



The voice of NHS leadership

A guide to preparing your NHS organisation for a no-deal Brexit

While no-deal Brexit remains the legal default for the UK, all NHS organisations must continue preparations. Here is NHS Confederation's quick guide to preparations, correct as of 22nd March 2019. Please keep an eye on the [NHS England website](#) as of course things do evolve.

Topic	What's happening	What you are being asked to do
Medicines <i>76% of medicines are imported from or via the EU</i>	The government is taking action to ensure supplies are available as usual: <ul style="list-style-type: none">• Additional and alternative transport routes for medicines including a daily flight and a dedicated shipping route for health supplies• Stockpiles for an extra 6 weeks• Serious Shortage Protocol for pharmacies	<ul style="list-style-type: none">• Do not stockpile locally (overordering will be investigated)• Reassure prescribers and patients that systems are in place to prevent shortages, and do not issue longer prescriptions• Business as usual shortages management
Vaccines	<ul style="list-style-type: none">• PHE manages vaccine stockpiles for national immunisation programme except flu and has sufficient buffer stock; aiming to ensure 6-week stockpile of locally-procured vaccines• Manufacturers must inform DHSC if any shortages anticipated and there's a Shortage Response Group	<ul style="list-style-type: none">• Do not stockpile locally (overordering will be investigated)• Reassure prescribers and patients that vaccines will continue to be available as usual.
Medical Devices and Clinical Consumables (MDCC)	<ul style="list-style-type: none">• All MDCC eligible for the dedicated priority transport routes• NHS Supply Chain stockpiling has increased• Suppliers have been contacted to ensure contingency plans• DHSC issued guidance to trusts on non-clinical goods and services including food, laundry and fuel on 20 March	<ul style="list-style-type: none">• Do not stockpile locally• If no deal, plan for longer lead-times for ordering MDCC that need to come via the dedicated shipment channels• Evaluate ability to receive stock at evenings and weekends including staff implications• If you have identified a supplier as high risk, you should act to mitigate risk

		<ul style="list-style-type: none"> • Seek assurances with suppliers where appropriate • Undertake appropriate commercial preparation and escalate serious risks to regional team
Blood and transplant	<ul style="list-style-type: none"> • NHSBT is stockpiling relevant devices and clinical consumables 	<ul style="list-style-type: none"> • Do not stockpile locally • Business as usual, including using Group O Negative blood to best effect
Public health	<ul style="list-style-type: none"> • PHE's National Incident and Emergency Response Plan dovetails with DHSC and NHSE plans and link with NHS regional teams • Outbreaks and incidents managed as usual 	<ul style="list-style-type: none"> • Note that delays in movements of goods and services could result in delays in PHE services, e.g. labs.
Clinical trials	<ul style="list-style-type: none"> • All IMPs eligible for the dedicated priority transport routes • MHRA setting up alert system for identifying trials with supply problems 	<ul style="list-style-type: none"> • Trials should continue as normal unless otherwise informed, including recruitment • Ensure R&D departments have reviewed DHSC technical notices and other guidance • If multiple UK sites, coordinate with lead site • Transport of supplies remains the responsibility of the trial sponsor; liaise with them to understand arrangements
Workforce <i>EU nationals are 5% of total NHS workforce</i>	<ul style="list-style-type: none"> • EU citizens lawfully resident in the UK eligible to apply for settled status until 31/12/20 • EU citizens arriving after the UK leaves the EU can apply for 36-month leave to remain • Home Office consulting on Immigration White Paper for future system • Professional qualifications acquired in the EU and recognised in UK before EU exit will still be recognised • Government will seek agreement(s) regarding mutual recognition of qualifications and information exchange on sanctioned professionals post- 	<ul style="list-style-type: none"> • Publicise EU Settlement Scheme to staff who are EU citizens • Assess % of staff who are EU citizens, monitor any potential shortages, and report to regional team. • Develop local contingency plans to mitigate potential shortages; feed into Local Health Resilience Partnership and Local Resilience Fora, and seek board-level approval of these plans • Commissioners ensure providers are making these preparations

	Brexit; no guarantees as UK will be a third country	
Reciprocal healthcare	<ul style="list-style-type: none"> In a no-deal scenario reciprocal healthcare will cease; the government is currently seeking bilateral agreements EU citizens resident in the UK on exit day will remain eligible for NHS care; there are not yet guarantees of the status of those arriving post-exit. Written Ministerial Statement was published on 19th March here 	<ul style="list-style-type: none"> Current arrangements for EU citizens continue as usual for now; be alert to any new guidance which may develop and ensure there is adequate capacity for any additional staff training that may be required if changes are made Continue to support UK citizens seeking NHS-authorized treatment or maternity care in the EU Direct UK patients seeking further guidance about health care eligibility in the EU to this website. Be aware that UK citizens in the EU are eligible to return to the UK for NHS care and depending on local arrangements, may do so in greater numbers than usual (there are currently 890,000 UK citizens in the EU)
Data	<ul style="list-style-type: none"> In no deal, the UK would become a third country for GDPR purposes 	<ul style="list-style-type: none"> Refer to ICO guidance and NHS England guidance Data protection officers should investigate organisational reliance on data transfer from EEA to UK. Any that are critical to patient care should be escalated to regional team Assess any constraints to business from data hosting arrangements Consider rescheduling system upgrades due around EU Exit Confirm business continuity with technology and digital suppliers
General readiness	<ul style="list-style-type: none"> While the EU has offered an extension to April 12th (if a deal is agreed) or May 22nd (if a deal is not agreed), preparations for leaving the EU with no deal on 29th March 2019 need to continue until new legislation to change the dates has been passed by the UK government. 	<ul style="list-style-type: none"> By Monday 25 March, provider trusts should have brought together members of their senior executive team with their EU Exit SRO and EU Exit team, and directors or lead managers from key areas (such as pharmacy, estates, facilities and procurement) to scrutinise preparations to operate under the conditions of a no deal. Representatives from Clinical

		<p>Commissioning Groups and Local Resilience Forum should also attend where possible, and non-executive directors should be invited to critique preparations. CCGs should organise similar sessions. Details here.</p>
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New structures of note:

Structure	Function/s
<p>Regional and National NHS EU Exit Coordination Centres</p>	<ul style="list-style-type: none"> - Providers will report daily to regional centre - Centres support local and regional teams with any issues, and cascade information, advice and operational guidance - National EPRR function - Interface with DHSC Operational Response Centre
<p>DHSC Operational Response Centre</p>	<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 EU exit - Coordinate EU exit-related information flows and reporting across the health and care system