

Memo from the Chief executive to the UHB Board of Directors on the Operational Implications of a 'No Deal' Brexit – 24th January 2019

1. In December, guidance was issued to the NHS by the Department of Health and Social Care (DHSC) on operational readiness for a 'no deal' scenario.¹ It instructed all NHS Boards to undertake an assessment of risks associated with Brexit, including potential increases in demand associated with a 'no deal' exit. The guidance represents a step change in terms of the expectation of the NHS to plan for the potential for there to be no deal.
2. We have undertaken a business continuity review and that is set out in the accompanying paper from the Executive Director of Strategic Operations. That represents thorough planning for the events and actions that we can control locally. This memo concentrates on the risks associated with wider events beyond local control. It is exceptionally hard to quantify these risks because of the amount of unknown variables.
3. In terms of the potential for major operational impact and severe and widespread risks to patient safety, by far the greatest concern is the availability of medicines, devices and clinical supplies. The DHSC guidance says that a central exercise has been undertaken to identify all those medicines and consumables with an EU manufacturing touchpoint, but the findings of that exercise have not been made available so it is not possible for NHS trusts to know which products are most at risk. However, it is assumed that a significant proportion of the medicines and consumables we use at UHB on a daily basis may be at risk.
4. To give a sense of scale, each month we issue around 32,300 items of medicine in outpatients and 38,500 to patients on discharge. For the QE alone, we hold 150,000 packs of medicine in the warehouse and the average turnover time for those items is 14 days.
5. DHSC guidance continues expressly to forbid any stockpiling. We are assured that pharma companies and other suppliers will hold six weeks of stock in country, in addition to normal levels. While we fully support the principle that stockpiling centrally will be more effective than local stockpiling, we are not able to assure the Board that the supply of medical stocks will be adequate for our operational needs. Indeed, there are already credible reports that pharmacies are experiencing greater supply problems, with a doubling of the number of medicines on the 'shortage of supply' list.²
6. One of the regrettable hallmarks of Brexit uncertainty is that there is little verified data available about the consequences of exit, especially one in which there is no deal. The Health and Social Care Select Committee recently heard evidence from politically impartial and well respected health commentators. Niall

¹ DHSC. *EU Exit Operational Readiness Guidance*. 21 December 2018.

² BBC news. 'Pharmacists warn of a "surge" in shortage of common medicines' <https://www.bbc.co.uk/news/health-46843631> (18 January 2019).

Dickson, CEO of the NHS Confederation, said, 'There is no doubt in our minds from every quarter that "no deal" is a real disaster... We have never had a situation where supply chains are disrupted for possibly up to say six months... You might have a short or a limited restriction in supply but I think this would be really serious indeed.' Richard Murray, CEO of the King's Fund, added, 'It is almost unbelievable that this would happen in an advanced economy – to face threats like this.'³

7. There are other, well informed and non-political NHS sources who indicate a likelihood that the supply of goods from Europe across the Channel could be reduced to between one third and one fifth of current daily volumes for a period of at least some months. A significant amount of medicines and consumables come through that crossing as part of the vital supplies to the NHS, which makes up in the region of one quarter of the total volume of cross-Channel goods.
8. In the event of a chaotic, no deal exit, many NHS trusts could quickly run out of vital medical supplies. It is difficult to predict and control what goods will be available in this scenario and where and when shortages will occur. Even where there has been central stockpiling, the logistics and urgency of local distribution will be a completely unprecedented challenge.
9. Unpredictable shortages present a great risk to complex interventional procedures. To illustrate, there are standard procedures to check that everything required to complete a complex surgical procedure in the operating theatre is available to the surgical team. However, there are no such standard processes to ensure that items required to support normal post-operative care, or interventions required to manage complications, will be available during the post procedure management because it is assumed they will be available as needed.
10. There is a multifactorial risk assessment required to take into account the complexity of the post-operative care of patients. There are some procedures, for example trans venous replacement of aortic valve (TAVI) which, if they go well, are day case procedures and where the patient will feel better post procedure than they did before the procedure. However, if there are complications, they are dealt with through emergency open cardiac surgery with a consequent requirement of many days of post-operative intensive care.
11. There will also need to be a view taken about the implications for informed consent and the extent to which it is appropriate to share decisions about these risks with patients in individual cases. The risk that equipment may not be available to support post-operative care to the highest standard obviously is not a risk we would normally discuss during the consent process. The extent to which it may be appropriate for a patient to consent to accept this unquantifiable risk is unclear.

³ *Nursing Times*. 'MPs told "no deal" Brexit would be NHS "disaster" ahead of vote'. <https://www.nursingtimes.net/news/workforce/mps-told-no-deal-brexite-would-be-nhs-disaster-ahead-of-vote/7027427.article> (15 January 2019).

12. It seems clear that there would be a significant but unquantifiable risk to initiating complex interventions when there is a possibility that equipment and/or medicines may not be available to manage the whole course of the care of that patient. In the context of an individual, non-urgent case, there would be no question that the correct decision would be to postpone the intervention.
13. If the Trust is in the binary situation of having to postpone most or all non-urgent surgical and interventional activity, it would significantly affect waiting times for our patients. At our current rate of operating, this could see our waiting list size increase by 15% of its current size each month. This inevitably creates another risk for patients of their conditions deteriorating, increasing morbidity preoperatively, impairing the quality of outcomes after interventions, and potentially increasing mortality whilst awaiting surgery.
14. This situation presents a new set of risks not routinely addressed either by operational processes or by activity planning processes. It seems inevitable that the Trust will need to curtail some surgical / interventional activity if there are supply problems caused by a no deal Brexit. But it is unclear whether this would manifest as a small number of the most complex procedures through to complete curtailment of all elective activity.
15. In addition to the significant risk we face to medical supplies, there could be a major impact on our EU staff in a fractious no deal scenario. We employ around 1,200 EU staff, of whom 262 are doctors, 375 are nurses or midwives, 320 are scientific or other clinical staff, and the balance are in support services. All of these people are vital and highly valued colleagues. We are demonstrating our support for them by paying their settled status application fees and reiterating our commitment to them.
16. Whilst we have not seen large scale departures so far, it is quite likely that an even more hostile public atmosphere towards Europe in the event of no deal, combined with a further fall in Sterling against the Euro and other currencies, would affect staff morale and potentially decisions to stay and work in the UK. It would also reduce the flow of new EU staff into the NHS. There are currently 100,000 vacancies in clinical roles across the NHS and approximately 63,000 EU staff. If more of these European staff leave the NHS, and if natural turnover is not replaced, it will clearly exacerbate the current workforce crisis. This will have a significant and long lasting operational impact on NHS trusts.
17. It is difficult to prepare detailed predictions or plans for such unpredictable concerns, however it is difficult to see any scenario whereby a no deal or other chaotic Brexit does not significantly impact our ability to safely treat our patients. It is important that the Board discusses these issues and takes a view on the overall approach to guide both whatever planning can be undertaken and the operational responses to the situation on the ground as the situation develops.

Dr Dave Rosser, Chief Executive Officer