

## MUNICIPAL YEAR 2019/2020 - REPORT NO.

### Health and Wellbeing Board

26<sup>th</sup> September 2019

**Graham MacDougall Director of  
Commissioning NHS Enfield CCG**

**Contact officer and telephone  
number:  
graham.macdougall@enfieldccg.nhs  
.uk  
020 3688 2823**

<b>Agenda - Part:</b>	<b>Item:</b>
<b>Subject:</b>  <b>NHS Enfield CCG update on EU Exit preparedness</b>  <b>Wards:</b>	
<b>Cabinet Member consulted:</b>	
<b>Approved by:</b>	

### 1. EXECUTIVE SUMMARY

The attached paper outlines a position update from Enfield CCG on preparedness regarding the EU Exit.

The update presents the local response from Enfield CCG, including the wider London position.

Key points of assurance areas covered within regular temperature checks to NHSE:

- Operational communications
- Operational readiness for a response
- Supply
- Workforce
- Clinical Trials
- Data
- Finance
- Geography/Health demands

Enfield CCG remains on track with ongoing preparations and response.

### 2. RECOMMENDATIONS

The Health and Wellbeing Board is asked to NOTE the attached paper.

### **3. BACKGROUND:**

NHS planning and response to potential impact of the EU Exit on 31<sup>st</sup> October 2019.

All member states would need to agree any deal the UK arranges or for an extension, therefore a 'no deal' scenario appears most likely at his stage.

### **4. ALTERNATIVE OPTIONS CONSIDERED: N/A**

### **5. REASONS FOR RECOMMENDATIONS: N/A**

### **6. COMMENTS OF THE DIRECTOR OF FINANCE, RESOURCES AND CUSTOMER SERVICES AND OTHER DEPARTMENTS: N/A**

#### **6.1 Financial Implications**

*(Finance must be consulted in all cases, please refer to the guidance notes section 7.1, for officer contact details.)*

*(Note: Reports to support strategic policy decisions, and initiation documents for all major projects, require a risk assessment including a sustainability/environmental impact appraisal. Such reports should include an additional heading to deal with the “Key Risks” see paragraph 7 below)*

#### **6.2 Legal Implications: N/A**

*(Legal Services must be consulted in all cases, please refer to the guidance notes paragraph 7.1, for officer contact details)*

### **7. KEY RISKS:**

**Risk registers have been updated to include the impact 'no deal' specifically for the EU Exit.**

### **8. IMPACT ON PRIORITIES OF THE HEALTH AND WELLBEING STRATEGY**

- 8.1** Ensuring the best start in life
- 8.2** Enabling people to be safe, independent and well and delivering high quality health and care services
- 8.3** Creating stronger, healthier communities
- 8.4** Reducing health inequalities – narrowing the gap in life expectancy
- 8.5** Promoting healthy lifestyles

*(All reports should show how the proposals meet the Health and Wellbeing Strategy priorities. This could be a combination of positive/negative and/or neutral and should consider the full range of issues covered in the strategy)*

## 9. EQUALITIES IMPACT IMPLICATIONS: N/A

*(This section of the report should summarise the findings of any equality impact assessment/analysis associated with the proposal. If no equality impact assessment/analysis has been undertaken, this should be indicated, and the reason for not undertaking one stated. If you require any advice on completing this section, please contact Joanne Stacey – Performance and Information Officer (ext.3792). Section 8.3.3 of the Council guidance notes refers.*

### **Background Papers**

*List papers which have not been published elsewhere and have been material to the writing of the report. All background papers listed have to be published with the report.*

*(For further guidance on report writing please refer to the Council's Constitution guidance notes available on Enfield Eye*

*[http://enfieldeye/downloads/file/9380/report\\_writing\\_guidance](http://enfieldeye/downloads/file/9380/report_writing_guidance)*

**(NOTE: Text in italics is for guidance only, please remove when preparing your report)**

**EU Exit: NHS Enfield CCG update to Health and Wellbeing Board**

**26<sup>th</sup> September 2019**

### **ECCG Background:**

In February 2019, Enfield CCG identified a designated team responding to EU Exit preparations, working collaboratively with other NCL CCG's.

We provided an assurance temperature check to NHSE on March 25<sup>th</sup> 2019 covering the following areas:

- Operational communications
  - Operational readiness for a response
  - Supply
  - Workforce
  - Clinical Trials
  - Data
  - Finance
  - Geography/Health demand
- 
- EU Exit based scenario exercise undertaken with NCL CCG's, in addition to other EPRR exercise in the summer and another planned for end of September.
  - EPRR assurance self-assessment was submitted to NHSE on the 3 September and rated as fully compliant.

### **ECCG Current position 24.09.19:**

- The assurance process and other associated preparations required from NHSE have resumed; first submission this week.  
Process to follow will be similar to the one undertaken in spring with a temperature check returned to NHSE.
- Medicines: NHSE advise there are no changes as to the previous guidance, and there is no need to stockpile beyond 6 weeks supply. An update communication from NHSE has just been sent to General Practices and any further communications to Primary Care will be on instruction from NHSE.
- CCGs will act as SROs for the system, not just with focus on our organisation but working with trusts, etc
- We continue to engage and liaise with our partners including Trusts and suppliers on identifying wider risks and assessments to help with overall system responses.
- We will also continue to liaise with local authorities on EU Exit preparations  
*(attendance to LBE Brexit Panel and Borough Resilience Forum)*
- The CCG's, as organisations, remain on-track with preparations.

## **Wider NHS Current position**

The NHS regional EU Exit workshop (including an afternoon exercise) was held last Thursday 19th September brought together representatives from all NHS organisations in London.

All member states would need to agree any deal the UK arranges or for an extension, therefore a 'no deal' scenario appears most likely at this stage

Nationally, the NHS and Social Care are viewed as being well prepared although it is recognised both have significant risks particularly given the number of staff and EU nationals they employ.

The addition of winter and the likely surge management requirements add an additional layer of complexity and risk from November onwards.

## **Co-ordination & Response**

- NHS National Co-ordination Centre in place (for intelligence gathering, cascade of information, supporting responses)
- 4-level incident escalation protocol has been developed (Limited – Moderate – Significant - Critical)
- Organisations encouraged to escalate any incidents via normal channels (in addition to the EU Exit protocol)
- Daily sit-reps (by region) focussing on overall system performance and incident responses will be implemented. Likely to be 4pm to avoid winter sit reps.
- Assurance document being sent imminently for completion

## **Medicines**

- Further reinforcement of message not to stockpile beyond 6-weeks supply
- GPs encouraged to: reassure patients that extra medication is not required – and not issue longer prescriptions
- Good understanding in place of national demand for stocks and supplies
- Significant buffer stocks centrally held – and will be replenished on continuous basis
- National Medicines Shortage Response Group established
- Local collaboration may be required between organisations – where stock shortages identified, supplies can be shared. MOU sent to secondary care Trusts
- Arrangements in place to air freight any 'short-life' medicines (that are not suitable for the normal stockpile period)
- Trusts encouraged not to plan for reduced elective activity as a result of EU Exit
- Government is putting 'serious shortage' protocols in place (e.g. to enable community pharmacists to dispense alternative medicines against a prescription – without the need to go back to prescriber)
- Multiple communications channels being used to engage with General Practices

## **Vaccines**

- No stock piling as increased stocks already purchased with the opportunity to air freight if necessary
- Response Group established
- Seasonal flu supplies should be sufficient

### **Medical Devices & Clinical Consumables (MDCC)**

- No need to stockpile MDCCs
- Significant assurance undertaken with major suppliers
- Organisations encouraged to plan for extended lead times from order to delivery of MDCC products received via the Dedicated NHS Shipment Channel
- Organisations encouraged to plan for potentially needing to receive supplies outside of the normal operating hours (in the event of alternative transport routes being required)
- Consider continuity plans for rare and unusual items

### **Medicines and Healthcare Products Regulation Agency**

- Minimal impact expected in relation to registration and regulation issues

### **Non Clinical Goods & Services**

- Where an organisation is clear that it is the sole NHS purchaser of a particular service – it needs to take responsibility for that provider's readiness
- 70 major suppliers in discussion with the NHS to ensure they have provision for contingency
- Local teams to ensure they have liaised with suppliers and providers of goods and services
- Organisations encouraged to 'walk the floor' to identify potential risks to the running of these vital services
- Recognise that any size organisations may be impacted for a variety of reasons and so consider small local services as well as the larger ones

### **Blood & Transplant**

- No local stockpiling required – continue to operate as normal
- National oversight to monitor stock levels

### **Workforce**

- Not seen as a 'day 1' issue
- EU Nationals account for 5% of total NHS workforce although it is recognised that they also make up a significant percentage of workers within social care, often on zero contracts
- Organisations encouraged to continue to monitor numbers of EU nationals and encourage staff to apply for the EU Settlement Scheme
- There is a need to give reassurance to all staff regarding our preparations so they can share this with friends and family who may have concerns, particularly as we see more regular and potential inflammatory press releases

### **Clinical Trials**

- Clinical Trials should continue as normal
- Trusts should ensure R&D departments are aware of, and following, the EU Exit guidance and DHSC Technical notices
- Consider sponsors and any impacts they may experience

## **Data**

- Existing GDPR requirements are not impacted
- Organisations need to be clear where any personal data is being held outside of the UK – detailed guidance available for review
- Also encouraged to ensure usual 'business continuity' assurance checks in place for:
  - cyber-threats
  - provision of technology / digital supplies from EU suppliers
- 18 of the largest data storage suppliers have provided assurance regarding their preparations

## **Reciprocal healthcare and overseas charging**

- If the UK leave with no deal then secondary care in patient treatment will be chargeable for visitors to the UK
- The current 'rest of the world' process will apply although recognising that charging is not an easy process to manage
- This will be a complex and difficult process to resolve and it is likely that it will change as countries arrange reciprocal agreements over time
- CCGs to be aware of risk sharing impact
- Continue to watch for updates on this over the coming weeks

## **Adult Social Care**

- Local resilience planning and forums to continue
- Significant engagement with providers nationwide has been undertaken in order to prepare
- Trust should be liaising with social care counter parts
- Recognition that social care funding has been secured for 2020-21
- Providers encouraged to work with EU national staff to give reassurance