

INVESTIGATION

NHS trusts struggle to produce Brexit plans amid continuing uncertainty

EXCLUSIVE A lack of concrete guidance from the government is making it difficult for trusts to move beyond basic planning, **Gareth Iacobucci** finds

Gareth Iacobucci

The BMJ

NHS trusts across the UK are finding it difficult to produce contingency plans for Brexit because of the continuing uncertainty about the country's future relations with the European Union, an investigation by *The BMJ* has found.

Trusts have been unable to accurately forecast how crucial areas such as supply chains, medicines, and workforce will be affected after the 29 March exit deadline.

The investigation found that only 9% of trusts in England (15 of 161 that responded, out of a total of 231) have established a committee or body to oversee preparations for Brexit. Of the 21 health boards in Wales, Scotland, and Northern Ireland that responded (of a total of 26), 14 have set up a committee.

The BMJ asked all trusts and health boards to disclose any current risk assessment relating to Brexit. Only a quarter of those that responded (47 of 182) were able to disclose this information, with several saying that they were still assessing the risk. Those assessments that have been done are largely thin on detail, and often trusts assessed similar risks differently.

The investigation shows that trusts are still having problems forging plans for Brexit, four months after the news website Politico reported data from 38 UK hospitals showing that most had not made any formal contingency planning for a "no deal" Brexit.¹

Government action lacking

Saffron Cordery, deputy chief executive of NHS Providers, the body that represents NHS trusts in England, told *The BMJ*, "All of the uncertainty has just exacerbated an already difficult situation. Trusts have planned as far as they can, but so much of this is reliant on central government action.

"For example, we're still waiting for an immigration white paper for clarity on what the status of immigration into this country is going to be. That could have been done regardless of whether we had a deal or a no deal Brexit."

The Department of Health and Social Care for England is overseeing central coordination of risk areas such as drugs, food, medical devices, and clinical consumables. Its position is that trusts are responsible for their own contingency activity, although having a Brexit committee is not mandatory. On

Monday 17 December the health secretary, Matt Hancock, told the BBC's *Newsnight* programme that the NHS and health department had instituted "full no-deal planning," but no further specific instructions to trusts were issued.²

In November Hancock sought to reassure MPs that NHS supplies, workforce, and medicines regulation would be secure in the event of no deal "if everybody does everything they need to do."^{3,4} But with the terms of Brexit still uncertain, much of the detail of what trusts actually "need to do" is not clear.

Planning is basic

Responses to freedom of information requests from *The BMJ* show that trusts have drawn up lists of contracts that could be affected by a no deal Brexit, as requested by the health department in October.⁵ But most have been unable to move beyond basic scenario planning.

For example, some trusts and health boards are taking action to support their staff from other EU countries, including paying for them to gain settled status. Northern Lincolnshire and Goole NHS Foundation Trust estimated that this would cost it about £14 000 (€15 600; \$16 600).

Others have issued instructions not to stockpile drugs or write longer prescriptions for patients in the weeks leading up to Brexit, as requested by the government.⁶

But it's clear that some trusts are nervous about the future. Royal United Hospitals Bath NHS Foundation Trust, which has a Brexit committee, said that it would advise doctors not to overprescribe but added that some products, such as furosemide and EpiPens, were "already in short supply."

England's largest trust, Barts Health in London, rated its financial plans and sustainability as being at "high risk" because of the lack of "specific plans and contingencies" for Brexit. Delivering its recruitment and retention objectives was also at high risk, it said.

Clearer guidance needed

NHS Providers' Cordery urged the government to distribute a clearer set of "centralised assumptions" about possible Brexit scenarios to help trusts plan more robustly.

"They need to do it pretty swiftly because the clock is ticking," she said. "Fundamentally the issue is that not enough decisions are being made [nationally], and when they are being made trusts don't really have enough lead time to push them through."

"It would also be easier for us to understand trusts' state of readiness if there were a shared set of centralised assumptions. When one trust assumes they won't have drugs for 12 weeks, and another assumes they won't have them for six weeks, we're not going to be clear about how ready people are."

Cordery cited the fact that the NHS scheme for trusts to help EU workers gain settled status in the UK launched only on 29 November and in a limited number of pilot areas. "If they had rolled this out six to 12 months earlier then that would have been really helpful. I know they're complex to implement, but it's even more complex when trusts don't know what's happening and they can't support their staff," she said.

Commenting on the results of the investigation, Martin McKee, professor of European public health at the London School of Hygiene and Tropical Medicine, who has written several articles on Brexit for *The BMJ*,⁷⁻¹⁰ said, "The picture painted by these responses is extremely concerning. It is clear that any form of Brexit will have profound implications for the NHS."

"Even though ministers have been unable to provide reassurance that patients will not die as a result of their policies, they have been unable to offer any useful guidance for trusts. It is inconceivable that the NHS will be prepared for anything other than a situation that, in effect, continues the current arrangements by the end of March 2019."

Box 1: The investigation

The BMJ sent freedom of information requests to all of England's 231 NHS trusts (including acute care, community, mental health, and ambulance trusts) and the 26 health boards in Scotland, Wales, and Northern Ireland. It received 182 responses (71% response rate): 161 from NHS trusts in England and 21 from health boards.

Box 2: What trusts and health boards told *The BMJ*

The "absence of a clear deal in place between UK and EU post 29th March 2019" was one of the main obstacles to mitigating the high risk that the trust would be adversely affected by Brexit—**East and North Hertfordshire NHS Trust**

"There is a risk that [we] will not be in full operational readiness for EU withdrawal, especially in areas where there is limited detail regarding change and impact over the workforce and a range of broader product, access and legislation issues with the potential to adversely disrupt continuity of delivery of healthcare services"—**NHS Lanarkshire Health Board**

"It was difficult to make decisions based on information, as nothing was tangible at the moment"—**NHS Orkney**, after several "communications" with the Scottish government

Scottish government response

Scotland's government issued guidance setting out the damaging implications of Brexit for the health and social care sector, which may have set the tone for local planning.

A government spokesperson said, "We're working with Scottish health boards to mitigate as much as is possible against the risks that come from any form of Brexit. The reality is that no matter the preparation that is put in place we will not be able to mitigate against all the real problems that Brexit will bring."

"We have made repeated representations to the UK government on these matters, not least on seeking clarity from them of the potential impact on the supply of medicines."

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- 2 Brexit: Cabinet considering ramping up no-deal plans. *BBC News*. Dec 2018. <https://www.bbc.co.uk/news/uk-politics-46600850>.
- 3 Iacobucci G. Brexit: ministers are running out of time to secure drug supplies, industry bosses warn. *BMJ* 2018;363:k4484. 10.1136/bmj.k4484 30355581
- 4 House of Commons Health and Social Care Committee. Oral evidence: Impact of the Brexit withdrawal agreement on health and social care, HC 1757. Nov 2018. <http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/health-and-social-care-committee/impact-of-the-brexit-withdrawal-agreement-on-health-and-social-care/oral/93050.html>.
- 5 Iacobucci G. Brexit: hospitals told to identify contracts that could be affected by "no deal". *BMJ* 2018;363:k4426. 10.1136/bmj.k4426 30341069
- 6 Torjesen I. Hancock tells GPs: don't stockpile drugs or overprescribe as Brexit approaches. *BMJ* 2018;362:k3644. 10.1136/bmj.k3644 30139793
- 7 Gill M, McKee M, Brown MM, Godlee F. Brexit is bad for our health. *BMJ* 2018;361:k2235. 10.1136/bmj.k2235 29794034
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