

Local Members' Interest
n/a

Healthy Staffordshire Select Committee – 16 September 2019

Staffordshire and Stoke-on-Trent CCG – Preparations for Leaving the EU with No Deal

1. Recommendation

The Committee is asked to consider and comment on the report in their statutory role in the scrutiny of local health services.

Report of the Accountable Officer, Staffordshire CCGs

2 Background

From November 2018 through to April 2019 the Emergency Preparedness, Resilience and Response (EPRR) team were tasked with the leading the CCGs contribution to NHS preparedness for leaving the EU without a deal

It should be noted that the focus was on impact of leaving the EU without a deal. It was not anticipated nationally or regionally that there would be any significant adverse impact to health services in the short or medium term had there been a negotiated withdrawal agreement in place at the point of EU Exit as it was clear that in this situation a transition period would avoid any disruption to the normal arrangements for supporting and delivering health care.

In March and early April 2019 the CCGs were tasked with providing regular updates to the regional teams. The required information was predominantly related to preparedness and assurance of preparedness. As the planned EU Exit date approached, the NHS organisations were tasked with making daily and weekly as well as ad hoc reports to NHSE and regular updates or information requests from a dedicated NHSE regional EU Exit Team. The daily and weekly reports also requested information on adverse impact relating to EU Exit starting from the period about two weeks before the planned exit date.

The CCGs were also tasked with seeking assurance from other NHS providers re their level of preparedness.

At the point it was confirmed that if the UK was to leave the EU without a deal, this would be delayed until 31 October 2019, the CCGs had complied with all the national requirements. Some of the key requirements were as follows:

- CCG EU Exit Team including Executive Director and Operation leads confirmed

- CCG specific points of contact re EU Exit including a dedicated e-mail address
- Assessment of the key risk areas relating to EU Exit without a deal and potential impact on health services.
- Developing Business Continuity Plans re potential impact of EU Exit without a deal
- Conducting a table top exercise to test the arrangement in place across the main health care providers.
- Updating and sharing key information with Primary Care Providers (GPs) to support their preparations.
- Contributing to the overall regional NHS planning process (coordinated and collated by NHS England) and to the overall Staffordshire wide planning process (coordinated and collated at Staffordshire Resilience Forum; SRF level).

The NHS has continued to develop and refine its plans throughout the summer. Following the change to planned EU Exit date to 31 October, the national and regional planning and assurance processes are now in place with a series of events currently underway. We anticipate a similar level for assurance and reporting will be required from mid-September which will continue for several months after EU Exit.

3 Key Risk Areas

Initially seven key risk areas were identified as being most relevant to the NHS. Three additional risk areas were subsequently identified.

Risk Area	Details of Risk	Mitigation Arrangements.
Supply of medicines and vaccines	Shortages of medicinal products will potentially have an adverse impact upon delivery of safe high quality healthcare. Systems have been set up to provide intelligence / early warning if shortages arise or supplies are threatened.	In Spring 2019, there was a national plan to mitigate this risk including ensuring additional stock piles, secure transport routes and provision of alternative supplies. Locally actions included prohibition of over prescription, no local stockpiles, ability of pharmacists to switch to alternate products without need for fresh prescription. All GPs were aware of the guidance and all secondary care providers gave assurance that necessary arrangements were in place.
Supply of medical devices and clinical	Shortages of medical devices etc will potentially have an adverse impact upon delivery of safe high	A national plan to mitigate this risk exists including ensuring additional stock piles, secure

consumables;	quality healthcare. Systems have been set up to provide intelligence / early warning if shortages arise or supplies are threatened.	transport routes and provision of alternative supplies.
Supply of non-clinical consumables, goods and services;	Shortages of non-clinical consumables, goods and services etc will potentially have an adverse impact upon delivery of safe high quality healthcare. Systems have been set up to provide intelligence / early warning if shortages arise or supplies are threatened.	The Staffordshire and Stoke-on-Trent CCGs have assessed this risk and found minimal exposure. We are tenants in fully services buildings and critical services eg IT and telecoms etc are provided by organisation with their own detailed EU Exit contingency plans. Potentially there is greater exposure to primary care providers who were offered and will continue to be offered CCG support to address and mitigate any risks.
Workforce	Risk that EU nationals will leave NHS roles at short notice. EU national NHS staff were encouraged to register early to ensure they would have no issues with choosing to remain in the UK and at work.	The CCG has assessed this risk and has identified minimal exposure with less than 1% of staff in this group and no irreplaceable roles or significantly exposed teams. Secondary care providers have assessed the risks and identified mitigations. A small number of primary care providers may have greater exposure and support has been offered although not yet been taken up. The greater exposure is in relation to health and social care staff working for small independent providers or care homes (see below)
Reciprocal healthcare	This risk relates to capacity to identify all service users who are EU nationals and who will not be eligible for free healthcare after no-deal EU Exit. Impact and response will be determined by national level decisions potential made close to EU Exit day.	Impact of this risk and mitigation is potentially dependent upon whether one to one reciprocal arrangements are made with some or many EU countries in the days before EU Exit. The primary burden sits with secondary care to identify and charge EU nationals once they are no longer eligible for free NHS care. This will not apply in primary care or to clinically essential emergency or urgent care. There is no obligation for GPs to flag that patients may be eligible to pay and EU nationals may have NHS numbers.

		<p>The burden is less for CCGs but there is shared financial risk if providers fail to identify and charge in line with national policy. This risk is complex and to date minimal specific, or detailed national guidance has been issued. Clear timely national guidance will be key to addressing this risk.</p> <p>The impact will not have direct adverse effect on the safe and sustainable provision of health care and in line with practice for all overseas nationals, immediately necessary care will not be delayed or denied whilst NHS eligibility is reviewed.</p>
Research and clinical trials	This risk relates to patients in clinical trials that are part of EU research and development / multi-country trials etc where EU exit may impede continued care.	We have received positive assurance from our secondary care providers that they are fully sighted on this risk and able to respond appropriately. There is minimal direct involvement of the CCGs.
Data sharing, processing and access	No deal Exit from the EU will adversely affect agreements and arrangements for data sharing. This may impact upon some NHS operations.	Following assessment, Staffordshire and Stoke-on-Trent CCGs will not be adversely impacted by this risk. There is no relevant data flow to or from other EU nations.
Return of EU nationals to the UK in significant numbers	With very large numbers of UK citizens (some retired) living in EU countries, the potential exists for people to return to the UK in large numbers over short period if they feel adversely affected by the impact of no deal EU Exit. One early warning will be people registering with GPs.	There is no evidence that Staffordshire and Stoke-on-Trent have a disproportionate level of exposure to this risk. Until April 2019 we had asked GP practices to by exception report any unusual patterns of new registrations from people whose previous address was non-UK and in the EU. No such reports were received. If any practice is disproportionately affected it will be offered CCG support.
Shortages of health and social care staff	Lower paid health and social care staff are the most likely group to include significant numbers of EU nationals who might elect to leave at short notice or be difficult to replace.	Benchmarking suggests that Staffordshire and Stoke-on-Trent have a "baseline" exposure to this risk, much lower than in metropolitan areas. The local authorities have set up systems to get early warning from care

		providers if this risk starts to be realised.
Fuel Shortages	<p>NHS providers rely on fuel to maintain services. National planning assumptions include the expectation that all organisations will have sufficient fuel supplies to operate for seven days.</p> <p>In the event of fuel shortages, whilst hospitals etc will have access to their back up supply to maintain operation, there is no system to support staff who rely on personal vehicles to get to work.</p>	<p>When this risk came to light the CCG reviewed its business continuity plans. It is clear that the CCG will not be able to access protected fuel supplies for staff vehicles. The national fuel plan may not be activated in the event of EU Exit leading to fuel shortages and if it is activated it may have limited benefit for CCG operations.</p> <p>Nationally there are however plans to keep fuel supplies flowing including use of military drivers and protected access through congested ports of entry.</p> <p>The CCG business continuity plan therefore focusses on delivering core services assuming that staff will run out of fuel. The focus of our plan will be only essential staff need to attend base or meetings unless they can utilise public transport and on supporting primary care teams.</p>
Adverse Impact on Health due to food poverty	<p>In the event of food shortages (lower cost food supplies) and / or food price inflation there may be some sector of the population (those already experiencing poverty) where ability to buy sufficient nutritious food is affected. Within this cohort of people a proportion might be particularly vulnerable to adverse health impact due to malnourishment. Malnutrition in turn will lead to health problems and additional demand for health services.</p>	<p>GP practices are able to refer to foodbanks. Health providers may recognise increasing malnutrition in the community. The CCG will seek and share with partners any intelligence that suggests increasing levels of food poverty. In the event of food poverty having an adverse impact across Staffordshire, the CCG response will be coordinated with the local authority and public health response with the goal of providing information and support to enable those parts of the community that are most vulnerable to get the nutrition they need.</p>

4 Specific Risk Areas

The request for this update from the CCG identified two specific risk areas

4.1 Medical Supplies

If EU Exit without a deal creates a risk of shortages of medical supplies, the following arrangements are in place:

At present, regionally assurance has been received that EU Exit on 31 October with no deal will NOT adversely affect supply of influenza vaccine.

All NHS providers have assessed this risk and reviewed their business continuity plans with respect to medicines, vaccines and medical products or devices. In all cases this will include the ability of prescribers to prescribe alternative products. These systems are already in place.

Legislation is now in place which will enable pharmacists to supply clinically suitable alternative products without the patient going back to his or her doctor once shortages have been recognised and reported.

Supplies into the UK will be preserved through a mixture of national level stockpiles, protected and dedicated supply routes from the EU arranged at national level and available for high priority items including medicines vaccines and medical products or devices.

National systems exist to report shortages and this in turn will trigger national or regional business continuity plans.

4.2 Workforce

The Staffordshire CCGs have assessed the specific risk to CCG functions. There is minimal exposure to this risk due to a very small number of EU national staff.

All NHS providers have conducted similar assessments and where necessary have put in place contingency plans to mitigate risk of mass departure of EU national staff.

All NHS organisation in Staffordshire have shared the correct information with EU nationals in their workforce and offered support re the national scheme available to existing EU national resident and working in the UK. It is important to note that the national scheme is entirely voluntary.

We consider the risk of adverse impact to direct NHS provided health service caused by short notice departure of EU nationals employed by NHS organisations to be minimal. The overall impact will be no worse than events such as vacancy freezes during management of change processes etc. The NHS organisations are well equipped to deal with events of this type whether related to EU Exit or otherwise.

As noted above there is also a risk associated with EU nationals working for health and social care providers such as domiciliary care and care homes. The level of exposure to this risk in Staffordshire is fairly similar to the baseline level for England and much lower than in some metropolitan areas. Our local Authority colleagues have systems in place to identify situations where any domiciliary care or care home provider becomes unable to deliver its contracted services. There are multiagency policies and procedures in place to ensure continuity of care in the event of failure of domiciliary care or care home providers.

Organisations have appropriate experience in dealing with events of this type whether related to EU Exit or otherwise.

5 Link to Trust's or Shared Strategic Objectives -

5.1 Link to Other Overview and Scrutiny Activity

This report is related to the Local Authority preparations for EU Exit without a deal and the Staffordshire Resilience Forum Work plan. A Strategic Coordination Group for leaving the EU without a deal was set up in Spring 2019 and will provide Gold Command and Control re the Staffordshire Planning and Response to this issue.

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