

# EU exit: key messages for NHS organisations

30 December 2020

# UK has left the EU. A trade deal has been announced

The UK exited the EU on 31 January 2020 and is now in a transition period until 31 December 2020. The UK government has reached <u>an agreement with the EU</u> as to the relationship beyond the end of the transition period.

This signing of the deal also means that we will be able to provide further detail for the NHS on the impact of the deal, including the approach to preparations and mitigations that have been put into place. The risk of disruption at the border remains when the UK leaves the Single Market and Customs Union at the end of the year, and so, we ask that you keep in place the plans and mitigations stood up for the end of the transition period until further notice.

It is not the role of the NHS to comment on the agreement. Our role is to focus on the operational impact and seek to ensure services for patients are able to continue as normal.

#### **Medicines**

- Prescribe and dispense as normal: Doctors and pharmacists should explain to patients that they should continue to order their prescriptions as normal.
  Prescriptions covering longer durations than normally prescribed should be avoided. Prescription durations will be monitored and investigated where necessary.
- Don't stockpile locally: No organisation should stockpile medicines locally those that do could risk medicines being in short supply for others. Hospital stock levels will be monitored and over-ordering of medicines investigated. It is not necessary for the NHS to carry out any local assessments of supply chains as the programme is being managed nationally.
- **Report shortages through usual routes:** Any shortages should be reported through usual routes. The national Medicines Shortage Response Group will

provide clear governance, communication and decision-making for the management of any medicine shortages.

# Medical devices, clinical consumables, non-clinical goods and services

- Measures are in place to help ensure stocks continue to be available even if there are transport delays.
- **Don't stockpile products:** Organisations should maintain BAU stock levels. If your organisation relies on getting products and services direct from the EU on a short lead time basis (ie 24 to 72 hours), plan for lead times of around three days or longer and adjust your ordering processes accordingly.
- Ensure all staff are aware of changes to delivery lead times and put appropriate changes in place, ensuring business continuity plans are adjusted accordingly.

#### Workforce

- **Government and the NHS support staff from the EU;** they make a substantial contribution to health and social care services across the UK. Everything possible is being done to ensure they can to continue work in the NHS.
- The EU Settlement Scheme is open to all EU citizens, including NHS staff, and can allow EU nationals to gain 'settled' or 'pre-settled status'. The Settlement Scheme will allow EU nationals to continue to live and work in the UK beyond June 2021, meaning they will not need to apply for visas when the new immigration system takes effect. The scheme will also lock in the rights of EU nationals, meaning they will be able to access healthcare, benefits and other government services in the same way they currently do. If any of your NHS staff from the EU have not already done so, encourage them to apply to the EU Settlement Scheme. They can do this up until 30 June 2021.
- Employment contracts will not need to change for EU citizens legally resident in the UK on 31 December 2020, and they will have no problem carrying on working as they do now.
- Recognition of professional qualifications will apply for at least two years after the end of the transition period. For any professional registration queries, please contact the relevant professional regulator.
- Most healthcare roles are exempt from the restrictions imposed by the Immigration Bill.

• The immigration surcharge does not apply to registered professionals and their family members.

#### Data

- NHS organisations and staff should continue to handle data as they currently do (which is covered by GDPR).
- The agreement the Government has reached includes a provision to provide for the continued free flow of personal data from the EU and EEA EFTA States to the UK until adequacy decisions are adopted, and for not longer than six months. The UK has, on a transitional basis, deemed the EU and EEA EFTA States to be adequate to allow to for data flows from the UK.Your organisation's data protection officer should have put in place safeguards to ensure that data continues to flow to and from the UK and the EEA after the end of the transition period. These safeguard against any interruption of the free flow of data from the EU.

# Reciprocal healthcare and cost recovery

- A new UK Global Health Insurance Card (GHIC) will be available from the new year in recognition of the new agreement with the EU. This will replace the EHIC.
- The agreement the Government has reached with the EU ensures that UK residents will continue to have access to emergency and necessary healthcare cover when they travel to the EU. This will operate like the current EHIC scheme.
- However, people will still be able to use their EHIC after 1 January when travelling to the EU. Current cards will remain valid until their expiry date.

# Vaccines

- **Don't stockpile vaccines beyond BAU levels.** Over ordering will be investigated.
- Pharmacists and emergency planning staff should meet at a local level to discuss and agree local contingency and collaboration agreements.
- Local cross-system medicines supply continuity plans should be developed and agreed at trust/CCG board level, including arrangements for collaboration to ensure shortages of locally procured vaccines are dealt with promptly.
- There will be a Vaccines Shortage Response Group for nationally and locally procured vaccines, co-ordinated by PHE with NHS England and NHS Improvement, and with membership from the Devolved Administrations. The

group will provide clear governance, communication and decision-making for the management of any vaccine shortages.

• Any COVID-19 vaccine will be included in the mitigations set out in the Medicines section above. As any vaccine would be a category 1 good, it will be covered by the express freight capacity if needed.

# Blood and transplant

- Hospitals should expect NHSBT to function as it does now, including its arrangements for reference services.
- Organisations should not stockpile products from NHSBT.
- Continue to order/request tissue products and stem cells as normal. Hospitals should not stockpile tissues.
- If you have any questions, direct these to your local NHSBT hospital customer services manager.

# Research and clinical networks

The NHS and government are working with organisations sponsoring and running clinical trials and investigations to ensure that research continues as normal in the coming months.

- Continue participating in and recruiting patients to clinical trials and investigations. Only stop recruitment if you are requested to do so by a trial sponsor, the organisation managing the trial or clinical investigation, or in a formal communication from MHRA.
- Principle investigators are encouraged to work with their suppliers to review their existing supply chains for clinical trials, to ensure appropriate supplies of trial drugs and medical products are in place.
- Continue to monitor and follow guidance from NIHR and MHRA in relation to how to operate from 1 January 2021, including the running of clinical trials, importing and exporting medical products.
- Clinical trial sponsors should ensure appropriate supplies of trial drugs and medical products are in place.

# Health security

The agreement will ensure we can continue to cooperate, exchange information and coordinate on measures to protect public health. This includes a framework for the UK's ad-hoc access to the EU's Early Warning System, which will strengthen cooperation in the event of a cross-border threat to health.