



Rt Hon Boris Johnson MP
Prime Minister
10 Downing Street
London SW1A 2AA

23 December 2020

Sent by email

Dear Prime Minister,

We write to you as your chief Brexit negotiator states that progress on a deal is blocked and the Health and Social Care Secretary has declared the new coronavirus variant is “out of control”. Your call on Saturday to level with the public and introduce tougher restrictions in light of the deteriorating situation facing the NHS was the right one. The UK has just recorded its highest ever daily rise in infections and over the next few days patients in hospital with Covid-19 will breach the peak of the first wave. The virus has found another gear and will leave the NHS in its wake, so we support the actions you have taken to protect the NHS.

We believe a similarly tough stance is needed in the event of a No-Deal outcome. Come 1 January, the NHS will be battling the greatest challenge in its history during what is traditionally its busiest time of year. There are now nearly 19,000 patients in hospital with Covid-19, close to the first wave peak and the conveyor belt is picking up speed as we head into the festive period. On Sunday we saw the rate of recorded positive cases in the UK double over a week. The backlog of non-Covid patients waiting over a year for treatment now stands at 160,000 patients, while we are rolling out the largest vaccine programme ever undertaken with a tired and depleted workforce.

The failure to secure a Brexit deal will throw the NHS into further chaos and it will risk the health of patients and the working conditions of our staff. The NHS might not be perceived to be on the Brexit negotiating table, but the disruption shockwaves from a no-deal outcome could push the NHS’ ability to function over the edge.

Given we are days away from the cliff edge, we urge you to extend the transition period by a month, buying the NHS a precious few extra weeks and enabling the UK to leave the EU after a one-year transition period.

Failure to do so will result in no-deal disruption at the NHS' gates, quite literally in the South East. From day one, ambulances trying to reach patients and clinicians getting to their clinics could face delays due to major congestion on the roads of Kent. They will face these barriers to their critical work while facing some of the highest levels of Covid-19 infections and the additional risks that the increased traffic, lorry parks and congestion could increase the demand for NHS services in the area. With Operation Stack implemented with borders closed to the continent and rampant Covid-19 infections meaning the region has already breached the safe level of hospital bed occupancy, the South East will face disruption even if a deal is reached. Should a deal not be reached, the magnitude and extent of disruption will be of a much greater order.

We recognise that significant preparations have been made within the health sector, indeed by our members, to ensure we are prepared as we can be. However, preparing for much of the disruption is outside the gift of the Department of Health and Social Care. Indeed, the cross-party [Parliamentary Committee](#) tasked with assessing UK preparedness for the end of the transition period warned last week that significant concerns remain. Stockpiles can be prepared, alternative routes agreed and guidance issued, but this will only mitigate some of the challenges the NHS will face from day one on 1 January, and we still don't know what day one looks like.

NHS leaders will be flooded with new rules, guidance and information and be required to make significant adjustments at breakneck speed – all while dealing with unprecedented Covid-19 and winter pressures. Whilst the preparations for the NHS are as good as can be, the circumstances could not possibly be worse.

We still lack clarity on the rules and reimbursement arrangements for EU citizens requiring treatment in the UK. From January, the NHS, patients and industry could become entangled in a maze of complexity. Without a clear EU wide agreement on citizens' rights to healthcare, the NHS front door could face the additional burden of having to navigate 27 separate arrangements. For patients unclear on their shifting



rights and not wanting to overburden the service, as we saw in the first wave of Covid-19 infections, this could result in vulnerable people not seeking the treatments they require.

No deal would see the loss of participation in EU-wide data-sharing platforms and alert systems to exchange information about health threats; the loss of EU-wide research and testing of new treatments; the loss of UK citizens access to healthcare in the EU when travelling; and the loss of mobility for researchers and clinicians wanting to practice across UK/EU borders, sharing and expanding our collective expertise. It's a relationship the NHS has enjoyed throughout most of its history and it is about to lose it.

We therefore ask that you seek a one-month extension now to provide certainty in the short term to the NHS and the rest of the country in order to avoid a disruptive cliff-edge moment. An extension of a few weeks will not mitigate all the challenges. But it will take us out of the immediate danger zone, and it will enable the NHS to continue to focus on fighting the pandemic without having to contend with disruptive changes brought about by a no-deal outcome. This will buy us more time to ensure a more planned exit.

However, your Government should be under no illusion that the NHS will be harmed by the potential failure to agree a negotiated deal. We therefore urge you to continue to explore every possibility for a deal.

Yours sincerely,

Danny Mortimer
Chief Executive

Dr Layla McCay
International Director