



Department  
of Health &  
Social Care

*From the Rt Hon Matt Hancock MP  
Secretary of State for Health and Social Care*

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Dear Colleagues,

## **GOVERNMENT'S PREPARATIONS FOR A MARCH 2019 'NO DEAL' SCENARIO**

**I am writing to provide an update on the Government's ongoing preparations for a March 2019 'no deal' Brexit scenario and what the health and care system needs to consider as we step up preparations over the autumn and in the period leading up to March 2019.**

The Government has made significant progress in negotiations with the EU and remains confident we will leave with a good deal for both sides, that supports existing and future healthcare collaboration. However, as a responsible government, we continue to prepare proportionately for all scenarios, including the unlikely outcome that we leave the EU without any deal in March 2019.

Along with other Government departments, the Department of Health and Social Care has stepped up its planning for a 'no deal' scenario. We now have robust plans in place to protect patient safety and healthcare provision. Today's announcement concerns our preparations to ensure that the NHS, other service providers, and ultimately patients continue to get the supplies they need, in a timely way.

### **Continuity of Supply**

Today the Government has set out a new scheme to ensure a sufficient and seamless supply of medicines in the UK in the event of a 'no deal' Brexit. In the unlikely event we leave the EU without a deal in March 2019, based on the current cross-Government planning scenario we will ensure the UK has an additional six weeks supply of medicines in case imports from the EU through certain routes are affected. This is the current planning assumption but will of course be subject to revision in light of future developments.

Under the medicines scheme, pharmaceutical companies should ensure therefore they have an additional six weeks supply of medicines in the UK on top of their own

normal stock levels. The scheme also includes separate arrangements for the air freight of medicines with short shelf-lives, such as medical radioisotopes. The Government is working closely with companies who provide medicines in the UK to ensure patients continue to get the medicines they need. I am today also writing to pharmaceutical companies with more details.

**Hospitals, GPs and community pharmacies throughout the UK do not need to take any steps to stockpile additional medicines, beyond their business as usual stock levels. There is also no need for clinicians to write longer NHS prescriptions. Local stockpiling is not necessary and any incidences involving the over ordering of medicines will be investigated and followed up with the relevant Chief or Responsible Pharmacist directly.**

Clinicians should advise patients that the Government has plans in place to ensure a continued supply of medicines to patients from the moment we leave the EU. Patients will not need to and should not seek to store additional medicines at home.

I am also today writing to medical devices and clinical consumables companies to set out further details of plans to ensure a continuity of supply of these products as well.

Given the significant amount of work that has now been done, I am confident this gives a clear basis for the health and care sector and the life sciences industry to plan so that patients can continue to receive high quality care unhindered.

### **Other Preparatory Activity**

The Government is also putting in place measures to manage the other potential implications for the health and care sector, including, for example, future immigration rules; continuity of research funding and pan-European clinical and research collaborations; and future reciprocal healthcare arrangements.

There are three points in particular that I would note at this stage.

First, I would like to take this opportunity to reiterate that the Government recognises the valuable contribution that EU citizens make to the UK, including those working in the health and care system. The Home Office have recently launched a toolkit to assist employers in reassuring and supporting EU citizens already resident in the UK and their dependents to apply for settled status. Details have already been communicated to you and I would encourage you to draw these to the attention of your staff.

Second, the Government recently announced that doctors and nurses are now exempt from the cap on skilled worker visas. This means that there will be no restrictions on the number of doctors and nurses who can be employed through the Tier 2 visa route

– giving you the ability to recruit more international doctors and nurses to provide outstanding patient care when required.

Third, the Treasury is extending the government’s guarantee of EU funding to underwrite the UK’s allocation for structural and investment fund projects under this EU Budget period to 2020. The Treasury is also guaranteeing funding in event of a no deal for UK organisations which bid directly to the European Commission so that they can continue competing for, and securing, funding until the end of 2020. This ensures that UK organisations, such as charities, businesses and universities, will continue to receive funding over a project’s lifetime if they successfully bid into EU-funded programmes before December 2020.

We have created a new page at gov.uk that brings together this and other information relevant to your organisations and it will continue to be updated over the coming months. Our intention is that where you need to take specific action, you will be given sufficient notice and clear guidance on the steps to be taken.

### **Business Continuity Plans**

In the meantime, where appropriate, preparations for a March 2019 ‘no deal’ scenario should be seen in the context of the work you are already doing to update your existing business continuity plans in line with the NHS England EPRR Core Standards and the NHS England EPRR Annual Assurance process. As it is a requirement that the EPRR assurance report is taken to your public board meetings I am assured your Accountable Emergency Officer will have oversight of this work. You will wish to have your business continuity teams/directorate leads, and other relevant colleagues as necessary who may not normally be involved in this process, ready to refresh those plans as new information becomes available over the coming months.

### **Further Information**

You will already have well-established points of contact in national organisations to assist on specific areas. Please use these if you have queries about any areas which require further clarification. For updates on this, and other health-related issues, please visit gov.uk where key information will be collated.

Yours ever,



**MATT HANCOCK**