



**ADSS Cymru**  
Yn arwain Gwasanaethau  
Cymdeithasol yng Nghymru  
Leading Social Services in Wales



# Managing Brexit / EU withdrawal in health and social care in Wales: Frequently asked questions

Last updated: 24<sup>th</sup> May 2019

## Who is this document for?

This FAQs document is for all **health and social care professionals** working in the NHS, Local Authorities, Third and Independent Sectors who directly provide care and support to people in Wales, or who are in direct contact with people accessing care and support services.

If you are a member of the public, please visit the [Welsh Government Preparing Wales](#) website for information about how Brexit / EU Withdrawal could affect you.

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## General Questions

### 1. **What implications could Brexit have for NHS patients in Wales?**

Maintaining high-quality and safe health and social care is our top priority in preparing for the UK leaving the European Union. We are working with every health and social care organisations across Wales to ensure services are protected, as much as possible, from any disruption that exiting the EU may cause. These preparations have been taking place at a local, Wales and UK level. At this stage, we do not anticipate any immediate impact on day-to-day NHS or social care services. Local care and hospital services will continue to work as normal and we do not expect planned or emergency operations to be cancelled on leaving the EU, with or without a deal. This includes A&E care, social care, GP and dentist services.

Public Health Wales have published its Health Impact Assessment of Brexit, which examines the potential effects of Brexit on the short, medium and long-term health of people living in Wales. The report does not address the consequences of any specific Brexit outcome but considers both the potential harms and benefits that could be realised from any Brexit process.

[Public Health Wales Report on Implications of Brexit - Executive Summary](#)

[Preparing Wales of a no-deal Brexit](#)

[UK Government Brexit Information](#)

[Prepare for EU Exit \(UK wide\)](#)

[Healthcare advice for UK travellers in the event of a no-deal EU Exit](#)

[Healthcare for EU and EFTA citizens visiting the UK](#)

### 2. **Does Welsh Government consider no-deal Brexit preparations to be part of NHS Wales' normal business continuity planning, or will there be a standalone process, and what are the implications of the extension of Article 50 for the NHS in Wales?**

A great deal of planning and work has gone into preparing the health and social care sector in Wales for a possible no deal Brexit. The UK Government has agreed with the EU a further extension of the Article 50 period to 31 October 2019.

If the Withdrawal Agreement is ratified by both sides before that date the UK will leave EU earlier but in that case it would leave with a deal. NHS and social care organisations have made all necessary changes to their plans to stop no deal provisions being enacted until further notice. However, it is important to note the legal default in UK and EU law remains that, until a deal is agreed and ratified, there is a risk of a no deal exit at the end of the extension period on 31 October 2019, therefore no deal planning may need to be enacted at a later point in time. We will need to consider how best to prepare for this scenario and the impact on no deal preparations.

**3. How is Welsh Government working with the UK Government to influence trade deals and ensure that health and social care considered a key priority in these negotiations?**

The UK Government is consulting devolved administrations on proposed trade deals and the Welsh Government has already signalled opportunities and risks in respect of health.

**4. Welsh NHS Confederation, ADSS Cymru and others are making representations on procurement, supplies and recruitment, but what are the known gaps in this work in relation to individual Health Boards and Local Authorities, and what areas of risk should be independently evaluated and addressed locally?**

The correspondence from the Director General Health and Social Services Group and Chief Executive NHS Wales, Dr Andrew Goodall, in December 2018 sets out the key actions currently required from individual organisations, focusing on resilience and continuity, continuity of supply and critical machinery and equipment. [The correspondence in April 2019](#) summarised the key work streams, arrangements and actions to prepare for managing the health and social care impact of leaving the EU, particularly focussed on ensuring continuity of supply and robust contingency arrangements.

We recognise the important role EU nationals play within the health and social care system in Wales. An [Ipsos MORI report](#) was published on 27<sup>th</sup> March regarding the possible implications for social care. The research estimates around 6.4% of those working in registered social care and 4.5% working in registered childcare settings in Wales are non-UK EU nationals. Health and social care employers are encouraged to emphasise our commitment to EU Nationals working in health and social care in Wales both now and in the future.

**[In this video](#), Malcolm Williams with Social Care Wales explains why EU Nationals are important to the delivery of social care services in Wales and encourages them to sign up to the settled status scheme.**

**[In this video](#), Jean White, Chief Nursing Officer at Welsh Government explains more about the settled status scheme and how to apply.**

Further information on settled status, including a toolkit is available [here](#). Health and social care employees can [now apply to the Home Office Settled Status](#), which fully opened on 30<sup>th</sup> March 2019 and have until 31<sup>st</sup> December 2020 (if the UK leaves without a deal) or 30<sup>th</sup> June 2021 (if the UK leaves with a deal) to complete the process. Further information on this will be added to these pages as it becomes available.

**5. How can the health and social care system in Wales best support mitigation of any negative impacts of Brexit on health equity as a result of any economic downturn or loss of structural funds?**

Public Health Wales has produced a [public health impact assessment](#) which examines the potential effects of Brexit on the short, medium and long-term health of people living in Wales.

A key issue for Wales will be the potential loss of funding it currently receives in the form of EU structural and investment funds. The Welsh Government is in active discussion with the UK Government on the future nature and operation of a proposed UK Prosperity Fund (see [here](#)) including the extent to which Wales may be able to control how funds to Wales are directed.

**6. What preparations have been made in Wales to protect public health in the event of a no-deal Brexit?**

Public Health Wales and public health officials within Health Boards and Trusts have been working to ensure robust plans are in place to manage a public health event should one occur. Existing systems have been tested and have concluded that they are robust enough to withstand no-deal related disturbances if they were to occur.

**7. What preparations have been made to ensure that fuel supply will not be affected in the event of a no-deal Brexit?**

The current assessment of the risk to fuel supply in the event of a no deal Brexit remains low.

**8. What is the Brexit Health Alliance?**

Bringing together the NHS, medical research, industry, patients and public health organisations, the Brexit Health Alliance aims to safeguard the interests of patients, and the healthcare and research they rely on, during the Brexit negotiations.

The Brexit Health Alliance is working to ensure that issues such as healthcare research, access to technologies and treatment of patients are given the prominence and attention they deserve in the Brexit negotiations, and argues that it is in both Europe and the UK's interests to maintain co-operation in research and in handling public health issues. It has also called on the UK government to make sure there is a commitment to medical research and providing alternative funding, and that UK citizens' right to receive healthcare in EU countries is preserved.

Full details of the Alliance's negotiation priorities can be found in the [collective 'asks' document](#). There is also a [one-page summary](#) for quick reference. This [infographic](#) also provides an at-a-glance summary of the Brexit Health Alliance's key areas of focus.

## 9. What is the Cavendish Coalition?

The Cavendish Coalition is a group of health and social care organisations united in their commitment to provide the best care to communities, patients and residents.

The coalition recognises that the talented and diverse group of people we employ and represent are central to the success of that commitment, and that individuals from the UK, Europe and across the world, make a vital contribution to delivering care to the UK's population.

The coalition acts as a shared voice which influences and lobbies on post-EU referendum matters. It also provides those leading the negotiations with expertise and knowledge on the issues affecting the health and social care workforce.

They are committed to working together to ensure a continued domestic and international pipeline of high calibre professionals and trainees in health and social care.

The [NHS Employers website](#) is a central repository for the coalition and will be regularly updated with news, products, data and reports that are produced by the coalition.

## 10. Will the food supply to health and social care providers be impacted by a no-deal Brexit?

**[In this video](#), Dr. Frank Atherton, Chief Medical Officer with the Welsh Government, explains more about the impact on food supply, the settled status scheme and recognised qualifications.**

The Welsh Government is working closely with the UK Government and other devolved administrations to ensure food supply is maintained because the food industry works on a UK basis. Contingency planning to ensure continuity of food supplies has involved supermarkets and food manufacturers. While there is little likelihood of a reduction in the overall amount of food available in the event of a no-deal Brexit, there may be shortages of some fresh fruit and vegetables, and a risk that the cost of food generally may rise. However, there are plentiful food supplies within Wales and the United Kingdom. Most of our food is produced in the UK or comes from non-EU countries – any problems are going to be about the choice of some fresh products, not a general shortage of food.

Based on the information we have, we are confident that NHS and social care organisations that use large food suppliers are not likely to experience any significant disruption, meaning hospitals and most care homes will continue to provide balanced meals for patients and residents as usual.

There may, however, be a slight risk of disruption for smaller, or more rural care settings which rely on local providers for food supply. Analysis has been completed to identify care homes most vulnerable to food supply disruption, and consideration will be given to any additional assistance that might be required. Those organisations that are at risk have been contacted to check their supply base.

**11. What can people do to help Wales prepare for Brexit?**

People should not stockpile medicines at home as this could cause disruptions to supply.

Continue to Choose Well if you need medical attention and choose the right NHS service for your illness or injury at [www.choosewellwales.org.uk](http://www.choosewellwales.org.uk).

You can also check your symptoms using the NHS Direct Wales Symptom Checker at [www.nhsdirect.wales.nhs.uk/SelfAssessments](http://www.nhsdirect.wales.nhs.uk/SelfAssessments).

**12. What is the role that Local Resilience Forums have in preparing for the possibility of a no-deal Brexit?**

Local Resilience Forums (LRFs) bring together all organisations that have a duty to co-operate under the Civil Contingencies Act 2004, along with others who would be involved in the coordination of preparations for emergency situations. They have a key role to ensure that preparations are coordinated with all local responders working together on plans to mitigate cross public service risks.

In the context of Brexit, they have been assessing how a this might impact on the plans they already have in place. For example, there are well-established plans for dealing with an influenza outbreak but Brexit adds another layer of complexity related to the potential for vaccines to be in short supply due to delays at the ports. They are also having to consider how to deal with situations that could actually be longer in duration than typical 'emergencies' - especially if 24/7 operation is required.

**13. Is there a role for Public Services Boards in scrutinising preparedness cross-sector and understanding the whole system implications?**

Public Services Boards do have a role, particularly in the context of understanding the potential implications, challenges and opportunities arising from Brexit for local communities with a key focus on health and wellbeing and in line with the [Public Health Wales Health Impact Assessment](#).

**14. I'm a UK national currently living in an EU country working as a nurse, but I'm planning to return to Wales within the next few years with my spouse who I met while living abroad. How will our citizens' rights, including access to health and social care, be impacted by the possibility of a no-deal Brexit?**

The UK is seeking to protect the social security coordination and reciprocal healthcare rights of UK nationals in the EU by reaching reciprocal arrangements with

the EU or Member States to maintain existing rights for a transitional period until 31 December 2020 in a no deal scenario.

UK nationals returning to live in the UK who meet the ordinary residence test will be able to use NHS services. UK nationals, their children and other existing close family members such as spouses, partners, parents and grandparents, where the relationship existed on exit day (or where a child was born overseas after this date) and continues to exist when they seek to return will be able to apply to and qualify for the EU Settlement Scheme. After 29 March 2022, such family members will be able to return to the UK by applying through the applicable UK Immigration Rules.

More detail can be found in the [Citizens' rights policy paper](#) and here for a complete list of [Living in Country Guides](#).

## **Health and Social Care Workforce**

### **15. What is the position of EU nationals (and their families) currently working in health and social care in Wales?**

**In this video, Jean White, Chief Nursing Officer at Welsh Government explains more about the settled status scheme and how to apply.**

The Welsh Government has made continued representation to the UK Government to ensure EU nationals currently working in Wales have their rights retained and respected. We want EU health and social care staff across Wales to stay, and we value each person and the jobs they do for our patients and clients.

If you're an EU citizen, you and your family can [apply to the EU Settlement Scheme to continue living in the UK](#) before 31st December 2020 (in a no-deal scenario) or before the 30<sup>th</sup> June 2021 (if the UK leaves with a deal). If your application is successful, you'll get either settled (five or more years with contentious stay in the UK) or pre-settled status (less than five years with continuous stay in the UK).

**The Settled Status scheme is now fully rolled as of 30<sup>th</sup> March 2019. The deadline for applications is 30<sup>th</sup> June 2021, or 31<sup>st</sup> December 2020 if the UK leaves the EU without a deal.**

The UK Government announced that the fee for applying for settled status in the UK has now been waived, meaning that EU nationals will not be charged for applying to receive Settled Status. We are working with NHS Workforce Directors to establish a Preparing for Brexit – Manager toolkit, focusing on the Settled Status application process for EU Nationals.

**16. I moved from Poland to Wales 7 years ago and now work as a nurse. What are the resources available in making my application for the Settled Status Scheme?**

Please click [here](#) for step by step guidance on how to apply for the Settled Status Scheme, [applicant information](#) and here to read some example [case studies](#).

There are many resources available on [www.gov.uk](http://www.gov.uk) detailing the process of applying for the scheme. You can download the [ID Document Check app](#) for Android devices. If you do not have an Android device (i.e. only have an Apple smartphone) you need to have your documents scanned in person at the one [ID Scanner Location](#) in Wales, in Caerphilly. There are also 9 [Assisted Digital Service](#) locations in Wales that provide online support and home visits to complete the applications. At the time of publication, the average application time for a decision is 1-4 calendar days (May 2019).

There are several different Toolkits available to guide you through the process including versions for [community leaders](#), [employers](#), and Welsh materials available in both [English](#) and [Welsh](#). There is also information available to apply for an [administrative review](#).

**17. I applied for Settled Status under the Settled Status Pilot Scheme (which was open from November – December 2018). How will I be reimbursed the fee I paid to apply during this pilot?**

On 21<sup>st</sup> January the [Prime Minister announced that there will be no fee](#) when the scheme opens fully on 30<sup>th</sup> March 2019. Anyone who has applied already, or who applies and pays a fee during the test phases, will have their fee refunded. Please [see here](#) for more information about the application of refunds.

**18. Could there be an impact on the number of EU nationals employed by NHS Wales after we leave the EU?**

It is too early to determine what impact EU withdrawal will have on the health and social care workforce.

A report published by the Cavendish Coalition and the National Institute of Economic and Social Research's report (available [here](#)) contains some projections.

Health and social care employers want to reassure EU nationals working in Wales that they are valued members of the workforce and we very much want them to stay.

The UK Government is consulting on an [immigration policy](#) post-Brexit, which will be open until December 2019. On social care, Welsh Government has commissioned Ipsos MORI to undertake research to understand more about the staff who are

working in the social care and childcare sectors including those staff from the EU. Only providers from the social care and child care sectors in Wales will be contacted.

[Findings were published on 27<sup>th</sup> March 2019](#). The research estimates around 6.4% of those working in registered social care and 4.5% working in registered childcare settings in Wales are non-UK EU nationals. The report showed the biggest challenge facing the sector is recruiting new people. 58% of registered social care respondents and 47% of day care of children respondents confirmed they have found it difficult to recruit within the last year.

**[In this video](#), Malcolm Williams with Social Care Wales explains why EU Nationals are important to the delivery of social care services in Wales and encourages them to sign up to the settled status scheme.**

To end the free movement of people, the UK Government are implementing a new [Skills-based Immigration System](#), beginning in 2021. You will need to apply for [European temporary leave to remain](#) to stay longer than 3 months. You do not need to apply for any immigration status or visa if you do not intend to stay in the UK for less than 3 months. EU, EEA and Swiss citizens who arrive after the UK leaves the EU may still be able to apply for the EU Settlement Scheme.

**19. What steps are being taken to develop the workforce that is required to meet current levels of demand, particularly in relation to recruiting more Welsh graduates into medical school in Wales?**

As part of A Healthier Wales, which is our long term plan for health and social services, there is an emphasis on a motivated and sustainable workforce. The Welsh Government has commissioned Social Care Wales and Health Education and Improvement Wales (HEIW) to develop a long-term workforce strategy, which will be published by the end of 2019. This will be done in partnership with the NHS and local government, the voluntary and independent sectors as well as regulators, professional bodies and education providers.

This strategy will meet the needs of the people of Wales over the next 10 years and presents a wonderful opportunity for a collaboration of views from colleagues and organisations across the whole of Wales. The well-being and experience of staff will be a key part of this.

**20. What is the arrangement for communicating key messages to health and social care workers?**

Welsh Government have developed a communications plan for health and social workers and the public to communicate important information about Brexit / our withdrawal from the EU. This FAQs document is being updated frequently with new information, and pages specifically targeted at the public is being hosted on the Welsh Government website – [Preparing Wales](#) and communications will be posted on [Health and social care sector planning for a no-deal Brexit](#).

The UK Government has published information about the [Settled Status Scheme](#) for EU Citizens living and working in the UK.

**21. Will my rights under the Working Time Directive be protected post-Brexit?**

Yes, an individual's rights under the Working Time Directive will continue to be protected. As far as we are aware, there is no intention from the UK Government to change this.

**22. I have a master's degree in healthcare science from the University of Paris. Will this qualification still be recognised by UK universities post-Brexit?**

The Secretary of State for Health and Social care has announced that [EU workers with professional qualifications can continue to practise in the UK after the UK leaves the EU, with or without a deal](#).

The Mutual Recognition of Professional Qualifications Directive currently in place enables healthcare professional regulators to automatically recognise certain EU professional qualifications which leads to entry of the relevant professional register.

**[In this video](#), Dr Frank Atherton, Chief Medical Officer with the Welsh Government, explains more about the impact on food supply, the settled status scheme and recognised qualifications.**

Until this time, the [European Union \(Recognition of Professional Qualifications\) Regulations 2015](#) remain unchanged and you should refer to the existing guidance, [Mutual recognition of professional qualifications: guidance for regulatory bodies](#).

**23. What will happen to doctors from Europe already on your register if the UK leaves the EU without a deal at the end of March?**

The registration status of the majority of doctors from the EEA and Switzerland who already hold registration with the GMC will not be affected when the UK leaves the EU on or before 31<sup>st</sup> October. If the GMC think your registration status may be affected by Brexit (e.g. EEA or Swiss doctors holding temporary and occasional registration) they will contact, you to discuss what options are available to you.

**24. I've got an application for GMC registration in progress. What will happen to my registration when the UK leaves the EU?**

All applications from EEA and Swiss doctors submitted by 11pm on Brexit day (on or before 31<sup>st</sup> October 2019), will be processed under the existing rules.

**25. What is the advice to those EU candidates/recruiters who are partway through a recruitment process and what about visa issues in the future?**

Any EU nationals living in the UK before 31 October 2019 will have until 30th June 2021 (31 December 2020 in the event of a no-deal) to make an application under the EU Settlement Scheme for pre-settled status (or settled status if they have already been resident in the UK for 5 years). This will allow them to stay in the UK until they have reached the 5 years continuous residence generally needed to be eligible for settled status.

For more information, please see the [Home Office website](#).

**26. How will Brexit affect doctors with provisional registration, as opposed to doctors with full registration?**

If the UK leaves without a deal, any EEA or Swiss doctors who hold provisional registration on or before 31 October 2019 will be able to apply for full registration, under the arrangements as they were, before the UK left the EU.

## **Health and Social Care / Research Funding**

27. **I am an academic and researcher at Swansea University. I have been working with colleagues in Universities across the EU to support research on precision medicine. The research is funded partly by my University and partly by Horizon 2020. Will this be impacted by Brexit?**

Existing and pipeline Horizon 2020 projects are covered by an [HM Treasury guarantee](#) and should not be affected. There is a strong commitment from the UK and EU to continue to collaborate on research and innovation in programme such as Horizon Europe, but the exact nature will be subject to any deal.

28. **Will the Welsh Government fund administrative support for the additional work being asked of health and social care organisations?**

There are no plans for the Welsh Government to fund administrative support on behalf of individual organisations. Welsh Government has provided support through its EU Transition Fund to the Welsh NHS Confederation, the Welsh Local Government Association (WLGA), the Association of Directors of Social Services Cymru (ADSSC) and Public Health Wales. These organisations will support Welsh Government in supporting, communicating and engaging public, independent and third sector health and social care organisations to prepare for EU withdrawal.

## **Reciprocal Healthcare Arrangements**

29. **Are the arrangements for UK nationals travelling to the EEA for treatment covered within the Reciprocal Healthcare Bill?**

On 19 March, the UK Government's Minister of State for Health released a [written statement](#) on [reciprocal healthcare arrangements](#). Welsh Government are considering this statement and will be releasing further information in relation to the Bill. The Assembly has already agreed to grant legislative consent to the UK Healthcare (International Arrangements) Bill.

### **The UK Government's Proposal**

Subject to Parliament ratifying the Withdrawal Agreement, [in a deal scenario](#) current reciprocal healthcare rights will continue during the implementation period until 31 December 2020. The Withdrawal Agreement and EFTA Agreements also give longer-term reciprocal healthcare rights to those who are living in or previously worked in the other country on exit day.

The UK Government has proposed to EU Member States and EFTA states that we should maintain the existing healthcare arrangements [in a no deal scenario](#) until 31 December 2020, with the aim of minimising disruption to UK nationals and EU and EFTA state citizens' healthcare provision.

For more information on advice for citizens of EU Member States and EFTA states as well as advice for UK nationals, [please see this gov.uk resource](#).

**30. How should we deal with applications from patients to have planned treatment in the EEA? Obviously, the health board will honour all those that have been approved before we exit the EU – with or without a deal – but it’s not clear whether there needs to be a cut-off date for accepting them (Brexit deadline extension notwithstanding).**

The UK Government issued the relevant guidance on reciprocal healthcare on 19 March. In order to continue to support the healthcare needs of UK nationals, the we have made an offer to EU member states and EFTA states to maintain the existing healthcare arrangements, in both a deal or no-deal scenario, until 31 December 2020. This would mean that we will continue to pay for healthcare costs for current or former UK residents for whom the UK has responsibility who are living or working in or visiting the EU.

We have brought forward legislation to enable us to implement new reciprocal healthcare arrangements. If EU member states do not agree to extend the existing healthcare arrangements before exit day, many of the arrangements for access to healthcare in the EU would change for UK nationals. Healthcare arrangements in many member states would revert to those that apply to the rest of the world.

More details can be found [here](#) and the related [Written Ministerial Statement](#).

**31. What is the Welsh Government position on the Healthcare (International Arrangements) Bill proposed by the UK Government?**

The Healthcare (International Arrangements) Bill was introduced by the UK Government as a result of the decision to leave the EU. It relates to the provision and funding of reciprocal healthcare arrangements which gives UK citizens access to healthcare when they live, work, travel or study abroad in the EU and likewise for EU citizens when they are in the UK. When introduced, it also covered healthcare agreements with other countries.

The National Assembly for Wales gave its consent to the Bill on 12 March, after the Welsh Government had initially said it would not be able to recommend consent to the legislation. This was after an extended period of discussions with UK Government about how the legislation could better reflect the Wales’ settlement.

**32. If EU laws and Directives no longer apply directly to the UK post-Brexit, is the Welsh Government looking to introduce legislation to maximise opportunities for health and equity?**

The agreement between the four countries within the UK has been that we will use the immediate period to regularise the UK statute book and that no significant policy change will be introduced in the short term. This has now been achieved and all the relevant Welsh legislation has been updated in anticipation of leaving the EU. However, we recognise that there may be opportunities in the future to make Wales-specific legislation, for example in the public health arena, and these will be considered.

**33. The Matrix Tracker refers to use of EHC cards for emergency treatment but there is not a reference to elective treatments to which patients are currently entitled under the EU Directive, (patients receive elective treatment abroad and recover costs from their resident Health Board) – do you know if the status quo is also expected for this?**

If the UK enters a transitional period under a withdrawal agreement then reciprocal healthcare arrangements, including the Cross Border Healthcare Directive, will continue for that transitional period.

**34. The narrative suggested what would happen in the scenario of Brexit under an agreement – if there were to be no-deal, presumably this doesn't apply? In the event of 'no deal', what messages are being delivered with regard to existing access to elective treatment under the EU Directive, would the Directive continue?**

Should the UK leave in a no deal scenario, legislation in England and Wales will switch off reciprocal healthcare arrangements, whilst making saving provisions for countries that enter into bilateral agreements with the UK. The UK Government is seeking to agree bilateral healthcare agreements to replace current arrangements should there be a no deal exit. Until then, you should continue to presume to treat EU nationals.

### **Working with Vulnerable Children and Adults**

**35. What are the implications of Brexit for the vulnerable adults and children who are EU Nationals that I provide care and support for?**

Led by the Home Office, work is ongoing to consider the assistance vulnerable groups may require in making an application for Settled Status – which opened fully on 30th March 2019 – and the role and responsibilities of local authorities in providing such support.

Many care and support organisations will have already analysed the settled status requirements of their Looked After Children. You will be expected to fulfil your corporate parenting responsibilities by supporting applications for children and young people in your care, as well as giving consideration to how children and families on the edge of care, who may also require support in applying, can be assisted.

We are working with the Home Office to consider the assistance that adults in receipt of care and support may need in applying for Settled Status and will be engaging with local government and key representatives to test and inform this policy approach. We understand that some people may be worried that this support process has not been finalised but can provide reassurance that whilst the scheme is now open people do not need to apply straightway as they will have until at least the 31st December 2020 (30 June 2021 if there is a deal) to apply and there is now [funding awarded to support vulnerable EU citizens apply for settled status](#).

Under the announcement made by the Prime Minister on 21st January 2019, EU Citizens will not be charged a fee to apply for Settled Status in the UK.

## **Supply of Medicines and Vaccines**

**In this video, Andrew Evans, Chief Pharmaceutical Officer at Welsh Government explains the current position in regards to supply of medicine after Brexit.**

### **36. Should patients / pharmacists be stockpiling medicines?**

It is important patients continue to order their medicines in the usual way and not to stockpile their medicines. Stockpiling is unnecessary and could compromise the plans being implemented by the UK Government, reducing the availability of medicines for patients in other areas of Wales or the UK.

We are taking extra steps to prepare for any disruption to the supply of medicines. This includes working with the manufacturers of medicines to ensure they have more stock in the UK, securing new storage facilities for medicines and prioritising the transport of medicines through UK ports.

If patients have any concerns about their medicines or regular prescription, they should talk to their local pharmacist in the first instance.

On 5<sup>th</sup> February 2019, the Welsh Government Chief Pharmaceutical Officer, Andrew Evans issued a letter to health boards outlining the measures being taken to ensure the continuity of supply of medicines as part of the UK Government's contingency preparations for leaving the European Union (EU) in a 'no deal' [scenario](#).

- 37. There has been talk of increased costs for equipment and supplies sourced from or through Europe. Some estimates have suggested a 15-20% increase. Has the Welsh Government or the Welsh NHS Confederation had any reasonably substantiated information on this? Has a cost impact analysis of a no-deal scenario been carried out?**

The UK Government is working with the pharmaceutical industry to ensure a continuity of medicine supply in the event of a no deal Brexit and to minimise any increase in prices. The UK Government has confirmed that it will meet some additional costs associated with delivering these measures.

The process for ensuring continuity supply of medical devices and consumables is being undertaken on a national basis by each of the four countries. This is a complex programme and the financial implications are still being worked through. As with medicines, a coordinated engagement with suppliers is intended to manage and minimise inappropriate price increases.

On 5<sup>th</sup> February 2019, the Welsh Government Chief Pharmaceutical Officer, Andrew Evans issued a letter to health boards outlining the measures being taken to ensure the continuity of supply of medicines as part of the UK Government's contingency preparations for leaving the European Union (EU) in a 'no deal' [scenario](#).

- 38. I am a pharmacist. Post Brexit, how can I be sure that the medicines I prescribe to patients are safe? What regulations will be put in place?**

Patient safety will continue to be a fundamental priority.

The common logo for legally operating online pharmacies/retailers in EU countries was first introduced by Falsified Medicines Directive 2011/62/EU (FMD) to fight against falsified (counterfeit) medicines. This is shown on websites and is one of the ways that patients can see that medicines have been licensed by the Medicines and Healthcare products Regulatory Agency.

The new regulation derived from the FMD came into force in February 2019. It requires manufacturers to place safety features on all medicines and contribute financially to an IT verification system that will allow an assessment of the authenticity of a medicine when it's supplied to the patient.

The current UK Medicines Verification System has a national repository, linked to other European national repositories, via a European hub which allows the verification of prescription medicines at the time of supply to UK patients. The UK will continue with a UK Repository. However, there has been no confirmation so far from the UK Government that it will continue to be linked to the European hub after Brexit.

The UK Government has launched a portal to help businesses and individuals prepare for leaving the EU. This can be found [here](#). You can also find useful information in the Health and Social Services section of the Welsh Government's Preparing Wales website, [here](#).

**39. I am a Public Health Practitioner. Will the UK's membership of early disease warning systems be compromised by Brexit? If so, how can I keep up to date with the latest emerging threats to public health across the EU?**

Continued access to European early warning systems is likely to be impacted leaving the EU. The implications and alternative for Wales are being explored through Public Health Wales, which is working closely with Public Health England who have the national lead in this area. Further information will be added to the pages as it becomes available.

**40. What plans are in place in the event of a shortage of medicines?**

Medicine shortages happen already but that is a separate issue to leaving the EU. So if there was a disruption to the supply of medicine, then we have really well established procedures in place.

To allow the continued sale of and access to medicines in the event of a no-deal Brexit, the UK Government has made amendments to the Human Medicines Regulations 2012 to address the fact the UK may no longer be part of the EU medicines network following exit day. These will replicate the current arrangements as far as possible but make appropriate changes to reflect the fact the UK Medicines and healthcare products Regulatory Agency is a standalone supervisory body outside the EU network.

The amended Regulations also allow UK Ministers to apply a Serious Shortage Protocol if necessary. These protocols will be developed by clinicians and allow pharmacists to make specified changes for example; dispensing a smaller quantity or a different strength product or a different form of medicine (like a liquid instead of tablets). In exceptional circumstances and only where it was safe and appropriate to do so, this could involve supplying a different medicine that has similar clinical effect.

In the event of a shortage people might find the brand of the medicine they get might change or in some circumstances they might get another medicine that has the same clinical effect.

In Wales, we are taking extra steps to prepare for any disruption to medicines. This includes making sure that we have additional stocks of medicines in the UK, that we have additional storage capacity and that medicines are prioritised for transport into the UK.

Advice is that people should keep doing what they've always done. That means only ordering prescriptions when they are needed, get it dispensed in the usual way and keep taking it in the way it was prescribed.

If people are worried or unsure about the availability of medicines they can always speak with their pharmacist or GP.

**41. What about the medicines that pharmaceutical companies can't or won't stockpile?**

In the rare cases where manufacturers or suppliers have said they are not able to hold an extra six weeks' worth of their products, DHSC is developing a solution on a case by case basis. These solutions include asking other suppliers to increase their stock levels and using air freight.

**42. What is the position with orphan drugs?**

Orphan medicines are covered by the arrangements in place for all prescription-only medicines i.e. manufacturers have been asked to hold an extra six weeks' worth of stock in addition to their usual reserve stocks; the extra storage facilities provided by DHSC can be used to store extra stock if required, and they have priority on the extra ferry crossings provided by the DfT.

**43. I'm a GP in North Wales, can I be confident there will be enough vaccines available to protect public health this winter if we leave the EU without a deal?**

There are no major issues anticipated for any vaccination programme. Public Health England has given reassurances that centrally procured vaccines will be sufficiently stocked and the Department of Health have been establishing supply arrangements to ensure the continuation of non-centrally procured vaccines.

**44. What impact is there going to be on the supply of Blood, Tissues, Cells and Organs in if we leave the EU without a deal?**

There is a well-established, cooperative joint working relationship between the four UK countries, the effect of which is to provide assurance around quality, safety and accessibility of blood products across the whole UK. The Welsh Blood Service (WBS) has confirmed that there are positive inter-operability arrangements between the Devolved Administrations and UK Government. These are reinforced by Memorandums of Understanding (MOUs) and Contractual agreements. All four services support each other based on these agreements and long established and constructive working relationships are in place.

For issues involving blood, blood products or organs, you should continue to use existing channels via the Welsh Blood Service. For issues involving tissues and/or cells, you should continue to use existing channels via the Human Tissue Authority (HTA) or the Human Fertilisation and Embryology Authority (HFEA) as appropriate. Transplant centres do not need to take any further action.

Please click [here](#) for UK Government Guidance on quality and safety of human blood and blood products if the UK leaves the EU without a deal.

#### **45. How will Brexit impact clinical trials and their availability across the EU?**

Clinical trials of medicines are authorised nationally: in the UK's case, by the MHRA. Some aspects of clinical trials are shared across the EU medicines regulatory network. If there's no deal, the UK's current participation in the European regulatory network for clinical trials would end, and the MHRA would take on the responsibilities for the UK that are currently undertaken through the EU system.

The UK would require the sponsor or legal representative of a clinical trial to be in the UK or country on an approved country list which would initially include EU/EEA countries. Stakeholders should note that the EU's current position is that where trials are pan EU, sponsors or legal representatives must be based in the EU. There is more information on the [European Commission website](#). Please click [here](#) for more detailed guidance.

### **Supply of Medical Devices and Clinical Consumables**

#### **46. What will the impact be on medical equipment services in terms of: consumables (spare parts and equipment); services (contracts, spares associated with the contracts, technical support); regulations associated with medical equipment?**

We have developed a stock build of [medical devices and clinical consumables](#), and we are taking extra steps to prepare for any potential disruption. This includes making sure that we have additional stocks as well as additional storage capacity and these stocks will be accessible via NHS Shared Services.

If there are any issues, NHS Shared Services will co-ordinate solutions working with clinicians and the UK wide arrangements. Robust processes are in place to secure the medical devices and clinical consumables that our health and social care services will need if there is a no deal Brexit.

## **Supply of Non-Clinical Consumables, Goods and Services**

47. **What is the impact on information management and technology (IM&T) with regard to EU regulatory structures and network structures particularly with medical equipment?**

The exact nature of future regulatory environments will depend on the final outcome of any deal. The UK Government has issued a series of technical notices (see [gov.uk](http://gov.uk)) which set out information on what to do in the event of 'no deal, including data protection and medical equipment (see [here](#)).

48. **Are we continuing the whole supply chain - i.e. some of the supply chain from a country outside Africa / Asia etc could involve travel through Europe or European part or influence on the supply chain?**

Yes, if products are supplied from countries outside of the EEA but either arrive in the UK via mainland Europe or are combined with other goods and services before entering the UK this is being considered in the contingency planning.

49. **What central plans will they have to stockpile equipment and spares etc and potentially have mobile equipment that could be deployed rapidly?**

Should individual organisations identify the need for additional mobile equipment and spares, then this is currently a local decision and should be highlighted to your normal contacts at NWSSP Procurement Services, who will work with you to procure relevant items (see [here](#)).

## **Data Sharing, Processes and Access**

50. **What plans are there in relation to personal data and data protection once we leave the EU?**

All NHS Wales organisations have reviewed their Information Assets Registers to identify where their systems store or process data outside of the UK. In the small number of cases where this is the case, each organisations SIRO has provided assurance that the appropriate mitigations are in place and the risk has been assessed as low.

NHS Wales Informatics Service has confirmed that none of the core services use locations outside of the UK for their data storage. The only exception is in relation to Office365 services used by NWIS, GPs, Wales Ambulance Service Trust and Health Education Improvement Wales. The allocated data centres for our Tenancy are in the UK, but we are aware that Microsoft send some user data, and provide some services from outside the UK. 18 A number of

groups within Welsh Government are looking at GDPR and the specific sessions on the Brexit implications.

Further information has been sent to each NHS Wales organisation from NHS Confederation, providing links to the latest guidance from ICO and DCMS. NHS Wales organisations continue to monitor this advice and will assess the level of risk as the guidance is updated.

**51. Will transferring personal data be affected from the UK to the EU/EEA in a no-deal scenario?**

Transfers of personal data from the UK to the EU/EEA should not be affected in a 'no deal' scenario. This is because it would continue to be lawful under domestic legislation for health and adult social care organisations to transfer personal data to the EU/EEA and adequate third countries in the same way we do currently.

However, at the point of exit, EU/EEA organisations will consider the UK a third country. This will mean the transfer of personal data from the EU/EEA to the UK will be restricted unless appropriate safeguards are put in place.

**52. How can organisations be sure they can still transfer personal data from the UK to the EU and vice versa once we leave the EU?**

In order to ensure that personal data can continue to be transferred from organisations in the EU/EEA to the UK in the event there is no adequacy decision, alternative mechanisms for transfer may need to be put in place. This is the case even if organisations are currently compliant with the GDPR.

One solution you could consider, which the ICO states that most businesses find to be a convenient safeguard, particularly when dealing with non-public organisations, is to use one of the standard contractual clauses (SCCs) approved by the EU Commission. Guidance on these SCCs can be found in the links to gov.uk and the ICO website EU Exit Operational Readiness Guidance 14. Further information will be issued in due course.

**[How to Ask More Questions](#)**

**Any questions additional questions not covered by these  
FAQs should be directed to:**

**[BrexitFAQs@welshconfed.org](mailto:BrexitFAQs@welshconfed.org)**