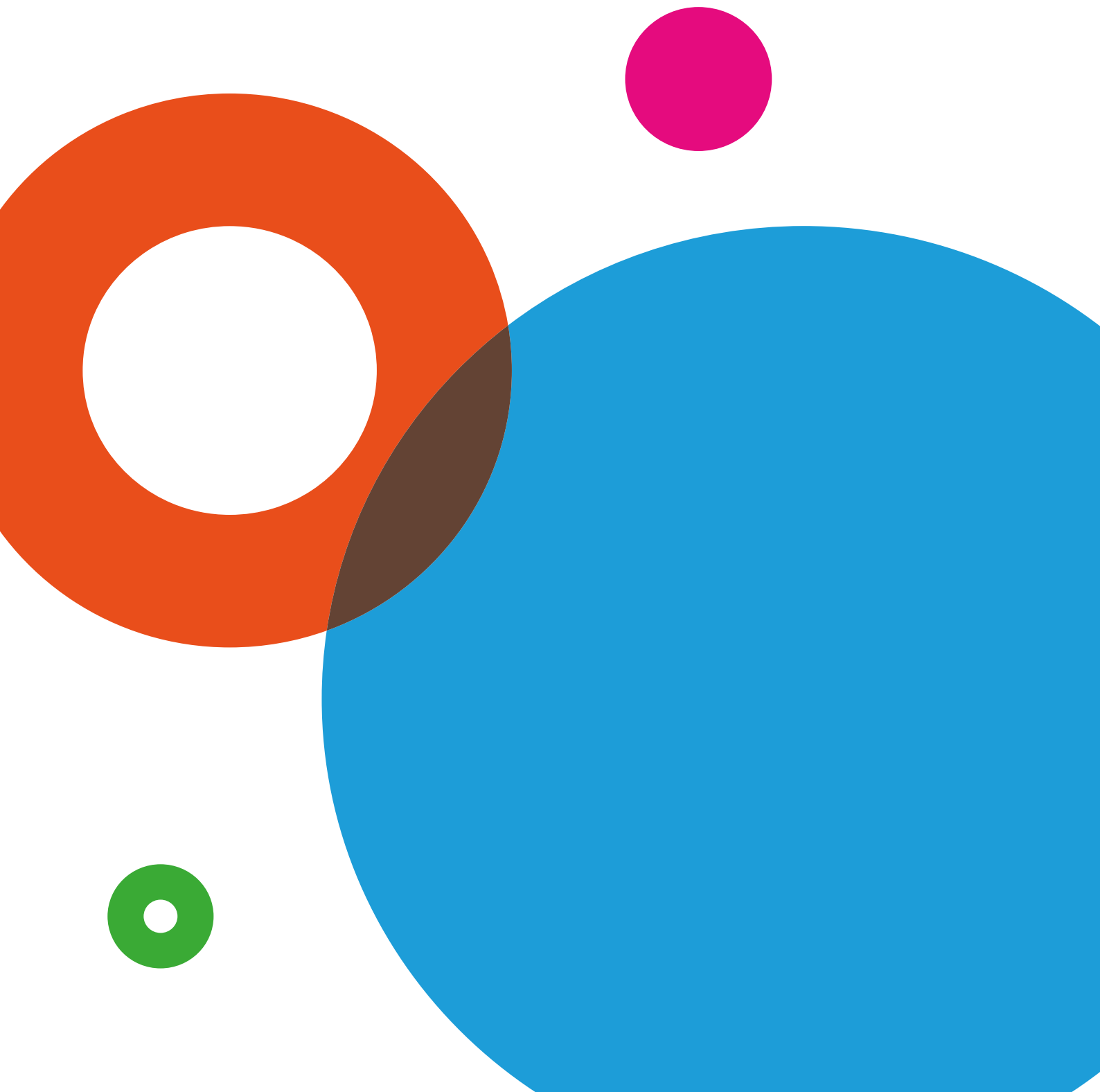




Brexit temperature check

October 2019



Key points

As 31 October approaches, a no-deal Brexit is still possible, a Brexit of some type is probable, and the government has reassured the NHS that if everything goes to plan, there should be no risk to patient safety. Our view is that the NHS is well-prepared following extensive preparations over the last few months and the public should be reassured by these preparations.

However, the potential of a no-deal outcome continues to pose some key concerns. In this briefing, the NHS Confederation, in its role as the membership body that brings together and speaks on behalf of the whole NHS, reports on a temperature check which reflects the views of a group of its member chief executives and senior leaders spanning NHS trusts and clinical commissioning groups. Overall, the message from the front line is that everything that can be done is being done and there is support for the activity and guidance from the centre. Nevertheless, there are still concerns about what might happen in the event that no deal is reached, particularly in the following areas.

- **Supply of medicines:** The government has instigated a range of contingency measures, with detailed plans in place that should ensure patients have access to every medicine they need in the case of a no-deal Brexit. Despite this, health leaders remain concerned about what might happen to the movement of medicines.
- **Long-term disruption:** The NHS is used to planning for emergencies, and in many ways, leaders believe the service is well prepared for Day 1 of a no-deal Brexit. But what many worry about is what will happen when the changes caused by leaving the EU without a deal, start to build up and the risk that this could cause disruption over an extended period.
- **Transport disruption:** The government has anticipated that there is likely to be traffic disruption around ports. NHS organisations located near major ports such as Dover are concerned that they are likely to be affected. In particular, they worry that traffic disruption may affect patients getting to hospital or community services as well as staff getting to work.
- **Winter planning:** There is concern among health leaders about the potential impact of a no-deal Brexit on top of operational pressures which are particularly acute during the winter months. This could, for example result in longer waiting times for treatment.
- **Reciprocal arrangements:** The UK government has provided assurance in the short term that UK nationals residing in EU countries will not have to meet the costs of their own healthcare in the first six months after the UK leaves the EU. Ministers have also made it clear that EU citizens living here will continue to benefit from free care through the NHS. But the longer term remains uncertain and NHS leaders are concerned about the potential impact on frontline NHS services, such as GP practices and A&E departments, if there are changes to charging systems or an increase in UK citizens returning from abroad.
- **Workforce:** In the short term, some leaders are concerned about the possible extra demands which may be placed on staff from Brexit-related work at an already-busy time. In the longer term, the worry is about the potential impact on the NHS's ability to recruit and retain staff from EU countries after freedom of movement ends.
- **Funding:** NHS leaders worry about how Brexit could affect the cost of food, medicines, equipment, and other key goods and services.

Introduction

The NHS is going to be affected by Brexit in many ways. That is why extensive preparations have been going on for months.

The Department of Health and Social Care and NHS England and NHS Improvement have been working closely with the NHS, the NHS Confederation and the Brexit Health Alliance that we convene, and all parts of the sector to identify, analyse and plan contingencies, to address the potential risks.

NHS organisations throughout the UK have made detailed preparations. As 31 October approaches, a no-deal Brexit is still possible, a Brexit of some type is probable, and the government has reassured the NHS that if everything goes to plan, there should be no risk to patient safety.

The reason for such extensive preparations is that Brexit will directly affect the NHS in a number of ways, including:

- **Supplies of medicines:** Medical devices and many other goods on which health facilities rely, and the future authorisation of these products for use in the UK.
- **Staffing in terms of EU:** health and care staff who may leave or not come to work in the UK; extra demands associated with Brexit preparations; transport disruption causing problems in staff getting to work; and the potential impact on morale.
- **Research collaboration and funding of research:** This currently relies on agreements within the EU.
- **Patients from the EU:** How the NHS will deal with patients from the EU, and how British patients living in the rest of Europe will access healthcare.
- **Health security:** As the UK withdraws from EU wide safety and infection alerts systems.

The NHS has worked closely with the UK government to make sure that as far as is possible front-line services are ready for these changes. But for everyone involved this is uncharted territory even for a service that is experienced and well equipped to deal with emergencies. As the deadline approaches, and on the back of extensive preparations, how prepared do NHS leaders feel?

The NHS Confederation asked a small sample of chief executives and other leaders from a range of clinical commissioning groups (CCGs) and NHS trusts providing acute, community and mental health care about what still worries them at this late stage of Brexit planning. This report explores their continuing concerns as 31 October draws near, about the potential impact of Brexit on their organisations and the services they provide.

1. The NHS continues to feel anxious about the supply of medicines

Currently, 37 million patient packs of medicines come into the UK from the EU every month (and 45 million leave the UK for Europe) The government has put in place extensive contingency measures from stockpiling medicines and devices to creating priority freight routes to enable door-to-door shipping of emergency goods. The aim is to make sure there will be no medicine supply problems.

This preparatory work is welcome and has allayed many concerns. However, health leaders continue to worry about the supply and availability of medicines. Many of those we spoke to identified it as a top concern, partly because there is inevitably continuing uncertainty and partly because it is not something they can control.

“At this stage we are confident that our own business continuity plans are in place... However, the effectiveness of these plans depends on the effectiveness of plans made at national level, especially for the supply of drugs, isotopes and devices.”

“Concerned that there remain risks around medicine supply in some areas and despite planning for this as much as possible, there are so many ‘unknowns’ (particularly about potential delays at points of entry and exit) that there is only so much we can do to plan.”

“Processes have been agreed to respond to this nationally, but many remain untested.”

Patients have been advised by government that they should continue using their medicines and requesting their prescriptions as usual. The contingency measures are designed to maintain the normal supply of all medicines. However, some health leaders were concerned that some patients could take decisions that might be bad for their health:

“We already had feedback earlier this year that some service users who were worried about medicines running short had themselves reduced their dosages to make them last; so there is a risk in terms of direct health/relapse.”

Since these comments were made there has been more detailed communications to frontline staff which should help address some of these concerns. There has been further detail about the arrangements in place, and information that should help staff explain the contingency plans to patients. One respondent said:

“The most recent communication from the government was more detailed and reassuring.”

2. Emergency planning does not necessarily prepare the NHS for long-term disruption

While the NHS is deploying its tried-and-tested emergency planning and preparedness systems, Brexit is likely to be more of a long-term event than a short-term emergency. In many ways the NHS is well prepared for Day 1 of a no-deal Brexit. What many health leaders worry about is the possible impact over time of leaving the EU without a deal. As one leader notes:

“The biggest risk is that a no-deal Brexit creates significant disruption (transport, supply chains etc) across an extended period.”

Others have pointed out while the impact of emergency incidents can often be mitigated by calling on other local services to help, in the case of Brexit the whole country may experience the same problems at the same time, for a prolonged and unspecified period:

“It seems that all reasonable steps have been taken within the NHS locally.”

“The problem is not going to emerge on day 1; it’ll be day 45. And it won’t be local – if someone has a problem locally they can usually turn to someone else. The issue will be when it becomes a collective problem across the country.”

3. Transport problems

The government has anticipated that there is likely to be traffic disruption around ports and NHS organisations located near Dover and other ports are concerned they will be affected.

A key issue is around the potential ‘impact this may have on the ability of staff and patients to attend healthcare settings or receive services in the community’. They cited concerns about staff getting into work delivering home visits and community services. This in turn may lead to more demand on emergency services and delayed discharges.

Some leaders also mentioned concern about “potential fuel shortages”.

4. Brexiting during winter will put additional pressure on the NHS

Brexit was originally scheduled in spring 2019 but it now looks possible that the UK's exit from the EU will come on the eve of the NHS' traditionally busiest time of the year.

The last few winters have seen some patients placed on wards that are not designed for the type of care they require, an increase in the number of patients placed in mixed sex accommodation, and thousands of routine operations being postponed and cancelled.

The concern among health leaders is that a no-deal Brexit could exacerbate these challenges, leading to a lengthening of waiting times.

While significant and extensive no-deal preparations have been made, a no-deal Brexit could place extra strain on services when local services are already highly pressured. There is also the potential for a major flu outbreak – levels of flu in Australia this year have been significant, and this can be an indicator of what will happen in the UK.

As one health leader said:

“EU Exit will take place at a time of year when flu and winter pressures will inevitably mean additional issues for health systems – managing these issues simultaneously will potentially be problematic and may necessitate additional resource.”

To be clear, NHS England and NHS Improvement are recommending that NHS organisations review and further strengthen dedicated EU Exit response capacity at an organisational level over and above the usual winter and emergency preparedness team capacity, but there remains anxiety in the system.

5. Discontinuing reciprocal healthcare agreements with the EU will cause headaches for the NHS

Currently, EU citizens who require emergency healthcare do not have to pay for it themselves. The cost is covered by reciprocal healthcare agreements across the EU countries. The NHS has a way of securing reimbursement. Health leaders have mentioned two possible problems which might arise were there to be a sudden change to the system:

“We are concerned over time about the impact of a hard-line approach on charging EU citizens... Some clinical staff feel it would be morally unacceptable to charge EU patients after 31 October... and putting infrastructure in place to manage this which we don't have currently.”

There will also be changes to reciprocal healthcare agreements in place for the 1.2 million UK nationals who live in other EU countries, including those with significant healthcare needs. While the UK government has committed to pay for this care for the initial six months in the event of a no-deal Brexit, it is not yet clear what will happen thereafter.

If reciprocal healthcare agreements are achieved, UK nationals living in EU countries are not likely to be affected and that is certainly the UK government's ambition. However, if for some reason this is not possible, these UK citizens may have to take out private insurance or, if this is too costly or unavailable, they could decide return to the UK. As one leader pointed out:

“It is possible that we will see an increase of UK citizens returning from abroad who will require local GP registrations; the risk of repatriations through Gatwick Airport are also being planned for.”

6. Potential cost of Brexit

While the government has made detailed plans to avoid medicine shortages, some health leaders worry about the potential impacts on importing other goods, such as food, including potential costs for the NHS and for patients:

“We are concerned about impact on the supply chain, especially items such as food being delayed. This will be a risk for our inpatient units and also a wider risk in terms of cost of food going up.”

“The UK is a net importer of goods. Fluctuations in the value of sterling may make certain imported medicines and equipment required by the NHS more expensive, creating wider negative financial impacts on the NHS.”

There was a view among health leaders that the longer-term financial impact of a no deal Brexit needed to be modelled, especially as the NHS has not received funding for EU Exit preparedness, unlike some other sectors.

It is also not yet clear how the most vulnerable people be affected, for instance by economic disruption, or by UK citizens returning from other EU countries who need health and social care.

7. Brexit will put extra pressure on the NHS and social care workforce

In the short term, some health leaders are concerned about the extra demands on staff, arguing that 'the resources we are using for EU Exit preparations are all from within our existing staffing base' from planning, business continuity and emergency preparedness teams.

There is also concern about the impact of a no deal Brexit when services are already stretched:

"Worried about the burden of assurance reporting in the immediate period and impact on managers as planning to double up on call arrangements given also going to in to winter and peak system pressures."

"Unpaid overtime and goodwill is a cost not captured."

NHS England and NHS Improvement have recommended a focus on system collaboration with stronger and detailed working through Local Resilience Forums (LRFs) to support social care.

However, the main of concern in this area appears to be around staffing. Around 6 per cent of nurses and 7 per cent of care workers in the UK have come from European countries outside the UK. It is likely that these staff will be less likely to choose to continue working the UK after freedom of movement ends and it will almost certainly be more difficult to recruit new staff from the EU:

"This could have significant implications for our ability to retain and recruit health and care staff from elsewhere in Europe. This, in turn, may have a serious impact upon future service provision... The NHS obviously employs significant numbers of staff from EU countries and it is therefore likely that we will experience increased difficulties in recruiting staff."

"In the longer term (and it is already impacting) the potential end to freedom of movement will impact on supply of particularly care workers but also higher qualified staff."

Health leaders are also concerned about the personal impact of Brexit on their EU staff:

"I have heard directly from staff about the personal impact of EU withdrawal upon them and their families. This partly relates to the process of having to seek EU settled status, even after having resided in the UK for some time. It is also a consequence of the emotive tone of national debate, heightened by the political rhetoric and media coverage, which has left people feeling uncomfortable and alienated. The language of this debate, and ensuing behaviours, can at times be disrespectful. This, in turn, increases anxiety, affects people's wellbeing and creates potential for NHS staff to experience abuse and intolerant views."

What further support do NHS leaders need at this time for a potential no-deal Brexit?

In general, health leaders were positive about the support and communications they have received so far from NHS England and NHS Improvement:

“These have been useful, generally reassured us that our plans are adequate.”

To help the NHS manage the initial impact of a no-deal Brexit, health leaders are calling for:

- early, clear and succinct communication that avoids duplication
- early information for NHS trusts about expectations on reporting and other actions
- a nationally consistent message about sharing staff between trusts
- tailor the assurance process to specific sectors such as mental health
- details of assurance that stock supplies are in place and how they will be maintained
- timely information about post-Brexit changes, from treating EU citizens to employing them
- a centrally-led platform for sharing planning and best practice.

Next steps

This briefing provides a temperature check of the views of NHS trust and CCG leaders on what is concerning them at this stage of Brexit planning and how prepared their organisations are for a potential no-deal outcome.

To be clear, the NHS appears to be well-prepared following extensive preparations in recent months, and the government has undertaken detailed planning to reduce the risk to services and patients. Nevertheless, there are a number of issues that are concerning health leaders. At the top of the list is the supply and availability of medicines and how local areas will cope with the impact of a no-deal Brexit on top of the day-to-day operational pressures.

The NHS Confederation will continue to support NHS trusts, clinical commissioning groups and other healthcare providers not least by gathering their views and making sure central government and its agencies are acting on their concerns. We have a reference group of members that we closely work with to make sure we are representing their views back to ministers and officials. In addition, we convene cross-system groups, including the Brexit Health Alliance and the Cavendish Coalition, which bring together all those concerned with making sure patients are protected at this uncertain time. We meet regularly with senior government officials and other decision makers in the UK and the EU, and together with European health organisations we strive to make sure that the impacts of the different types of Brexit are well understood at all levels. Our aim is to make sure that the needs of patients and local health services are properly recognised and addressed throughout the Brexit process.

About the NHS Confederation

The NHS Confederation is the membership body that brings together and speaks on behalf of the whole NHS. We represent over 500 members across health and social care, including hospitals, community and mental health providers, ambulance trusts, independent sector organisations providing NHS care, and clinical commissioning groups.

To find out more, please visit www.nhsconfed.org or email enquiries@nhsconfed.org



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