



17 August 2018

Simon Stevens, Chief Executive, NHS England  
Ian Dalton CBE, Chief Executive, NHS Improvement

By email

Dear Simon and Ian

As we approach March 2019, the risk that the UK will be facing a no deal situation in the Brexit negotiations or a "hard Brexit" with minimal regulatory alignment appears to be growing. For as long as that risk remains, it is important that detailed operational planning is undertaken across the NHS. Yet trusts tell us that their work in this area is being hampered by the lack of visible and appropriate communication from the arm's length bodies on this issue.

Our members have begun planning - for example, you will have seen the results of one trust's FOI response in the media recently. But they have hit a problem, in that some activities are clearly best done at a national level and, in the view of trusts, are best coordinated by NHS England and NHS Improvement. However there has been no formal communication to trusts from either of your organisations on this issue.

When we've spoken to the NHSE/I teams responsible, the current radio silence appears to stem from a belief that Brexit planning is a Departmental and trust level, not an NHSE/I level, responsibility. There also appears to be a nervousness about communicating with trusts because of political sensitivities and what might appear in the media as a result. However, the ALBs have an important role to play here, and given the adverse impact our members would face in a no deal or hard Brexit scenario, it is vital that the ALBs start communicating clearly with trusts.

It is our understanding that there will be some form of communication on Brexit issued to trusts by the Department in the coming weeks. While we believe there has been some discussion with the pharmaceutical and medical equipment industries on Brexit, it does not seem that the same level of engagement has been undertaken with trusts to ensure that planning and communication meet their needs. We hope that the forthcoming communication will make clear the level of national contingency planning and support that will be provided, as well as what trusts' individual responsibilities will be. This clarification is needed quickly.

As the Health and Social Care Committee has set out in detail, from day one after the UK leaves the EU, the entire supply chain of pharmaceuticals could be adversely affected in the event of a no deal or hard Brexit. Public health and disease control coordination could also suffer, and our efforts to reassure, retain and attract the European workforce on which the NHS relies could also be jeopardised.

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Despite these risks, we have received mixed messages on where national responsibilities – between the Department, NHS England and NHS Improvement – for Brexit planning lie. We are cognisant of the political and commercial sensitivities here, but the risk to public services is real and we need appropriate national contingency planning. Trusts recognise their role, but to fulfil their responsibilities, they need the ALBs to fulfil theirs and offer greater communication and support including complete clarity on what will be done at a national level and what should be done by trusts. Trusts are understandably concerned that, if things continue as they are, they will be left with the fallout.

It seems clear to us that there are a number of areas where active national leadership is essential. For example, it would be more efficient and effective for the Department and ALBs to work out a reasonable trust-level risk mitigation plan, which trusts could adapt for their local circumstances. This seems more appropriate than expecting trusts to develop contingency plans individually, in a vacuum, and have to reinvent the wheel 229 times. Moreover, without national planning and coordination, there could be both stockpiles and shortages of medicines and medical devices. Responsibility for certain preparations, such as securing specialist storage facilities and developing protocols for maintaining supplies of medicines with a short shelf life, can only sit at a national level. Given the lead-in times required in some areas, trusts tell us that they believe mitigations need to be put in place from early autumn, and this must be a shared endeavour.

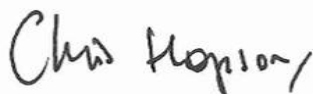
We would therefore ask you to convene a group of trust leaders as a matter of urgency to work through the operational issues they would face should there be no Brexit deal or a hard Brexit, and to map out the national support the ALBs will provide to mitigate the risks faced. We would be happy to assist in this, alongside our work through the Brexit Health Alliance and the Cavendish Coalition to highlight and safeguard health and care considerations in the Brexit negotiations.

As a trusted partner, we also hope you will seek our input in your ongoing work to manage the impact of Brexit on frontline providers.

We are not intending to release this letter publicly but, as we have shared with NHS Improvement, DHSC officials, and Number 10, concern from our members is growing rapidly. The likelihood of trust concerns reaching the media is therefore also growing rapidly.

I hope this is helpful and I look forward to hearing from you.

Yours sincerely



Chris Hopson  
Chief Executive

cc

Rt Hon Matt Hancock MP, Secretary of State for Health and Social Care  
Rt Hon Dominic Raab MP, Secretary of State for Exiting the European Union  
Dr James Kent, Special Advisor to the Prime Minister