

<b>HEALTH SCRUTINY COMMITTEE</b>	AGENDA ITEM No. 8
<b>18 MARCH 2019</b>	<b>PUBLIC REPORT</b>

Report of:	NHS Cambridgeshire and Peterborough Clinical Commissioning Group	
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<b>EU EXIT – CAMBRIDGESHIRE AND PETERBOROUGH CCG POSITION STATEMENT</b>
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<b>R E C O M M E N D A T I O N S</b>
It is recommended that Health Scrutiny Committee note the contents of the report.

**1. ORIGIN OF REPORT**

- 1.1 The Health Scrutiny Committee requested an update on EU exit planning and preparedness from the CCG.

**2. PURPOSE AND REASON FOR REPORT**

- 2.1 This paper is to provide assurance to the Health Scrutiny Committee on the CCG's progress in delivering the European Union (EU) Exit Organisational Readiness Guidance published by the Department of Health and Social Care on 21 December 2018.
- 2.2 This report is for the Health Scrutiny Committee to consider under its Terms of Reference Part 3, Section 4 - Overview and Scrutiny Functions, paragraph No. 2.1 Functions determined by Council - Public Health and Scrutiny of the NHS and NHS providers.

**3. BACKGROUND AND KEY ISSUES**

**3.1 PROGRESS TO DATE**

The EU Exit Operational Readiness Guidance (NHS England, December 2018) sets out the actions the health and care system in England should take to prepare for a 'no deal' scenario. This guidance covers seven key areas of activity:

- supply of medicines and vaccines;
- supply of medical devices and clinical consumables;
- supply of non-clinical consumables, goods and services;
- workforce;
- reciprocal healthcare;
- research and clinical trials; and
- data sharing, processing and access.

Cambridgeshire and Peterborough CCG has submitted a self-assessment return to NHS England. It is anticipated that further assurance processes will be put in place in the coming weeks.

Specific tasks are also identified within the Guidance and our progress against this is set out below:

<b>Task</b>	<b>Progress to date</b>
Risk assessment of the seven key areas identified above, potential increases in demand associated with the wider impacts of a “no deal” exit and locally specific risk	The CCG has completed the self-assessment process established by NHSE. A risk register has been developed through the self-assessment process. The Risk Register will be monitored by the Chief Officer Team. This is marked Official Sensitive and will not be shared publicly in line with guidance from NHSE.
Business continuity planning, and ensuring business continuity plans across the health and care system are robust	Organisations across the Cambridgeshire and Peterborough Health System including the CCG are reviewing their Business Continuity Plans against a potential no deal EU Exit.
Testing business continuity and incident management plans against EU Exit risk assessment scenarios by the end of February to ensure they are fit for purpose	The CCG conducted a table-top exercise on 13 February 2019 to test the CCG’s Business Continuity Plan against a couple of scenarios which link to EU Exit. The learning from the Exercise will be incorporated into a revised Business Continuity Plan which will be brought to the Governing Body for formal ratification in March 2019. A system-wide Table Top Exercise led by the CCG was run on the 25 February 2019 which tested preparedness against a number of EU Exit scenarios. Over 50 delegates from across the health and care system attended. The Outcomes for Review are being developed to supporting further planning and preparedness.
Ensuring communication and escalation plans are appropriate, and reviewing capacity and activity plans, as well as annual leave and on call command and control arrangements around the 29 March 2019	The CCG’s Head of Communications and Engagement is working with Communications Leads across the East to ensure that there is a co-ordinated approach to communications. The CCG is reviewing its Incident Response Plan should a Critical or Major Incident be declared. Additional resilience will be provided to support our on call arrangements should this be required.
Reviewing resilience on data-sharing, processing and access	The CCG has reviewed resilience on data-sharing, processing and access; no specific issues have been identified.
Recording costs (both revenue and capital) incurred in complying with the Guidance.	Staff involved in the process have been recording the costs of their time in complying with the Guidance. This will be collated at the end of the process.

A key requirement from the EU Organisational Readiness Guidance is to gain assurance our providers are completing the appropriate actions in relation to their business. In addition to sharing their self-assessment outcomes, the Local Health Resilience Partnership Cambridgeshire and Peterborough EU Exit Preparedness Health and Care Group (LHRP EUEPHCG) receives an update on planning and preparedness at each meeting.

## 3.2 NATIONAL ASSURANCE

A national Operational Response Centre (ORC) which includes NHS England, NHS Improvement and Public Health England has been established. This will lead on responding to any disruption to the delivery of health and care services in England that may be caused or affected by EU exit. These arrangements will be mirrored at a regional level. Nationally, extensive planning and contingency measures have been put in place for the healthcare system nationally. Details are now starting to be disseminated.

The Minister of State for Health, Stephen Hammond, provided a written statement to the House of Commons on 25 February 2019 outlining the Department of Health and Social Care's plans for continuity of medicines and medical products in the event of a no deal EU exit. This described the multi-layered approach that has been put in place which is summarised as follows:

- Building up buffer stocks and stockpiling before the 29 March 2019 for:
  - Medicines
  - Medical Devices and Clinical Consumables
  - Blood Tissues and Transport
  - Vaccines and Counter Measures
  - Suppliers for Clinical Trials
- Buying extra warehouse space to store these products including ambient, refrigerated and controlled drug storage
- Securing, via the Department of Transport, additional roll on, roll of freight capacity, away from the short straits from 29 March 2019
- Making changes to, or clarifications of, certain regulatory requirements
- Strengthening the processes and resources used to deal with shortages.

The statement concludes that the multi layered approach is essential: A combination of securing freight, buffer stocks, stockpiling and warehousing, and regulatory requirements, will be needed to help ensure the continuation of medicines and medical supplies in the event of a no deal exit. It reiterates the message that local stockpiling is unnecessary and could cause shortages in other areas, which could put patient care at risk. It is important that patients order their repeat prescriptions as normal and keep taking their medicines as normal. A copy of the full statement is available via the following link:

<https://www.parliament.uk/business/publications/written-questions-answers-statements/written-statement/Commons/2019-02-25/HCWS1358/>

## 4. ANTICIPATED OUTCOMES OR IMPACT

### 4.1 KEY RISKS AND IMPACTS

The CCG's Assurance Framework and Risk Register (CAF) includes references to EU Exit across a number of risks. An over-arching risk has now been added to Version 5 of the CAF as follows:

*Failure to adequately prepare for a no deal EU Exit* - This is scored at 16, reduced to 12 with the mitigations that have already been put in place. High level actions and mitigations to address any gaps are included on the CAF.

A system-wide Drug Shortage Group has been established across the Cambridgeshire and Peterborough system. It is led by the CCG with representatives from the Local Pharmaceutical Committee and our provider Trusts.

The CCG's Standard Operating Procedure for the management of drug shortages and associated operating flow chart has been updated which now includes escalation to the regional pharmacist.

The CCG Brexit Medicines Newsletter has been written and circulated to all Prescribers. A presentation on preparedness was provided to the Cambridgeshire and Peterborough EU Exit Preparedness Health and Care Group on 22 February 2019.

Workforce continues to be a risk, particularly in relation to staffing within the domiciliary care sector which could have an impact on demand across the health and care system. The Local Authorities are members of the Cambridgeshire and Peterborough EU Exit Preparedness Health and Care Group and we will continue to monitor impacts through this Group.

Guidance is yet to be published in relation to Reciprocal Healthcare. All organisations have been asked to confirm that they have the capacity to undertake further training if there are any changes to reciprocal healthcare arrangements.

## **5. REASON FOR THE RECOMMENDATION**

5.1 The Committee is asked to note the report.

## **6. IMPLICATIONS**

### **Financial Implications**

6.1 None at present.

### **Legal Implications**

6.2 None.

### **Equalities Implications**

6.3 None.

### **Rural Implications**

6.4 None

## **7. BACKGROUND DOCUMENTS**

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985

7.1 Update on medicines and medical products supply as we exit the EU:  
<https://www.gov.uk/government/news/update-on-medicines-and-medical-products-supply-as-we-exit-the-eu>

Brexit operational readiness guidance for the health and care system in England:  
<https://www.gov.uk/government/publications/brexit-operational-readiness-guidance-for-the-health-and-social-care-system-in-england>

## **8. APPENDICES**

8.1 None.