Dear Colleagues,

EU WITHDRAWAL: UPDATE

As you will be aware, on Friday 29 March, the House of Commons voted against the Withdrawal Agreement negotiated by the UK Government and the EU. On Monday 1 April, the Commons also rejected a series of alternative options for EU Exit put forward by means of ‘indicative votes’. This means that continued uncertainty surrounds when, how, and indeed if the United Kingdom will exit from the EU. At present, in the absence of new developments, our exit point remains 11.00pm (UK time) on 12 April 2019, meaning that the Scottish Government (SG) is still preparing for the imminent possibility of a ‘no deal’ situation. Therefore, I felt it was important to provide you now with a further update on the arrangements we have been making to ensure we are as prepared as we can be for whatever the next few weeks might bring.

Scottish Government Resilience and Readiness

Since December, Ministerial level ‘SGoRR type’ meetings have been held on a weekly basis. The aim of these meetings is to coordinate and facilitate SG’s response to the most significant impacts of ‘no deal’. These meetings have examined many of the risks across portfolios, including possible disruptions to supplies of medicines, medical devices and clinical consumables, arrangements for reciprocal healthcare, and social care provision.

As we have moved closer to the potential for a no deal exit, the SGoRR resilience arrangements have been mobilised. Within the Health and Social Care Directorates, the EU Exit Response Hub was activated on 4 March and is coordinating and providing policy and response expertise to SGoRR, as and when specific EU exit issues arise for health and
social care. It will also provide national support to NHS Scotland Boards where there are significant issues and will link into UK Government (UKG) Department of Health and Social Care (DHSC) and other Devolved Administrations. Boards will be required to report into the Hub on a defined frequency. A standard pro-forma has been developed in consultation with Boards and a separate letter has issued from the Hub this week to Chief Executives, advising them of reporting requirements and enclosing a copy of the pro-forma.

In advance of the operationalisation of the Hub, an EU Exit Health Resilience Coordinating Group (made up of key individuals from different health and social care policy areas and including representatives from territorial Boards, National Services Scotland (NSS), NHS24 and the Ambulance and Blood Services) has been meeting on a weekly basis, since January, to share information and discuss potential issues as a consequence of ‘no deal’. Given that the Hub is now in place, this Group will now only meet on an ad hoc basis, as and when required, as it did on Monday of this week.

Also earlier this year, EU Exit Resilience Workshops, organised by the Health Resilience Unit, were held for health and social care partners in Edinburgh, Stirling and Glasgow. The aim of these workshops was to help support the sector in its preparedness to manage and respond to potential impacts of EU Exit. Social care partners were well represented at all of these workshops.

Finally, SG internal and external communications teams have now initiated weekly meetings with Board communication leads and care partners to discuss EU Exit communications and messaging. These meetings take place on Tuesday mornings and are a useful forum for SG to give notice of planned communications activity, and for Boards and care partners to raise concerns and issues in relation to communications.

**Ensuring Continuity of Supplies**

We are continuing to work with all other UK Administrations to make sure that people receive the medicines, medical devices, clinical consumables and other goods, that they need, as far as is possible, if the UK leaves the EU without a deal.

A joint letter from Scotland’s Chief Medical Officer and Chief Pharmaceutical Officer (CPO) to health professionals issued on 27 March, outlining the preparations being made to enable the NHS to respond to and manage medicine shortages if the UK leaves the EU without a deal. This followed up on the earlier letter from the CPO, which issued on 31 January. The latest letter also set out the support that will be given to prescribers and pharmacists. As the letter issued, we updated the health section on the Brexit pages of ‘mygov.scot’, which, together with related media activity last week, should contribute to ensuring the public is informed about what they should and should not do in relation to medicines, and about the preparations in hand.

In addition to UK-wide arrangements, including for stockpiling of medicines, we now also have a Scottish Medicines Shortage Response Group in place to monitor and respond to developments. This Group will be working to identify, assess and respond to any shortages that occur. It will be clinically led, by the CPO. The Group is playing a key role in ensuring the NHS in Scotland is positioned to both influence and act on local, regional and national shortages, and to communicate any associated actions in a timely fashion to enable policy decisions to be made and to ensure implementation at pace.

In relation to ensuring supplies of medical devices and clinical consumables (MDCC), we have been working closely with National Services Scotland (NSS). Arrangements have been
made for Scotland’s participation in a UK-wide National Supply Disruption Response (NSDR) centre that, in turn, provides access to dedicated shipment channels. In the event of a no-deal EU-Exit, these shipment channels will enable delivery of ambient, non-temperature controlled products into the UK from the EU. NSS has also undertaken a phased stock build of goods held in its National Distribution Centre in Scotland.

Colleagues in National Procurement (NP) wrote out at the end of last week to Boards with details of the MDCC triage service they are providing, which will ensure that issues are only raised to the NSDR on an exception basis. Health Boards should follow standard business as usual shortage processes prior to any input into the MDCC triage service. In this letter, NP also drew Boards’ attention to the fact that there are a number of UK Shortage Response Groups (in medicines, laboratory services and specialist scientists, vaccines, clinical trials, blood transfusion, tissues and cells) to manage supply issues in the event of a no-deal EU Exit. NP confirmed that Scottish representation on these Groups has been organised and noted that all Boards should be aware of the contact points. Systems are being developed to ensure that social care shortages are also fed into the triage centre and Scottish Care are advising on this on behalf of providers.

Finally, NP has been working with a range of other bodies to ensure that supplies of non-clinical goods are maintained. NP represents health interests at the fortnightly public sector food forum, which brings together SG policy leads, public sector procurement managers and others involved in mass catering in hospitals, schools, prisons and residential care homes. NP represent health at this forum. Activity currently being discussed includes supporting SME food businesses with preparations for EU Exit, the work of Food Standards Scotland (FSS) in ensuring that there is no reduction in the level of protection to consumers in Scotland, and FSS research to better understand the impacts of a no-deal EU Exit on Scottish food supply chains. In addition, NP is working with the Scottish National Blood Transfusion Service to ensure stock items have been increased and additional orders are starting to arrive. NP is also working to ensure continuity of supplies of items and services including home oxygen, uniforms and utilities.

The EU Settlement Scheme and Mutual Recognition of Professional Qualifications (MRPQ)

The EU Settlement Scheme opened fully on 29 March, following the various Scheme pilots, including a pilot for health and social care workers, over recent months. The Scheme provides a straightforward process for EEA and Swiss citizens, and their family members, who want to stay in the UK to get the UK immigration status they need. Applications to the Scheme are free and are made via a short online application process. Now that the Scheme is fully open, there are different routes available for applicants to have their identity documents checked as part of their application. These include scanning identity documents using an Android phone, sending documents by post, or visiting one of the many ID document scanner locations across the country.

As the Cabinet Secretary for Health and Sport and I have both made clear on many occasions, the Scottish Government very much values the contribution made by all staff, regardless of nationality. To demonstrate this, and to coincide with the opening of the Settlement Scheme, the ‘Stay in Scotland’ campaign is being launched to reassure EU citizens that they are welcome in Scotland and that we want them to stay. The campaign will include support and advice for citizens applying for Settled Status, and will provide a toolkit for employers to assist them in holding meaningful and supportive conversations with EU staff members. Further information about the campaign, and relevant materials, will be
circulated to Boards in the coming days. A letter to staff will also be issued to coincide with the launch of the campaign.

I recognise the significant concerns some EU professional staff have about their continued registration status in the event we leave the EU without an alternative mutual agreement in place. DHSC has confirmed that the professional status of all non-UK healthcare professionals currently working with full registration in the UK is permanently protected, subject to ongoing compliance with the conditions of their professional registration.

I am also aware of employers’ concerns about potential difficulties in continuing to recruit skilled staff from EU countries. To this end I can report that contingent legislation has been made, with the consent of the Scottish Parliament, in both Houses of the UK Parliament. Should the UK leave the EU without alternative reciprocal agreements in place, this legislation will come into force to maintain, on a unilateral basis, essentially the same pathways to recognition and registration as currently exist.

After exit day, professional qualifications awarded in the UK will no longer be covered by the EU Directive, but the EU has publicly stated that holders of UK qualifications that are registered in EEA countries and Switzerland will continue to be registered. However, in the absence of an agreement with the EU, the future recognition of UK qualifications will be determined by the national policy of individual EU Member States after exit day. While most have said they would treat UK qualifications as third country qualifications for the purposes of new applications, Spain and France have said that they will continue to recognise UK qualifications as they do now for up to five years.

I will be discussing all these issues more fully with NHS HR Directors at their Strategic Forum meeting on 5 April.

**Reciprocal and Cross Border Healthcare**

We have been working closely with UKG to ensure that UK wide primary and secondary legislation is in place to facilitate the continuation of reciprocal healthcare, regardless of how we leave the EU. To this end, the UK Healthcare (European Economic Area and Switzerland Arrangements) Act received Royal Assent on 26 March. This Act will allow the UK Government to enter into new reciprocal agreements in the longer term. The UKG aim is to continue existing reciprocal arrangements with EEA countries that are willing to do so on a bilateral basis - in order that reciprocal healthcare can continue in the event of no deal until 31 December 2020; it has taken secondary legislation from the EU (Withdrawal) Act 2018 for this purpose. However, at this time, no formal agreements are yet in place. This means that there is a real risk that the current arrangements for reciprocal healthcare will not continue in a number of EEA countries if there is no deal between the UK and EU.

Advice from UKG is that UK nationals living in or travelling to the EU or European Free Trade Association (EFTA) states should check up to date information on GOV.UK and NHS.UK and ensure they are taking the necessary steps to prepare. This includes taking out comprehensive travel insurance, as is currently advised for travelling to the EU and the rest of the world. When travelling abroad, UKG is stressing that individuals are responsible for ensuring their travel insurance covers their healthcare needs. This has always been the case given that the EHIC does not cover private healthcare, when state provision is not available, and does not cover repatriation costs.

In addition to the above, Cross-Border Healthcare Amendment Regulations have been introduced by the Scottish Government to protect the rights of Scottish residents who have
planned for, but have yet to receive, treatment in another EEA country or reimbursement from their local NHS Board at the time the UK leaves the EU if there is no deal. The Regulations will also allow existing cross-border arrangements to continue until 31 December 2020, as far as that can be achieved. The Regulations will only be brought into force if there is no deal, when underpinning guidance will be provided by the Scottish Government.

I hope that this written update, in additional to our discussions at regular meetings of Chairs and CEOs, has been useful in ensuring that Boards are fully engaged in all the ongoing work towards ensuring their organisations are operationally prepared for EU Exit. It would be helpful if you could ensure that the information in this letter is cascaded across your organisation, as appropriate, and that your planning is in place.

Yours sincerely,

Shirley Rogers
NHS Scotland Chief People Officer &
Director of Health Workforce, Leadership, Reform and EU Exit preparations