

Brexit 'no deal'

Briefing for trust communications leads

At this point there is still no final deal agreed with the EU on arrangements and the relationships across a number of areas and there is the potential for this to have a significant impact on the NHS and the wider healthcare sector.

This briefing is to help trusts communicate with staff, patients and the public on the preparations to date for a possible 'no deal' Brexit. When providing this information, it is worth highlighting trust-level preparations and activities that are already in place in addition to the national preparations and information outlined below.

Overview of national planning

Although it is not current government policy to pursue a 'no deal' Brexit, as we draw closer to the 29th March, no deal contingency planning has been stepped up. The Department of Health and Social Care (DHSC) is leading national NHS preparations for a 'no deal' Brexit, focussing on the following:

- Supply of medicines and vaccines;
- Supply of medical devices and clinical consumables;
- Supply of non-clinical consumables, goods and services;
- Workforce;
- Reciprocal healthcare;
- Research and clinical trials;
- Data sharing, processing and access

The impact of a 'no deal' scenario is not limited to these areas and DHSC is also developing contingency plans to mitigate risks in other areas such as blood, blood components, organs, tissues and cells.

Local preparations are also being undertaken, with DHSC issuing operational guidance to providers, commissioners and NHS England (NHSE) and NHS Improvement (NHSI) regional teams.

The Department is establishing a national Operational Response Centre (ORC) which includes NHSE, NHSI and Public Health England (PHE). This will lead on responding to any disruption to the delivery of health and care services in England, which may be caused or affected by EU exit. NHS Improvement's operational response, led by EU Exit Strategic Commander Professor Keith Willett, will be based on enhancing our existing command and control structures used in emergency preparedness, resilience and response (EPRR) in common with a unified approach agreed across PHE and NHS Blood and Transplant. These modes of operating should be familiar, including our approach to information gathering, assurance, issuing direction, alerts and advice. You can read more about Professor Keith Willett's role [here](#).

Context for 'no deal' preparations

It is worth bearing in mind:

- Across the NHS a great deal of preparation has already been undertaken to ensure that any disruption caused as a result of there being no deal can be minimised.
- The NHS is good at planning for difficult situations and all organisations have emergency and business continuity plans in place.
- Trusts are closely following advice from government and are keen to reassure patients that medicines and equipment will continue to be available and any disruption will be minimal.

Supply of medicines, vaccines, medical devices and clinical consumables

- Around three-quarters of the medicines and over half the devices and one-use medical products (such as syringes) that the NHS uses, come into the UK via the EU.
- The government has been working closely with pharmaceutical companies, suppliers, and the NHS to make sure patients continue to receive the medication they need if the UK leaves the EU without a deal.
- Updated guidance on actions being taken on the supply of medical devices and clinical consumables was issued on the 11th February. It provides additional information on the centralised stock being held by the NHS Supply Chain; the preparedness of more than 1,300 NHS suppliers; and work being done to prioritise products entering the UK. The guidance can be found [here](#)
- The government has analysed the supply chain, made plans to reduce the risk of disruption, and given instructions to pharmaceutical companies/suppliers to ensure that they have adequate stocks to cope with any potential delays at the border. This includes stockpiling a minimum of six weeks additional supply of medicines coming from, or via, the European Union or EEA, over and above business as usual operational buffer stocks. Companies also need to put in place plans to air freight products that have short shelf lives and cannot be stockpiled. You can find out more about preparations in a [letter](#) issued on the 17th January by Chief Pharmaceutical Officer Dr Keith Ridge.
- For medical devices, stock holding at a national level has been increased and contingency plans developed with suppliers with, where necessary, an increase in the production and supply of products.
- The government has also agreed that medicines and medical products will be prioritised to try to ensure that the flow of all these products will continue unimpeded after 29 March 2019.
- The NHS has always had to deal with occasional temporary shortages of specific medicines and, as is the case now, clinicians will discuss with patients and service users the best course of action and, if necessary, prescribe the best available alternative to someone's usual medication. This is a tried and tested system.
- We would echo the government's advice that local stockpiling – by NHS providers or individuals – should not be undertaken. Doing so is likely to create shortages rather than avoid them.

Status of EU citizens in the NHS workforce

- The future rights for EU citizens to remain in, or migrate to work in the NHS has been a key concern for trusts, central NHS bodies and ministers across government. EU citizens make up 5.6% of the overall provider workforce, a total of 63,000 staff. The nursing workforce is supported by around 20,000 EU nationals (7%) and there are close to 11,000 EU citizens working as hospital doctors (10%).
- The Home Office has outlined the arrangements for EU citizens in the event of a no deal Brexit, which set distinctions in the rights for EU citizens to live and work in the UK according to whether they have come to the UK before or after 29th March.
- EU staff currently working in NHS trusts are eligible to apply for the EU Settled Status Scheme at no cost to them or their employer. Applicants can gain settled status if they have been living in the UK for five years, or pre-settled status if they have been resident for a shorter period. The application deadline has been brought forward to December 2020 in the case of no deal. If EU citizens come to the UK after 29th March they will be automatically eligible to work in the NHS for up to three months, but need to apply for European Temporary Leave to Remain status if they wish to stay for a maximum of three years.
- The future “skills based immigration system” will be implemented from 2021 and will clarify the status of EU healthcare staff in the long term. The government is consulting with stakeholders on proposals set out in the Immigration White Paper last December, which aim to standardise rights of EU and non-EU citizens.
- NHS providers continue to rely on the EU migrant workforce to meet patient demand and the NHS long term plan has pledged a “step change” to recruit thousands of additional staff from outside of the UK over the next five years. This will be complemented by ongoing efforts to recruit, train and retain more UK staff in the NHS, supported at a national level by the workforce implementation plan to be published later this year.

Regional contacts for EU Exit

NHSI and NHSE will soon be issuing a weekly bulletin to keep the NHS up to date with current plans and developments in preparing for a ‘no deal’ scenario. It is also important to read any information coming through the NHSI and NHSE regional communications network as that is being used to cascade information directly to communications leads. You will also be able to access this information through [Commslink](#).

Working closely with the Operational Response Centre, NHSE and NHSI have set up an Operational Support Structure for Brexit. This will operate at national, regional and local levels to enable rapid support on emerging local issues and incidents. The contact details for the regional EU exit are:

Region	EU Exit Comms Lead	Comms Email	Operational Email
East of England	Duncan Stroud	duncan.stroud1@nhs.net	England.eoe-euexit@nhs.net
London	James Walsh	jameswalsh@nhs.net	England.london-euexit@nhs.net
Midlands	Duncan Stroud	duncan.stroud1@nhs.net	England.mids-euexit@nhs.net
North East	Lee Squire/Stephen Kelly	england.northmedia@nhs.net	England.euexitnortheast@nhs.net
North West	Lee Squire/Stephen Kelly	england.northmedia@nhs.net	England.euexitnorthwest@nhs.net
South East	Stuart Green	stuart.green5@nhs.net	England.se-euexit@nhs.net
South West	Glenn Everton	glen.everton1@nhs.net	England.sw-euexit@nhs.net