Brexit health briefing - Preparing for a no deal EU exit

25 March 2019

1.Introduction

This briefing was prepared after a UK Academy no deal EU exit update on Thursday 21 March, 2019. The update was primarily delivered by Keith Willet, EU NHS Exit Strategic Commander, to medical royal colleges. This briefing also includes College work around Brexit.

As it stands, the UK Government and the EU have agreed an extension to the initial exit date of 29 March 2019. If the Prime Minister, Theresa May, can get her withdrawal deal through Parliament, the withdrawal date will be pushed back to 22 May to give time to pass the necessary legislation.

If the prime minister can't get the deal through, the UK will have to propose a way forward by 12 April for EU leaders to consider.

This extension, by in large, should have little effect on the UK Government's no deal preparations for the health and care system.

2.Background

- 76% of medicines and 56% of devices are imported from or through the EU.
- Of the EU imports, 74% of medicine products and 90% medical devices (volume) travel via channel ports.
- 4% medicine products and 1% medical devices (volume) travel via air.
- The UK Government has in place four key phases to prepare for no deal: (1) testing department of health and social care and government planning assumptions; (2) make ready the health and care system; (3) assurance of system preparation; and (4) the transition to incident(s) response.
- We are currently at stage 3, ready to transition to stage 4 as and when required.

National workstream contingency planning has focused on:

1. Medicines
2. Vaccines and other public health issues (PHE)
3. Clinical trials, research and clinical networks
4. Medical devices and clinical consumables
5. Non-clinical consumables, goods and services
6. Blood and transplant
7. Workforce
8. Reciprocal healthcare and overseas visitors
9. Data

3.Continuity of Supply

The NHS operational response team has prepared for at least 6 week delay in the supply chain – but have prepared for several months of disruption. There is a 6 week stockpile "buffer" of medicine stock which will be replenished. The idea behind the buffer stockpile is to make products available should there be any shortages or pinch points in the supply chain.

There is acute awareness that many products have a short shelf life. An overnight delivery system is in place to deal with this. There is also a fast track system which involves two cargo flights per day into the UK.

The medicines supply team has and will continue to liaise with key cogs in the supply chain to source medicines.

The Medicine Shortage Response Group (MSRG) has been established, which will have clinical input. It will analyse the impact of shortages. Royal Colleges may be consulted for clinical advice in this regard.

The UK Government has asked manufacturers to stockpile for a 6 week period to prepare for no deal. This is mostly in place according to the NHS operational response team. If supplies of certain medicines are expected, manufactures will flag this up as soon as possible.

The following arrangements have been made to ensure that continuity of supply is achieved:

- Understand sources of products and supply chains
- Regulatory changes for manufacturers
- Increase supply channel volumes and protect and prioritise the NHS
- Generate stockpiles upstream with suppliers
- Increase warehouse capacity
- Manage suppliers nationally where there is wide NHS exposure
- Dedicated NHS supply channel for time-critical or shortage items
- Use that buffer to maintain uninterrupted flow to patients and staff
- Generate stockpiles and/or secure supply of vaccines, blood and tissues

In terms of preparing NHS Trusts and Boards to handle possible medicine shortages, the following advice has been issued:

- **Do not stockpile**: It is not helpful or appropriate for anyone to stockpile locally – organisations stockpiling risks pressure on availability of medicines. GPs should reassure patients that extra medication is not required and avoid issuing longer prescriptions.

- **Business as usual shortages management applies**: A national Medicines Shortage Response Group (MSRG) has been established to provide clear governance, communication and decision-making during the EU Exit period.
- **Local collaboration and communication**: Senior pharmacy leaders will be expected to support local collaboration to meet patient needs. Regional medicines panels are being formed from various healthcare sectors, overseen by Regional Pharmacist, to enable good communication and escalation.
- **Provide information**: A priority for NHS pharmacy leaders is to provide information and advice to patients and health professionals about plans for continuity of supply: a priority over the coming weeks.
- **Monitoring and reporting**: DHSC, NHS England and NHS Improvement are working together to further develop monitoring capacity to support effective and informative reporting and for local and national responses. Incidences involving over-ordering of medicines will be investigated by relevant Chief Pharmacist.

4.Continuity of Services

- Mitigate changes in population health demand and migration in UK and EU
- Anticipate and mitigate workforce changes
- Secure data and information storage, transfer and database access
- Organs, tissues and cells are almost always transported by air.

5.Vaccines

The advice on vaccines is also that they should not be stockpiled beyond business-as-usual levels. Over-ordering will be investigated.

- All organisations should reassure patients that arrangements are in place to ensure that the vaccines they may need will be available post-29 March.
- Pharmacists and emergency planning staff should meet at a local level to discuss and agree local contingency and collaboration agreements.
- Local cross-system medicines supply continuity plan should be developed and agreed at trust/CCG board level –including arrangements for collaboration to ensure shortages of locally procured vaccines are dealt with promptly.
- There will be a Shortage Response Group for nationally and locally procured vaccines co-ordinated by PHE with NHSE and Devolved Administrations. This will provide subject matter expertise to support development of national policy.

6.Clinical trials, research and clinical networks

It is important to ensure that R&D departments are aware of and are following the relevant guidance and a series of DHSC technical notices to help organisations running trials.

The following has also been established:

- Trusts and others providers who are involved in clinical research including trials (e.g. primary care) should liaise with trial Sponsors to understand their arrangements for ensuring supply for clinical trials and investigations.
- If multiple sites are involved within the UK, then coordinate with the lead site or Chief Investigator in the UK, or organisation managing the clinical trial/investigation to ensure a single approach to the Sponsor.
- Continue participating in and/or recruiting patients to clinical trials and investigations up to and from 29 March 2019. This should occur unless you receive information to the contrary from a trial Sponsor, organisation managing the trial or clinical investigation, or from formal communications advising that a clinical trial or investigation is being impacted due to trial.

7.Workforce

The EU medical workforce is around 6%-8% in the UK. A concern of the operational response team is that EU nationals working in the NHS feel unwanted and unwelcome. It's not clear whether we are seeing a loss of staff but a key area of concern is nursing in particular. Boards and Trusts have been asked to publicise the EU Settlement Scheme to EU staff (and encourage partner organisations in the wider health and care system).

The following advice has also been issued:

- Assess the number of staff who are EU nationals. Monitor levels regularly in order to escalate potential shortages to regional teams.
- Develop local contingency plans to mitigate workforce shortages and feed these into Local Health Resilience Partnership and Local Resilience Fora. This should include implications of shortages across the health and care system such as adult social care impact this may have on your organisation.
- Approve these workforce plans at Board level.
- Commissioners to ensure their providers are preparing in line with these steps.

8.College work on Brexit

<u>Consultations</u>

(2016) Brexit and Health and Social Care - UK Parliament: Health Committee
Link

(2017) Brexit: reciprocal healthcare - House of Lords: EU Home Affairs sub-committee
Link

(2018) Call for evidence - LSE-Lancet Commission 'The Future of the NHS'LSE: Lancet Commission
Link

Further work

We also supported a Private Member's Bill by Brendan O'Hara MP, which if passed, would require the UK Government to carry out an impact assessment on the effects of the UK's withdrawal from the EU on health and social care.

We said: "We support European doctors, who play a vital role in treating patients right across the UK. Brexit has been frustratingly disruptive to European doctors, and we are concerned by reports throughout 2018 that at least a third of them are considering leaving. Some European doctors may feel that their efforts to keep the NHS operating are under appreciated. We believe that the Bill tabled Mr O'Hara is important because if agreed to, it would help protect quality patient care, and reassert our appreciation for the vital care that European doctors provide".