

### Appendix 1: Summary of [Government Guidance on EU Exit Operational Readiness](#)

GP practices must plan for the risks that may arise due to a 'no deal' exit. GPs should continue business continuity planning taking into account this guidance, incorporating local risk assessments, and escalating any points of concern on specific issues to regional NHS EU Exit or departmental mailboxes listed below:

Region	Contact details for regional EU Exit lead
North East	<a href="mailto:England.euexitnortheast@nhs.net">England.euexitnortheast@nhs.net</a>
North West	<a href="mailto:England.euexitnorthwest@nhs.net">England.euexitnorthwest@nhs.net</a>
Midlands	<a href="mailto:England.mids-euexit@nhs.net">England.mids-euexit@nhs.net</a>
East of England	<a href="mailto:England.eoe-euexit@nhs.net">England.eoe-euexit@nhs.net</a>
London	<a href="mailto:England.london-euexit@nhs.net">England.london-euexit@nhs.net</a>
South East	<a href="mailto:England.se-euexit@nhs.net">England.se-euexit@nhs.net</a>
South West	<a href="mailto:England.sw-euexit@nhs.net">England.sw-euexit@nhs.net</a>

**Risk assessment and business continuity planning:** Undertake an assessment of risks associated with EU Exit by the end of January 2019, covering, but not limited to the 7 identified key areas, potential increases in patient demand and specific risks locally.

**Communications and escalation:** Ensure the board (the contractors and senior management) are sighted on EU Exit preparation and take steps to raise awareness amongst staff. Ensure Local Health Resilience Partnerships, Local Resilience Forums and Local A&E Delivery Boards are sighted on EU Exit preparation in your local health economy. Confirm your organisation's Senior Responsible Officer for EU Exit preparation and identify them to your regional EU Exit team as soon as possible. This role should be held by a board (the contractors and senior management) level member.

**Reporting, assurance and information:** Existing reporting from NHS organisations will be used to develop a baseline assessment of the EU Exit impact on the health and care system. Regional NHS EU Exit teams will make contact to confirm progress.

1. **Supply of medicines and vaccines:** Do not stockpile additional medicines beyond business as usual stock levels. Do not write longer prescriptions for patients. Direct staff to promote messages of continuity and reassurance to people who use health and care services, including that they should not store additional medicines at home. NHS England are developing arrangements to allow local and regional monitoring of stock levels of medicines.

2. **Supply of medical devices and clinical consumables:** Do not stockpile additional medical devices and clinical consumables beyond usual stock levels. Send queries to [mdcc-ontingencyplanning@dhsc.gov.uk](mailto:mdcc-ontingencyplanning@dhsc.gov.uk)
3. **Workforce:** Publicise the [EU Settlement Scheme](#) to staff. If a significant proportion of your workforce are European nationals, you need to monitor the potential and actual impact of EU Exit and develop contingency plans to mitigate any shortfall. Notify your local commissioner and regional NHS EU Exit Team at the earliest opportunity if there is a risk to the delivery of your contracted services. Escalate concerns through existing reporting mechanisms. Send queries to [WorkforceEUExit@dhsc.gov.uk](mailto:WorkforceEUExit@dhsc.gov.uk)

Recognition of professional qualifications: Inform your staff that professionals whose qualification has been recognised and who are registered in the UK before 23:00 on 29 March 2019, will continue to be registered after this point. Professionals who apply to have their qualification recognised in the UK before 23:00 on 29 March 2019, will have their application concluded under current arrangements. Future arrangements are to be confirmed.

4. **Reciprocal healthcare:** In event of a no deal scenario, current arrangements for overseas visitors and migrant cost recovery will operate until 29 March 2019. Continue to support individuals who apply for NHS authorised treatment or maternity care in another member state (the S2 and cross-border healthcare processes). Further updates to be provided prior to 29 March 2019.

Promote completion of the supplementary questions section of the GMS1 form, and then, as appropriate, send the form to NHS Digital ([NHSDigital-EHIC@nhs.net](mailto:NHSDigital-EHIC@nhs.net)) or the Department for Work and Pensions' Overseas Healthcare Team ([overseas.healthcare@dwp.gsi.gov.uk](mailto:overseas.healthcare@dwp.gsi.gov.uk)). The response on a person's non-UK EHIC/S1 helps the Department seek reimbursements from EU member states for those who are covered by the reciprocal healthcare arrangements. More information on the GMS1 form can be found [here](#). Further information for primary care staff on providing healthcare for overseas visitors from the EU/EEA can be found [here](#).

5. **Data sharing, processing and access:** Investigate your organisation's reliance on transfers of personal data from the EU/EEA to the UK. Follow the advice available on the [gov.uk](http://gov.uk) and [ICO website](#), in particular to determine how to implement standard contractual clauses. Ensure that your data and digital assets are adequately protected by completing your annual [Data Security and Protection Toolkit](#) assessment. This self-audit of compliance with the 10 Data Security Standards is mandatory to complete by the end of March 2019
6. **Research and clinical trials:** Government has guaranteed funding committed to UK organisations for certain EU funded projects in the event of a 'no deal' scenario. Provide information about your Horizon 2020 grant [here](#). This should be actioned as soon as possible. Further guidance can be found [here](#) and all queries should be sent to [EUGrantsFunding@ukri.org](mailto:EUGrantsFunding@ukri.org) For queries regarding your Third Health Programme grant contact [EU-Health-Programme@dhsc.gov.uk](mailto:EU-Health-Programme@dhsc.gov.uk)

Follow the Government's [guidance](#) on the supply of investigational medicinal products (IMPs) for clinical trials in a 'no deal' scenario, if you sponsor or lead clinical trials or

clinical investigations in the UK. Send queries concerning IMPs or medical devices to [imp@dhsc.gov.uk](mailto:imp@dhsc.gov.uk)

7. **Supply of non-clinical consumables, goods and services:** Continue commercial preparation for EU Exit as part of your usual resilience planning, work in local partnership where appropriate. DHSC is conducting supply chain reviews across the health and care system, and work is in progress to identify risk areas specific to primary care.

**Finance:** Record costs (both revenue and capital) incurred in complying with this guidance. Costs with a direct financial impact should be recorded separately to opportunity costs. Providers should discuss these costs with their regional NHS EU Exit support team.

**Queries:** Any immediate risks or concerns relating to continuity of NHS service provision should be escalated to the relevant regional NHS EU Exit mailbox.

- Medicine shortage queries should be raised by business as usual routes
- Medical devices and clinical consumables to [mdcc-contingencyplanning@dhsc.gov.uk](mailto:mdcc-contingencyplanning@dhsc.gov.uk)
- NHS Trusts and Foundation Trusts' self-assessment on non-clinical consumables, goods and services to [contractreview@dhsc.gov.uk](mailto:contractreview@dhsc.gov.uk)
- Workforce to [WorkforceEUExit@dhsc.gov.uk](mailto:WorkforceEUExit@dhsc.gov.uk)
- Third Health Programme grants to [EU-Health-Programme@dhsc.gov.uk](mailto:EU-Health-Programme@dhsc.gov.uk)
- Horizon 2020 grants to [EUGrantsFunding@ukri.org](mailto:EUGrantsFunding@ukri.org)
- IMPs or clinical devices to [imp@dhsc.gov.uk](mailto:imp@dhsc.gov.uk)