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

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?

The Welsh Government is working closely with the NHS and social care partners to avoid any impact on NHS patients or social care clients.
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

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?**

The Welsh Government has written to NHS and social care leaders to set out the collective actions and measures that it expects individual organisations to take in preparation for EU withdrawal to ensure the smooth and effective running of services for our patients and service users. Preparations at this stage must necessarily focus primarily on preparedness for the impact of a potential no-deal Brexit on 29th March 2019 and should be undertaken under the auspices of business continuity planning, in conjunction with local and regional partners, including through local resilience forums.

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 latest correspondence from the Director General Health and Social Services Group and Chief Executive NHS Wales, Dr Andrew Goodall, sets out the key actions currently required from individual organisations, focusing on resilience and continuity, continuity of supply and critical machinery and equipment.

On recruitment and retention, while we are not currently experiencing any significant change to the numbers of EU nationals on the NHS Electronic Staff Record, individual organisations should consider any local workforce issues and emphasise to staff our national commitment to EU nationals working in health and social care in Wales both now and in the future.
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. High level findings will be published at the end of January. In the meantime, social care organisations should be considering any local workforce risks.

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.

Further information on settled status, including a toolkit is available [here](#). Health and social care employees will have early access to the Home Office Settled Status application process from late November until the end of December. Further information on this will be added to these pages as it becomes available.

5. **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 is 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. However, we recognise that there may be opportunities in the future to make Wales-specific legislation in the public health arena and these will be considered.

6. **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?**

It is too early to predict the impact that Brexit will have on population health and health equity. Public Health Wales is undertaking a public health impact assessment which will be kept updated as the detail of EU withdrawal becomes clearer.

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.

7. **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.

8. **What is the Brexit Health Alliance view of the Brexit deal that was put to the UK Cabinet on 15 November?**

   The Brexit Health Alliance (BHA) welcomed the agreement on the terms of the UK’s withdrawal from the EU.

   The BHA said that under the agreement there would be no tariffs on goods and those that were licensed before the transition period will continue to be circulated in the EU. The BHA also supported the guarantee that the existing rights of UK and EU citizens will be retained and that in the future will include appropriate arrangements for reciprocal professional qualifications.

   The fact that there would be data sharing during the transition period with the aim of an agreement by the end of the transition period was also welcomed, as was the political declaration on continued co-operation on health security.

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](https://www.nhsemployers.org) 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. **What is the Welsh Government position on the Healthcare (international relations) bill proposed by the UK Government?**

   In his letter to the UK Government, the Health Minister set out the changes to the Bill that would be necessary to gain our consent. These would need to be accompanied by a Memorandum of Understanding which would need to make clear that we would be consulted where an agreement applied to or had implications for Wales.

   We would expect to be involved in the negotiation of agreements at every stage – from negotiation, through to final agreement and implementation. We would expect the UK Government to make every effort to proceed by consensus with the devolved administrations.

   We are in active dialogue on the content of the Memorandum of Understanding and broader approach with the UK Government and the other devolved administrations.

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**Health and Social Care Workforce**

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

   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 will be able to [apply to the EU Settlement Scheme to continue living in the UK](https://www.gov.uk/apply-settled-status) after 30th June 2021. If your application is successful, you’ll get either settled or pre-settled status.

   The [Settled Status scheme](https://www.gov.uk/apply-settled-status) will be fully rolled out from 30th March 2019. The deadline for applications is 30th June 2021, or 31st 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.

12. **As an EU citizen working in the UK, can I take part in the Settled Status Scheme Public Test Phase?**
Although the Settled Status scheme opens fully on 30th March 2019, the public test phase of the scheme is open to some EU citizens and their family members now.

Which status you get will depend on how long you've been living in the UK. This might affect when you choose to apply.

The UK Government website has full information about applying for Settled Status under the public test phase.

13. 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 21st January the Prime Minister announced that there will be no fee when the scheme opens fully on 30th March 2019. Anyone who has applied already, or who applies and pays a fee during the test phases, will have their fee refunded. Details of the refunds process will be published shortly.

14. 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 recent 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.

We hope that the UK Government will develop an immigration policy post-Brexit that will enable us to retain and attract talented individuals from all over the world to work in our health and social care services.

15. 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?

Health Education and Improvement Wales (HEIW) has been established to address strategic workforce planning, workforce intelligence, education and training, workforce development and modernisation, leadership development, careers, and widening access.

16. What is the arrangement for communicating key messages to health and social care workers, particularly about the Settled Status pilot scheme?
Welsh Government is developing 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.

The UK Government has published information about the Settled Status Scheme for EU Citizens living and working in the UK.

17. 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. There is no intention from the UK Government to change this.

18. 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 Welsh Government’s advice is to refer to the UK Government’s technical notices (available here). In the event of a no-deal, general qualifications that have already been mutually assessed will continue to be recognised for a period to be determined. Further information on this issue will be added to these pages as it becomes available.

19. 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 29 March 2019. If we think your registration status may be affected by Brexit (e.g. EEA or Swiss doctors holding temporary and occasional registration) we’ll contact, you to discuss what options are available to you.

20. 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 29 March 2019 will be processed under the existing rules.

21. 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 29 March 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 Funding

22. 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.

23. 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 on individual organisations. Welsh Government is providing 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.

24. How can the EU transition fund (ETF) be accessed, and how is it being prioritised and administered?

The ETF can be accessed by submitting a bid initially to the Health and Social Services Cabinet Secretary, via HSS-Brexit@gov.wales. Bids are assessed and prioritised by a Welsh Government Cabinet sub-committee. The application criteria and process can be found here.

Working with Vulnerable Children and Adults

25. 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 opens 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.
The needs of vulnerable adults from the EU who are receiving care and support will also need to be assessed. The Home Office has recently started very high level conversations with devolved administrations about the work that this might involve and once we have further detail we will be looking to engage with appropriate representatives to take this forward.

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**

26. **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 5th 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.

27. **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 though. As with medicines, a coordinated engagement with suppliers is intended to manage and minimise inappropriate price increases.
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28. 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 UK Government has launched a portal to help businesses and individuals prepare for leaving the EU. This can be found here.

29. 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 may be impacted depending on the nature of deal. There are four nations in the working group, led by Public Health England, assessing the impact and identifying contingency and mitigation actions. Further information on will be added to the pages as it becomes available.

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

Amendments to the Human Medicines Regulations were laid before Parliament on 18 January allowing for ‘serious shortage protocols’ to be put in place for prescription only medicines in certain circumstances. A serious shortage protocol will be issued only in exceptional circumstances and with clinical involvement. The protocol may give pharmacies the ability to dispense smaller quantities, a different strength or a different pharmaceutical form of a medicine ordered on a prescription. In some circumstances a protocol could allow a pharmacist to make a generic or therapeutic substitution for a clinically equivalent product.

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Supply of Medical Devices and Clinical Consumables

31. 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?

The Welsh Government is working with the National Procurement Service, NHSWSSP and local government procurement colleagues to understand the national and local risks and to develop contingency plans in conjunction with colleagues from across the UK. This work is due to complete before the end of 2018.

Supply of Non-Clinical Consumables, Goods and Services

32. 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) which set out information on what to do in the event of ‘no deal, including data protection and medical equipment (see here).

33. 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.

34. 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).

35. What is the situation for hospital food, given that it has a shelf life of approximately 3.5 days?

Continuity of food supply generally is being considered as part of the national civil contingency plans at a UK level. In the meantime, individual organisations should
consider the management of food supply issues as part of their local resilience planning processes.

Data Sharing, Processes and Access

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

It is imperative that personal data continues to flow between the UK, EU and EEA member states, following our departure from the EU. The Department for Digital, Culture, Media and Sport and the Information Commissioner’s Office (ICO) have released guidance on data protection in a ‘no deal’ scenario, which can be viewed on gov.uk and the ICO website.

The European Commission is unlikely to have made a data protection adequacy decision regarding the UK before EU Exit. An adequacy decision is where the European Commission is satisfied that a transfer of personal data from the EU/EEA to a country outside the EU/EEA would be adequately protected.

37. 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.

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.

38. 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 above. Further information will be issued in due course. For now, health and adult social care organisations should follow the instructions detailed in Annex A to identify data flows that may be at risk in a ‘no deal’ exit.
How to Ask More Questions

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

BrexitFAQs@welshconfed.org

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