



**AGENDA ITEM**

7.2

**CTM BOARD**

**UPDATE ON BREXIT PREPARATIONS**

**Date of meeting**

26/11/2020

**FOI Status**

Open/Public

**If closed please indicate reason**

Not Applicable - Public Report

**Prepared by**

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**Presented by**

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**Approving Executive Sponsors**

Executive Director of Planning & Performance

**Report purpose**

FOR NOTING

**Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)**

**Committee/Group/Individuals**

**Date**

**Outcome**

**ACRONYMS**

CPhO

Chief Pharmaceutical Officer for Wales

EHIC

European Health Insurance Card

NHSBSA

National Health Service Business Services Authority

EEA

European Economic Area

## **1. SITUATION/BACKGROUND**

- 1.1 The UK left the European Union (EU) on 31 January 2020, with a deal called the withdrawal agreement. Its purpose was to set out a process which allows the UK to leave the EU as smoothly as possible by agreeing a new relationship with the EU during an 11 month transition period. This transition period is due to end on 31 December 2020, when the UK will completely leave the EU with or without a deal on the future relationship with the EU.
- 1.2 Negotiations have been aimed at agreeing the new relationship for trade, and rules in areas like fishing access, the regulation of medicine, and security co-operation. During the transition period, the UK has continued to follow EU rules and trade between the two has remained the same as before. The UK also continues to pay into the EU budget. By keeping most things the same, the idea behind the transition period was to give both sides breathing space to negotiate their future relationship. The transition period ends on 31 December 2020, and the deadline for extending it has now passed.
- 1.3 Work has also been undertaken to mitigate any risks to the NHS should a 'no deal' scenario be the position post 31 December 2020. The UK Government has updated its advice indicating if the UK leaves the EU without a deal, there is the potential for there to be a prolonged period of disruption, particularly in relation to goods and supplies. The NHS had been asked to plan on a 'reasonable worst case scenario'.
- 1.4 Much of the business continuity planning needs has and continues to be undertaken on a national basis, both on an All Wales and All UK basis, so this update reflects actions being taken at a national level, and where appropriate, any local actions to support the national work.

## **2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)**

- 2.1 The main areas of preparation work for Brexit on 31 December 2020 focuses on 4 areas:
  - Pharmaceutical Supplies – ensuring a sufficient and seamless supply of medicines in the UK.
  - Medical Supplies and Consumables – work being undertaken by Shared services (Procurement) on an on Wales basis with and on behalf of all HBs in Wales.
  - Employment Issues – status of EU staff working in the UK/ future immigration rules

- Future Reciprocal Healthcare Arrangements – potential ending on the ability to access free healthcare in Europe for UK residents when travelling abroad and similarly for EU citizens visiting the UK.

### **Pharmaceutical Supplies**

- 2.2 The work around assuring sufficient and seamless supply of medicines after leaving the EU has been undertaken on a UK wide basis, with Welsh Government working with the Department of Health and Social Care.
- 2.3 Pharmaceutical Planning: BREXIT planning is now part of CTMUHB COVID planning meetings within the Medicines Management Senior manager's team. The Clinical Director (CD) and Head of Medicines Management (Chief Pharmacist) is part of the Medicines Management Directors Wales peer group which meets on a weekly basis and where the CPhO for Wales attends, BREXIT is included in this agenda where joint planning and mutual aid is agreed. In addition, the CTMUHB Medicines Management CD is also part of the WG Health Ministers BREXIT Advisory Group in her role as Chair of The Royal Pharmaceutical Society in Wales. Medicines shortages frequently occur regardless of BREXIT and there are national and CTMUHB processes in place to respond and manage medicines shortages to reduce risks to patients.
- 2.4 Pharmaceutical Stocks: Health Boards are being told not to stockpile medicines within the NHS and for patients and prescribers not to stockpile or prescribe longer duration of medicines prescriptions than usual. CTMUHB are maintaining their medicines stocks at the higher end of normal levels and where there is increased demand due to COVID i.e. Intensive Care Unit (ICU) medicines, are responding accordingly with increased stock levels held within acute care
- 2.5 Primary Care: It has been recognised that it is important that current supply chains are not de-stabilised in primary care should patients begin to stockpile, WG is developing national communications to the public to reduce these behaviours. It will be important that CTMUHB reinforce these messages out to the local population when the communication strategy is shared.

### **Medical Supplies and Consumables**

- 2.6 Shared Services are working collaboratively with, and on behalf of all Health Boards in Wales to:
- Build stocks of key high usage items available through the regional Stores;
  - Identify and stock critical items usually purchased 'non-stock' direct from suppliers;



- Identify critical equipment/spare parts requirements and discuss with suppliers;
- Discuss Brexit preparedness with key suppliers; and
- Mobilise the Supply Disruption Support Centre to resolve supply/logistical issues in the event of a no-deal Brexit

2.7 The CTMUHB Procurement team are working with Shared Services on this work and in line with the national advice, are not stockpiling locally and will be utilising the existing processes in place which deal with supply and logistics issues on a daily basis.

### **Employment Issues**

2.8 As with other areas, work is progressing through All Wales/UK Groups and CTMUHB is a member of the NHS Employers Brexit Group. Although the group was stood down during the first peak of COVID 19, it has restarted in September 2020. The NHS in Wales is not anticipating a retention issue with the existing EU/EEA workforce, given the numbers of applications being received from Wales for pre-settlement and settlement status.

2.9 A significant amount of work has been undertaken and briefings completed, including:

- Identified CTMUHB have 133 EU/EEA Staff, based on populated ESR Data. Further regular reminders will be sent to staff to update their data to include nationality on Electronic Staff Record (ESR) – this may identify further EU/EEA staff. Staff will be provided with a Quick step Guide to assist them.
- Encouraging staff to join a staff network group to provide them with access to up to date and relevant information on Brexit and to ensure that they know who to contact if they have a query;
- A Brexit page has been set up on SharePoint that contains key information for EU/EEA staff to provide the most up to date information and details of the free support, advice and legal services available to EU/EEA citizens employed in the NHS; and
- Following a review of the new immigration points based system that will come into effect from 1 January 2021, it is expected that there will be no impact on CTMUHB as the HB already holds a valid sponsorship licence. The Health and Care Visa that is part of the skilled work route will ensure individuals working in eligible health occupations, with a job offer from the NHS, social care sector or organisations that provide services to the NHS, are able to come to the UK to work. This will be a fast track visa that will provide rapid entry for doctors, nurses, paramedics and other healthcare professionals.

2.10 In addition, in the period up to 31 December 2020, further work will be undertaken around communication with EU/EEA Staff to provide

support and information, as well as reassurance they are valued members of the organisation:

### **Future Reciprocal Arrangements**

- 2.11 Like other areas work, these arrangements are being undertaken on a national level with Welsh Government linking into the UK Government on behalf of Health Boards. The negotiations are linked to whether we will have a deal with the EU which will include arrangements to maintain the current reciprocal emergency healthcare arrangements which allows citizens the same emergency access as those citizens of the country they are in. For example, if you go to Spain and need emergency care, providing you go to a state hospital, that service will be delivered on the same basis as a Spanish residence providing you can show evidence of your entitlement in the form of an EHIC Card.
- 2.12 Similarly there is a European Directive (Cross Border Directive) in place covering elective care, where European citizens can seek treatment in another European Country, in a private or state hospital and seek reimbursement from their home country. There is an All Wales policy to support this Directive, whereby certain conditions need to be met to obtain the prior approval and reimbursement from Health Boards. S1 and S2 also allow treatment in other EU countries but this is where it is usually commissioned by a Health Board and usually for a rare treatment option not available in the UK. For example Welsh Health Specialised Services Committee (WHSSC) commission under S1 for rare radiotherapy treatments in Germany and USA.
- 2.13 The latest position, is that as the negotiations between the UK Government and the EU remain ongoing, there is currently no decision made on ongoing reciprocal healthcare arrangements.
- 2.14 In the event of a deal the expectation for S1, S2, Cross-Border Directive and European Health Insurance Card (EHIC) is:
  - EHIC would continue broadly as it currently exists (repackaged as an "EHIC-type" scheme);
  - S2 arrangements should continue for maternity and planned treatment with further discussion on the process ongoing;
  - National Health Service Business Services Authority (NHSBSA) will take a more central role in approving eligibility for S2 treatments under the proposed plans. This would remove the requirement on Health Boards to undertake checks in relation to meeting initial criteria. NHSBSA will undertake these checks on a UK-wide basis and liaise with Health Boards on the clinical decisions; and

- No further progress agreed on the continuation of the S1 or Cross-Border Directive.

2.15 It would be important that in a no deal scenario that the public were aware that there would be no reciprocal arrangements and encouraged to have adequate travel insurance when travelling abroad. The UK Department of Health and Social Care (DHSC) are planning a substantial communications campaign once the detail of future reciprocal healthcare arrangements has been confirmed, whatever the outcome of negotiations. In the event of a no deal the expectation is:

- All EU reciprocal healthcare categories fall away and overseas charging would apply to EU residents; and
- This would then possibly lead to an agreement with the EU as a whole or more likely bilateral agreements with individual EU Member States.

2.16 Whilst there has been a virtual group of individuals working on Brexit in their areas within CTMUHB, it is planned to bring these people together to meet together as a CTUHB Brexit Task and Finish Group, to ensure the outstanding issues are co-ordinated as we approach the last few weeks left in the process.

### **3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE**

3.1 There is a recognition that COVID-19 has resulted in NHS organisations focusing away from Brexit preparations with many of the national groups standing down their meetings during the peak. However, from September most of the Groups have restarted and have set up more regular meetings as we rapidly near the 31 December 2020.

3.2 Whilst most areas do not report any significant issues at this stage, with no decision on whether the UK will leave with a deal or not, the uncertainty remains the biggest risk, especially with so little time now to the UK fully leaving the EU. All areas have mitigated the risks as best they can be.

3.3 On European staff working in CTMUHB, there still remains a small risk that those staff who have not yet registered for settled status, may choose not to do so. These staff can remain in the UK up until the cut off for applications which is end of June 2021.

3.4 The risk associated with Brexit and in particular a 'no deal' Brexit is recorded in the Health Boards Risk Register with a risk of 16, due to the risk to not being able to provide sustainable services should there



be a disruption to the supply chain for essential goods and services the Health Board requires.

- 3.5 Whilst there has been a virtual group of individuals working on Brexit in their areas, it is planned to bring these people together to meet as a CTUHB Brexit Task and Finish Group, to ensure the outstanding issues are co-ordinated as we approach the last few weeks left in the process. The Health Board risk will be reviewed in the first meeting of the UHB-wide Brexit task and finish group based on the latest information available, which is planned for w/c 23 November.

#### 4. IMPACT ASSESSMENT

<b>Quality/Safety/Patient Experience implications</b>	Yes (Please see detail below)
	Ensuring adequate and seamless supply of medicines, supplies and consumables are a key aspect of the preparation for BREXIT. The work to mitigate the risks associated with any delay in the pathway is being led on a national basis and covered in the paper.
<b>Related Health and Care standard(s)</b>	Applies to all Health and Care Standards
<b>Equality impact assessment completed</b>	No (Include further detail below)
	Applies equally to all.
<b>Legal implications / impact</b>	There are no specific legal implications related to the activity outlined in this report.
<b>Resource (Capital/Revenue £/Workforce) implications / Impact</b>	Yes (Include further detail below)
	Maintaining EU/EEA staff is a key issue and risk. Work to date has identified this is no longer a significant risk.
<b>Link to Strategic Well-being Objectives</b>	Linked to all

#### 5. RECOMMENDATION

- 5.1 **NOTE** the content of this report and the preparation for exiting the EU on 31 December 2020.