

NHS GRAMPIAN

Brexit

1. Actions Recommended

The Board is asked to note:

- the updated advice and position statement from Scottish Government; and
- NHS Grampian's response to the actions for NHS Boards set out within the guidance from Scottish Government.

2. Strategic Context

The UK is leaving the EU single market and customs union on 31 December 2020, and the end of the transition period will have an impact on citizens and businesses, as well as travel to and from the EU.

The impact of the UK's vote to leave the EU will have implications for health and social care. While the impact on health and social care services is impossible to forecast, it is clear that a number of important issues will need to be resolved.

Since the last update to the Board, the NHS has been focused on addressing a global pandemic and will require to do so for the foreseeable future. The uncertainty following the UK leaving the EU single market will require to be factored into our contingency planning over the winter period.

In terms of preparation, all NHS Boards have been tasked with considering EU withdrawal issues alongside other factors which could potentially impact on business continuity (including COVID and winter pressures) and make use of existing resilience planning arrangements.

In addition to our COVID remobilisation planning, the UK and Scottish Governments are preparing for 31 December 2020 and the potential scenario of a no deal position at this point.

3. Key matters relevant to recommendation

General Background

The UK Government has already announced it will implement new border controls in 3 stages leading up to full implementation in July 2021 with further detail set out in the Border Operating Model, published on 13 July.

In addition, a no deal scenario would mean moving to World Trade Organisation terms with tariffs on goods and customs checks, with about 150,000 importers/exporters needing to make customs declarations for the first time.

The staged implementation of border controls by the UK Government will help to reduce the potential for disruption at the border. However, all organisations will still need to be ready for controls implemented by member states on 1 January 2021,

and it is anticipated that there could be border disruption if significant volumes of freight arrive at the border without completing the correct formalities.

The UK Government are planning for all scenarios, including reduced traffic flow at the short straits in a reasonable worst case scenario (i.e. between Calais/Dunkirk/Coquelles and Dover/Folkestone).

Planning for EU withdrawal - National

In terms of overall planning this is being co-ordinated at a UK Government and Scottish Government level, with engagement with the NHS Board and respective professional leads. Key matters we would highlight are noted below.

Scottish Government has requested that we take a 'whole risk' approach covering COVID-19, winter, recovery and EU transition. The Chief Executive of NHS Dumfries and Galloway has been nominated as the Chief Executive Lead / Senior Responsible Officer (SRO) for health in this regard.

The preparedness activity across NHS Scotland will focus attention on the following critical themes:

- Health Board Readiness and Social Care Readiness
- Supplier readiness and Stock Back-Up
- Escalation Processes and Resources
- Communications
- Four Nations engagement

The following areas have been progressing in recent weeks:

- Health Board Readiness – Scottish Government and health board roles have been clarified to ensure a two-way flow of information and specific health board supply leads have been identified.
- Social Care Readiness: Hubs and HSCPs – extension of CV19 PPE service to 31 March 2021. For other items the current COVID-19 solutions as outlined for National Distribution Centre (NDC) stock build will continue, with possible expansion for additional products or increased stocks for primary care.
- Supplier readiness – there has been a refresh of the COVID-19 supply chain vulnerability analysis, engagement with Department of Health and Social Care analysis and direct communication to Scottish suppliers in order to gain a Red, Amber, Green (RAG) assessment of critical suppliers.
- National Distribution Centre stock build – A phased strategic stock build began on 1 September, in line with trigger points previously communicated. 80% of NDC 'EU transition lines' are already at the previously agreed level of 6 weeks buffer stocks.
- Reporting and communication – a process of briefings and regular reporting to Scottish Government and health boards will be established.

Further details on specific elements of the preparation for EU transition are provided at Appendix B.

NHS Grampian – preparations

A statement of preparedness was submitted to the Scottish Government in September 2019 and this has been revisited based on the checklist included in the latest Scottish Government guidance issued on 11 November 2020 (see Appendix A).

As reflected in the Board Re-mobilisation Plan, we will adopt a similar approach and integrate our COVID-19, winter, recovery and EU transition planning. We will retain the NHS Grampian EU Steering Group with the respective professional leads to ensure that we can respond to the planning being undertaken at a UK or Scottish Government level.

For information we have noted below the risks previously considered in our planning for an exit from the EU.

1. Medicines

EU withdrawal has the potential to impact on medicines supply and management in the UK. Given the frequent and closed loop nature of the short straits crossings into Dover and Folkestone, any customs delays could create disruption at ports and reduce the supply of medicines into the UK from Europe.

The UK Government via the Department of Health and Social Care (DHSC) are leading the medicines supply contingency planning for the UK. UK Government led actions have to date focussed on three key areas:

- UK Government has requested the pharmaceutical industry to increase stock within the UK for those medicines with an EU touchpoint to provide an additional six weeks of stock over normal. Where this is not possible for a small number of medicines UK Government have instigated other mitigation e.g. approached other manufacturers to make up the shortfall.
- The DHSC is working with the Department of Transport and with manufacturers to determine supply routes (e.g. air freight, prioritised customs traffic) and alternative routes for time sensitive medicinal products such as radiopharmaceuticals.
- UK Government has laid legislation to allow more flexibility / discretion should shortages arise to allow community pharmacists to amend prescriptions within strict national protocols.

It should be noted that Brexit comes at a time when shortages of medicines are becoming increasingly common for the NHS. Throughout COVID global supply lines have been challenged and the contingency planning that has been undertaken has enabled an appropriate supply of medicines.

The service currently experiences shortages of around 80 medicines at any one time unrelated to the exit from Europe. Although UK Government actions may provide

some mitigation we should expect additional shortages should there be instability in supply chains. Whilst it is impossible to assure supply for any single medicine or patient group, information available indicates that the UK Government call for additional stockpiling of medicines within the UK has been responded to positively by manufacturers.

Public communications planning regarding medicines and Brexit currently lies with the UK and Scottish Governments.

2. Procurement

In the event of no-deal EU Exit all health boards are expected to continue to apply a business as usual approach to the procurement of goods and any resultant supplier shortages. Similar to medicines plans are being developed at a UK and Scottish national level to maintain essential supplies and we would note the following actions that are being taken

Health Board ordering

Health Board ordering processes and quantities will not be increased as this will substantially impact the contingency stock build process as well as the potential to disrupt the standard service provision provided to Boards. However, as we are in emergency planning, National Services Scotland (NSS) are co-ordinating the stocking of essential items to ensure a steady supply of goods. This approach has proven to be reliable over the last few months, including the scaling up of the purchase and distribution of personal protective equipment (PPE) items.

Supplier preparedness

The assessment of supplier preparedness is being co-ordinated at a UK and Scottish national level with appropriate support from the procurement specialists within each Health Board. Key issues that are being considered include supply lines where there is no reasonable alternative, maintenance stock for critical plant and estate and supplies to key clinical support areas eg laboratory medicine.

3. Workforce

Our approach remains focused on providing support to staff who are seeking advice regarding their status. One area where the North East maybe more impacted than the rest of Scotland is in relation to care staff where intelligence would indicate that there is a higher percentage of EU nationals employed in this sector within Grampian.

4. Other matters of note

- **Food** – the assessment is that there is sufficient local supply to meet requirements but choice and price may be impacted
- **Vulnerable returning UK nationals** – there is a risk that a number of UK nationals may wish to relocate to Grampian who will require immediate access to healthcare. It is estimated that there could be approximately 300 such individuals returning who may require access to healthcare within a 6-12 week period.
- **Contingency arrangements** – given the COVID situation we have already enacted our contingency plans (including Board control rooms) to support the continued delivery of health and social care services.

5. Responsible Executive Director and contact for further information

If you require further information in advance of the Committee meeting please contact:

Responsible Executive Director

Alan Gray

Director Of Finance

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Date: 12 November 2020

Appendix A: Response to key actions in Scottish Government Guidance

| Action Required | Local NHS Grampian response |
|---|--|
| <p>Supporting Health Board Procurement teams in working closely with National Procurement (NP) on stock resilience and supplier engagement. Attendance at the fortnightly NHSS Procurement Services EU Transition planning group is required</p> | <p>The NHS Grampian Head of Procurement is the appointed link with National Procurement and is working closely with them in relation to planning for stock resilience and supplier engagement, the latter being both national and local.</p> <p>The NHS Grampian Head of Procurement attended the recent EU Transition planning event.</p> <p>We have asked National Procurement to confirm planned dates of the meetings to ensure that either the Head of Procurement or Deputy Head of Procurement can attend future meetings.</p> |
| <p>Health Boards should include EU Exit End of Transition Period Supplies as a standing agenda item at resilience planning groups. NP will provide a fortnightly status bulletin to each health board, which will increase to weekly if required</p> | <p>We have EU Exit End as an item for discussion in the December Board meeting, with an update having been provided to the Audit Committee in November.</p> <p>The SLT agenda will included regular updates for the foreseeable future and will be incorporated into other local workstreams as required.</p> <p>The local Brexit steering group has continue to meet virtually to co-ordinate our local planning. In line with NHS Scotland guidance we will adopt a combined approach to the planning for COVID, EU Exit and Winter risks.</p> <p>EU Exit End will be added to the weekly PPE Cell meeting as a standing agenda item. We will also undertake work to see if we require further resilience stock levels for PPE beyond the COVID contingency stocks and will also work with Health Intelligence to assist with the future predicted demand model.</p> |
| <p>Health Board Chief Executives are expected to liaise closely with their local authority counterparts who are directly responsible for the delivery and provision of all social care. This is with a view to ensuring that appropriate EU exit contingency planning is being undertaken to ensure continuity of service provision</p> | <p>Discussions with the Local Authority Chief Executives will be undertaken through the regular scheduled meetings and if required the Local Resilience Partnership.</p> <p>The NHS Grampian Civil Contingency Group will consider local planning for EU transition at its meeting on 1 December.</p> |

| Action Required | Local NHS Grampian response |
|--|---|
| <p>We encourage you to engage with suppliers that you have made local and specific Board or hospital arrangements with as in 2019 when preparing for potential no deal EU Exit dates and to share any key at risk supply areas on a fortnightly basis. NP can provide templates to help with this work</p> | <p>There was considerable work done on this in 2019 with services to identify their critical suppliers and to write to them for confirmation of their readiness. We have agreed with the Procurement team to follow the model being used by other East and North Boards and National Procurement.</p> <p>We will not write to all suppliers on Department of Health and Social Care and National Procurement contracts. However, we will write to other suppliers with a spend over £100k and those other suppliers reviewed as critical (under £100k spend) in 2019. The questionnaire will ask for confirmation of supplier readiness and this is to be reviewed by the Procurement Team and a RAG status applied, this will then be shared with National Procurement</p> |
| <p>To actively prioritise resilience activities recognise the impact on NP's BAU activities.</p> | <p>Head and Deputy Head of Procurement met with the Procurement Management Team to discuss prioritisation and work required for EU Transition. The Deputy Head of Procurement will ensure that from an Operational Procurement Management perspective, that resilience activities are prioritised within the team.</p> <p>We note from the letter the specific concerns around the Lab Managed Contracts.</p> <p>A colleague from NP is leading the project on the Labs resilience and has been in discussion with local Board Labs Managers The Deputy Head of Procurement is contacting our local Lab Management Team to find out if there has been a local impact assessment.</p> |
| <p>You must continue to support your workforce's wellbeing, in order to avoid extra pressures being placed on the system by avoidable sickness absences.</p> | <p>Staff health and well-being is a priority for the Board and our work in relation to managing during emergency provisions will ensure that we are proactively engaged in supporting our staff at this time. Our approach to staff health and well-being was set out in detail in the Board's Remobilisation Plan.</p> |

Appendix B: Further details on specific NHS considerations for EU transition

Freight Capacity

In preparation for the end of the transition period, the UK government has secured freight capacity for “Category 1 goods”: these include human medicines, biological materials such as blood and organs, medical devices and clinical consumables (MDCC), and Personal Protection Equipment (PPE) supplies. This freight capacity takes into account the needs of the Scottish Government and the other Devolved Administrations.

Medicines

The actions being taken by the DHSC on a UK-wide basis to mitigate shortages in the supply of medicines is similar to the multi-layered approach taken for previous ‘no deal’ planning rounds. This approach includes asking companies to increase their stock-holdings of medicines. On 3 August 2020, the DHSC wrote to suppliers outlining the actions taken to secure Government Secured Freight Capacity; its plans to reroute supplies from the short straits; and requesting increases in medicines stocks held by pharmaceutical companies to a target of six weeks total supply on UK soil.

The DHSC is also working closely with individual pharmaceutical companies to identify any medicines where there may be concerns about availability in order to establish mitigation options; the Scottish Government and other Devolved Administrations are being kept informed about issues arising in these discussions.

In addition to this multi-layered approach, NHS NSS National Procurement (NP) is leading on purchasing a core stock of primary and secondary care COVID-19 critical and supportive care medicines via established NHS Scotland procurement frameworks where possible (about 75% of the medicines concerned) and the additional stock (25% of medicines) is being sourced to meet NHS Scotland’s requirements via UK-led sourcing work streams. One of the advantages of this approach is that the medicines being procured will be familiar to healthcare professionals prescribing, dispensing and administering the medicines (e.g. packaging, formulations, strength and other presenting characteristics). In the event that a different presentation has to be sourced then additional advice will be provided. NP is being guided by a DHSC product list and associated target volumes.

Due to the fast pace at which shortages could occur, the Interim Chief Pharmaceutical Officer and her team will share information about the continuity of medicines supply with Boards at the earliest opportunity. They will continue to utilise the various open platforms available (e.g. regular meetings with Directors of Pharmacy and other formal system wide alerts) over the coming months to communicate information regarding medicines supply.

Medical Devices and Clinical Consumables (MDCC)

Planning for the continuity of supply of medical devices and clinical consumables readiness is based on the arrangements developed during the ‘no deal’ planning rounds and evidence from up to date engagement between the four countries in the UK. National Procurement will continue to support our Health and Social Care sector through the end of the transition period, and is working across NHS Boards and Procurement teams to mitigate the risks arising from the end of the Transition Period.

There is a build-up by the NHSS of MDCC stocks in the National Procurement National Distribution Centre (NDC) and joint work with suppliers in UK who are expected to hold stock for all their suppliers across the UK. There is a Scottish triage centre in NP to join the UK National Supply Disruption Response (NSDR) system, in the event of severe and emergency shortages.

DHSC has undertaken an analysis of all UK Suppliers' preparedness as part of the main supplier engagement on behalf of all four nations for MDCC; details of this have been shared with the Scottish Government. NP has refreshed its COVID-19 supply chain vulnerability analysis, and is engaging with the DHSC analysis, communicating directly with Scottish suppliers to gain RAG assessments of critical suppliers.

The NDC began a phased strategic stock build on 1 September 2020 to work on high volume, fast moving items; this is based on the experience of 2019 and informed by the COVID-19 impact. 80% of NDC 'EU transition lines' are already at the previously agreed level of six weeks' worth of buffer stocks.

As in 'no deal' planning the NP will provide the triage for access to the UK National Supply Disruption Response (NSDR) system that will provide access to any critical freight services for areas that are experiencing supply issues.

Laboratory services

The specific issues related with a continued supply to support the various laboratory services is multifaceted. A number of the main and secondary suppliers have been engaged for discussion via NP, and Board reviews are ongoing. The NHS National Services Division Diagnostic Networks will develop a monthly group to monitor and address any laboratory supply issues that may develop, and escalate if necessary into the NP triage system; this is in addition to your local health board resilience groups, where laboratory supplies should be addressed locally.

Previous arrangements for a national triage system escalating through the Board, Scottish and UK governmental structures will be in place again to review and react to any immediate need. It is recognised that the laboratory community is a well-connected and well-structured community in Scotland with good contact links and ability to coordinate with local and national issues (as currently being evidenced through the various COVID meetings and reviews).