjour after three months, so I queued up in order to get it. That ceased after five years. However, by then the regulations had changed and I did not need it any more. Now I am looking at applying for permanent residence, like Christopher.

Baroness Massey of Darwen: For what residence?

Mr Roger Boaden: Permanent residence—the carte de séjour permanente.

Lord Ribeiro: I want to follow up on your entitlement. If you are resident in a member state of the EU, do you not pay contributions that give you basic healthcare insurance cover?

Mr Christopher Chantrey: I do.

Lord Ribeiro: What percentage of people do you think are in your situation?

Mr Christopher Chantrey: Those who are in work. We estimate that two-thirds are in work.

Mr Roger Boaden: Two-thirds of British citizens are in work or running their own businesses.

Mr Christopher Chantrey: You are quite right. They contribute to the system as though they were French nationals. We are less at risk, except that we are at risk in the sense of having the right to be there at all. Strictly speaking, if I do not have the right to be there legally, the healthcare cover could be withdrawn. The other third are the retired people we have been talking about, on the S1 route.

Lord Ribeiro: I just wanted to clarify that, because there is an impression that all of them would be cut adrift, with no support whatever. That is not the case.

Mr Roger Boaden: You can definitely take it as two-thirds to one-third, as Christopher said.

Q41 **Lord Ribeiro:** How will people pay for healthcare if no arrangement is made? In France—I have never understood why we did not do this in the UK—there has always been the perception that you are responsible for 20% or so of the healthcare payment. It is up to you whether you take insurance to cover that. The rest is paid by the state.

Mr Christopher Chantrey: Roughly speaking, yes.

Lord Ribeiro: How do you think that those who are left after D-day—when it happens—will pay for it?

Mr Roger Boaden: For my part, I will have to give very serious consideration to moving back. There are all kinds of problems associated with that. I know now that I would have great difficulty recovering my costs on my house, if I were to put it on the market. We bought it at a certain price in 2002. We spent quite a lot of money on putting on a new roof, putting in new windows, and so on. Prices have gone down substantially. There are still British citizens turning up to buy houses in France—which is quite remarkable, in a sense—but they are looking for bargains and will knock you down on price. If I am in a situation where I have to sell in order to come back because I can no longer afford my healthcare in France, it may be a problem.

Lord Ribeiro: With your health issues—which, as you have pointed out, are chronic and long term—getting health insurance would be pretty challenging.

Mr Roger Boaden: I think that it would—if not impossible.

Mr Christopher Chantrey: In most cases, we think that for people over the age of 70 with pre-existing conditions it will be prohibitive. They will either be faced with huge premiums from a private insurer or be refused. That means that there is a likelihood of perhaps 100,000 British people who currently live abroad being forced to come back in a state of penury, to be a burden on the state in housing and in requiring more from the NHS, which is under great strain.

Mr Roger Boaden: May I pick up a separate point, which I meant to pick up earlier? There is apparently agreement on aggregated pensions. That is wonderful. My wife is Irish. She worked part of her time in Ireland and part of her time in the UK. Her last employment was in the UK, so she has a partial UK pension. She is in the process of going through the aggregated route. It looks possible—we do not know the answer—that she will end up with a full Irish pension when the two are aggregated, which would help in lots of ways.

To find out the information, we wrote four times to the international office of the DWP. Four times it ignored the letters, so I sent a stinker. I got a letter back that said, quite literally, "Nothing to do with us, mate. Talk to the Irish". The word "mate" did not appear, but that was the tone of the

letter. We went to the Irish, who gave us chapter and verse of the EU regulation. They said, "Here it is. This is what it says. This is what it does. You must talk first to the UK". I made some headway only when Damian Green became the Secretary of State, because I sent him the dossier and said, "Please do something about it". Five days after he received my letter, my wife got the aggregation form. When you have to go through that kind of aggravation, it becomes very difficult.

The Chairman: I understand completely. I am glad that she got it, anyway.

Q42 **Lord Condon:** Will you say more about your fears or expectations—assuming there is some reciprocal agreement—about UK citizens who currently reside in EU countries and, for whatever reason, want to move from one country to another? Let us say that they are currently resident in France, but after the withdrawal date they want to move to Spain or Italy. Do you have an expectation or fears about what transferable rights they will take with them?

Mr Christopher Chantrey: We have a fear, because in its present position this is not part of the deal that the EU is offering. That is a loss of citizenship rights for us. It would mean that if we no longer wished to live where we were living—in our case, in France—the avenues would be restricted to returning to the UK only. We would otherwise have to comply with the immigration requirements and procedures of the desired member state. For example, it would not be as easy as it is at the moment for us to move to Spain or Italy, if we so wished. I hope that the EU will move on that. British in Europe is trying to obtain that from the European negotiators.

Lord Condon: Why has the EU taken that stance?

Mr Christopher Chantrey: We do not really know. We have tried to say all along that what would really be fair to all would be to maintain the whole of the arrangement unchanged. I think they fear that it is in some way contrary to European law, because you would be making a concession to non-EU citizens. There is fear that that would be seen as a precedent and that you would get other people who are outside the EU—one thinks of Turkey—wanting the same. You do not necessarily want to go down that route with a non-member state. The problem is that the UK will be a third country, and all the implications of third-country status will kick in.

Mr Roger Boaden: One of our legal advisers in British in Europe had a meeting two weeks ago with one of the co-ordinators of the EU 27 in Brussels, who also happens to be an ambassador. I am pretty sure that the document that she subsequently produced as a report of that meeting is accurate.

It says, "After a difficult summer, they"—the EU 27—"were quite positive after Theresa May's Florence speech. They appreciated the movement on direct effect, the transition period and the language on the financial

settlement, and saw these as important concessions on the part of the UK. However, round 4 then started, and the UK negotiators turned up in Brussels with a different set of negotiating positions to Florence. When the EU 27 asked, 'But what about the Florence speech?' they were told, 'Well, what Theresa May actually meant by that was XXX'. This caused huge disappointment".

We believe that that is why the EU has begun to move from its position at the end of April. It is a kind of retaliation, as if to say, "If you are going to be the awkward squad over there". David Davis says that he is making concessions, but he is making concessions from there to here. He is not making concessions beyond that point. Again, there is a problem.

The Chairman: Thank you very much for reading that. That is helpful, too.

Q43 **Baroness Pinnock:** I seek your thoughts on potential transition arrangements. Will you give us three top priorities for reciprocal healthcare if there is transition?

Mr Christopher Chantrey: Again, it has to be as close as possible to the present arrangements—in other words, Regulations 883 and 987. We cannot discuss any more of the detail here, but otherwise it would be an unacceptable loss of an important aspect of our lives and livelihoods.

We understand that there was a vote in favour of Brexit and that it will produce losers. If all goes well, in the future—in the medium to long term—there may be benefits that compensate for the losses, but in the near term it is clear that there will be losses. We do not want to have to shoulder an unfair proportion of those losses. I cannot talk in detail, but I really think that it must continue as it is today.

Baroness Pinnock: If you want to give us more detail, that will be very helpful.

Mr Christopher Chantrey: It would get rather technical. I will try, but I am not sure that I shall be able to do so. Regulations 883 and 987 took years to do. They are extremely complicated. It is amazing that they work, when you bear in mind that the 32 countries all have different systems. Here is this construction that makes it all work. It is an amazing thing.

Mr Roger Boaden: I agree with all that.

Baroness Pinnock: I like agreement.

The Chairman: May I ask a couple of questions, one of which is rather technical? You talked very clearly about EHIC and S1, which we understand. You said that S2 does not apply. Let us suppose that a UK citizen living in France, for example, needed to get treatment elsewhere—or any UK citizen in an EU country needed treatment in another EU country. Would he or she need an S2?

Mr Christopher Chantrey: Yes. That is true. I assume that it is not a very likely case, but it would happen, of course. That is why the S2 exists. If I were ill in France and needed treatment that was available only in the UK—or available there only in a particular timeframe or at a particular cost—I would need an S2. I believe that there is use of the S2 between Northern Ireland and the Republic, in particular.

The Chairman: Indeed. That is very helpful.

Mr Christopher Chantrey: One can imagine a person living in France needing treatment in a neighbouring country—Belgium or Luxembourg. It is conceivable.

The Chairman: Thank you for that. I have one final question. Your evidence today has been extremely helpful, and thank you for the evidence you submitted in writing. We have asked for one or two other pieces of information, which will be very helpful.

Are you in touch with other Committees in the Houses of Parliament, such as the all-party parliamentary groups?

Mr Roger Boaden: Yes, we are.

The Chairman: Good. That is helpful to know.

Is there anything that you think we ought to have asked you that we did not ask and on which you would like to comment?

Mr Christopher Chantrey: We are very interested in hearing the next part of the session, with the3million and New Europeans, because to a large extent we share the same problems, but what they say will not necessarily be a big surprise to us.

The Chairman: Thank you for your evidence.