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Review of ‘Not What the Bus Promised - Health Governance after Brexit’ by Tamara K. Hervey, Ivanka Antova, Mark L. Flear & Matthew Wood

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‘Not What The Bus Promised - Health Governance after Brexit’ examines the discrepancies between the claims made during the Vote Leave campaign around how Brexit would affect the NHS, and the healthcare-related legal realities that have been unfolding over the course the UK’s exit from the EU. The book follows two distinct aims: to *explain* the post-Brexit NHS-related legal landscape and to *understand* why expertise (traditionally understood) did not seem to matter in the Brexit debate. While those two aims are distinct, the authors skilfully navigate the space between them through an exploration of the meaning of expertise and of the importance of temporality and place. As a result, the socio-legal analysis presented in this book is uniquely multi-layered. It ties together legal accounts of the impacts of Brexit on the NHS with stories and experiences of people living in selected parts of the UK. This layering of different kinds of knowledge takes the reader along a reflexive, simultaneously meticulous and emotionally engaged epistemological journey.

The chapters are guided by the 2007 World Health Organization’s model for conceptualising healthcare systems and explore each section - cross-border healthcare; staffing; medicines, medical devices, and equipment; biomedical research; and the health implications of the UK’s trade relationships - in a chronological manner. The authors start each section by presenting the pre-Brexit state of play, then explain the situation under the Withdrawal Agreement, and then the direction of travel under the EU-UK Trade and Cooperation Agreement (TCA). They also pay special attention to the uniquely complex Northern Irish situation and devote a chapter to examining the ‘accountability’ for post-Brexit health governance, and what this notion means to different people. While this consistent chapter structure contributes to the clarity of the book, it also means that some of the main arguments made in the book (that the Withdrawal Agreement avoided a worst-case scenario, but that we still see the risk of gradual erosion of rights) are presented in a repetitive manner.

However, to render the analysis engaging despite its repetitions, the authors draw on many real-life vignettes. When talking about cross-border access healthcare, for example, the authors refer to the situation of Nicola Hawkins, a person who had life-long kidney problems requiring regular dialysis. Prior to Brexit, she was able to travel freely to the EU and access healthcare through her European Health Insurance Card (EHIC). While the ‘TCA covers an equivalent source of rights to that contained in one of the sources of EU law on cross-border healthcare’ (p.67), we learn how the new requirement to seek prior authorisation from the home country for certain treatments (including dialysis) has negatively impacted her ability to travel. We learn how the freedom to travel in the same way as everyone else was ‘an aspect of her human dignity’ (p.61). Those stories illustrate very clearly how very often Brexit did not lead to the sudden disappearance of health rights. Instead, it has ushered in creeping legal uncertainty and a gradual erosion of rights due to decreased transparency, added conditionalities and requirements, and increased ambiguity, and potentially growing regulatory divergences. This book gives concrete examples of how the cracks through which patients can fall are widening since Brexit.

Throughout the chapters, an impressive amount of data collected over many years is woven into the analysis in a narrative way, including interviews with politicians and policymakers and various set-ups prompting street conversations like Vox pops. This breadth and depth of data (and the transparency surrounding the methods) gives the book an exceptional level of palpability, which makes it surprisingly accessible given the complexity of the topic. Through these numerous conversations that unsettle the expert-lay person dynamic, this book also calls for an ethos of humility, reflexivity, and respect for interpersonal process when carrying out research. Among other things, it finds that many Brexit voters

always knew that the ‘red bus promise’ (£350 million per week for the NHS) was false and reflect on why this did not necessarily matter.

In conclusion, this book speaks to many different audiences and disciplines and serves various different purposes. The challenging task of coherently bringing together so many layers, means that the book adopts a repetitive structure. Overall, the book captures the popular mood(s) prevailing in specific places in the UK at a particular time around Brexit and the NHS. It is also a handy resource to understand post-Brexit UK health law – even if as a historical snapshot given the rapid changes in this area. Relating both together, the book also offers insights into the politics of expertise, and into the dimensions of democratic accountability. Finally, the book is also valuable to anyone interested in innovative socio-legal methods.