

Preparing your NHS organisation for the end of the EU exit transition period

A quick guide

Despite continuing negotiations over future relations with the EU, the EU exit transition period is now less than 40 days away. Therefore, all NHS organisations are now advised to prepare for the Withdrawal Agreement default outcome, which reflects the scenario that no free trade agreement between the UK and EU is reached by the end of the year.

This NHS Confederation quick guide to preparations is correct as at 23 November 2020. Please continue to monitor [guidance from NHS England and NHS Improvement](#) (NHSEI) and sign up to our regular [Brexit Bulletin](#) for the latest news.

1. Topic-by-topic guide

Topic	What's happening	What you're being asked to do
Medicines	<p>Government has been engaging with suppliers to support contingency planning:*</p> <ul style="list-style-type: none"> Alternative freight routes, including government-secured capacity for medical products. Buffer stocks at target level of six weeks. Enhanced shortage management via national supply disruption response and a medicines shortage response group. Locally, regional pharmacists will support local comms and escalation planning. 	<ul style="list-style-type: none"> Prescribe and dispense as normal. Reassure patients that extra medication is not required. Do not stockpile locally (overordering will be investigated). Local cross-system medicines supply continuity plans should be developed and agreed. Business as usual (BAU) shortage management applies. Ensure appropriate staff are able to share CAS alerts. Advise patients on plans for continuity of supply and assurance on medicine supply.
Vaccines	<ul style="list-style-type: none"> A vaccines shortage response group will manage nationally and locally procured vaccines. The government, NHS and Public Health England are working together to ensure vaccines will be available as needed. Vaccines from the EU are covered by the government's contingency plans and can be imported at short notice, including air freight for products with a short shelf life. 	<ul style="list-style-type: none"> Vaccines should not be stockpiled beyond BAU levels (overordering will be investigated). Pharmacists and emergency planning staff should meet locally to discuss and agree contingency and collaboration agreements. Local cross-system medicines supply continuity plans should be developed and agreed. Reassure prescribers and patients that vaccines will continue to be available as usual.

* See the [gov.uk website](#) for the latest letter to suppliers from DHSC, laying out the government's plans and preparations for continuity of supply of medical products at the end of transition.

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Medical devices and clinical consumables (MDCC)	<ul style="list-style-type: none"> As for medicines, there is a multi-layered approach to support continuity of supply. An express freight service is in place and available for all MDCC. Planning is in place for longer lead times for MDCC products. DHSC assurance is being undertaken supplier by supplier. 	<ul style="list-style-type: none"> Do not stockpile locally. Continue to manage any continuity of supply issues via BAU routes. Review arrangements and comms for longer (72-hour) lead-in times. Review short lead time items to assess contingency and sourcing via NHS Supply Chain. Ensure staff are briefed and business continuity plans are in place.
Non-clinical goods and services	<ul style="list-style-type: none"> Supplier assurance across primary, secondary, and social care. Identification and assurance of additional key suppliers through analysis of supply chain data. Reviews of key supplier business continuity plans for key categories such as food, linen, laundry and lift maintenance. The commercial and procurement cell has been extended from the current PPE service. 	<ul style="list-style-type: none"> Continue menu planning to ensure continuous provision of nutritious and balanced meals. Contact the commercial and procurement cell for support resolving supply issues (operational from 14 December). Walk the floor to identify any interdependencies or vulnerabilities around the supply chain.
Blood and transplant	<ul style="list-style-type: none"> NHS Blood and Transplant (NHSBT) is aiming to supply as normal and is stockpiling medical devices and critical consumables from the EU. 	<ul style="list-style-type: none"> Do not stockpile locally. BAU for NHSBT products, including using Group O Negative blood to best effect. Advise blood donors to continue to donate blood as normal.
Clinical trials, research, and networks	<ul style="list-style-type: none"> Patients can continue to take part in research – it is safe to do so. Sponsors, who are responsible for ensuring trial supplies, have been engaged and aware they may need to allow longer lead-in times for procurement. COVID-19 trials – Public health COVID sponsors are a priority if there are shortages. 	<ul style="list-style-type: none"> Continue to recruit patients into clinical trials and reassure them work is ongoing to ensure research continues as normal. Ensure research and development departments have reviewed issued guidance and technical notices from the Department of Health and Social Care (DHSC). UK chief investigators, or organisations managing clinical trials, should liaise with sponsors to understand their arrangements for ensuring supply of trial products. NHS sponsors should understand their supply contingency arrangements and respond to DHSC data requests.
Workforce	<ul style="list-style-type: none"> The EU Settlement Scheme is open to all EU citizens. Staff from the EU who are working in the NHS have access until June 2021. Mutual recognition of profession qualifications will apply for two years after the end of 2020. The UK's new skills-based immigration system will be introduced in 2021. Most healthcare roles are exempt from the restrictions imposed by the Immigration Bill. Existing employment contracts for EU staff remain valid at the end of transition and they do not need to reapply for their jobs. 	<ul style="list-style-type: none"> Provide reassurance to EU staff that they are welcome and make an important contribution. Continue to promote the Settlement Scheme to EU staff and encourage them to apply for settled or pre-settled status. With social care partners, assess numbers of EU national staff, escalate concerns to regional teams and ensure local contingencies are in place. Feed these into Local Health Resilience Partnership and Local Resilience Fora (LRF). Note that NHSEI encourages organisations to allow staff to be 'passported' between trusts.

Topic	What's happening	What you're being asked to do
Reciprocal healthcare	<ul style="list-style-type: none"> Until new agreements are made, healthcare cover will change for EU citizens who visit the UK after the end of 2020. Visitors will be charged for accessing NHS healthcare, except those who are exempt or for services free of charge for everyone. From 1 January 2021, if no reciprocal healthcare agreement is made, S2s (planned care) will not be available. Arrangements with Ireland will stay the same, based on the Common Travel Area agreement. 	<ul style="list-style-type: none"> Stay up to date and direct UK patients seeking the latest information about travelling abroad to this guidance on the gov.uk website. Share government advice to take out insurance when travelling outside of the UK. Look out for guidance on reciprocal arrangements and overseas charging, which will be updated once the government has confirmed new reciprocal arrangements with EU member states.
Data and General Data Protection Regulations (GDPR)	<ul style="list-style-type: none"> In the case that data adequacy is not granted by the EU, the UK would become a third country for GDPR purposes. Each NHS organisation is usually a data controller and has its own legal obligation to meet GDPR terms. On 28 October, government shared data preparedness guidance to NHS data protection officers (DPOs). 	<ul style="list-style-type: none"> Refer to ICO guidance and DHSC guidance sent to DPOs. Identify personal data flows from the EU/ EEA and put in place alternative transfer mechanisms. Identify where data is stored by EEA-based processors and ask for written assurances that data will continue to flow back to the UK. Audit all personal datasets, ensuring information is up to date and relevant metadata is held. Ensure you are compliant with UK GDPR. Reassure patients steps are being taken to ensure any patient data transfers continue uninterrupted.
Primary and community care	<ul style="list-style-type: none"> End of transition escalation for primary care organisations will go via commissioners in the first instance, who can then escalate to regional incident coordination centres. After the UK leaves the EU, European Health Insurance Card (EHIC) cards may not be valid. Primary care services remain free to all, however there may be some changes around eligibility to receive NHS care which could be chargeable. 	<ul style="list-style-type: none"> Understand the escalation route. Prescribe and dispense as normal (overprescribing will be investigated). Reassure patients that they do not need to order extra medication. Ensure you are familiar with the latest information on supply disruption, and CAS alerts are quickly shared with relevant staff. Review your supply chain and consider ordering business-critical products earlier. Encourage patients to take out travel insurance before travelling to the EU. Continue to register patients as normal. Encourage staff who are EU citizens to register with the EU Settlement Scheme.
Adult social care	<ul style="list-style-type: none"> Social care providers may be impacted by EU transition supply issues. DHSC is working closely with major suppliers. Local authorities will maintain local oversight. 	<ul style="list-style-type: none"> Ensure that, at all levels, contingency plans are in place and shared. Reach out to local authorities, provider partners and LRFs to share information on local planning. Collectively look at risks affecting care continuity and identify mitigations. Advice for providers, as for NHS organisations, is to not stockpile medicines, regularly review business continuity plans, plan for longer lead times for EU products, and support EU citizens to register with the EU Settlement Scheme.

2. Local action checklist

- ✓ Put in place and **test business continuity and emergency preparedness, resilience and response (EPRR) plans.**
- ✓ Ensure an **EU exit senior responsible officer (SRO) and associated subject matter expert (SME) team** are in place.
- ✓ Keep your **board aware up to date** with progress and highlight issues.
- ✓ Finalise **communication plans and key messages to frontline colleagues.**
- ✓ **Revisit operational guidance and current information** to ensure plans are up to date.
- ✓ Revisit assurance exercises and **address outstanding actions.**
- ✓ Test and communicate **escalation routes.**
- ✓ **Engage across the system and walk the floor** to identify any further concerns, interdependencies, and vulnerabilities around supply chain.
- ✓ With partners, **ensure an integrated system-based approach** to plans and ensure **local risk assessments are up to date.**
- ✓ **Consider the conditions**, such as the implications of winter, port access assumptions and vulnerable populations.

3. Working with centralised structures

EU exit issues will be managed through the established incident response structures in place for COVID-19. EU exit issues that require escalation should be escalated through the current EPRR single point of contact (SPOC) from trust / system level to the regional Incident Coordination Centre (ICC), to national ICC level. The following are the key areas of centralised support that will help NHS organisations to manage the end of the EU exit transition period.

Structure	Function/s
DHSC Operational Response Centre	<ul style="list-style-type: none"> Lead on responding to any disruption to the delivery of health and care services in England that may be caused or affected by the EU exit. Coordinate EU exit-related information flows and reporting across the health and care system.
National Incident Coordination Centre (ICC)	<ul style="list-style-type: none"> National ICC will include EU exit SMEs (EU exit cell) to support resolution of escalating issues (working with national cells). Interface with DHSC Operational Response Centre. National incident coordination includes commercial and procurement cell (CPC) and shortage response groups (SRGs), and BAU groups providing additional support during the end of transition period.
Commercial and Procurement Cell (National)	<ul style="list-style-type: none"> Single CPC across COVID-19 and EU exit to be operational from 14 December 2020. Working with the National Supply Disruption Response, suppliers and clinicians to support the NHS in responding to supplier disruption. Developing operational instructions, for example, to support change of supplier.
EPRR and Shortage Response (National)	<ul style="list-style-type: none"> Additional incident management capacity for escalating incidents. Access to serious shortage escalation protocols and national EPRR contingencies via ICC. National response for non-EU exit EPRR incidents.
Medicines Shortage Response Group	<ul style="list-style-type: none"> National group providing clear governance, communication and decision making.
Vaccines Shortage Response Group	<ul style="list-style-type: none"> Group for nationally and locally procured vaccines, coordinated by PHE with NHSEI and with membership from the devolved administrations.

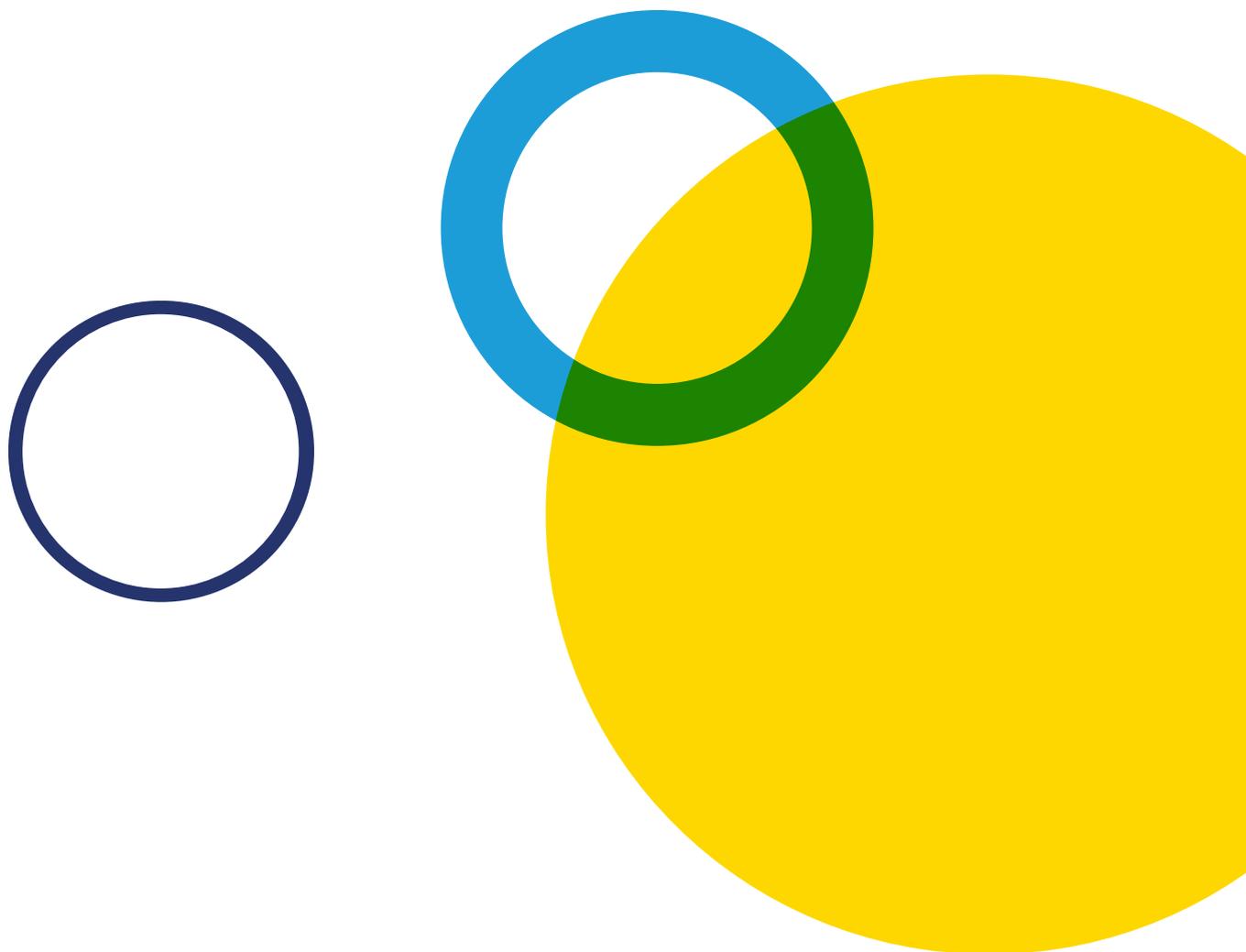
4. Further information

As the UK/ EU negotiations continue, further updates and actions for the end of transition period are expected. The following are key sources of further information:

- The incident coordination centre (ICC) will share information with regional teams and then on to EU exit SROs
- DHSC and other government publications on EU exit are available on gov.uk, including [guidance on managing medicines supply and shortages](#).
- Information and guidance published by NHSEI will be available on their [web pages](#).
- Patient communications and patient-facing content will continue to be published on the [nhs.uk website](#).
- Contact your relevant professional regulator for any registration queries regarding the mutual recognition of professional qualifications.

Note: This guidance is based on NHSEI guidance issued via a [letter to NHS organisations](#) on 4 November and provided to system leaders via webinars led by Keith Willett, strategic incident director for EU exit, in the week commencing 2 November 2020. Although not publicly available, further specific guidance has been shared with SROs and specialist leads relating to topics including data protection and assurance of suppliers of medical products.

For further information or guidance, please contact your EU exit SRO in the first instance, your NHSEI contact, or the NHS Confederation at ilse.bosch@nhsconfed.org.



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