

Applicant  
By email

Date 18 October 2018  
Your Ref  
Our Reference JC/KL/FOI/013/18  
Enquiries to Ken Lawton  
Telephone 01555 840293  
E-Mail [xxx.xxxxxxxxxxxx@xxx.xxx](mailto:xxx.xxxxxxxxxxxx@xxx.xxx)

Dear Applicant

## REQUEST FOR INFORMATION UNDER THE FREEDOM OF INFORMATION (SCOTLAND) ACT 2002

In response to your request dated 22 September 2018 for information under the above named legislation please find detailed below the response of the State Hospitals Board for Scotland.

### Information requested:

1. How much has been spent on external consultants or support to advise on the implications and consequences of brexit, or recommend actions to mitigate any possible brexit impacts? If spend has occurred, please confirm the name of the supplier or suppliers and copies of any material produced by this process.
2. Please supply copies of any brexit planning documentation held by the organisation or consumed by senior management. This may include, but should not be limited to, Risk Assessments, Action Plans, Meeting minutes, Reports and presentations.
3. Please supply technical or advisory briefing documentation on brexit that has been produced by the organisation and supplied to other government agencies or bodies.
4. Please supply copies of any technical or advisory documentation that has been supplied to the agency from other public bodies that relates to Brexit contingency planning.
5. Please supply details of any assessment that has been made of the financial impact on the organisation, either positive or negative, of the brexit process. Has the organisation set-aside a contingency fund or invested as a direct consequence of the brexit process? If so, please provide summary details.



The State Hospitals Board for Scotland  
Carstairs, Lanark ML11 8RP  
Chair Terry Currie  
Chief Executive James Crichton

**Response:**

1. £0.00
2. Please see Appendix A
3. Please see Appendix B
4. Please see Appendix C
5. While there may be no direct impact on the service, it is difficult to quantify the impact on costs associated with indirect factors such as disruption of supply chains for supplies and provisions and this therefore remains unquantified.

In addition to the information supplied we give notice under FOI(S)A Section 25 that Board papers are otherwise available from our website (<https://www.tsh.scot.nhs.uk/Board/Papers.html>) .

We have withheld a board paper due to be presented to the Board on 25 November 2018 under Section 27 of the act as this paper is due for publication within the next twelve weeks, and under Section 30(b) as releasing it at this time would likely inhibit substantially the free and frank provision of advice. A copy of the paper will be available on our website in due course.

You will notice that we have redacted information in the enclosed appendices, this information has been withheld under Section 38(b) as it constitutes personal data as defined in the Data Protection Act 2018 and its disclosure would contravene that legislation.

**Right of Review**

If you are dissatisfied with the way in which your request has been dealt with, you have the authority under Part 1 Section 20 of the FOI(S) A to ask The State Hospitals Board for Scotland as a public authority to review our actions and decisions in relation to your request.

Your request for a review must be in writing or in any other form that can be kept for future use, for example, email or a recording on audio or video tape and include the following information: your name; address for correspondence; details of your original request; and reason why you want a review. You should ask for the review no later than 40 working days after the date of receipt of this notice.

Request for review should be addressed to:

The Complaints Officer  
The State Hospital  
Carstairs  
Lanark ML11 8RP  
Email: [tsh.complaintsfeedback@nhs.net](mailto:tsh.complaintsfeedback@nhs.net)



The State Hospitals Board for Scotland  
Carstairs, Lanark ML11 8RP  
Chair Terry Currie  
Chief Executive James Crichton

## Right of Appeal to the Scottish Information Commissioner

If you have asked us for a review and are unhappy with the outcome you can appeal to the Scottish Information Commissioner if you have allowed 20 working days (plus postage time) for a reply. You must appeal to the Commissioner within six months of receiving the review decision from the authority. In your application for appeal you must include the following information:

- your name
- an address for correspondence
- details of your original request
- reason why you are dissatisfied with the way in which it was dealt by The State Hospital
- copies of your original request for information, the response you received, your request for a review of that response, the response to your request for a review

Contact Details:

Scottish Information Commissioner  
Kinburn Castle  
Doubledykes Road  
St Andrews, Fife. KY16 9DS

Telephone No: 01334 464610  
Fax No: 01334 464611  
Email: [enquiries@itspublicknowledge.info](mailto:enquiries@itspublicknowledge.info)

Appeals can now be made online at the following link:

<http://www.itspublicknowledge.info/YourRights/Unhappywiththeresponse/AppealingtoCommissioner.aspx>.

Yours sincerely

**James Crichton**  
**Chief Executive**



The State Hospitals Board for Scotland  
Carstairs, Lanark ML11 8RP

Chair Terry Currie  
Chief Executive James Crichton

## Appendices

Appendix A - copies of any brexit planning documentation held by the organisation or consumed by senior management.

Appendix B – copies of technical or advisory briefing documentation on brexit that has been produced by the organisation and supplied to other government agencies or bodies

Appendix C - copies of any technical or advisory documentation that has been supplied to the agency from other public bodies that relates to Brexit contingency planning

## Appendix A

UK Exiting the EU – NHS Planning –  
Teleconference with NHS Boards' Resilience Leads  
Wednesday 15 August 2018

### **NHS Boards Preparedness – Overview of Actions and Issues**

#### Professional Qualifications

- Failure to protect recognition of professional qualifications following Brexit could seriously impact quality of health care.

#### Research and development

- Potential impact on research. NSS noted there was a risk to the current £30m funding for research projects

#### Finance

- Devaluation / fluctuation of Sterling could result in increased costs of imported medicines / consumables.
- Imposition of tariffs leading to increased costs.

#### Workforce

- More information is needed from NHS Boards on EU workforce including number of employees and how many staff plan to leave after Brexit. National discussion needed on how to achieve this.
  - Some Boards had collated info on numbers of EU27 staff e.g.:
    - Large number of Western Isles staff are nationals from countries out within the EU27.
    - About 50 EU27 nationals hold significant doctor posts in the Borders.
- There is a lack of national data and a range of difficulties in collating this e.g. TU concerns
- Following on from Shirley Rogers letter to HR Directors on 13 July & 22 December 2017, some NHS Boards have communicated with staff about EU withdrawal-related issues and signposted staff to relevant information.
- Need to clarify what HRD Group is doing and to what timescale.

#### Communication

- Copy Resilience leads into all correspondence on this matter.
- Helpful to have consistent comms lines from Scottish Government
- Sharing Information – Many Nhs Boards welcomed a Once For Scotland Approach to information gathering. Gather information once, communicate once so that all Boards have the same information

#### Procurement, & Blood Supplies

- Suppliers have been asked by the UKG to look at options for stockpiling of certain medical supplies, vaccines, medical devices, clinical consumables, blood products.
- NP have started to ask their suppliers about resilience / contingency plans
- NSS reviewing procurement and blood stock. Although relatively assured on blood further clarification required on whether sufficient blood components

can be manufactured in the UK or does this have to come from an EU country.

### Social Care

- Need to be attentive to impacts on social care in view of the health and social care interdependencies both in relation to services and workforce issues.

### Wider Issues

- As well as looking at access to pharmaceuticals, technology, blood, and organs for transplant, it is important to look at the wider issues as well such as fuel supply chain and Nursery staffing.

## **Board Planning/Governance**

### Brexit Planning at Boards

- Most NHS Boards have set up working group to identify issues and actions to mitigate e.g. including areas such as HR, finance, procurement, pharmacy, estates, resilience
- Others are dealing with issues through Executive Leads Group
- Brexit identified as a risk by most Boards and placed on the Corporate Risk Register.

### Role of Resilience Function/Officers in Brexit Planning

- Some specialties such as Pharmacy and Procurement are discussing Brexit issues at nation level – Need to pull all this together.

## **SG/UK Planning/Governance**

### UK/SG Brexit Planning

- Planning at UK level is now explicitly assuming 'no-deal' scenario
- It was noted that UK counterparts were working to clear planning assumptions such as 4 week delays at ports, SG to consider same.

### Questionnaires

- 2 separate questionnaires are with Boards on Brexit planning/workforce issues
- More info required from Boards on their local risks
- Large number of unknowns making it difficult to respond to SG questionnaire
- Need to know short and medium term priorities for Boards

### Contacts At Boards

- Resilience leads have had limited involvement up to now – consideration to be given to whether presentations or other paperwork can be shared with Resilience Leads by way of background.

### Forum Meeting on 28/8

- SGHRU to consider agenda, structure, objectives etc. for the session at the Forum.

### Participants

<b>Name</b>	<b>Health Board</b>	<b>Position/Title</b>
[REDACTED]	NHS Ayrshire and Arran	Resilience Lead
[REDACTED]	NHS Ayrshire and Arran	O&HRD
[REDACTED]	NHS Borders	Head of Workforce
[REDACTED]	NHS Borders	Resilience Lead
[REDACTED]	NHS Dumfries & Galloway	Resilience Lead
[REDACTED]	NHS Forth Valley	DPH
[REDACTED]	NHS Forth Valley	Resilience Lead
[REDACTED]	NHS Forth Valley	Director of Pharmacy
[REDACTED]	NHS GG&C	Resilience Lead
[REDACTED]	NHS GG&C	Board Secretary
[REDACTED]	NHS Highland	Resilience Lead
[REDACTED]	NHS Lothian	CPHM
[REDACTED]	NHS Orkney	Resilience Lead
[REDACTED]	NHS Shetland	
[REDACTED]	NHS Tayside	Resilience Lead
[REDACTED]	NHS Western Isles	Resilience Lead
[REDACTED]	NSS	Interim Director Strategy/Governance
[REDACTED]	NHS24	Resilience & Risk Lead
[REDACTED]	SAS	Head of Risk/Resilience
[REDACTED]	Health Scotland	Policy, Risk & Data Protection Officer
Doug Irwin	State Hospital	Security Director

### **Scottish Government**

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

## Appendix B

### **ORGANISATIONAL READINESS IMPACT OF EU WITHDRAWAL ON PUBLIC SECTOR WORKFORCE - QUESTIONNAIRE**

Please use the following scale for questions 1, 2, 4, 5, 7 and 9

- 1 – Very confident
- 2 – Confident
- 3 – Less confident
- 4 – Not at all confident
- 5 – Don't know at present

Please use the following scale for questions 3 and 8

- 1 – Extensive engagement
- 2 – Regular engagement
- 3 – Some engagement
- 4 – Limited engagement
- 5 – No engagement



	Question	Please refer to the scale above					Please provide commentary to support your assessment including any examples of best practice that you would be willing to share.
	Profile	1	2	3	4	5	
1.	<p>How confident are you that you understand the current profile of, and dependency on, non-UK EU workers within your workforce?</p> <p>Areas you may wish to consider include:</p> <ul style="list-style-type: none"> <li>any engagement you have had with the EU nationals within your organisations aimed at understanding the proportion of your workforce that are non UK EU citizens;</li> <li>which part of the organisation they work in;</li> <li>any assessment or engagement taken to understand any specific support that non UK EU nationals may need.</li> </ul>					√	<p>We currently have no means of knowing for certain what our non-UK EU staffing profile is.</p> <p>Our working assumption is that this is likely to be a very small number.</p> <p>Our communication to date has been on the basis of all-staff communications.</p> <p>In liaison with other Health Boards, we will seek to undertake a staff survey to establish which staff fall within this category and thereafter target relevant communications. This will be done on a voluntary basis.</p> <p>As a Board we do not anticipate any significant workforce impact from EU withdrawal.</p>
	Plans	1	2	3	4	5	
2.	<p>How confident are you that your workforce plans take account of the impact of the UK's withdrawal from the EU on the availability of labour?</p> <p>Areas you may wish to consider include:</p> <ul style="list-style-type: none"> <li>whether you are aware of any changes in the proportion of EU nationals in your workforce since the announcement of the UK's withdrawal from the EU;</li> <li>whether you think you will be affected by other potentially competing labour demand – e.g. sectors such as early learning and childcare or other regional demand.</li> </ul>		√				<p>As above, we do not have verifiable workforce data on this issue, however believe the workforce implications are minor for our Board and in comparison with many other drivers such as demographic changes.</p>

Communication		1	2	3	4	5	
3.	<p>To what extent are you discussing the potential workforce impact from EU withdrawal with your management and staff?</p> <p>If you are, please briefly describe what this comprises of.</p> <ul style="list-style-type: none"> <li>What are the key issues emerging from those discussions?</li> </ul> <p>If not, what help or advice would you find helpful to do this?</p>				√		<p>In order to communicate with staff on such a critical issue, we require a clear and coherent national position.</p> <p>While we have had statements of support from Scottish Government which we have communicated to all staff, we have not engaged in any detailed communication regarding EU withdrawal as this has not been available.</p> <p>We plan to issue guidance to managers and employees in line with the information recently provided.</p>
Risk assessment and management		1	2	3	4	5	
4.	<p>How confident are you that you have effective governance structures in place for addressing workforce impacts from EU withdrawal?</p> <p>Areas you may wish to consider include:</p> <ul style="list-style-type: none"> <li>whether the impact of EU withdrawal on your workforce features on your risk register;</li> <li>what the organisation has identified as the key risks to its workforce from EU withdrawal;</li> <li>how significant these risks will potentially be to the effective delivery of your services;</li> <li>how often is the risk register reviewed.</li> </ul>		√				<p>EU withdrawal will feature as a corporate risk. Workforce impact will be captured but the primary concern relates to pharmacy supplies and general supplies.</p> <p>The register is reviewed 3 or 4 times a year by the Audit Committee.</p>
5.	<p>How confident are you of identifying opportunities to mitigate short and medium term workforce pressures?</p> <p>Areas you may wish to consider include:</p> <ul style="list-style-type: none"> <li>whether you have any mitigating actions already</li> </ul>		√				<p>We do not anticipate that this will be an issue for the State Hospital and therefore have no immediate plans in terms of mitigation.</p>

	<p>in place, e.g:</p> <ul style="list-style-type: none"> <li>o youth employment / recruitment schemes;</li> <li>o disability employment schemes;</li> <li>o upskilling / staff development programmes;</li> <li>o talent attraction from the rest of the UK;</li> <li>o support available through our enterprise and skills bodies or trade unions;</li> <li>o using flexible approaches to deployment of workforce.</li> </ul> <ul style="list-style-type: none"> <li>• what help or advice would you find helpful.</li> </ul>						
	Cost	1	2	3	4	5	
6.	<p>How confident are you that you considered the potential cost and availability of future workforce training requirements?</p> <p>Areas you may wish to consider include:</p> <ul style="list-style-type: none"> <li>• whether you understand the future skills requirements and the skills profile of your current workforce;</li> <li>• whether you have considered the potential costs of training replacement staff should current EU nationals leave;</li> <li>• whether your current training is delivered in house or delivered by someone else;</li> <li>• whether you have considered how future training would be delivered;</li> <li>• what help or support would you find helpful.</li> </ul>		√				<p>We do not anticipate that this will be an issue for the State Hospital and therefore have no immediate plans related to this in terms of staff training etc.</p>

Engagement		1	2	3	4	5	
7.	<p>How confident are you that you that your Scottish Government sponsor team / lead contact is aware of the potential impacts of EU withdrawal on your workforce?</p> <p>Areas you may wish to consider include:</p> <ul style="list-style-type: none"> <li>• whether there are effective forums in place to have these discussions;</li> <li>• what other information would you like to receive from: <ul style="list-style-type: none"> <li>○ your Scottish Government sponsor area / lead contact;</li> <li>○ the wider Scottish Government.</li> </ul> </li> <li>• whether there are any workforce related issues that should be considered as part of the Scottish Government's negotiations with UK Government;</li> <li>• whether these have been discussed with Scottish Government sponsor area / lead contact.</li> </ul>		√				An update will be provided as part of this response.
8.	<p>To what extent are you engaging with other public bodies to discuss or assess the potential impact of withdrawal from the EU?</p> <p>Areas you may wish to consider include:</p> <ul style="list-style-type: none"> <li>• whether there are relevant forums to discuss workforce issues and develop shared plans;</li> <li>• what help or support would you find helpful.</li> </ul>		√				<p>Engaging through the NHS Scotland Chief Executive Business Meetings.</p> <p>Resilience lead involved in national resilience discussions.</p> <p>Clear national assessment of risks and contingency arrangements would be helpful, particularly in relation to shared high risk areas such as pharmacy supplies.</p>

Supply Chain / Delivery Partners		1	2	3	4	5	
9.	<p>How confident are you that the workforce impact from EU withdrawal is being considered by your service providers / contracted bodies?</p> <p>Areas you may wish to consider include:</p> <ul style="list-style-type: none"> <li>• whether you have discussed the impact of EU withdrawal on their workforce delivering your services;</li> <li>• whether they have identified any specific risks;</li> <li>• whether they sought your help / advice on how to mitigate any concerns;</li> <li>• what help or support would be helpful.</li> </ul>		√				Main suppliers are either routed through NSS or other Boards. High degree of confidence that this is being assessed.
External Advice		Yes		No			
10.	Have you identified any external help or advice to help you manage any impact of EU withdrawal on your workforce?			√			

Dear Chief Executives,

Thank you for your assistance in this matter.

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EU Withdrawal

Health Workforce, Leadership and Service Transformation Directorate

Email: [\[REDACTED\]@gov.scot](mailto: [REDACTED]@gov.scot)

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Tha am post-d seo (agus faidhle neo ceanglan còmhla ris) dhan neach neo luchd-ainmichte a-mhàin. Chan eil e ceadachd a chleachdadh ann an dòigh sam bith, a' toirt a-steach còraichean, foillseachadh neo sgaoileadh, gun chead. Ma 's e is gun d'fhuair sibh seo gun fhiosd', bu choir cur às dhan phost-d agus lethbhreac sam bith air an t-siostam agaibh agus fios a leigeil chun neach a sgaoil am post-d gun dàil. Dh'fhaodadh gum bi teachdaireachd sam bith bho Riaghaltas na h-Alba air a chlàradh neo air a sgrùdadh airson dearbhadh gu bheil an siostam ag obair gu h-èifeachdach neo airson adhbhar laghail eile. Dh'fhaodadh nach eil beachdan anns a' phost-d seo co-ionann ri beachdan Riaghaltas na h-Alba.

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T: 0300 244 4000  
E: [scottish.ministers@gov.scot](mailto:scottish.ministers@gov.scot)

EU and EEA citizens working in  
NHS Scotland

27 September 2018

## EU AND EEA CITIZENS WORKING IN NHS SCOTLAND

As we approach the date of the UK's exit from the EU, on 29 March 2019, I wanted to take this opportunity to write directly to EU/EEA staff working in the NHS in Scotland.

Over the summer, negotiations between the UK and EU on Withdrawal have continued, heading towards expected decisions this autumn. But the UK Government has also been stepping up its preparations for a possible 'no deal' scenario. I know this must be a very unsettling time for all of you. That is why I wanted to reiterate now how much I value the contribution of every member of staff, regardless of their nationality. Colleagues from across the EU, and beyond, bring valuable experience and skills that strengthen and improve the work of the Health Service, and benefit the patients and communities we serve. Scotland is absolutely your home and we very much want you to stay here.

After months of uncertainty, the Prime Minister's commitment in her speech on 21 September to protect the rights of EU citizens in the event of a no deal is welcome, but it has come far too late. The Scottish Government has been calling for the UK Government to do the right thing and provide certainty for EU citizens since the result of the referendum over two years ago. This unacceptable delay has caused huge and unnecessary anxiety. We have therefore been pressing the UK Government to provide absolute clarity and a guarantee to EU citizens that they will honour the rights already agreed back in March. Furthermore, we are also emphasising that EU citizens need further guarantees that the Settled Status scheme process proposed for EU citizens in the UK does not become even more onerous in the event of a no deal.

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See [www.lobbying.scot](http://www.lobbying.scot)

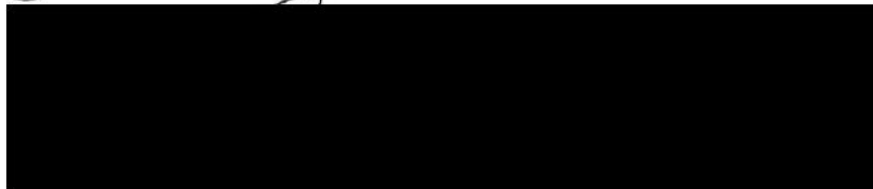
St Andrew's House, Regent Road, Edinburgh EH1 3DG  
[www.gov.scot](http://www.gov.scot)



My priority as Cabinet Secretary is to ensure your rights and place in Scotland are protected, as well as offering you the information and assistance you need at this difficult time. In June, the Scottish Government provided NHS Scotland Boards with guidance for EU/EEA staff and their line managers, which I hope was useful. Anyone with additional concerns or questions about citizenship and residency can find information on the Scottish Government website.

I hope this letter provides reassurance about how much we value your contribution, and I promise to keep you updated and informed as we move ever closer to EU Exit.

*Jeane Freeman*



JEANE FREEMAN

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See [www.lobbying.scot](http://www.lobbying.scot)

St Andrew's House, Regent Road, Edinburgh EH1 3DG  
[www.gov.scot](http://www.gov.scot)





T: [REDACTED]  
E: [REDACTED]@gov.scot

## Chief Executives

Copy to: Chairs  
HR Directors  
Employee Directors  
Communications Leads  
Finance Directors  
Resilience Leads

5 September 2018

Dear Colleagues,

### **EU WITHDRAWAL UPDATE**

At the meeting of Chief Executives on 13 June, we gave a commitment to provide you with regular updates on EU Withdrawal. Following that meeting, Shirley Rogers wrote to you on 29 June about operational readiness for EU Withdrawal, and this was followed by another letter on 23 August about the UK Government's plans to secure supplies of health products. This update letter provides a summary of the key developments and announcements in relation to EU Withdrawal which have taken place over the summer months.

The UK Government released its Brexit White Paper on 'The Future Relationship Between the UK and EU' on 12 July. Following this publication, the stated aim of both the UK Government and the EU side continues to be that negotiations on a final withdrawal agreement can be agreed by October (possibly slipping into early November), leaving enough time for ratification by the European and National Parliaments. While the UK Government's White Paper is clearly a step towards a more realistic approach, the Scottish Government believes that the proposals contained within it still fall very short and will harm Scotland's interests.

Alongside the negotiations, the UK Government has also stepped up its preparations for a possible no deal scenario over recent months, both with the announcement on 23 August on stockpiling of medicines and other health products and with the publication, also on 23 August, of the first batch of 'Technical Notices'. The Scottish Government strongly believes that a 'no-deal' Brexit would have significant economic and social costs for the UK as a whole and remains clear that the best option for the UK would be to stay in the EU, or at least to have continued membership of the European Single Market and Customs Union. While representations will continue to be made to the UK Government, we have a duty, as a responsible government, to intensify our preparations for all exit possibilities in order to

protect the Scottish economy and mitigate the potential impact on the people of Scotland, in what are and will continue to be very uncertain times.

### **UK Government Technical Notes**

The UK Government is in the process of preparing around 80 'Technical Notices', designed to provide information to citizens and businesses about what to do in a 'no deal' situation. The first batch of Notices contained 6 relevant to the field of health, including in relation to blood safety and quality, organs, tissues and cells and batch testing of medicines. These notices can be found at: <https://www.gov.uk/government/collections/how-to-prepare-if-the-uk-leaves-the-eu-with-no-deal>

The Scottish Government news release, responding to the publication of the Notices, can be found at: <https://news.gov.scot/news/brexit-no-deal-risks>

I should be grateful if Boards could give due consideration to operational implications of these Notices, consulting relevant Scottish Government policy teams as appropriate. Boards should also expect the publication of further Notices later this month.

### **The Home Office's 'Settlement Scheme' for EU27 citizens**

Shirley Rogers' letter of 29 June also included draft guidance notes - one for managers on supporting EU27 and EEA staff, and one aimed at staff themselves – which I hope you have found useful in taking forward your internal communications. The UK Government is continuing its preparations for the introduction of an 'EU Settlement Scheme' for EU citizens living in the UK post-Brexit and has now produced an 'employer tool kit', which the UK Government hopes will equip employers with the right tools and information to support EU citizens and their families on the EU Settlement Scheme. The toolkit contains leaflets, posters and a briefing pack designed to help employers across the UK communicate clear and consistent messages about the EU Settlement Scheme. The toolkit, elements of which Boards might find useful in taking forward ongoing communications with their staff, can be found here: <https://www.gov.uk/government/publications/eu-settlement-scheme-employer-toolkit>

Finally, I would like to take this opportunity to remind you that the **operational readiness template** which was attached to Shirley Rogers' letter of 29 June is due to be returned to [REDACTED] [@gov.scot](mailto:[REDACTED]@gov.scot) on **14 September**. All 22 returns will be analysed, with the information received used as the basis for discussions at the planned workshop session with all NHS Chief Executives on 10 October.

Yours sincerely,

[REDACTED]

[REDACTED]

Head of Business Management and EU Withdrawal Unit



T: 0131-244-1826

E: [REDACTED]@gov.scot

Chief Executives of Health Boards  
Chief Officers of Integration Joint Boards

23 August 2018

Dear colleagues,

## **UK EXIT FROM THE EU: UK GOVERNMENT PLANS TO SECURE SUPPLIES OF HEALTH PRODUCTS**

I am writing to you to make you aware that the UK Government has today announced plans that have the aim of securing supplies of medicines, medical devices and clinical consumables in the event that the United Kingdom leaves the EU on 29 March 2019 without having reached an agreement with the EU about a future relationship between the UK and the EU.

In these circumstances it is understood that the “implementation period”, which would otherwise have commenced on 29 March 2019 and continued until 31 December 2020 and would have involved existing EU rules and arrangements continuing to apply between the UK and the EU, will not apply.

In this circumstance there is a risk that entry of health products and other goods into the UK may be delayed, at the UK Border and also upon embarkation from EU countries, on the assumption that the UK would cease to be a member of both the Customs Union and the Single Market. We understand that the UK Government has developed plans on an assumption that there could be disruption at the UK border and in particular at significant ports of entry for a period of six weeks from 29 March.

The UK Government announcement can be found on the “gov.uk” website.

The Scottish Government remains opposed to EU Exit, and is of the view that Scotland’s best interests are served now by the UK remaining a member of the EU. However we have a duty, as a responsible Government, to do what we can to mitigate the potential impact of a “no deal” EU Exit on Scotland.



The Department of Health and Social Care (DHSC) has provided the Scottish Government with certain details connected to their contingency plans, and officials will be in contact with relevant persons and organisations across NHS Scotland health and social care providers to consider whether the arrangements being implemented can be regarded as acceptable for Scotland. Officials will, of course, continue to relay concerns and proposals for any adjustments considered necessary to counterparts in DHSC.

In relation to **medicines**, It is understood that the UK Government will contact medicine manufacturers to invite them to increase their stock piles of medicines which it is considered may be impacted by delays at the UK border, with the aim of ensuring that the UK has an additional six weeks of supplies on top of normal stocks. It is further understood that the scheme also includes arrangements for the air freight of medicines with short shelf-lives, such as medical radioisotopes.

The UK Government has also announced today that if the UK leaves the EU without a deal next March then for the time being the UK will continue to accept products that have been batch tested and released in accordance with EU rules. This means that there would be no requirement for any further manufacturer-led batch testing and release of medicines in the UK.

In relation to **medical devices and clinical consumables**, the UK Government has announced that it plans to increase NHS centralised supplies. The UK Government plans to contact suppliers during September to start discussing their contingency plans and, where necessary, the need for an increase in the production and supply of medical devices and clinical consumables. This will be set out in a letter to suppliers to be sent by DHSC today and also published on gov.uk. The UK Government has also noted that it will undertake these actions in concert with the NHS in the devolved administrations, and NHS National Procurement will represent NHS Scotland's interests in these discussions.

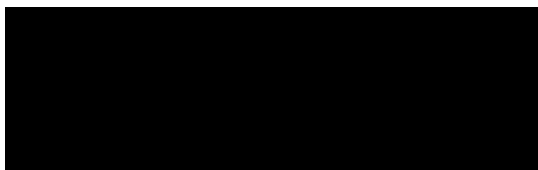
In addition, the UK Government has announced that arrangements will be put in place to facilitate the continued movement of medical devices and clinical consumables that are routinely supplied from other EU countries directly to NHS organisations. Suppliers operating these supply models will also be contacted by DHSC during September, to provide details of the contingency measures and the processes for accessing these arrangements.

Today's medical supplies announcement covers medicines, medical devices and clinical consumables only. It is understood that blood and plasma, organs, tissues and cells will be covered by separate contingency plans.

The Scottish Government is keeping the overall position under review, and will continue to press DHSC to cooperate and engage fully, including with respect to the timely provision of information about developments relevant to all preparations connected to EU Exit. We will continue to consider whether the items that the UK Government proposes be stockpiled meet Scottish requirements and we will assess as far as is possible whether the level of participation from pharmaceutical and other companies allows for confidence that the overall level of supply will be sufficient. We will also seek to confirm that the arrangements for the continued movement of medicines, medical devices and clinical consumables accommodate the requirements of rural and island communities as well urban centres. And we will further seek from the UK Government reassurance that the planning assumption of a period of six weeks of delay remains valid.

I hope that this information is helpful. Further information will be provided when it becomes available. If you do have any questions about the issues covered in this letter, please contact [REDACTED] in the EU Withdrawal team ([REDACTED][@gov.scot](mailto:[REDACTED]@gov.scot)).

Yours sincerely,



**Shirley Rogers**

Director of Health Workforce, Leadership & Service Transformation