

EU Exit operational readiness guidance

The Government have published '[EU Exit operational readiness guidance](#)' for the health and care system in England which identifies actions that all NHS providers, including GP practices, and commissioners should take to prepare for, and manage the risks of a no-deal exit scenario. A summary of the guidance is found below.

Most of this activity will be dependent on actions CCGs can take and GPC England would therefore advise practices to clarify what work is underway locally in response to these instructions from government, together with how they are engaging with the LMC. Practices could request an update on any plans which have been or will be implemented.

The Department of Health and Social Care are engaging with the BMA along with other stakeholders as they build on their guidance in response to the situation. Further information about the BMA position on Brexit and all of our briefings are available [here](#).

Summary of Government guidance on EU Exit Planning for Primary Care

The guidance instructs NHS providers, including GP practices, to undertake full local risk assessments, review their communications with staff and patients, escalate any concerns to the contacts provided and ensure ongoing business continuity planning takes the latest Brexit guidance into account.

The guidance focuses on 7 key areas of activity within the health and care system that DHSC are focussing on.

1. Supply of medicines and vaccines: GP practices are instructed not to stockpile additional medicines beyond business as usual stock levels and not to write longer prescriptions for patients. GPs are instructed to promote messages of continuity and reassurance to patients, including that they should not stockpile additional medicines at home.

2. Supply of medical devices and clinical consumables: GP practices are instructed not to stockpile additional medical devices and clinical consumables beyond usual stock levels.

In a no deal scenario, there would be considerable uncertainty about the UK's approach to medicines and medical devices regulation.¹ This would likely lead to a shift away from products being developed for the UK market, with significant ramifications on timely access to new medicines and medical devices, as well as on the UK's pharmaceutical and medical devices industries. There would also be considerable adverse impacts on the future capacity of the UK and EU in relation to pharmacovigilance, which for the UK would be compounded by a potential loss of expertise.

BMA position:

- The BMA has been clear of the risk that Brexit poses to the nation's health and in the context of present uncertainty patients and the wider public are rightly anxious about the potential impact of medicine and medical device supply shortages
- The responsibility for ensuring a safe flow of medicines lies with the Government and pharmaceutical industry **not** individual doctors
- Both Government and the pharmaceutical industry have provided assurances that they are working to guarantee that there will not be any shortages
- GPs are monitoring the situation at a local level and will always use their professional and clinical judgement to decide what is best for their patients, within regulatory and legal frameworks.
- The BMA has been calling for a formal agreement between the UK and the EMA (European Medicines Agency) to continue to support and participate in their assessments for medicines approvals.
- The BMA is calling for mutual recognition of, and ongoing participation in, the CE-mark scheme for medical devices.

3. Workforce: GPs are advised to publicise the [EU Settlement Scheme](#) to staff. GPs are urged to notify local commissioners and the regional NHS EU Exit Team as soon as possible if there is a risk to the delivery of contracted services. Future arrangements (beyond 29 March 2019) for recognition of professional qualifications are to be confirmed.

Between 7-10% of doctors currently working in the UK are from the EEA.² They work in nearly all specialties, many of which already face severe workforce shortages including general practice.³

Any reduction in the number of doctors migrating to the UK will have a destabilising effect on the medical workforce, and the staffing of health and social care across the UK. This will have an impact on the ability of the NHS to provide a safe and reliable service.

BMA position:

- Our latest BMA survey results (from November 2018) show that almost 40 per cent of EU doctors are not aware of the EU Settlement scheme.⁴
- 78 per cent of EU doctors working in the UK are not reassured by the Prime Minister's commitment to protect the rights of EU citizens in the UK in the event of a no-deal Brexit⁵

¹Brexit briefing: Medicines and medical devices regulation. Maintaining an effective working relationship between the UK and the EU, [BMA](#), 2017, p.7

² Brexit briefing: The medical workforce and future immigration policy, BMA, 2017, p.2

³Our data about doctors with a European primary medical qualification, [GMC](#), February 2017.

⁴EU Survey 2018 [BMA](#), November 2018

⁵ EU Survey 2018 [BMA](#), November 2018

- More than 35 per cent of EU doctors are considering moving abroad. When asked about to which country, 18 per cent of those who responded to that question are thinking about leaving Europe entirely⁶
- The BMA is calling for the government to formally guarantee the rights of EU citizens should the UK leave without an agreement next March.
- While the Prime Minister has said she will honour commitments to EU citizens and their families, the BMA is urging the government to publish a specific statement on their rights in the event of a no-deal without delay.
- The BMA are urging all healthcare workers to apply for settled status as early as possible
- The BMA are calling for mutual recognition of professional qualifications and measures which protect patient safety

4. Reciprocal healthcare: GP practices are advised that in the event of a no deal scenario, current arrangements for overseas visitors and migrant cost recovery will operate until 29 March 2019.

Practices are instructed to continue supporting individuals who apply for NHS authorised treatment or maternity care in another member state (the S2 and cross-border healthcare processes). Further updates to be provided prior to 29 March 2019.

If a no deal scenario is reached, access to reciprocal healthcare arrangements for UK citizens and residents within the EU, and EU citizens and residents within the UK, would end. This would lead to significant disruption to those individuals' healthcare arrangements, an increase in costs of insurance, and uncertainty regarding accessing healthcare abroad. Moreover, the NHS would face a drastic increase in demand for services, which could dramatically increase its costs and place greater pressure on doctors and clinical staff.⁷ Furthermore, a barrier to patients accessing services could increase the likelihood of the spread of disease.

BMA Position

- The BMA believes that retaining existing reciprocal healthcare arrangements, or the agreement of comparable alternatives, should be an important consideration for the UK government as negotiations continue with the EU.
- If access to reciprocal healthcare schemes is not retained or suitably replaced, and if the rights of EEA and UK citizens living abroad are compromised, the impact on them and on the NHS would be significant.
- An assessment should be carried out on the impact of the loss of reciprocal care arrangements on patients, with particular focus on pensioners and individuals with disabilities
- Any alternative cost-recovery systems introduced post-Brexit should not place an administrative burden on doctors or allied health professionals

⁶ ibid

⁷ Brexit briefing: Reciprocal Healthcare between the UK and the EU, [BMA](#), 2017, p.2

- A full assessment of the impact of losing access to reciprocal arrangements on the NHS and HSCNI should be produced.

5. Data sharing, processing and access: GPs are advised to investigate their organisation's reliance on transfers of personal data from the EU/EEA to the UK and follow the advice available on the gov.uk and [ICO website](#), in particular to determine how to implement standard contractual clauses. GPs should ensure that data and digital assets are adequately protected by completing the annual [Data Security and Protection Toolkit](#) assessment. This self-audit of compliance with the 10 Data Security Standards is mandatory to complete by the end of March 2019

The quality of healthcare patients in the UK receive will be affected by how the UK continues collaboration with the EU in terms of sharing data and emergency preparedness planning for cross-border threats; participating in European Reference Networks which are key for diagnosis and treatment of rare diseases; and sharing and accessing information on doctors' fitness for practice.⁸

6. Research and clinical trials: Government has guaranteed funding committed to UK organisations for certain EU funded projects in the event of a 'no deal' scenario.

In the event of a no deal scenario, the research community would face significant uncertainty about future funding sources and opportunities for collaboration.⁹ This would potentially lead to the UK losing academic expertise and a decline in demand from researchers to work in the UK, thereby damaging the UK's research outputs and reputation. After March 2019, UK researchers collaborating on existing EU funded projects may also lose access to EU funding from that point onwards and may have to leave ongoing projects.

BMA position

- That the Government must negotiate a formal agreement to maintain access to EU funding programmes.

7. Supply of non-clinical consumables, goods and services: Health providers are advised to continue commercial preparation for EU Exit as part of your usual resilience planning, work in local partnership where appropriate. DHSC is conducting supply chain reviews across the health and care system, and work is in progress to identify risk areas specific to primary care.

The NHS spends about £27 billion every year on goods and services¹⁰ and the market for commodities is global. General practices rely on a range of non-clinical consumables, goods and services in order to deliver healthcare to patients. From gloves to stationary, and sharp bins to IT systems, green paper towels, uniforms and cleaning; the range of supplies and services needed to run a general practice are varied and the procurement process complex. While some

⁸ Brexit briefing: The Impact of leaving the EU on patients, [BMA](#), 2018, p.2

⁹ Brexit briefing: Medical Research: Maintaining an effective working relationship between the UK and the EU, [BMA](#), p.2

¹⁰ NHS procurement in England: background, [Gov.UK](#), 2018

practices coordinate their procurement through a local network or perhaps receive support from a CSU, others may opt to navigate their own arrangements with suppliers.

If a no deal scenario is reached, it is difficult to quantify the potential disruption to goods and services required by general practices to operate safely.

BMA position

- The BMA has been clear that Brexit puts patient care and safety at risk.
- Disruption to the supply of non-clinical consumables, goods and services could have an adverse impact on patient care and safety- whether directly or indirectly.
- The potential impact of Brexit on the supply chain for goods and services which are required by health and care systems is difficult to quantify.

Appendix 1.

Any points of concern on specific issues can be escalated to the regional NHS EU Exit and departmental mailboxes listed below:

Region	Contact details for regional EU Exit lead
North East	England.euexitnortheast@nhs.net
North West	England.euexitnorthwest@nhs.net
Midlands	England.mids-euexit@nhs.net
East of England	England.eoe-euexit@nhs.net
London	England.london-euexit@nhs.net
South East	England.se-euexit@nhs.net
South West	England.sw-euexit@nhs.net

- Medicine shortage queries should be raised by business as usual routes
- Medical devices and clinical consumables to mdcc-contingencyplanning@dhsc.gov.uk
- NHS Trusts and Foundation Trusts' self-assessment on non-clinical consumables, goods and services to contractreview@dhsc.gov.uk
- Workforce to WorkforceEUExit@dhsc.gov.uk
- Third Health Programme grants to EU-Health-Programme@dhsc.gov.uk
- Horizon 2020 grants to EUGrantsFunding@ukri.org
- IMPs or clinical devices to imp@dhsc.gov.uk