

NHS England and NHS Improvement Board meetings held in common

Paper Title:	EU Exit readiness
Agenda item:	4
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Summary/recommendation

This paper provides an update on preparations for EU Exit, given that the legal default remains that the UK will leave the EU without a deal on 31 October.

The Boards are asked to note that the NHS is in a good position of readiness, but that outstanding issues remain; key challenges would be supporting multiple incidents over a prolonged period and the NHS's reliance on contingency plans being put in place by other government departments.

Background

1. The Department of Health and Social Care (DHSC) is leading the response to EU Exit across the health and care sector and is responsible for the planning and preparations to avoid problems. NHS England and NHS Improvement (NHSE&I) has been supporting these preparations and since December 2018 when the Government announced it would prepare for a no deal EU Exit, we have focused on preparing our NHS operational response, aligned to DHSC structures. NHS preparations have followed four phases:
 - Phase one: Testing DHSC and government planning assumptions.
 - Phase two: Make ready the health and care system: Delivered 7 regional events for 600+ health system leaders, plus events for royal colleges, patient groups and key stakeholders, and published a wide range of system-facing communications and guidance
 - Phase three: Assurance of system preparation: Conducted 3 local temperature check exercises ahead of end March/ April which confirmed a high level of system readiness and followed up on areas of concern
 - Phase four: Transition to incident response: set up the National Coordination Centre (NCC) and regional response centres aligned to the Emergency Preparedness structures and established groups of clinical and operational experts to advise on responding to disruption, aligned to DHSC operational response structures and processes.
2. The Article 50 extension delayed the EU Exit date, but the legal default remains that until a deal is agreed and ratified, the UK will leave the EU with a no deal on 31 October. During this extension period we have reviewed plans and re-phased our transition to incident response, aligned to the new timetable.

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3. Following the formation of the new Government in July, the pace of EU Exit no deal preparations have significantly increased and additional funding has been made available across key Departments to support no deal planning, including £434m for health to contribute to continuity of supply of medicines and medical products (for freight capacity, warehousing and stockpiling).

Considerations

4. During the summer we have revisited the four phases of our approach to test our preparedness and assure the system. We have continued to engage with the local NHS to ensure that local organisations are ready for EU Exit in October. In July we held a series of webinars with NHS trusts and CCGs to highlight the ongoing work across Government to prepare for EU Exit. Informed by the experience that it took 3 months to stand up NHS teams ahead of the April EU Exit date, Keith Willett wrote to EU Exit SROs in NHS organisations on 22 July asking them to have their core teams in place as soon as possible. Within NHSE&I a recruitment campaign to EU Exit teams was also established to boost existing structures for the response period.
5. We have now stood up and are testing the operational response:
 - The NCC, Commercial and Procurement Cell (CPC) and Regional Coordination Centre structures are in place or being reformed to gather intelligence from and disseminate information to the health system. Hours of operation will be extended on a phased basis to be ready to operate 24/7, if needed.
 - A new tiered escalation model of clinical advice is being finalised to support the NCC, DHSC's National Supply Disruption Response (NSDR) and EPRR. 7 groups composed of clinical and subject matter experts are in place and processes are being tested to ensure alignment with DHSC and other ALB response structures.
 - During September we ran a series of regional workshops with trusts, CCGs and social care representatives outlining national preparations and local action needed as well as holding exercises to test local readiness.
6. The EU Exit programme supports Objective 2 within the NHS England and NHS Improvement [Accountability Framework](#); Support Government in managing the effects of EU Exit on health and care. DHSC leads the response to EU Exit across the health and care system, however we continue to work with DHSC, Government, and wider system partners to mitigate and manage any adverse impacts of EU Exit, as well as identifying and making a success of opportunities that may emerge.
7. Winter: The 31 October exit date means that EU Exit will happen as the NHS prepares for winter. The NHS will be managing the impacts of increased demand for services, seasonal variation of necessary medical supplies, national vaccination campaigns and workforce impacts. We are working across NHSE&I national and regional on implications of this on our operational response and to align our operating model and reporting processes between

winter preparations and EU Exit preparations to reduce the burden as far as possible on the NHS.

8. Surge capacity: The scope and potential scale of multiple disruptions as detailed in the Government's published planning scenarios could place significant pressure on EU Exit and EPRR teams managing these incidents. We are recruiting to these teams and developing a reservist model of trained staff to respond to surges.
9. Social care: The social care workforce is arguably more vulnerable given the provider and employment models. Any loss of capacity in the 450,000 bed capacity in care homes or domiciliary support will directly impact the NHS.
10. Cost recovery: From 1st November non-eligible EU visitors to the UK covered under EHIC arrangements will become chargeable for inpatient care. This represents an additional administrative duties on providers We have highlighted this to NHS organisations at our recent EU Exit regional workshops to enable them to prepare as early as possible. We will continue to work with DHSC to manage these impacts across the NHS.
11. Border Flow: The NHS remains reliant on other government departments, including DfT, HMRC and the Border Delivery Group (BDG) to ensure against disruption to supplies needed by the NHS. Government assumptions on cross-border flows of goods and services are that it is likely there will be disruption at the Short Straits for a number of months. There could be impacts felt at other ports around the UK. DHSC has therefore announced its intention to maintain the multi-layered contingency approach which was in place in April. This includes procurement of decided health related freight capacity, warehouse space and regulatory flexibility. The timetable to run the competitive procurement process is tight but on schedule.
12. DHSC assurance of supply for medicines is being undertaken product by product and medical devices and clinical consumables supplier by supplier.
13. Industry support: There has been close and positive engagement from industry to date, supporting the national approach to contingency planning, for example through building replenishing buffer stocks and sharing information about supply routes with DHSC. DHSC is leading engagement with industry through its trader readiness programme to monitor their plans and ensure national contingency measures are understood.
14. We have stepped up our communication with the health and care sector, NHS organisations, patient groups and clinical stakeholders. The key is to ensure our front line NHS staff are fully informed and can accurately inform their patients. It is important to avoid behavioural change involving local stockpiling which could then risk becoming a self-fulfilling prophecy in causing shortages.

Financial commentary

- NHSE&I is monitoring the financial impacts of EU Exit on the NHS as well as health demands and longer-term impacts (e.g. economic and

workforce capacity). We have not yet seen evidence of a material financial impact.

Summary and key points

15. Whilst planning and testing has been undertaken, even in the presence of the comprehensive planning undertaken, many factors are out with our control. Our plans are therefore equally focused on mitigating any impacts as they arise and we have put considerable incident response processes in place for the NHS should the need arise.